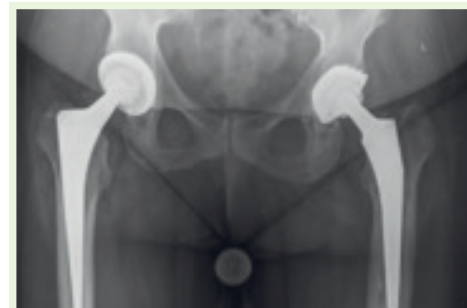


Dr. med. I. Flesh

Two cases of periprosthetic infection

A 60-year-old female patient had a low-grade infection in the area of the left hip endoprosthesis. The endoprosthesis hip had been in place for five years. X-ray images showed periprosthetic lyses around both the cup and the stem. The patient complained of stress-induced pain increasing in severity over the past several months. CRP levels were moderately elevated (38 mg/l, normal < 5 mg/l). Both the prosthesis and the cement were successfully removed without additional bone defects. The patient received a Trecres spacer with Gentamicin as an interim prosthetic. Microbiological assessment of the sample excisions revealed a sensitive *S. epidermidis*. Pathology confirmed the diagnosis of a chronic periprosthetic infection. ••

The second case involved a 79-year-old female patient with extensive femoral defects following external removal of a hip endoprosthesis due to periprosthetic fracture and subsequent infection. A Gentamicin-sensitive *Enterococcus* and an *S. epidermidis* were identified. The defect was bridged using a cement-reinforced Trecres spacer. The patient could then be mobilised with partial loading of up to 20 kg. Implant-associated problems such as dislocation or fractures did not occur. After three months, a push-through prosthesis was implanted without issues. ••



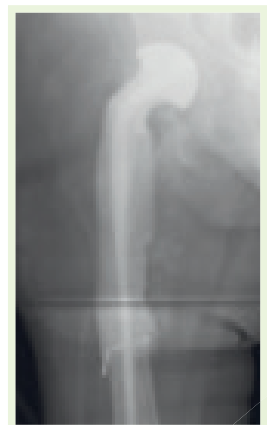
Before surgery



After surgery



Before surgery



After surgery

Spacer® G flat stem long, interim hip prostheses with Gentamicin*



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