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Septic arthritis following ACL reconstruction: Case series

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Introduction: Anterior cruciate ligament (ACL) is the most frequent ligamentous injury of the knee. It is frequently injured in young athletes performing cutting and pivoting sports activities. ACL reconstruction is a safe, common, and effective method of restoring stability to the knee after injury, but evolving techniques of reconstruction carry inherent risk of infection. Many associated complications have been described in the literature; postoperative septic arthritis has received little attention.

Objectives: Prompt diagnosis and treatment of septic arthritis after ACL is necessary to control infection and achieve the best long term clinical outcome.

Methods: Septic arthritis after an ACL reconstruction is rare but has devastating consequences. From 2007 to 2015, the author conducted 757 ACL reconstruction surgeries in Dubai, UAE; of which 6 patients were infected. All patients had similar symptoms and were treated by the same surgeon in the same manner. All patients underwent immediate arthroscopic lavage, debridement with graft retention, and treatment with intravenous antibiotics followed by oral antibiotics. The patient underwent an average of 1.25 procedures after the diagnosis to eradicate the infection and restore knee motion. All patients were evaluated at an average of 6 months after surgery.

Results: From 2007 to 2015, the author conducted 757 ACL reconstruction surgeries in Dubai, UAE; of which 6 patients were infected. All 6 patients had acute or sub-acute infections at an average of 14-19 days. Coagulase negative Staphylococci were present in 4 cases, Staphylococcus aureus was present in 1 case and Enterococcus faecalis was present in 1 case.

Conclusions: Arthroscopic debridement combined with intravenous antibiotic therapy and graft retention was the treatment of choice. The infection was successfully eradicated, the ligament graft was preserved and knee stability and mobility were adequately restored in all patients. The clinical outcome of these patients appeared to be inferior to that of patients who had undergone uncomplicated anterior cruciate ligament reconstruction. This inferior outcome appeared to be secondary to damage to the articular cartilage from the infection and arthrofibrosis.

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