

RAPID RECOVERY OF SEVERE PROSTHETIC JOINT INFECTION FOLLOWING KNEE ARTHRODESIS VIA ILIZAROV EXTERNAL FIXATOR

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Introduction: Prosthetic joint infection (PJI) is a disastrous experience, both to the patient and orthopaedic surgeon. Severe infection may cause poor bone stock, poor tissue quality, deformity, long hospital stay, and emotional disturbances. Patient may not always tolerate revision surgery very well. Thus we advocate knee arthrodesis via Ilizarov external fixator (IEF) to allow patient to move rapidly post-operative, and recover quickly from infection without the use of internal implants.

Discussion: We present a 44-year old lady with a history of ipsilateral right THR and TKR about a year ago. Nine months after her right TKR, she presented with superficial right knee abscess. The knee progressed into prosthetic joint infection after failure of debridement and antibiotics treatment. Initial plain radiographs showed loosening of implant and peri-implant osteomyelitis. Removal of implant and cross-knee IEF was performed. She rapidly recovered from being wheelchair bound and mobilising using walking frame at day 2 post-operatively. She came to the clinic 2 weeks later confidently full weight bearing aided with a walking frame. This report will further discuss on the challenges using Ilizarov method, fusion rates, early weight bearing, and comparison to other internal implants for knee arthrodesis following prosthetic joint infection.

Conclusion: The use of IEF is a feasible method of limb salvage following unrelenting prosthetic joint infection. It may restore patient's mobility rapidly and attains acceptable lower limb function without internal implant.