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EDITORIAL

Thematic Issue: Management of Periprosthetic Joint Infections after Total Hip and Knee Replacements

EDITORIAL

Revision of hip and knee arthroplasties due to infection remains a very expensive procedure to the patient and healthcare systems and no matter how much progress in diagnostic and treatment methods are achieved, the cost and morbidity of infected cases suggest that preventative measures are the single most important factor in managing this problem [1]. On the other hand, there is no single test which is 100% sensitive and/or specific for diagnosis of infection [2]. Hence, prevention and diagnosis of periprosthetic joint infection (PJI) constituted the majority of research work undertaken by lead surgeons at various centers of excellence around the globe [3, 4].

Specialist tertiary centers dealing with such infections on a regular basis using a multidisciplinary approach and clearly defined protocols may improve infection control rates and contribute to standardizing management of PJIs [5]. In fact, efforts from investigators at centers such as The Rothman institute and The Helios ENDO-Klinik Hamburg have led finally to a consensus on defining PJI in the last two years [4]. Having undertaken an MD research degree on management of PJIs at University College London and visited The Rothman Institute, Hospital for Special Surgery and The Helios ENDO-Klinik Hamburg, I have worked closely with leaders in the management of PJIs and observed the variations in approaches and high rates of infection control at those centers. Therefore, I was keen to organize this thematic issue on 'Management of Periprosthetic Joint Infections after Total Hip and Knee Replacements' with review articles contributed from those centers summarizing the current literature but also sharing their own experiences and efforts in improving PJI management.

Articles in this thematic issue cover the whole spectrum of defining PJI and the economic burden, prevention of PJIs, advancements in diagnosing PJIs, management strategies including the role of antibiotics, aggressive early debridement, one and two stage revisions, management of resistant, atypical and culture negative infections and salvage procedures.

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