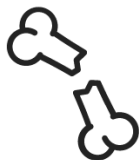




Best of infections ostéo-articulaires



Docteur Elise FIAUX
14 juin 2024



Déclaration de liens d'intérêt avec les industriels de santé
en rapport avec le thème de la présentation (loi du 04/03/2002) :

L'orateur ne
souhaite
pas répondre

- **Intervenant** : FIAUX/Elise
- **Titre** : Best of infections ostéoarticulaires

- Consultant ou membre d'un conseil scientifique
- Conférencier ou auteur/rédacteur rémunéré d'articles ou documents
- Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations
- Investigateur principal d'une recherche ou d'une étude clinique

OUI



NON

OUI



NON

OUI



NON

OUI



NON

Infections ostéoarticulaires

❖ Infections diverses et complexes



Avec matériel



Sans matériel

❖ Bibliométrie volumineuse

Prévention



Trial of Vancomycin and Cefazolin as Surgical Prophylaxis in Arthroplasty

Trisha N. Peel, M.B., B.S., Ph.D., Sarah Astbury, B.Nurs.,
Allen C. Cheng, M.B., B.S., M.Biostat., Ph.D., David L. Paterson, M.B., B.S., Ph.D.,
Kirsty L. Busing, M.B., B.S., M.D., Tim Spelman, M.B., B.S., Ph.D.,
An Tran-Duy, Ph.D., Sam Adie, M.B., B.S., M.P.H., Ph.D., Glenn Boyce, M.B., B.S.,
Catherine McDougall, M.B., B.S., Robert Molnar, M.B., B.S.,
Jonathan Mulford, M.B., B.S., Peter Behfisch, M.B., B.S.,
Michael Solomon, M.B., Ch.B., Ross Crawford, M.B., B.S., D.Phil.,
Tiffany Harris-Brown, R.N., M.P.H., Janine Roney, M.P.H., B.H.Sc., R.N.,
Jessica Wisniewski, Ph.D., and Richard de Steiger, M.B., B.S., Ph.D.,
for the ASAP Trial Group*

- ❖ Essai randomisé en double aveugle contrôlé
- ❖ 2019-2022
- ❖ 11 centres en Australie
- ❖ ATB prophylaxies : C1G + Vanco vs C1G + placebo
- ❖ Portage SARM inconnu
- ❖ Critère principal : incidence des ISO à J90





ORIGINAL ARTICLE

Trial of Vancomycin and Cefazolin as Surgical Prophylaxis in Arthroplasty

Trisha N. Peel, M.B., B.S., Ph.D., Sarah Astbury, B.Nurs.,
 Allen C. Cheng, M.B., B.S., M.Biostat., Ph.D., David L. Paterson, M.B., B.S., Ph.D.,
 Kirsty L. Busing, M.B., B.S., M.D., Tim Spelman, M.B., B.S., Ph.D.,
 An Tran-Duy, Ph.D., Sam Adie, M.B., B.S., M.P.H., Ph.D., Glenn Boyce, M.B., B.S.,
 Catherine McDougall, M.B., B.S., Robert Molnar, M.B., B.S.,
 Jonathan Mulford, M.B., B.S., Peter Behfisch, M.B., B.S.,
 Michael Solomon, M.B., Ch.B., Ross Crawford, M.B., B.S., D.Phil.,
 Tiffany Harris-Brown, R.N., M.P.H., Janine Roney, M.P.H., B.H.Sc., R.N.,
 Jessica Wisniewski, Ph.D., and Richard de Steiger, M.B., B.S., Ph.D.,
 for the ASAP Trial Group*

- ❖ Essai randomisé en double aveugle contrôlé
- ❖ 2019-2022
- ❖ 11 centres en Australie
- ❖ ATB prophylaxies : C1G + Vanco vs C1G + placebo
- ❖ Portage SARM inconnu
- ❖ Critère principal : incidence des ISO à J90

Characteristic	Vancomycin (N = 2044)	Placebo (N = 2069)
Age — yr	66.6±10.5	67.1±10.3
Male sex — no. (%)	982 (48.0)	989 (47.8)
Affected joint — no. (%)		
Knee	1109 (54.3)	1124 (54.3)
Hip	920 (45.0)	930 (44.9)
Shoulder	15 (0.7)	15 (0.7)

Portage de *S. aureus* 1089/3748 (29,1%) dont 24 SARM

Trial of Vancomycin and Cefazolin as Surgical Prophylaxis in Arthroplasty



Outcome	Vancomycin (N = 2044) <i>no./total no. (%)</i>	Placebo (N = 2069) <i>no./total no. (%)</i>	Relative Risk (95% CI)*
Primary			
Surgical-site infection at 90 days	91/2044 (4.5)	72/2069 (3.5)	1.28 (0.94–1.73)†
Knee	63/1109 (5.7)	42/1124 (3.7)	1.52 (1.04–2.23)
Hip	28/920 (3.0)	29/930 (3.1)	0.98 (0.59–1.63)
Shoulder	0/15	1/15 (6.7)	—
Acute kidney injury‡	42/2010 (2.1)	74/2030 (3.6)	0.57 (0.39–0.83)
Hypersensitivity reaction	24/2010 (1.2)	11/2030 (0.5)	2.20 (1.08–4.49)

p = 0,11

→ absence de supériorité de l'association vanco/C1G

Trial of Vancomycin and Cefazolin as Surgical Prophylaxis in Arthroplasty



Outcome	Vancomycin (N= 2044) <i>no./total no. (%)</i>	Placebo (N= 2069) <i>no./total no. (%)</i>	Relative Risk (95% CI)*
Primary			
Surgical-site infection at 90 days	91/2044 (4.5)	72/2069 (3.5)	1.28 (0.94–1.73)†
Knee	63/1109 (5.7)	42/1124 (3.7)	1.52 (1.04–2.23)
Hip	28/920 (3.0)	29/930 (3.1)	0.98 (0.59–1.63)
Shoulder	0/15	1/15 (6.7)	—
Acute kidney injury‡	42/2010 (2.1)	74/2030 (3.6)	0.57 (0.39–0.83)
Hypersensitivity reaction	24/2010 (1.2)	11/2030 (0.5)	2.20 (1.08–4.49)

p = 0,11

→ absence de supériorité de l'association vanco/C1G

High-dose dual-antibiotic loaded cement for hip hemiarthroplasty in the UK (WHITE 8): a randomised controlled trial

Nickil R Agni, Matthew L Costa*, Juul Achten, Nicholas Peckham, Susan J Dutton, May Ee Png, Mike R Reed, for the WHITE 8 Investigators†*

- ❖ Etude randomisée de supériorité
- ❖ 26 centres UK
- ❖ 2018-2021
- ❖ Pose de PIH pour fracture chez des patients ≥ 60 ans
- ❖ Prothèses cimentées :
 - Standard of care : gentamicine 0,5g/40g
 - High-dose dual-antibiotic : gentamicine 1g + clindamycine 1g/40g

- ❖ Critère principal : taux ISO J90

THE
LANCET



High-dose dual-antibiotic loaded cement for hip hemiarthroplasty in the UK (WHITE 8): a randomised controlled trial

Nickil R Agni*, Matthew L Costa*, Juul Achten, Nicholas Peckham, Susan J Dutton, May Ee Png, Mike R Reed, for the WHITE 8 Investigators†



- ❖ 4936 patients inclus : 2453 SOC et 2483 high-dose
- ❖ Age médian 83,8 ans ; diabète 16, 2%

	Standard care single-antibiotic cement		High-dose dual-antibiotic cement		Risk difference (95% CI)	Odds ratio (95% CI)		p value
	n	Deep SSI	n	Deep SSI		Unadjusted*	Adjusted†	
Primary analysis population	2187	38 (1.7%)	2219	27 (1.2%)	0.52 (-0.19 to 1.23)	1.44 (0.88 to 2.37)	1.43 (0.87 to 2.35)	0.16
Per protocol population‡	2020	35 (1.7%)	1999	23 (1.2%)	0.54 (-0.11 to 1.20)	1.53 (0.90 to 2.60)	1.52 (0.89 to 2.58)	0.12
As treated population§	2115	38 (1.8%)	2185	23 (1.1%)	0.65 (0.02 to 1.37)	1.62 (0.96 to 2.74)	1.60 (0.95 to 2.71)	0.077

→ pas de ↘ risque d'ISO/ciment biATB forte dose

Skin Antisepsis before Surgical Fixation of Extremity Fractures

The PREP-IT Investigators*



2% chlorhexidine gluconate



0,7% iodine povacrylex



≠ povidone iodée

❖ 2 populations

- fractures fermées : 6785 patients, 51,1% femmes, âge 53,9 ans
- fractures ouvertes : 1700 patients, 63,5% hommes, âge 44,6 ans

ORIGINAL ARTICLE

Skin Antisepsis before Surgical Fixation
of Extremity Fractures

The PREP-IT Investigators*

Outcome	Iodine Povacrylex	Chlorhexidine Gluconate	Odds Ratio (95% CI) [†]	P Value	Risk Difference (95% CI) ^{†‡}
	<i>no./total no. (%)</i>				<i>percentage points</i>
Closed-fracture population					
Surgical-site infection: primary outcome [§]	77/3205 (2.4)	108/3272 (3.3)	0.74 (0.55 to 1.00)	0.049	-0.8 (-1.6 to 0.0)
Open-fracture population					
Surgical-site infection: primary outcome [§]	54/825 (6.5)	60/826 (7.3)	0.86 (0.58 to 1.27)	0.45	-0.9 (-3.4 to 1.5)

→ bénéfique à utiliser iodine povacrylex (pour fractures fermées)

Diagnostic



Effect of Preoperative Antibiotic Therapy on Operative Culture Yield for Diagnosis of Native Joint Septic Arthritis

Clinical Infectious Diseases

MAJOR ARTICLE

Ryan B. Khodadadi,^{1,✉} Pansachee Damronglerd,^{1,2} Jack W. McHugh,^{1,✉} Said El Zein,^{1,✉} Brian D. Lahr,³ Brandon J. Yuan,^{4,✉} Omar M. Abu Saleh,¹ Gina A. Suh,¹ and Aaron J. Tande¹

- ❖ 321 IOA chez 299 patients
- ❖ 46 IOA **sans** ATB pré-op vs 275 IOA **avec** ATB pré-op



Case of Rheumatology

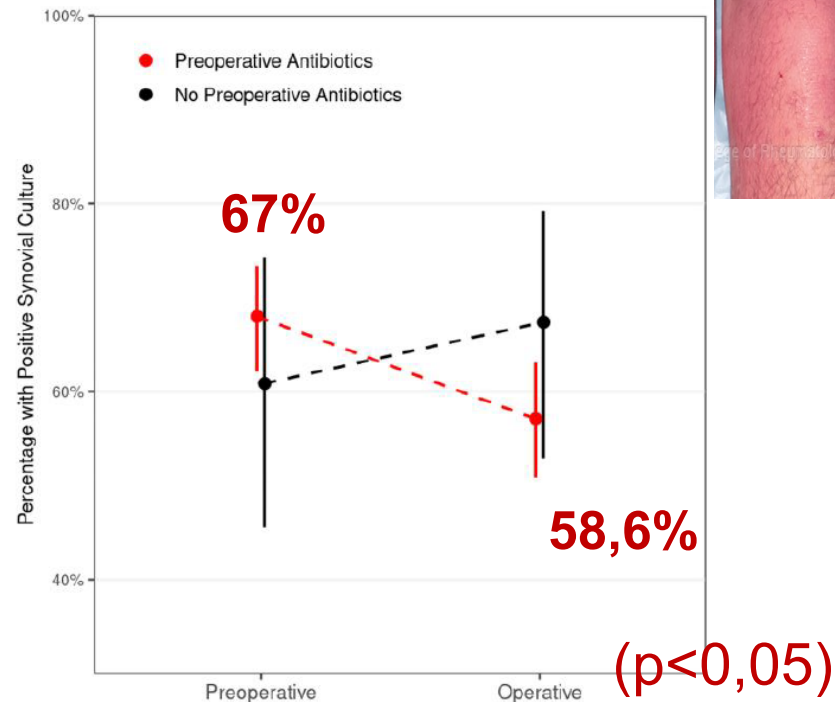
Effect of Preoperative Antibiotic Therapy on Operative Culture Yield for Diagnosis of Native Joint Septic Arthritis

Clinical Infectious Diseases

MAJOR ARTICLE

Ryan B. Khodadadi,^{1,✉} Pansachee Damronglerd,^{1,2} Jack W. McHugh,^{1,✉} Said El Zein,^{1,✉} Brian D. Lahr,³ Brandon J. Yuan,^{4,✉} Omar M. Abu Saleh,¹ Gina A. Suh,¹ and Aaron J. Tande¹

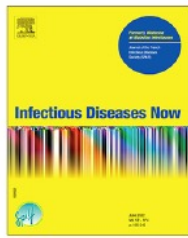
- ❖ 321 IOA chez 299 patients
- ❖ 46 IOA **sans** ATB pré-op vs 275 IOA **avec** ATB pré-op
- ❖ Impact de ATB sur les cultures +
OR = 2,12 (p = 0,006)
- ❖ Impact dose et durée ATB (p < 0,001)
- ❖ Urgence ttt mais importance des prélèvements



Ultrasonography performed by an infectiologist in hip and knee prosthetic joint and native joint infections

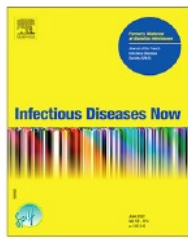
Elsa Nyamankolly^{a,*}, Julie Leitao^a, Maëlig Lescure^a, Emilie Shipley^b, Jean Mazé^c, Arnaud Desclaux^a, Hervé Dutronc^a, Didier Neau^a, Frédéric-Antoine Dauchy^a

- ❖ 4 infectiologues formés à l'écho
- ❖ 54 patients : 11 articulations natives (20,4%) et 43 prothèses (PTH 21, PTG 22)



Ultrasonography performed by an infectiologist in hip and knee prosthetic joint and native joint infections

Elsa Nyamankolly^{a,*}, Julie Leitao^a, Maëlig Lescure^a, Emilie Shipley^b, Jean Mazé^c, Arnaud Desclaux^a, Hervé Dutronc^a, Didier Neau^a, Frédéric-Antoine Dauchy^a



- ❖ 4 infectiologues formés à l'écho
- ❖ 54 patients : 11 articulations natives (20,4%) et 43 prothèses (PTH 21, PTG 22)
- ❖ Epanchement articulaire pour 47 (87%) → 44 ponctions

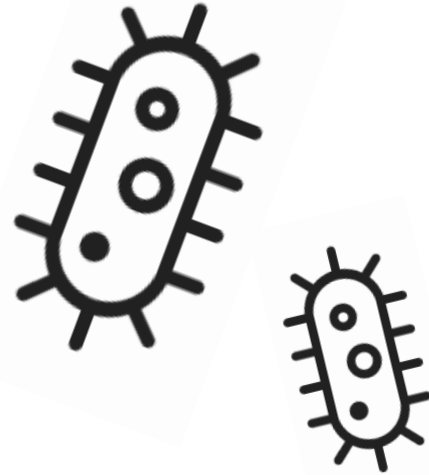
Diagnosis values of ultrasonography combined or not with fluid analysis in patients with OAIs' suspicion.

	Ultrasound alone					Ultrasound combined with fluid analysis				
	n	Se	Sp	PPV	NPV	n	Se	Sp	PPV	NPV
Whole population	54	91	19	64	57	44	68	100	100	64
Acute arthritis	17	100	0	82	0	17	86	100	100	60
Non-acute arthritis	37	84	22	53	57	27	50	100	100	65
Native joint	11	100	0	18	0	10	50	100	100	89
Prosthetic joint	43	90	33	78	57	34	69	100	100	50

Sensitivity (Se), specificity (Sp), positive predictive value (PPV), negative predictive value (NPV) in percentage (%).

→ Perspectives d'application dans d'autres situations cliniques, formation

Bactériémies associées



Risk Factors and Outcomes of Hematogenous Vertebral Osteomyelitis in Patients With *Staphylococcus aureus* Bacteremia

Tori Kinamon,¹ Michael Dagher,¹ Lawrence Park,^{2,3} Felicia Ruffin,² Vance G. Fowler Jr.,^{2,4} and Stacey A. Maskarinec²

¹School of Medicine, Duke University, Durham, North Carolina, USA; ²Division of Infectious Diseases, Department of Medicine, Duke University Medical Center, Durham, North Carolina, USA; ³Duke Global Health Institute, Duke University, Durham, North Carolina, USA; and ⁴Duke Clinical Research Institute, Duke University, Durham, North Carolina, USA

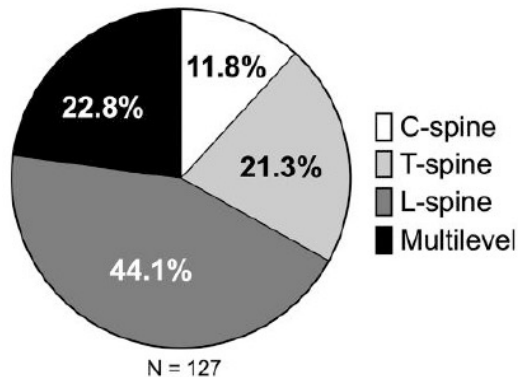


Clinical Infectious Diseases
MAJOR ARTICLE

❖ Cohorte prospective 1995-2019

❖ 127 spondylodiscites

/3165 bactériémies SA (4%)



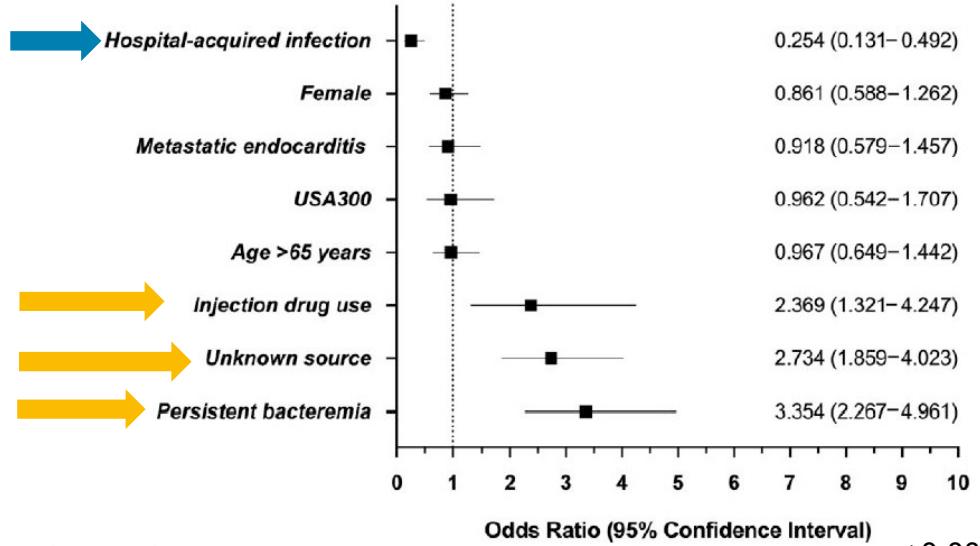
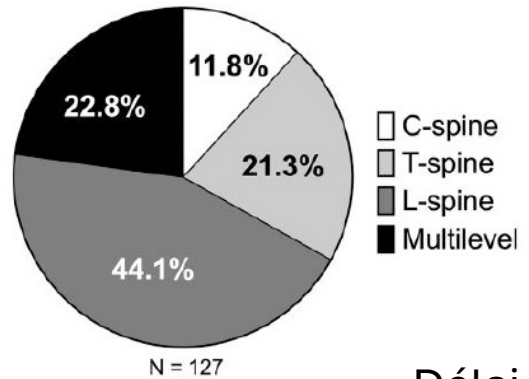


Risk Factors and Outcomes of Hematogenous Vertebral Osteomyelitis in Patients With *Staphylococcus aureus* Bacteremia

Tori Kinamon,¹ Michael Dagher,¹ Lawrence Park,^{2,3} Felicia Ruffin,² Vance G. Fowler Jr.,^{2,4} and Stacey A. Maskarinec²

¹School of Medicine, Duke University, Durham, North Carolina, USA; ²Division of Infectious Diseases, Department of Medicine, Duke University Medical Center, Durham, North Carolina, USA; ³Duke Global Health Institute, Duke University, Durham, North Carolina, USA; and ⁴Duke Clinical Research Institute, Duke University, Durham, North Carolina, USA

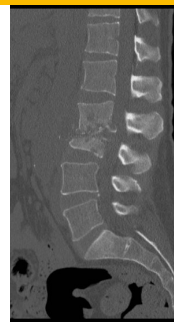
- ❖ Cohorte prospective 1995-2019
- ❖ 127 spondylodiscites /3165 bactériémies SA (4%)



Délai dg bactériémie 2j vs 5j (p<0,001)

p < 0,001

Risk Factors and Outcomes of Hematogenous Vertebral Osteomyelitis in Patients With *Staphylococcus aureus* Bacteremia



Clinical Infectious Diseases

MAJOR ARTICLE

Tori Kinamon,¹ Michael Dagher,¹ Lawrence Park,^{2,3} Felicia Ruffin,² Vance G. Fowler Jr.,^{2,4} and Stacey A. Maskarinec²

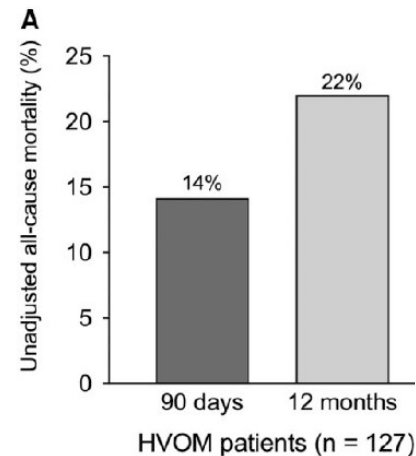
¹School of Medicine, Duke University, Durham, North Carolina, USA; ²Division of Infectious Diseases, Department of Medicine, Duke University Medical Center, Durham, North Carolina, USA; ³Duke Global Health Institute, Duke University, Durham, North Carolina, USA; and ⁴Duke Clinical Research Institute, Duke University, Durham, North Carolina, USA

Spondylodiscites :

26,2% (n=33) interventions chirurgicales

Table 2. 90-Day Outcomes of Patients With *Staphylococcus aureus* Bacteremia With and Without Hematogenous Vertebral Osteomyelitis

Outcomes	No HVOM (n = 3020) n (%)	HVOM (n = 127) n (%)	P Value
In-hospital outcomes of bacteremia			
Length of stay (interquartile range), d	12 (7–23)	18 (11–31)	<.001
Infective endocarditis	459 (15.2)	33 (26.0)	.002






A 12 mois :

20,4% sous ATB

29,6% récidence bactériémie ou spondylodiscite

Prevalence of Infective Endocarditis among Patients with *Staphylococcus aureus* Bacteraemia and Bone and Joint Infections

Matthaios Papadimitriou-Olivgeris ^{1,2,*} , Benoit Guery ¹, Pierre Monney ³ , Laurence Senn ^{1,2}, Sylvain Steinmetz ⁴
and Noémie Boillat-Blanco ¹ 






microorganisms

- ❖ 384 bactériémies à SA avec IOA
 - 289 (75%) IOAN : 139 AS, 105 ostéomyélites, 101 ostéites
 - 112 (29%) IOAM : 78 prothèses, 35 sur matériel

- ❖ Objectif : évaluer la prévalence de l'EI dans les IOA

Prevalence of Infective Endocarditis among Patients with *Staphylococcus aureus* Bacteraemia and Bone and Joint Infections

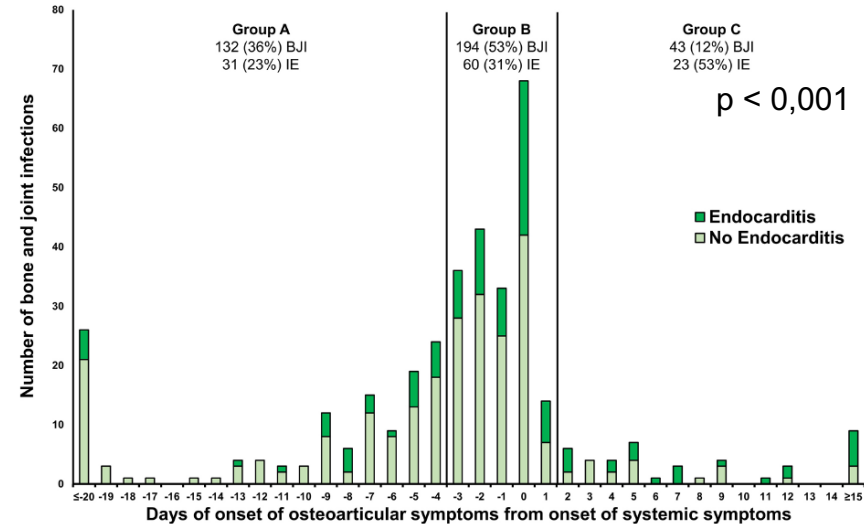
Matthaios Papadimitriou-Olivgeris ^{1,2,*} , Benoit Guery ¹, Pierre Monney ³ , Laurence Senn ^{1,2}, Sylvain Steinmetz ⁴ and Noémie Boillat-Blanco ¹ 



microorganisms

- ❖ 384 bactériémies à SA avec IOA
- ❖ 102 EI (27%)
- ❖ 51 atteintes articulaires multiples (≥ 2) : 51 dont 17 IOAN+IOAM

- ❖ Prévalence EI : 31% IOAN vs 13% IOAM ($p < 0,001$)
- ❖ Multiples IOA : EI (26%) vs non EI (13%) $p < 0,005$



A : SA -4j avant SS ; B : -3 et +1j ; C : +2j

Traitement





Article

Early Staphylococcal Periprosthetic Joint Infection (PJI) Treated with Debridement, Antibiotics, and Implant Retention (DAIR): Inferior Outcomes in Patients with Staphylococci Resistant to Rifampicin

Hannah K. Eriksson ^{1,*}, Stergios Lazarinis ¹, Josef D. Järhult ² and Nils P. Hailer ¹

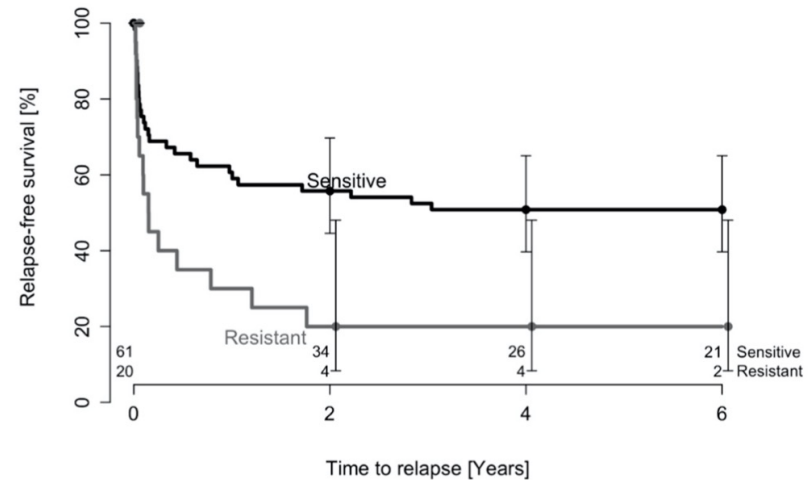
81 patients IOA aigüe sur prothèse ttt par DAIR

30 PTG et 51 PTH

20 patients avec souches rifam-R

47% échecs

mais 16/20 (80%) dans le groupe rifam-R



Suppressive Antibiotic Therapy After Debridement, Antibiotics, and Implant Retention is Well-Tolerated Without Inducing Resistance: A Multicenter Study

Sumon Nandi, MD, MBA ^{a,*}, James B. Doub, MD ^a, Brian J. De Palma, MD ^b,
Genna R. Potter, BS ^c, Benjamin M. Stronach, MD ^c, Jeffrey B. Stambough, MD ^c,
Zachary R. Brilliant, BS ^a, Simon C. Mears, MD, PhD ^c

The Journal of Arthroplasty



- ❖ Cohorte rétrospective multicentrique
- ❖ N = 115 (72 PTG, 43 PTH)
- ❖ Durée médiane SAT : **11 mois**

- ❖ Intolérance → \updownarrow ttt 11,1% PTG et 16,3% PTH
 - cotrimoxazole (p < 0,005)
 - bithérapie (p < 0,05)

Suppressive Antibiotic Therapy After Debridement, Antibiotics, and Implant Retention is Well-Tolerated Without Inducing Resistance: A Multicenter Study

Sumon Nandi, MD, MBA^{a,*}, James B. Doub, MD^a, Brian J. De Palma, MD^b, Genna R. Potter, BS^c, Benjamin M. Stronach, MD^c, Jeffrey B. Stambough, MD^c, Zachary R. Brilliant, BS^a, Simon C. Mears, MD, PhD^c

The Journal of Arthroplasty



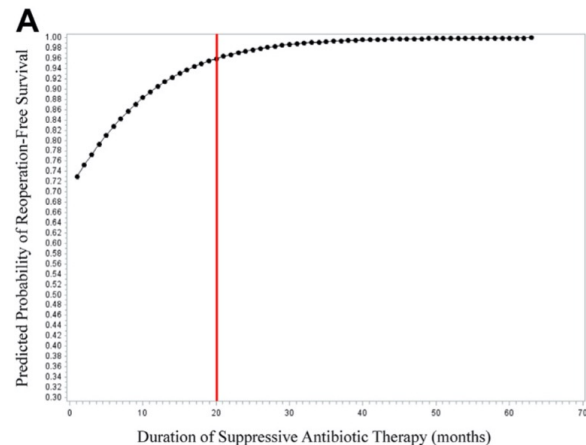
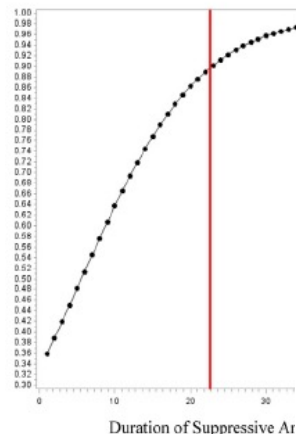
Reprise chir → 16,7% PTG et 65,1% PTH (NS)

Table 3
Multivariate Analysis of Risk of Reoperation for Infection Recurrence After TKA (A) and THA (B) DAIR.

A	Odds Ratio	95% Wald Confidence Limits	P value
Duration of suppressive antibiotics	0.892	0.799 0.996	.0427
Infecting organism <i>Staphylococcus aureus</i>	24.900	4.223 146.830	.0004
B	Odds Ratio	95% Wald Confidence Limits	P value
Duration of suppressive antibiotics	0.881	0.779 0.997	.0440
Infecting organism <i>Staphylococcus aureus</i>	2.505	0.456 13.758	.2905

P values < .05 are in bold.

TKA, total knee arthroplasty; THA, total hip arthroplasty; DAIR, debridement, antibiotics, and implant retention.



durée optimale SAT 2 ans ?

Dalbavancin as suppressive therapy for implant-related infections: a case series with therapeutic drug monitoring and review of the literature

European Journal of Clinical Microbiology & Infectious Diseases
<https://doi.org/10.1007/s10096-024-04849-0>

BRIEF REPORT

Barthelemy Lafon-Desmurs¹ · Benoit Gachet^{1,2} · Benjamin Hennart³ · Benjamin Valentin⁴ · Gabrielle Roosen⁵ · Maxime Degrendel¹ · Caroline Loiez⁶ · Eric Beltrand⁷ · Piervito D'Elia⁸ · Henri Migaud⁹ · Olivier Robineau^{1,2,10} · Eric Senneville¹

- ❖ 2 centres entre 2021 et 2023
- ❖ ttt initial curatif (12 sem) : 3 doses dalba 1500 mg J1 J15 J42 ou autres lignes ttt SAT pour autres lignes : 2 doses de 1500 mg J1 J15
- ❖ **SAT pour tous : 1500 mg à chaque dose avec dosages ($C \geq 10$ m g/L)**

Dalbavancin as suppressive therapy for implant-related infections: a case series with therapeutic drug monitoring and review of the literature

European Journal of Clinical Microbiology & Infectious Diseases
<https://doi.org/10.1007/s10096-024-04849-0>

BRIEF REPORT

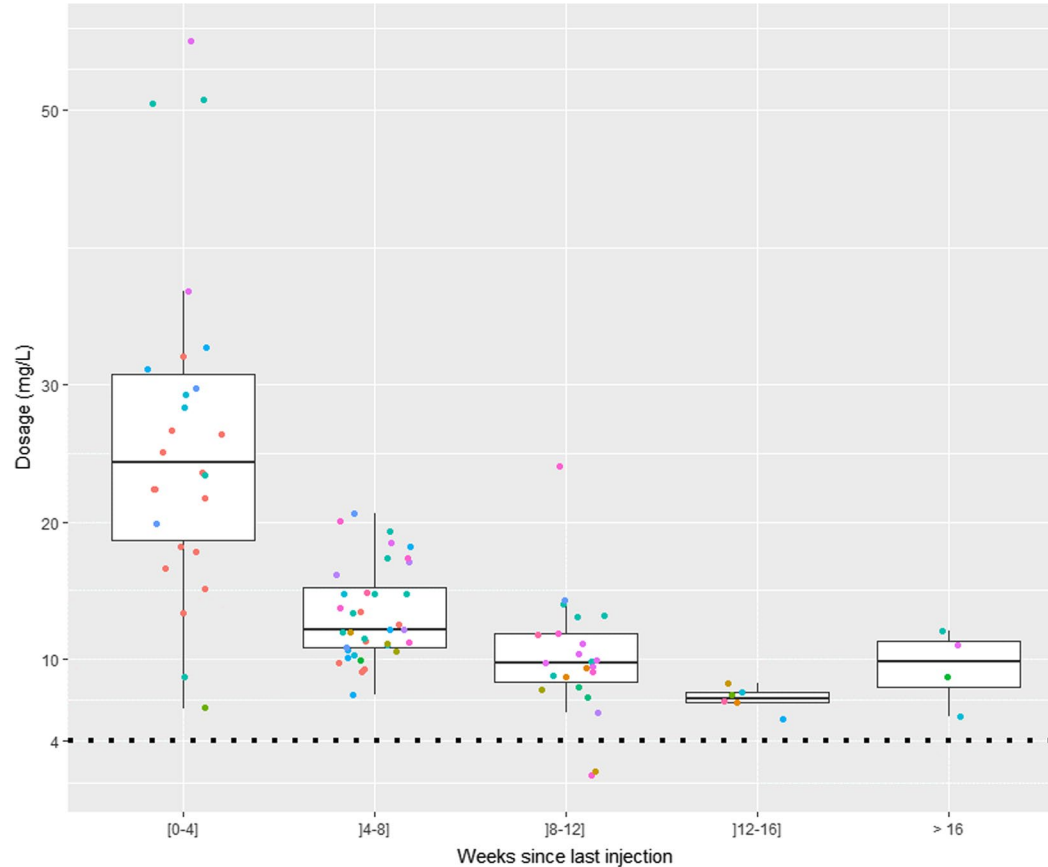
Barthelemy Lafon-Desmurs¹ · Benoit Gachet^{1,2} · Benjamin Hennart³ · Benjamin Valentin⁴ · Gabrielle Roosen⁵ · Maxime Degrendel¹ · Caroline Loiez⁶ · Eric Beltrand⁷ · Piervito D'Elia⁸ · Henri Migaud⁹ · Olivier Robineau^{1,2,10} · Eric Senneville¹

- ❖ 15 patients inclus : prothèses 12/15 (80%)
- ❖ Bactério : *Staphylococcus* spp. 12/15 dont 5 infections polymicrobiennes (33,3%)
- ❖ 14/15 patients (93,3%) : ttt initial/dalba (1500 mg J1 J15 J42)
- ❖ Indications :
 - ttt suboptimal (14/15; 93,3%)
 - résistance (8/15; 53,3%)
 - intolérance ttt oral (6/15; 40%)
 - qualité de vie (5/15; 33.3%).

Dalbavancin as suppressive therapy for implant-related infections: a case series with therapeutic drug monitoring and review of the literature

Barthele
Maxime |
Eric Senn

n⁵ .
2,10 .



Patient

- 1
- 10
- 11
- 12
- 13
- 14
- 15
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Concentration
cible > 4 mg/L

SAT Dalba
Injections tous les
deux mois

Assessment of the impact of pharmacist-led intervention with antibiotics in patients with bone and joint infection

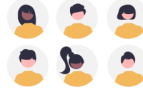
Philippine Marque^a, Gwenael Le Moal^b, Chloé Labarre^c, Jérémy Delrieu^a, Pierre Pries^{c,d}, Antoine Dupuis^{a,d}, Guillaume Binson^{a,d}, Pauline Lazaro^{a,*}

^a *Clinical Pharmacy, Poitiers Hospital University, France*

^b *Department of infectious and tropical diseases, Poitiers Hospital University, France*

^c *Department of orthopaedic, Poitiers Hospital University, France*

^d *Faculty of Medicine and Pharmacy, University of Poitiers, France*



❖ **Intervention
pharmaceutique
(GI) vs Groupe
Contrôle (GC)**

Assessment of the impact of pharmacist-led intervention with antibiotics in patients with bone and joint infection

Philippine Marque^a, Gwenael Le Moal^b, Chloé Labarre^c, Jérémy Delrieu^a, Pierre Pries^{c,d}, Antoine Dupuis^{a,d}, Guillaume Binson^{a,d}, Pauline Lazaro^{a,*}

^a Clinical Pharmacy, Poitiers Hospital University, France

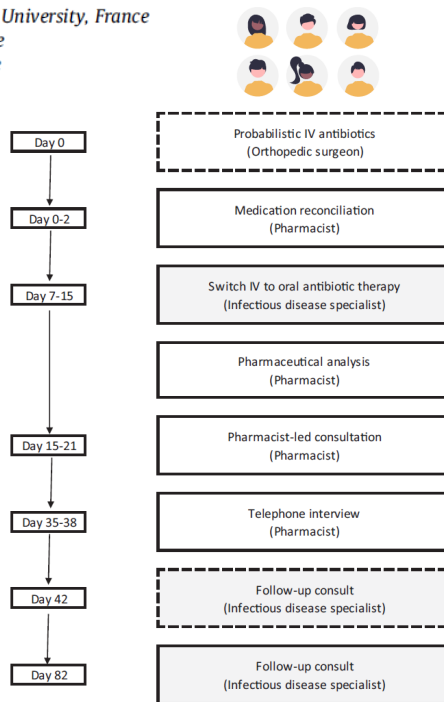
^b Department of infectious and tropical diseases, Poitiers Hospital University, France

^c Department of orthopaedic, Poitiers Hospital University, France

^d Faculty of Medicine and Pharmacy, University of Poitiers, France

❖ Intervention pharmaceutique (GI) vs Groupe Contrôle (GC)

❖ 164 patients : 105 CG et 59 GI



Assessment of the impact of pharmacist-led intervention with antibiotics in patients with bone and joint infection

Philippine Marque^a, Gwenael Le Moal^b, Chloé Labarre^c, Jérémy Delrieu^a, Pierre Pries^{c,d}, Antoine Dupuis^{a,d}, Guillaume Binson^{a,d}, Pauline Lazaro^{a,*}

^a Clinical Pharmacy, Poitiers Hospital University, France

^b Department of infectious and tropical diseases, Poitiers Hospital University, France

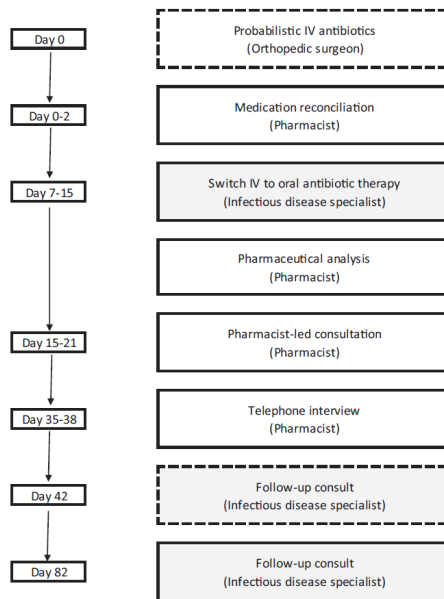
^c Department of orthopaedic, Poitiers Hospital University, France

^d Faculty of Medicine and Pharmacy, University of Poitiers, France

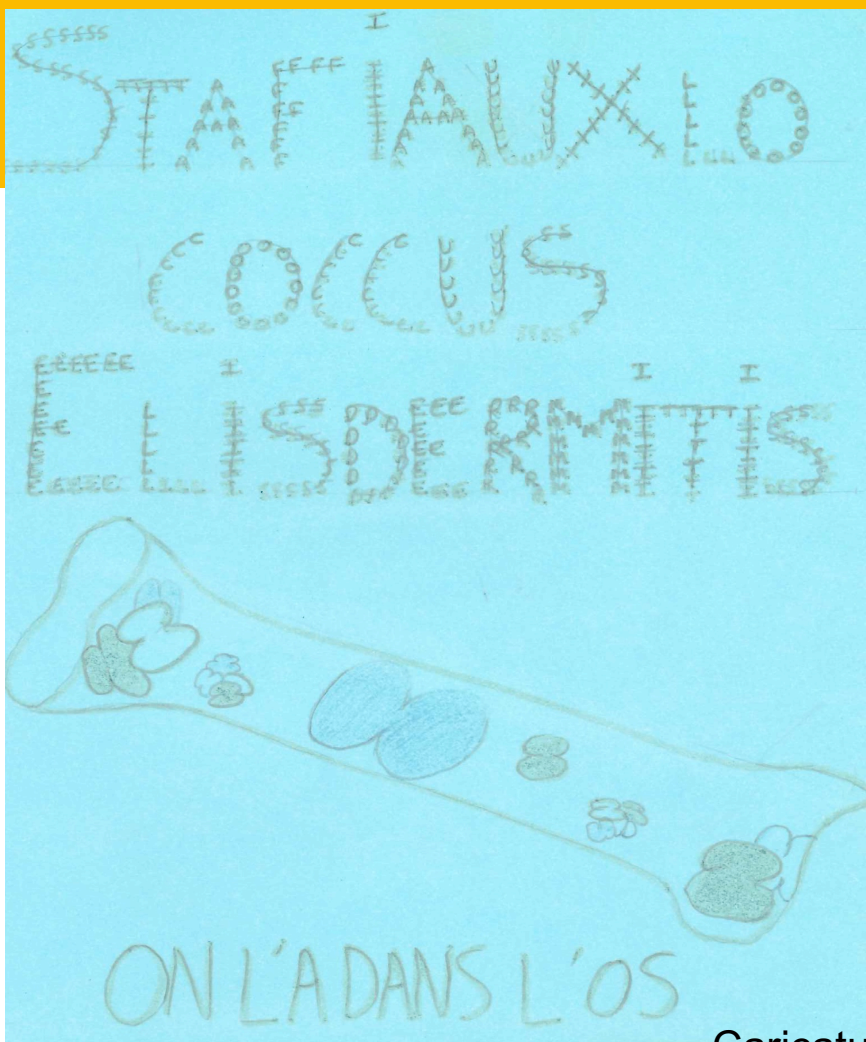


❖ Intervention pharmaceutique (GI) vs Groupe Contrôle (GC)

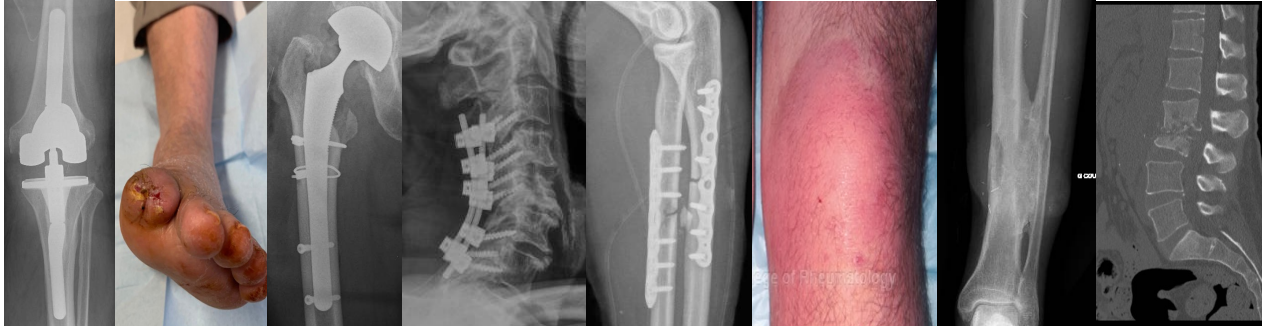
❖ 164 patients : 105 CG et 59 GI



Variable	Intervention group	Control group	p-Value
Number of patients	59	105	
Treatment changes after 6 weeks			
No	51 (86 %)	75 (71 %)	
Yes	8 (14 %)	30 (29 %)	
Yes (side effects of antibiotics)	6	14	
Yes (antibiotics non-compliance)	1	4	
Yes (errors of discharge prescription)	0	3	
Yes (not healing-related)	1	9	
Readmission in 6 months			
No	56 (95 %)	82 (78 %)	
Yes	3 (5 %)	23 (22 %)	
Yes (side effects of antibiotics)	1	9	
Yes (revision surgery)	1	10	
Yes (antibiotics non-compliance)	1	4	



Caricature du Docteur Stoldick, Avril 2019



MERCI POUR VOTRE ATTENTION

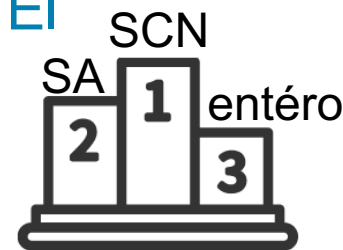
Effectiveness and safety of dalbavancin in France: a prospective, multicentre cohort study

International Journal of Antimicrobial Agents

Johan Courjon^{a,*}, Eric Senneville^b, Hajnal-Gabriela Illes^{c,1}, Patricia Pavese^d, David Boutoille^e, Frederic C. Daoud^f, Nathalie Dunkel^g, Pierre Tattevin^h

- ❖ 151 patients dans 16 centres
- ❖ 83 IOA (55%), multisites (15,9%), vasculaires (14,6%) dont 21 EI
- ❖ 67 IOA sur matériel (44,4%)
- ❖ 4^{ème} ligne ATB pour 108 patients (71,5%)
- ❖ Durée médiane de ttt avant dalba 29 j
- ❖ Dose moy cumulée 3089 ±1461 mg
- ❖ Schéma 2 injections (62,9 %)

- ❖ 10 échecs dont 8 IOA



Effectiveness in patients with a complete follow-up by indication and line of treatment (N = 129).

Indication, n (%)	Suivi à J+30	Success	Failure
ABSSSI only		7 (87.5)	1 (12.5)
Bacteraemia only		4 (100.0)	0 (0.0)
Vascular infection		19 (100.0)	0 (0.0)
Mediastinitis or pleural/pulmonary infection		4 (80.0)	1 (20.0)
Multisite infection		19 (100.0)	0 (0.0)
Bone and joint infection ^a		66 (89.2)	8 (10.8)
Total		119 (92.2)	10 (7.8)
Treatment line, n (%)			
first line		10 (100.0)	0 (0.0)
second line		14 (93.3)	1 (6.7)
third line		12 (85.7)	2 (14.3)
fourth line		83 (92.2)	7 (7.8)