

4th International conference on PLASTIC SURGERY AND AESTHETIC PRACTICES

September 06, 2021 | Webinar

Custom-fashioed antibiotic impregated pmma Metacarpophalyngeal joint arthroplasty in the acute setting long term outcome. A notvel technique revisited:our own experience**Eleni Hadjikyriacou, Frances Bowerman***Morrison's Hospital Swansea, Plastics and Burns Department*

Aim: Osteomyelitis and septic arthritis in the hand presents with significant challenges which if left untreated, can lead to detrimental effects. Arthroplasty is contraindicated in the acute infective state. We present a novel approach of one stage arthroplasty using bone cement impregnated with antibiotic beads, to treat the infection and salvage the function of the infected joint.

Method: An 81-year-old male, developed septic arthritis requiring multiple debridements, positive for Staphylococcus aureus infection. He had a joint arthroplasty using palacos gentamicin custom made prosthesis of proximal phalanx base. The cement was moulded to reconstruct the MCP joint and ensuring a good ROM of the MCP, after debriding the infected foci. The patient was followed up for 1 year and functional outcome was assessed by physiotherapy

Result: The primary outcome was joint salvage and complete infection eradication. Patient recovered well and with physiotherapy achieved a ROM returning to his baseline joint mobility.

Conclusion: A robust surgical approach to joint reconstruction following osteomyelitis and septic arthritis, is to commence correct antibiotic regime according to microbiology cultures, followed by a final one stage reconstruction using a bone cement impregnated with Antibiotics. A cement can preserve the joint function and simultaneously aggressively fight the infection.

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