

BACKGROUND

- Orthopedic infections are an unfortunate but common reality in orthopedic practice regardless of subspecialty.
- Acid fast bacillus and fungal cultures are routinely obtained for these infections and are rarely, if ever, positive.
- No research has been published evaluating the guidelines for using these cultures in orthopedic infections.
- This study aimed to begin the process of determining any utility for the use of AFB and fungal cultures.

OBJECTIVES

- Examine our institution's use of AFB and fungal cultures
- Evaluate the utility of obtaining AFB and fungal cultures in orthopedic bone and soft tissue infections
- Provide guidelines for the use of these cultures

METHODS

- Orthopedic surgical cases for suspected infection at one institution from March 2013 to December 2019 were included.
- Data was collected on patient demographics and procedure characteristics for patients with surgical AFB or fungal lab tests ordered
- The percent of positive AFB and fungal cultures were calculated
- Patients with a positive versus negative fungal culture result were compared using Mann-Whitney U tests and Chi-Squared tests

RESULTS

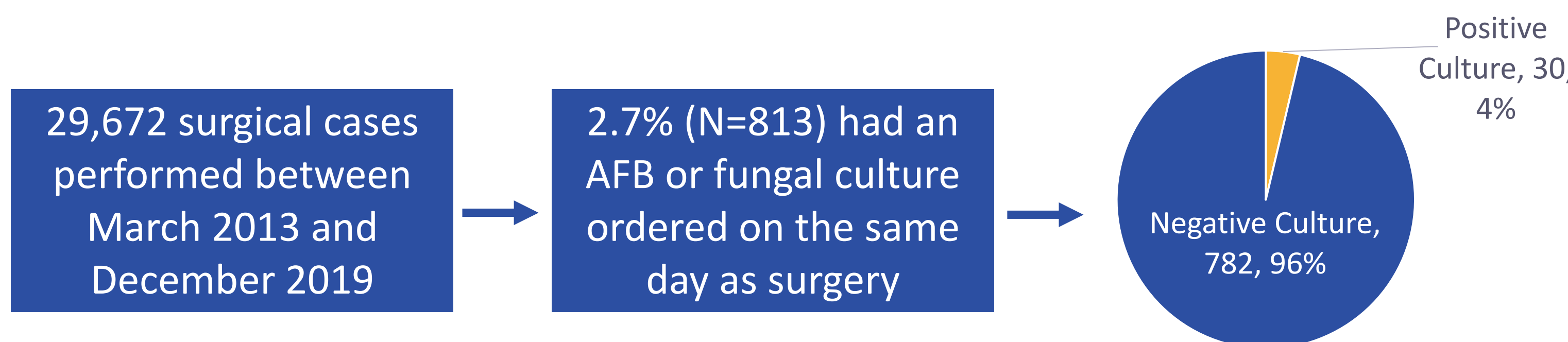


Table 1. Characteristics of patients with a positive vs negative fungal culture result

	Negative fungal culture (N=782)	Positive fungal culture (N=30)	P-value ¹
Average Age (SD)	58 (17)	57 (15)	0.36
Min, Max	2, 95	29, 90	
Sex			
Male	62% (483)	47% (14)	0.14
Female	38% (299)	53% (16)	
Average ASA Score ² (SD)	2.7 (0.7)	2.8 (0.9)	0.38
Min, Max	1, 4	1, 4	
ASA Score ²			
1	6% (42)	11% (3)	
2	26% (193)	14% (4)	0.21
3	57% (422)	57% (16)	
4	11% (81)	18% (5)	
5	0% (0)	0% (0)	
Operating Region			
Hand or Foot ³	35% (271)	73% (22)	<0.001
All Other	65% (511)	27% (8)	
Diabetic	26% (202)	33% (10)	0.48
Obese	17% (131)	17% (5)	>0.99
Peripheral Vascular Disease	6% (48)	23% (7)	0.003
Known HIV or AIDS	0.5% (4)	0% (0)	>0.99

Figure 2. Percent of patients with a positive culture, by peripheral vascular disease status

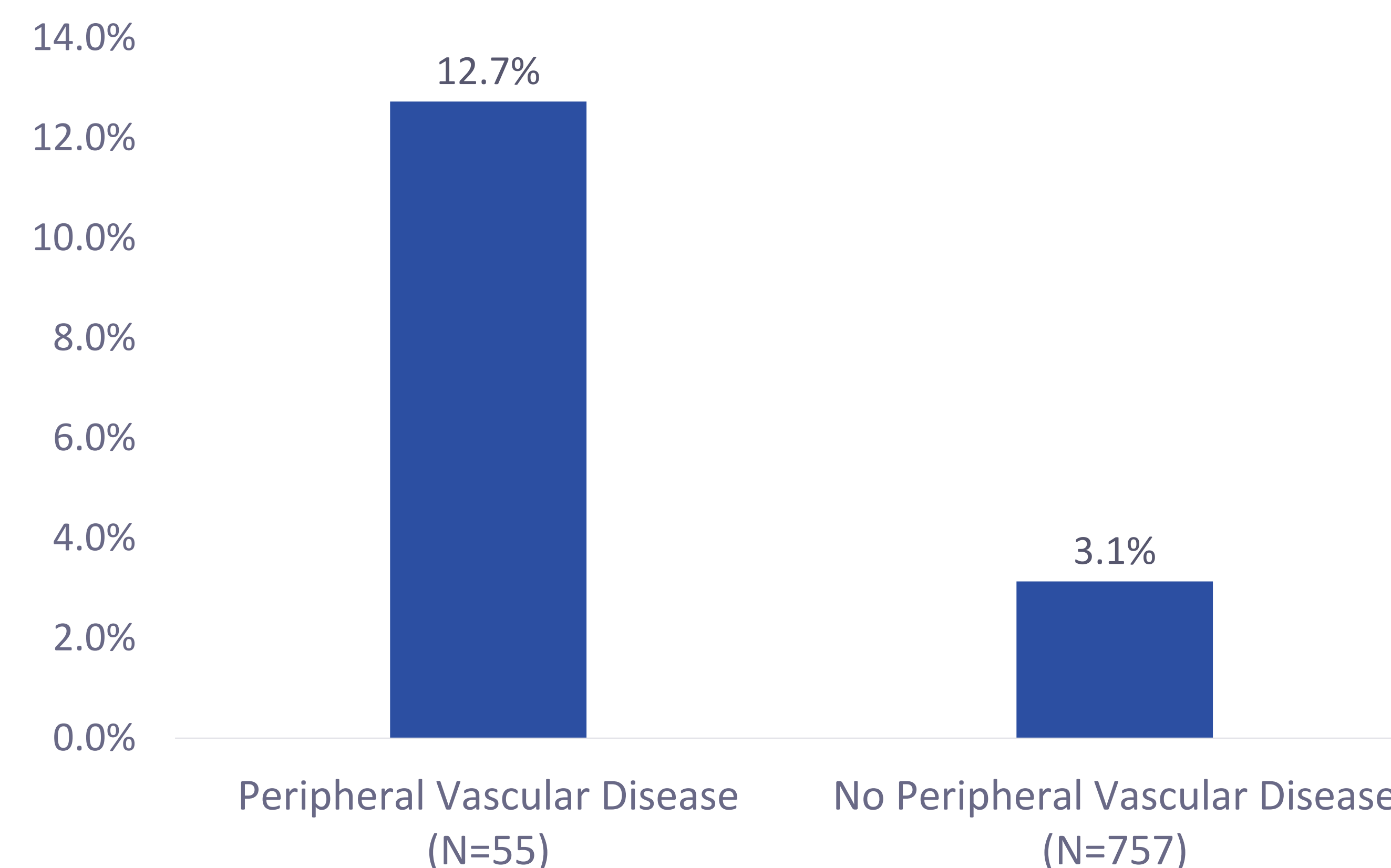
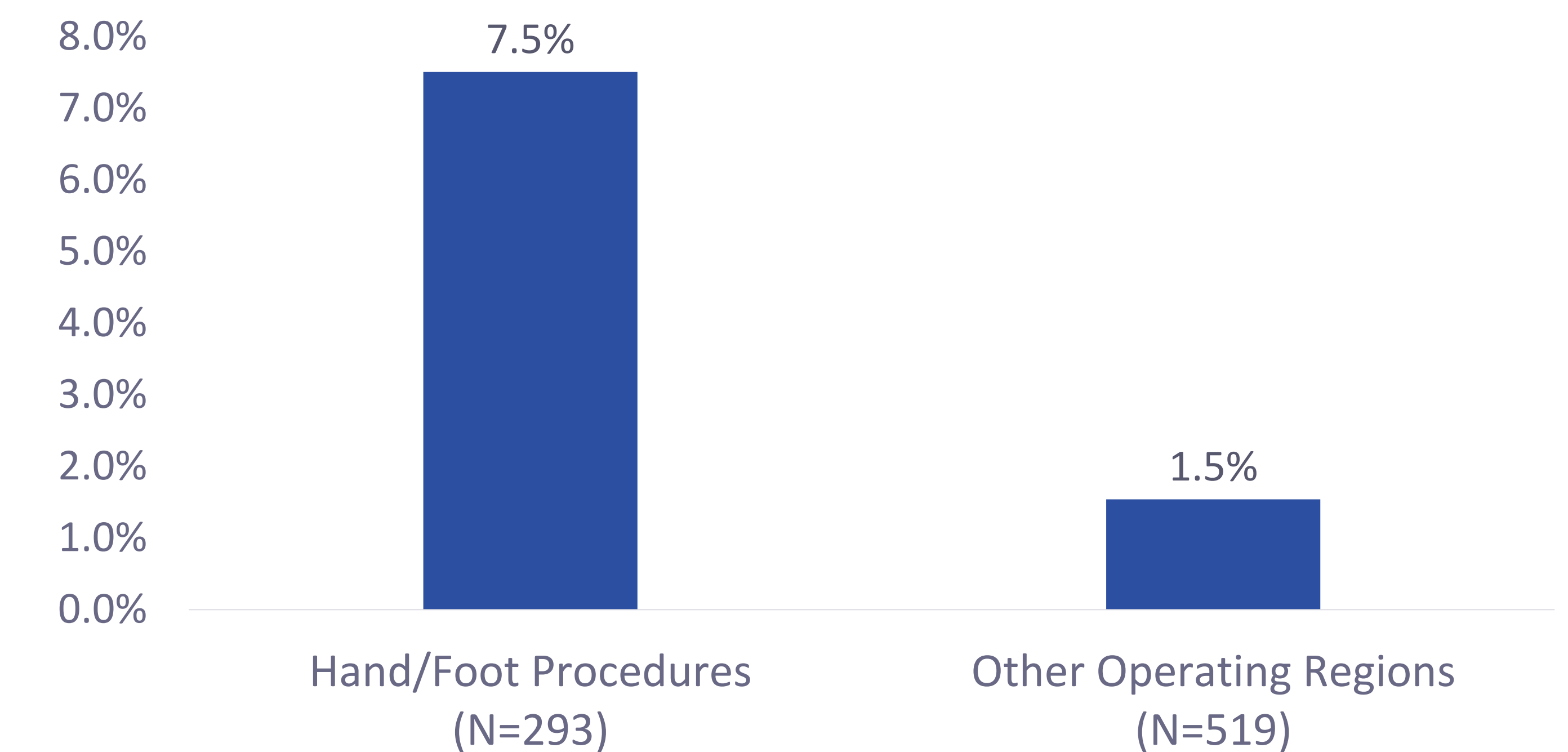


Figure 3. Percent of patients with a positive culture, by operating region



CONCLUSIONS

- Intraoperative fungal cultures may be useful in hand or foot infections and patients with PVD.
- For other body areas or in patients without PVD, fungal cultures may not be warranted.
- AFB cultures may not be warranted in any patient without a history of mycobacterial infection.

FUTURE IMPLICATIONS

- This provides helpful information for future practice regarding workup of orthopedic infections
- This can be used as a starting point for future research in this area
- More detailed evaluation of orthopedic subspecialties and risk factors for positive cultures could be performed

REFERENCES & ACKNOWLEDGEMENTS

- Murray, Michael R., et al. "Granulomatous Vertebral Osteomyelitis." *Journal of the American Academy of Orthopaedic Surgeons*, vol. 23, no. 9, 2015, pp. 529-538. doi:10.5435/jaaos-d-13-00213.
- Bariteau, Jason T. MD, et al. "Fungal Osteomyelitis and Septic Arthritis." *Journal of the American Academy of Orthopaedic Surgeons*, vol. 22, no. 6, 2014, pp. 390-401. doi: 10.5435/JAAOS-22-06-390
- Tokarski, Anthony T., et al. "The Routine Use of Atypical Cultures in Presumed Aseptic Revisions Is Unnecessary." *Clinical Orthopaedics and Related Research*, vol. 471, no. 10, 2013, pp. 3171-3177. doi:10.1007/s11999-013-2917-7.
- Kuruppu, Janaki. "Orthopaedic Infections." *Orthopaedic Knowledge Online Journal*, 2016, doi:10.5435/okoj-14-12-2.
- Miller, J Michael, et al. "A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology." *Clinical Infectious Diseases*, vol. 67, no. 6, 2018, pp. 813-816. doi:10.1093/cid/ciy584.