



# Observation of Patients Infected with Hip Prosthesis a Simple Algorithm Helps Early Identification of SARS-CoV-2 Infection Patients with Severe Progression Tendency

Andrea Cosentino\*

Department of Medicine, University of Madrid, Spain

## INTRODUCTION

The patient presented himself in our orthopedic clinic 4 years after the implantation of a right hip total prosthesis. The patient was with a history of stage Lymphoma in remission. He has been limping with severe pain for about months, walking with crutches, about two cm differences in the lower limbs. X-rays and CT scans showed signs of loosening of the prosthesis towards the pelvis. Before performing a revision, we decided to make a sterile puncture in the operating room under C-arm fluoroscopic control. While waiting for the result of the antibiogram, the patient was treated with an empirical antibiotic therapy and then, after finding the presence of *E. Coli*, with three times per day. Therefore, after adequate antibiotic therapy, we decided to remove the implanted prosthesis and to substitute with Antibiotic Impregnated Cement Spacers Gentamycin and Vancomycin. The femoral stem, the acetabular component and swabs of the muscular fascia and synovial joint fluid were sent to microbiological further analysis that did not show the growth of any germ. For this reason, after an adequate monetarization of the patient's general condition, he was discharged with an oral antibiotic therapy and full weight bearing, as tolerated by pain. Pic According to guidelines, the patient should have had the implantation of the final prosthesis after 6 weeks. However, during the same period, the Covid-19 pandemic occurred and therefore, in order to plan the definitive operation, it was necessary to contact the hospital's task force, which allowed it only 9 weeks after the spacer. After the implantation of the final prosthesis, the postoperative course was normal; the patient was always asymptomatic, except for a mild anemia, treated with Ferric sodium gluconate for one week.

## DESCRIPTION

The postoperative prophylaxis of the infection included a dou-

ble antibiotic with cefotaxim three times per day and Rifampicin once in the evening for the following weeks. Pic during his second hospitalization, there were performed two pharyngeal swabs for Covid-19, both negative. The patient was asymptomatic throughout the following week. However, after a sudden worsening of the respiratory symptoms with low saturation and severe respiratory distress, it was performed an urgent chest X-ray and then a scan, without evidence of pulmonary embolism but with multiple areas of ground-glass opacification patterns. We decided to perform a Covid-19 rapid test, that resulted positive for the Covid-19 and therefore the patient was transferred to the Covid observation ward, waiting for further swabs. The next two swabs were negative and therefore the patient was transferred to the Covid ward reserved for patients with negative swabs but with clinical symptoms for further treatment and one week later, after the resolution of the pulmonary symptoms, discharged at home. Knee and hip replacements are two of the most commonly performed elective operations. For the majority of patients, joint replacement surgery relieves pain and helps them to live fuller, more active lives. No surgical procedure is without risks, however.

## CONCLUSION

A small percentage of patients undergoing hip or knee replacement may develop an infection after the operation. Joint replacement infections may occur in the wound or deep around the artificial implants. Despite the concomitant Covid-19 pandemic, which delayed the implantation of the definitive prosthesis for a further weeks and the patient's acute pulmonary distress, the periprosthetic infection was eradicated, complying with the guidelines in terms of both medical and surgical diagnosis and therapy and the patient was able to resume his normal daily activity.

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**Corresponding author** Andrea Cosentino, Department of Medicine, University of Madrid, Spain, Tel: 6783561204; E-mail: andreac@123.com

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