Correspondence

Retaining well-fixed cementless stem in the treatment of infected hip arthroplasty

Sir—I have read the Acta article: Retaining well-fixed cementless stem in the treatment of infected hip arthroplasty" by Lee et al. (2013). The authors present outcome in 19 patients with infected hip arthroplasties and a well-fixed cementless stem intraoperatively tested by a stem retractor. Treatment consisted of removal of the acetabular cup, liner and head, and implantation of a cup of a cement spacer. At a mean follow-up of 4 years 15 of 17 patients had no recurrence of infection. The authors stated that there have been no results of stem-retaining 2-staged revision in the literature.

However, we have published a similar study reporting on 13 patients with infected hip arthroplasties and well-fixed stems (Anagnostakos et al. 2010). In all cases a preoperative bone scintigraphy excluded involvement of the stem. Intraoperatively, the stem fixation was also tested by a stem retractor. Treatment consisted of removal of the acetabular cup, liner and head, and implantation of an antibiotic-loaded cement spacer head. At a mean follow-up of 5 years the infection was healed in 11 of 12 cases.

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Sir—I appreciate the valuable comments on our study by Dr. Anagnostakos. Unfortunately, and I apologize for that, our literature review missed their article; Two-stage treatment protocol for isolated septic acetabular cup loosening (Anagnostakos et al. 2010). However, we were pleased to find that the method of retaining well-fixed cementless stem had been used elsewhere for infected hip arthroplasty with excellent results. We reviewed their article, and found several differences between the studies. We included only cementless stems; there was no description about type of stems in their study. They used a monoblock head spacer of uniform diameter of 50 mm, while we used variable sizes of spacers according to the retrieved cup size. We used the head component after washing and sterilization as a core of cup spacer to avoid damage of the trunnion. We agree that preoperative scintigraphy could be effective to exclude an infection around the stem.

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