MY TOP 5 TAKES ON A PAPER TITLED

Four versus six weeks of antibiotic therapy for osteoarticular infections after implant removal: a randomized trial

SETTING

123 adult subjects with OM related to implants were **randomized in a non-blinded fashion** into receiving A) 4 or B) 6 weeks of antibiotic therapy.

Exclusions include; infections by mycobacteria, fungi, brucellosis, borreliosis, nocardiosis or mycoplasma infections as well a recurrent infections. **All underwent complete implant removal.**

THE TOP ANTIBIOTICS

Initial IV therapy

Fluclox, cefazolin, cefuroxime, cefepime, ertapenem, imipenem, pip/taz, vancomycin or daptomycin.

Step-down oral therapy

ciprofloxacin, levofloxacin, clindamycin, co-trimoxazole, doxy, linezolid, rifamp. or fusidic acid.

Local antibiotics/irrigation was avoided in this cohort.

RESULTS (GENERAL)

Males predominate (61%) with the median age of 64 years old. **Majority had no co-morbidities.**

Hematogenous seeding was seen in 13 % of the cases. **Staph aureus was the predominant bacteria** for both OM only and those with OM + bacteremia-combined at 37%, followed by CONS at 36%

RESULT (OUTCOMES)

NIL differences were seen in:

Overall recurrence rate (A, 4/62 vs. B, 3/61; P value = 0.74)
Or recurrences based on;
Types of infections (explanted arthroplasties, plates or nails) or
Types of organisms

TAKE HOME MESSAGE

Six-week antibiotic treatment for implant-free osteomyelitis (with initial implant in-situ) might be too long. **A duration of 4 weeks may suffice.** Readers are encouraged to read the discussion parts, which talks about this study limitations.