Chronically Exposed Knee Hardware

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A 66-year-old man who did not routinely seek medical care presented to the hospital with generalized weakness for 4 days. He described chronic right knee pain. Medical history included untreated rheumatoid arthritis and bilateral knee replacement 16 years prior. On examination, his right knee was fixed at 45-degree flexion. Femoral hardware and pus protruded through hyperemic skin (**image A**). He and his family claimed the hardware had been exposed for “years,” beginning with a small skin opening. Accumulation of detritus material is shown in **image B**.

The clinical findings met the Infectious Disease Society of America’s definition of prosthetic joint infection by virtue of the persisting sinus tract.¹ Plain radiographs were concerning for tibial and femoral osteomyelitis, and there was distal- to mid-femoral osteolysis with complete destruction of the femoral metaphysis. Because of the extent of proximal bone involvement and concern for noncompliance if multiphase intervention were

pursued, above-the-knee amputation was deemed the most viable option. Although nonsurgical, palliative measures for exposed hardware have been accomplished,² the patient’s age and ability to rehabilitate led to this approach. Patients with rheumatoid arthritis have a higher risk of prosthetic joint infection.³ Treatment should take into account patient preferences and rehabilitation potential. (doi:10.7556/jaoa.2020.034)

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