

## MANAGEMENT OF INFECTED TOTAL HIP REPLACEMENT IN A PATIENT OF BILATERAL SEVERE OSTEOARTHRITIS

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A 53-year-old housewife with a 12-month history of progressively worsening pain in both hips and inability to walk, underwent THR Right hip in 2004, which got infected and was subsequently removed after 4 months. Acetabular cup was not removed. She came to Apollo Hyderabad in December 2005. Clinical examination revealed persistent discharging sinus in right hip with grossly painful right hip movements. Right hip debridement, removal of acetabular cup & cement with instillation of Gentamycin beads was done. Considering severe Osteoarthritic changes in the left hip, confirmed by clinical and radiological examination, Left THR was done 3 weeks later. Subsequently, revision Right THR was done 3 weeks later after confirmation of infection free status by clinical, radiological & haematological parameters. She is doing well and is walking without support at 3 years follow up.

This interesting case report illustrates the management of painful bilateral Osteoarthritis of the hip with an infected total hip prosthesis in situ on one side.

**Key words:** Infection in total hip replacement.

### BACKGROUND

INFECTED total hip replacement has always been a difficult problem for Orthopaedic Surgeons. Most of the cases need complete removal of Implants, debridement and revision as a single stage or two stage procedure.

In this report we describe a case of infected right THR in a 53 year old lady with Osteoarthritic changes of the Left hip leaving her immobile and in gross morbid condition. She underwent control of infection of right hip and staged THR of both hips. She is walking without support at 3 years follow up without any evidence of residual infection.

### Case report

A 53-year-old housewife presented with a 12-month history of progressively worsening pain in both hips and inability to walk. She underwent THR right hip in 2004 for severe Osteoarthritis of both hips. The implant got infected and was subsequently removed after 4 months but acetabular cup was not removed. Infection persisted and she came to Apollo, Hyderabad in December 2005. She was unable to walk and needed assistance for performing activities of daily living. Clinical examination revealed persistent discharging sinus in right hip, tenderness right hip with shortening of right lower limb and positive

telescoping test. Right hip movements were grossly painful. On clinical examination of left hip, tenderness was present on anterior joint line and movements were terminally painful (*Fig.1*).

### Treatment

Right hip debridement, removal of acetabular cup & cement with instillation of Gentamycin beads was done (*Fig.2*). Considering severe Osteoarthritic changes in the left hip, confirmed by Clinical and Radiological examination, Left THR was done after 3 weeks (*Fig.3*).



Fig.1. Radiograph at presentation to Apollo Hospitals, Hyderabad with infected acetabular cup in situ.



Fig.2. Radiograph after removal of infected acetabular cup and cement & instillation of Gentamycin beads.



Fig.4. Radiograph after revision right THR.



Fig.3. Radiograph after left THR.

Subsequently, Gentamycin beads were removed from right hip. Her general condition improved and she was mobilized with support. Serial blood investigations were done for confirmation of infection free status. She underwent revision Right THR 3 weeks later (*Fig.4*) after confirmation of infection free status by clinical, radiological & haematological parameters. She is walking without support at 3 years follow up and is able to perform activities of daily living without any discomfort.