

November, 14 2019 –The Woice

What about Musculoskeletal Infections in Russia ?

THIS IS WHAT WAS ASKED TO TWO VALUED WAIOT MEMBERS FROM THE

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Question 1. Which are the main Centres dealing with orthopaedic and trauma infections in Russia?

RT: In addition to the **Department of Orthopedic Infection at the Vreden Russian Research Institute of Traumatology and Orthopedics in Saint Petersburg**, there are the **Russian Ilizarov Scientific Center for Restorative Traumatology and Orthopaedics in Kurgan**, the **Institute of Traumatology of the Volga Research Medical University in Nizhny Novgorod** and the **Priorov National Medical Research Center of Traumatology and Orthopedics in Moscow**.

SB:

Often, patients diagnosed with PJI are referred to **purulent surgery departments, where they are assisted by general surgeons who do not have the knowledge about the treatment of implant-associated infection**. The result is a failure in treatment and chronic infection.

Question 2. What is the impact of antibiotic resistance in orthopaedic and trauma patients in Russia?

SB:

According to our long-term observations, **the role of MRSA in the etiology of PJI is currently decreasing**. At the same time, **there is an increase in the share of MRSE and polyresistant strains of *K. pneumoniae* in the structure of the leading pathogens**.

RT: Unfortunately, the increased resistance of pathogens leads to a decrease in the effectiveness of standard options for surgical treatment of PJI. This requires **searching for new antimicrobial agents and alternative methods of surgical treatment, for example, muscle plasty**.

Question 3. Do you have national guidelines concerning prevention of surgical site infection in Russia?

SB:

The first clinical guidelines for the treatment of periprosthetic joint infection were drawn up and approved in 2013, **the second edition was in 2016 and another revision is planned in 2020**.

RT: We constantly monitor the emergence of new technologies and results for diagnosis and treatment of PJI from the standpoint of evidence-based medicine and as a result – **regularly update the national clinical guidelines.**

Question 4. What is the preferred approach to PJI in Russia ? One-stage or two-stage?

RT: We are making **every effort to develop technologies that allow the implementation of one-stage audit at PPI**, although, today the two-stage method prevails.

SB:

Yes, most often in Russia, surgeons perform **two-stage treatment of patients with PJI**. This is largely due to the long period from the moment of infection manifestation until the sanitizing surgery is performed as well as previous irrational treatment, for example, the administration of antibiotic therapy without the removal of the infected endoprosthesis.

Question 5. What is your experience in the management of bone and joint infections and what do you think should be the most important innovation required to improve patients' management in Russia?

RT:

I think **the first is the prevention of PJI**, including the identification of risk factors for infection and preparation of patients for endoprosthesis, **the second is early diagnosis** and optimal routing of patients, **and finally, effective local therapy** aimed at creating a depot of antibiotics in the focus of infection.

SB:

Every year, about 450-500 patients with PJI and osteomyelitis are treated at the Department of Orthopedic Infection of our institute. And, in my opinion too, **the introduction of means for effective local antibacterial therapy into clinical practice would significantly improve the effectiveness of treatment of these patients.**