



## Introduction to the Special Edition on Prosthetic Joint Infection

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We hope you find this special edition on *prosthetic joint infection* (PJI) valuable in understanding the diagnosis, consequences, options in the evaluation and management of this devastating complication that impacts negatively both patient and surgeon. The outcomes of total joint replacement are among the best in all of medicine; therefore, it is very difficult for a patient who expects pain relief and improvement to be told they have an infection. In addition, morbidity and mortality is significant (equal to many cancers); cure in some instances is not possible and “cure” may require multiple procedures.

This comprehensive special edition focuses on a variety of issues in the diagnosis and management of prosthetic joint infection. The prevalence of PJI is approximately one percent, and most arthroplasty surgeons treat only a few PJI patients per year. Therefore, their experience remains limited. Even with this low incidence, one percent of the million joints performed annually in the United States is significant. Personal and societal and coordinated systematic management by dedicated centers is crucial.

The prosthetic joint infection literature is complicated and in constant flux; therefore, the goal of this issue is to provide an evidence-based approach to the treatment of this difficult and complicated complication.

I have a unique perspective on this difficult problem, because two years ago I went through a two-stage procedure to clear an infection, which occurred when I was a collegiate athlete. My own experience led to the development of the **Atrium Health Musculoskeletal Institute, OrthoCarolina Periprosthetic Joint Infection Center** with the collaboration of a group of surgeons and infectious disease consultants with vast clinical experience concerning PJI treatment. We have treated over 1,500 PJI patients since we formalized the center in 2019. We also established a PJI registry that has collected data on nearly 4,000 patients treated at our center since 1986. Due to this volume patients, we are able to do evidence-based research on this subject.

I want to thank the many authors who contributed their time and effort to producing this issue. These authors are committed to helping you treat your infection patients through evidence-based recommendations put forth in this issue.

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