

RETHINKING INFECTION AFTER ACHILLES TENDON REPAIR: A MORE JUDICIOUS APPROACH



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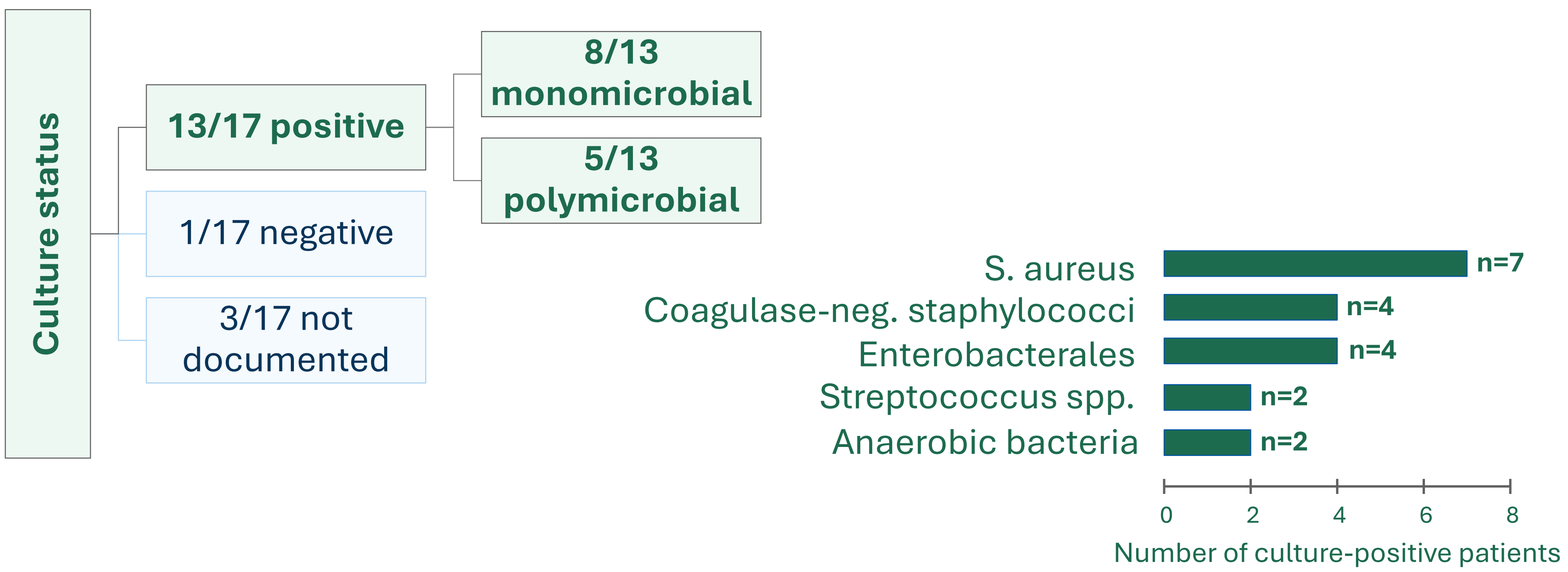
466 Patients treated for ATR (2015–2024)	236 Treated surgically (50.6%)	17/236 Postoperative infections (7.2%)	0/17 Reruptures
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BACKGROUND

Achilles tendon rupture is a common injury, and operative repair remains an established treatment option in selected patients. Postoperative infection is relatively uncommon, but may lead to impaired wound healing, tendon compromise and repeated surgery [1,2].

Previous experience from our institution showed that wound complications and **infection** are a relevant burden after open Achilles tendon repair [3]. Evidence guiding the optimal extent and timing of tendon reconstruction after infection remains limited [4,5].

MICROBIOLOGY



AIM

To evaluate the incidence, microbiological characteristics, management and clinical outcomes of **postoperative infection** following operative repair of ATR over a 10-year period at a tertiary referral centre.

METHODS

Retrospective single-centre cohort study of postoperative infections following operative Achilles tendon repair over a 10-year period (2015–2024).

Outcomes included **infection eradication, treatment burden, rerupture and subsequent Achilles tendon reconstruction**. Treatment before referral was analysed separately for referred patients.

INFECTION CHARACTERISTICS

15/17 male (88.2%)	7/17 referrals
Mean age 49.2 years	Median onset 4 weeks [IQR 2–6]

OUTCOMES

NON-REFERRED PATIENTS (n = 10)		REFERRED PATIENTS (n = 7)	
Management pathway	Outcomes	Management pathway	Outcomes
Surgical treatment (n=9)	8/9 Infection eradication	Surgically treated at our centre (n=4)	4/4 Infection eradication
Thorough debridement	0/9 Reruptures	Thorough debridement	0/4 Reruptures
Tendon and/or removal of all foreign-material (n=6) + No immediate tendon reconstruction	Comment One (1/10) patient was managed non-operatively with conservative therapy.	Tendon and/or removal of all foreign-material (n=4) + No immediate tendon reconstruction	Comment Three (3/7) patients had undergone surgical treatment before referral and were subsequently managed conservatively at our centre.
Conservative treatment with targeted antibiotics		Conservative treatment with targeted antibiotics	

CONCLUSION & CLINICAL IMPACT

Despite a substantial treatment burden, infection eradication was achieved in **16/17 evaluable patients (94.1%)**. Our findings suggest that **thorough debridement and complete foreign-material removal, followed by conservative treatment with targeted antibiotic therapy and without immediate tendon reconstruction**, can achieve reliable infection control with a low risk of rerupture and without the need for subsequent reconstruction.

TAKE-HOME MESSAGE :

Thorough debridement and complete foreign-material removal, followed by conservative management without immediate tendon reconstruction, is a viable strategy in patients with infection after Achilles tendon repair.