

Five-Year Milestone Survivorship Following Two-Stage Exchange Arthroplasty for Chronic Periprosthetic Joint Infection

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Introduction

Background

- Two-stage exchange arthroplasty remains the benchmark treatment for chronic knee periprosthetic joint infection (PJI).
- Reported success rates vary because of differences in follow-up duration, outcome definitions, and censoring strategies.

Purpose

- Characterize time-dependent outcomes after two-stage exchange using the Musculoskeletal Infection Society Outcome Reporting Tool (MSIS ORT).
- Assess how alternative endpoint definitions affect milestone outcome estimates.

Methods

- Retrospective cohort of patients undergoing intended two-stage exchange for chronic knee PJI from 2013–2021.
- Included patients met 2018 ICM/MSIS criteria after primary total knee arthroplasty.
- Outcomes were classified by MSIS ORT at 1, 3, and 5 years after reimplantation or spacer placement in non-reimplanted patients.
- Success definitions:
 - Tier 1: Infection control without suppressive antibiotics
 - Tier 1+2: Infection control with or without suppressive antibiotics
- Kaplan–Meier and sensitivity analyses evaluated alternative censoring strategies.

Cohort

- 114 patients
- Median follow-up: 57 months (IQR, 42.3–70.0)
- Reimplanted: 108 (94.7%)

Results

Figure 1. Kaplan-Meier Survivorship Stratified by MSIS ORT Success Definitions (N=114)

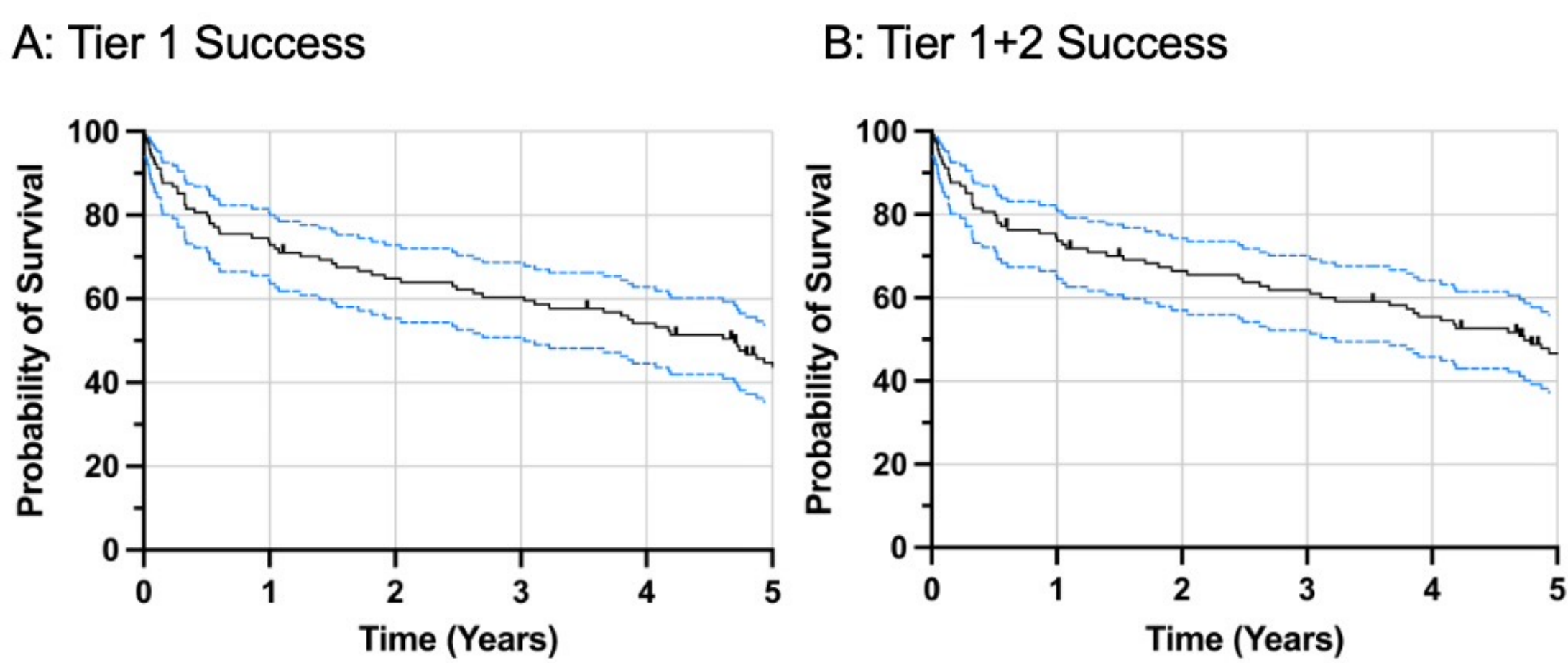


Figure 2. Long-Term Survivorship Following Two-Stage Exchange Using Alternative ORT Endpoint Definitions (N=114)

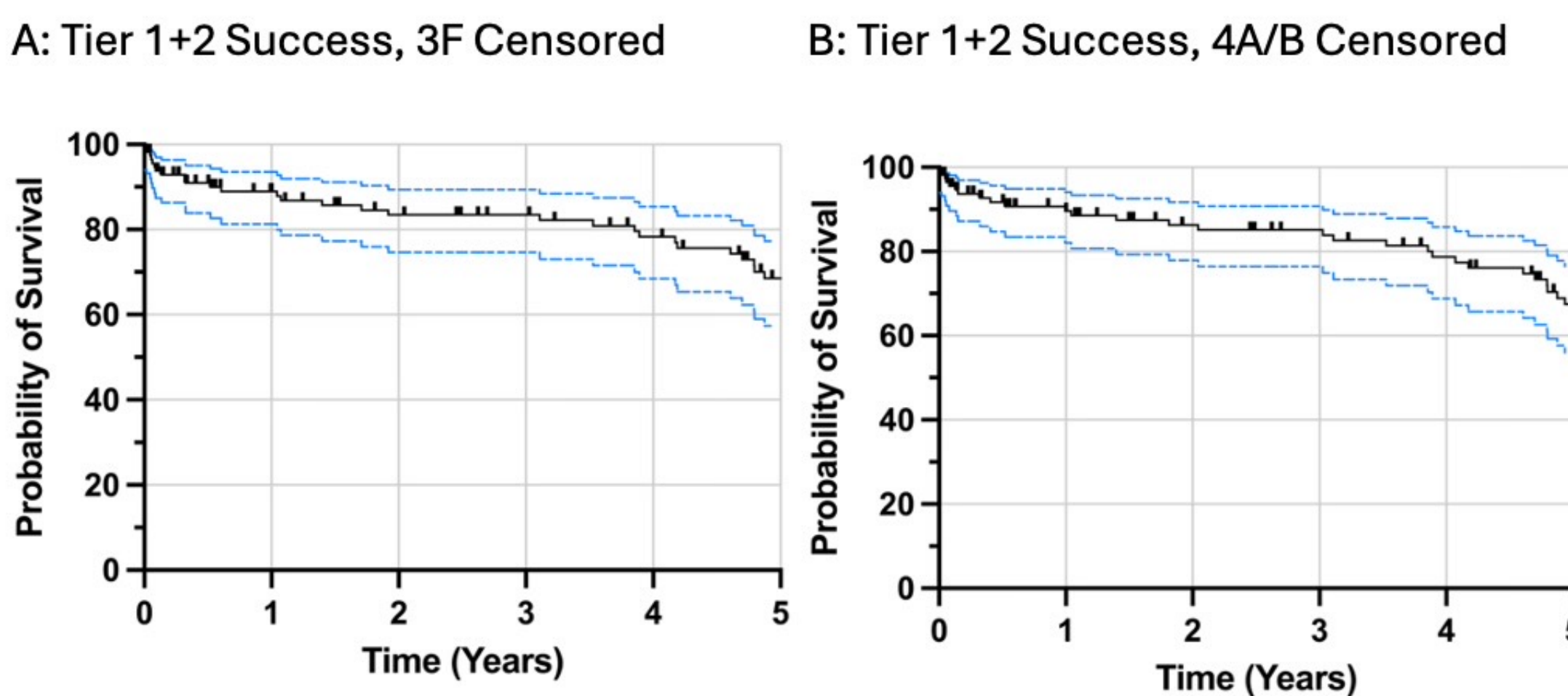


Table 1. Distribution of Clinical Success and Failure Tiers at 1, 3, and 5-Year Follow-up.

Outcome / Tier	Description	ORT Tier at 1 Year N (%)	ORT Tier at 3 Years N (%)	ORT Tier at 5 Years N (%)
Treatment Success (Tier 1 Alone)	Infection control, no continued antibiotic	68 (59.6)	58 (50.9)	43 (37.7)
Treatment Success (Tier 1 & 2)	Infection control with and without prolonged antibiotics	80 (70.2)	68 (59.6)	55 (48.2)
Treatment Failure (Tier 3A-4B)		34 (29.8)	46 (40.4)	59 (51.8)
Tier 3A	Aseptic revision >1 year from PJI initiation	0 (0.0)	3 (2.6)	4 (3.5)
Tier 3B	Septic revision (incl. DAIR) >1 year	0 (0.0)	4 (3.5)	7 (6.1)
Tier 3C	Aseptic revision ≤1 year	11 (9.6)	9 (7.9)	8 (7.0)
Tier 3D	Septic revision (incl. DAIR) ≤1 year	11 (9.6)	11 (9.6)	10 (8.8)
Tier 3E	Amputation / resection / arthrodesis	0 (0.0)	2 (1.8)	2 (1.8)
Tier 3F	Retained spacer	11 (9.6)	10 (8.8)	11 (9.6)
Tier 4A	Death <1 year	1 (0.9)	1 (0.9)	1 (0.9)
Tier 4B	Death >1 year	0 (0.0)	6 (5.3)	16 (14.0)

Results Cont.

- A total of 114 patients met inclusion criteria; 108 (94.7%) underwent reimplantation
- Tier 1:** Infection control without suppressive antibiotics.
- Tier 2:** Infection control with suppressive antibiotics.
- Tier 3F:** Retained spacer without reimplantation.
- Tier 4A/4B:** Death unrelated or related to PJI.

- Tier 1 survivorship declined from 59.6% at 1 year to 50.9% at 3 years and 37.7% at 5 years. Combined Tier 1+2 survivorship declined from 70.2% to 59.6% and 48.2% at the same milestones (Figure 1).
- Sensitivity analyses produced higher estimates when Tier 3F retained spacers were censored (88.9%, 83.4%, and 68.5%) or Tier 4A/4B mortality was censored (89.7%, 83.9%, and 67.4%) at 1, 3, and 5 years, respectively. Despite varying endpoint definitions, treatment success progressively declined over time (Figure 2).

Conclusion

- Outcomes after two-stage exchange are **time dependent**. Standardized milestone reporting with the MSIS ORT provides a consistent framework for comparing treatment outcomes across studies and cohorts.