Synovial Fluid Absolute Neutrophil Count and Neutrophil-to-Lymphocyte Ratio are Not Superior to Neutrophil Percentage in Detecting Prosthetic Joint Infection

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INTRODUCTION: Periprosthetic joint infection (PJI) is a devastating complication after total joint arthroplasty (TJA) with a high morbidity, mortality, and cost. Serum and synovial biomarkers are currently used in the diagnosis of PJI. Serum neutrophil-to-lymphocyte (NLR) ratio has shown promise as an inexpensive test in diagnosing infection, but there have been no known reports of synovial NLR or absolute neutrophil count (ANC) in the diagnosis of chronic PJI. The purpose of this study is to investigate the diagnostic potential of both markers.

METHODS: A retrospective review was performed for 730 patients that had a primary total joint arthroplasty and underwent aspiration for chronic PJI or aseptic reasons. Synovial white blood cell count (WBC), synovial polymorphonuclear percentage (PMN%), synovial NLR, synovial ANC, serum erythrocyte sedimentation rate (ESR), serum C-reactive protein (CRP), serum WBC, serum PMN%, serum NLR, and serum ANC had their utility in diagnosing PJI examined by area under the curve analysis (AUC). Pairwise comparisons of AUCs were performed for serum and synovial markers.

RESULTS: The AUCs for synovial WBC, PMN%, NLR, and ANC were 0.835, 0.841, 0.827, and 0.850, respectively (Figure 1). Synovial fluid ANC was a significantly better diagnostic marker than synovial NLR (p=0.027) and synovial WBC (p=0.003), but not PMN% (p=0.365). Synovial NLR was also found to be inferior to PMN% (p=0.006), but not different from synovial WBC (p=0.510) (Table 1). The AUCs for serum ESR, CRP, WBC, PMN%, NLR, and ANC were 0.695, 0.787, 0.632, 0.724, 0.741, and 0.665, respectively (Figure 2). Serum CRP outperformed all other serum markers (p<0.05) except for PMN%, and NLR (p=0.051 and p=0.130, respectively). Serum PMN% and NLR were similar to serum ESR (p=0.471 and p=0.237, respectively) (Table 2).

DISCUSSION AND CONCLUSION: Both synovial ANC and NLR were not superior to the traditional marker, synovial PMN%. However, synovial ANC had similar performance to PMN% in diagnosing chronic PJI, whereas synovial NLR was a poorer diagnostic marker comparatively. As for serum markers, CRP demonstrated the best performance for detecting PJI.





Markers	Difference between AUCs	Standard Error	95% Confidence Interval (CI)	P-value
ESR vs. CRP	0.0928	0.0240	0.0418-0.1440	0.0004
ESR vs. WBC	0.0627	0.0441	-0.0236 0.1490	0.1546
ESR vs. PMN%	0.0296	0.0411	-0.0510-0.1100	0.4713
ESR vs. NLR	0.0464	0.0393	-0.0306 - 0.1240	0.2374
ESR vs. ANC	0.0291	0.0427	-0.0546-0.1130	0.4953
CRP vs. WBC	0.1560	0.0374	0.0821-0.2290	<0.0001
CRP vs. PMN%	0.0632	0.0323	-0.0002 -0.1260	0.0505
CRP vs. NLR	0.0463	0.0306	-0.0136 - 0.1060	0.1295
CRP vs. ANC	0.1220	0.0348	0.0538-0.1900	0.0005
WBC vs. PMN%	0.0924	0.0334	0.0269-0.1580	0.0057
WBC vs. NLR	0.1090	0.0343	0.0420-0.1760	0.0015
WBC vs. ANC	0.0336	0.0113	0.0114-0.0558	0.0030
PMN%vs.NLR	0.016\$	0.0111	-0.0050 -0.0386	0.1303
PMN%vs.ANC	0.0587	0.0253	0.0092 - 0.1080	0.0201
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Test	Difference between AUCs	Standard Error	95% Confidence Interval (CI)	P-value
WBC vs. PMN%	0.0055	0.0127	-0.0193 - 0.0304	0.6637
WBC vs. NLR	0.0085	0.0129	-0.0168 - 0.0339	0.5101
WBC vs. ANC	0.0145	0.0048	0.0051 - 0.0239	0.0026
PMN%vs NLR	0.0140	0.0051	0.0040 - 0.0241	0.0062
PMN% vs. ANC	0.0090	0.0059	-0.0104 - 0.0283	0.3652
NLR vs. ANC	0.0230	0.0104	0.0026-0.0434	0.0274