Invasive Dental Procedures in Existing Total Knee Arthroplasty Implants: Is Antibiotic Prophylaxis Necessary?

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Approximately 40% of all revision total knee arthroplasties (TKA) are performed for prosthetic joint infection (PJI). History of PJI is associated with a multitude of other complications such as re-operation, infection recurrence, and extended hospital stays, all with financial implications. In fact, estimates of annual costs for PJI in TKA are projected to reach over one billion dollars by 2030. Early-onset PJI occurs within three months and is suggestive of intra-operative contamination of virulent microorganisms. Delayed or late-onset PJI occurs after three months, often implicated by hematogenous spread from another joint. Common procedures like invasive dental procedures (IDP) may predispose patients to PJI; however, antibiotic prophylaxis in patients with existing knee implants has yet to reach consensus. We sought to examine antibiotic prophylaxis prior to invasive dental procedures in patients who had undergone a total knee arthroplasty (TKA) prior. We specifically assessed: 90-day to 1-year (1) periprosthetic joint infection (PJIs) and (2) revisions.

We queried a national, all-payer database for patients undergoing primary TKA between 2010 and 2020 (n=1,952,917). We identified IDP, as defined by any procedure that involves gingival manipulation, and stratified according to antibiotic prophylaxis prior. A control cohort of TKA recipients without subsequent IDP was then established. All three cohorts were matched according to demographic and health-metrics (n=496). *Chi*-square testing generated odds ratios (OR) with 95% confidence intervals (CI) for post-operative PJIs and revisions. RESULTS:

PJI and revision odds at all time points were statistically similar between antibiotic prophylaxis and no antibiotic prophylaxis (PJI: all ORs 0.62, 95% CI ranges 0.11 to 4.00, $p \ge 0.479$; revisions: ORs ≥ 0.33 , 95% CI range 0.03 to 4.00, $p \ge 0.248$). Additionally, both IDP cohorts and the control cohort had similar rates of post-operative PJIs (≥ 0.367) and revisions (≥ 0.173) at all time-points.

DISCUSSION AND CONCLUSION:

Antibiotic prophylaxis prior to invasive dental procedures in TKA recipients did not decrease risk of PJI or revision up to 1year following index procedure. These results support the trend by dentists and orthopaedic surgeons to refrain from antibiotic prophylaxis. However, they likely have utility in patients at high-risk, as suggested by current guidelines. Patient Market Market Protected Patients (Market Patients) (Ma

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| | Antibiotics before IDP n=496 (%) | No Antibiotics before IDP n=496 (%) | TKA without IDP n=496 (%) | P value |
|------------------|--|---|---------------------------------|------------|
| Age (SD) | 63 (7.9) | 63 (7.9) | 63 (8.0) | 0.999 |
| Sex | | | | 0.999 |
| Female | 311 (62.7) | 311 (62.7) | 311 (62.7) | |
| Male | 185 (37.3) | 185 (37.3) | 185 (37.3) | |
| CCI>3 | 24 (4.84) | 24 (4.84) | 24 (4.84) | 0.999 |
| Alcohol Abuse | * | * | | 0.999 |
| DM | 235 (47.38) | 235 (47.38) | 235 (47.38) | 0.999 |
| Tobacco Use | 175 (35.28) | 175 (35.28) | 175 (35.28) | 0.999 |
| Obesity | 283 (57.06) | 283 (57.06) | 283 (57.06) | 0.999 |

| | Annoious | is before in P | n 1 | |
|-----------------------------|-----------------|----------------|---------|--|
| | OR ^a | 95% CI | 2 value | |
| 90 Day Complications | | | | |
| Prosthetic Joint Infections | * | | 0.479 | |
| Revisions | * | * | 0.248 | |
| 6 Month Complications | | | | |
| Prosthetic Joint Infections | 0.67 | 0.11-3.99 | 0.999 | |
| Revisions | 0.33 | 0.03-3.20 | 0.616 | |
| 9 Month Complications | | | | |
| Prosthetic Joint Infections | 0.67 | 0.11-4.00 | 0.999 | |
| Revisions | 0.50 | 0.09-2.73 | 0.682 | |
| 1 Year Complications | | | | |
| Prosthetic Joint Infections | 0.67 | 0.11-4.00 | 0.999 | |
| Revisions | 0.43 | 0.11-1.65 | 0.340 | |

| | | Probaleur, John Intechtury | 0.07 | 0.11-4.00 | 9.77 | 0.20-4.28 | V.002 |
|-----------|-------|----------------------------------|-----------|-------------------|------------|------------|-------|
| | | Revisions | 0.50 | 0.05-5.52 | 1.50 | 0.25-9.03 | 0.605 |
| 0.11-3.99 | 0.999 | 9-Month Complications | | | | | |
| 0.03-3.20 | 0.616 | Prosthetic Joint Infections | 0.67 | 0.11-3.99 | 0.99 | 0.20-4.98 | 0.882 |
| | | Revisions | 0.99 | 0.14-7.13 | 2.01 | 0.37-11.01 | 0.605 |
| 0 11-4 00 | 0.999 | 1-Year Complications | | | | | |
| 0.00 0.70 | 0.777 | Prosthetic Joint Infections | 0.67 | 0.11-4.00 | 0.99 | 0.20-4.98 | 0.882 |
| 0.09-2.73 | 0.082 | Revisions | 0.75 | 0.17-3.36 | 1.76 | 0.51-6.05 | 0.392 |
| 0 11-4 00 | 0.999 | *Referent cohort: total knee art | hroplasty | recipients with | out IDP | | |
| 0.11-1.65 | 0.340 | IDP: invasive dental procedure | s; OR: od | ds ratio; CI: cor | interes in | terval | |
| | | | | | | | |

 OR*
 95% CI
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 Products: Joan Indections
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 Products: Complications
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 0.822

 Revisions
 0.50
 0.55.52
 1.59
 0.225.60
 0.055

*Referent cohort: non-antibiotic prior to colonoscopy following TKA. OR: odds ratio; CI: confidence intervals; IDP: invasive dental procedures CCI: Charles comorbidity index.