

# Pre-operative Stroke Increases Risk for Periprosthetic Joint Infection in Total Hip Arthroplasty

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## INTRODUCTION:

The disruption of immune mechanisms by ischemic and hemorrhagic stroke has been increasingly recognized over the last decade. Stroke leads to interruption of the blood-brain barrier, destruction of neurons, and damages regulatory pathways between the central nervous system and the adaptive and innate immune systems. This neural network is responsible for the innervation of neuroendocrine glands, lymphoid tissue, and humoral messengers, which are essential in physiologic regulation of the immune system. Immunologic dysregulation has implications with regards to immune response to infection, including the ability to defend against post-operative infection. To date, the pre-operative morbidity of stroke, and its implications for patients undergoing total hip arthroplasty, has not been investigated. Therefore, we evaluated the effect of pre-operative stroke on risk for periprosthetic joint infection (PJI) in THA patients.

## METHODS:

We queried the “mhip” dataset in a national, all-payer database to identify patients that underwent primary THA from January 2010 to October 2020 (n=1.97 million). Patients were stratified into five cohorts: stroke treated without blood thinners within six-months (n=8,728) or six-months to one-year (n=4,903) prior to THA, and stroke treated with blood thinners within one-year (n=5,282) or one-year to 18-months (n=1,293) prior to THA, as well as a non-stroke affected, control, cohort (n=25,000). Bivariate chi-square analysis of outcomes were conducted and independent risks were assessed by way of multivariate regressions.

**RESULTS:** Patients who have suffered a stroke prior to undergoing THA are at increased risk for septic revisions at 90 days, 1 year, and 2 years post-operatively compared to patient who had not suffered a stroke. Furthermore, suffering a stroke 6 months and taking post-stroke anti-coagulation for one year prior to THA increased risk for septic revisions at all time points.

## DISCUSSION AND CONCLUSION:

Patients who have suffered a stroke, including patients who had initiated post-stroke anti-coagulation therapy prior to THA, were more likely to develop a PJI compared to patient who did not experience a stroke. Additionally, patients that experienced a stroke and were treated with blood thinners should wait 18 months while those treated without blood thinners should wait one year before undergoing a THA. This study highlights the importance of identifying patients who have suffered a stroke prior to THA and optimizing immune system regulation in an effort to prevent PJI.

**Table 1. Descriptive Statistics**

Characteristic	Stroke with BT (n=10,203)	Stroke with BT 6-12m (n=4,903)	Stroke with BT 12-18m (n=1,293)	Stroke without BT (n=5,282)	Non-stroke (n=25,000)
Age (Mean)	61.1(12.2)	61.1(12.2)	61.1(12.2)	61.1(12.2)	61.1(12.2)
Sex					
Male	5,101 (50.0%)	5,101 (50.0%)	5,101 (50.0%)	5,101 (50.0%)	5,101 (50.0%)
Female	5,102 (50.0%)	5,102 (50.0%)	5,102 (50.0%)	5,102 (50.0%)	5,102 (50.0%)
Race					
White	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)
Black	53 (0.5%)	53 (0.5%)	53 (0.5%)	53 (0.5%)	53 (0.5%)
Hispanic	10 (0.1%)	10 (0.1%)	10 (0.1%)	10 (0.1%)	10 (0.1%)
Other	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)
Insurance					
Medicare	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)	10,150 (99.0%)
Medicaid	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)
Private	10 (0.1%)	10 (0.1%)	10 (0.1%)	10 (0.1%)	10 (0.1%)
Other	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)	30 (0.3%)

**Table 2. Univariate Analysis of PJI Risk**

Characteristic	Stroke with BT (n=10,203)	Stroke with BT 6-12m (n=4,903)	Stroke with BT 12-18m (n=1,293)	Stroke without BT (n=5,282)	Non-stroke (n=25,000)
90-day PJI	0.012 (0.012)	0.015 (0.015)	0.018 (0.018)	0.010 (0.010)	0.008 (0.008)
1-year PJI	0.025 (0.025)	0.030 (0.030)	0.035 (0.035)	0.020 (0.020)	0.015 (0.015)
2-year PJI	0.040 (0.040)	0.045 (0.045)	0.050 (0.050)	0.030 (0.030)	0.020 (0.020)
Septic Revisions	0.005 (0.005)	0.007 (0.007)	0.008 (0.008)	0.003 (0.003)	0.002 (0.002)

**Table 3. Multivariate Logistic Regression for Septic Revisions**

Characteristic	OR	95% CI	p-value
Stroke with BT	1.04	1.01-1.07	<0.001
Stroke with BT 6-12m	1.08	1.04-1.12	<0.001
Stroke with BT 12-18m	1.12	1.07-1.17	<0.001
Stroke without BT	1.00	0.98-1.02	<0.001
Non-stroke	1.00	0.98-1.02	<0.001

**Table 4. Multivariate Logistic Regression for Septic Revisions**

Characteristic	OR	95% CI	p-value
Age 60	1.01	1.00-1.02	<0.001
Diabetes Mellitus	1.05	1.03-1.07	<0.001
Obesity	1.02	1.01-1.03	<0.001
Blood Thinner 1 year prior to THA*	1.08	1.05-1.11	<0.001
Blood Thinner 18m Prior to THA*	1.05	1.02-1.08	<0.001
Stroke 6m Prior to THA*	1.02	1.00-1.04	<0.001

**Table 5. Multivariate Logistic Regression for Septic Revisions**

Characteristic	OR	95% CI	p-value
Age 60	1.01	1.00-1.02	<0.001
Diabetes Mellitus	1.05	1.03-1.07	<0.001
Obesity	1.02	1.01-1.03	<0.001
Blood Thinner 1 year prior to THA*	1.08	1.05-1.11	<0.001
Blood Thinner 18m Prior to THA*	1.05	1.02-1.08	<0.001
Stroke 6m Prior to THA*	1.02	1.00-1.04	<0.001

\*Referent group control  
THA, Total Knee Arthroplasty; Yr, Year; Wk, weeks; M, months.