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

Sandeep Singh Bains, Zhongming Chen, Jennifer Etcheson, Rafael Jose Robles<sup>1</sup>, Tyler Spiering, Nirav K Patel, Ronald Emilio Delanois<sup>2</sup>

<sup>1</sup>Ortho Surgery, <sup>2</sup>Rubin Institute for Advanced Orthopedics

## 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.

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.

	Coetod (n=25,000)	Stocks with SET 1 propries to TISA (\$104,505)	Stocks wo RT 6 m prior to TRSA (s=6, T25)	Stoke with BT I you prior to THA (n=1,282)	Stocke with RT 15 m prior to TMA (to = 1,295)	p-valu
	65 (10.27)					
						*0.80E
						-0.80
CCI = 5				3378 (38.00%)		-0.R0
						40.866
TU					475 (12.30%)	-0.80

Section   Sect	Table I. Divasian Ana	Count (u=25,000)	Strake no BT 1 yr prior to THA (mod. NO)	BT 6 to prior to TRA (n=8.728)	Stroke with ST 1 year prior to TRA (n=5,252)	Stroke with BT 28m prior to THA (n = 1,293)	p-valu
March   Marc	50.6m		30.454.5	00-00-000			
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NC 29/05/94 7/03/94 13/03/95 57(15%) 90(15%) 40 upin pressum 59/03/29 N(03/94 17/03/89) 12/03/95 27(25%) 40 99% 19/03/95 7/03/95 12/04/95 12/05/95 27(25%) 40 99% 19/03/95 7/03/95 12/04/95 12/05/95 27(25%)							
PR 1943 71 1429 151490 151490 151250 212300 40							~0.000
99% 1967/396 71/1496 1261/496 361296 93							~0.000
	urphic errorism	301 (3.22%)	74 (3.57%)	179 (1.82%)	252 (2.62%)	27 (2.09%)	<0.000
					78 (1.34%)	860,25%	-0.004
	Ausptic Revision	388 (0.59%)	114 (2.12%)	309 (2.39%)	124 (2.13%)	37 (1.50%)	~0.000
380 186/2.17N 16/2.17N 326/3.7NO 233/8.3RNO 43/4.8RNO 49.	380	110 (2.12%)	180 (3.17%)	32513.7850	21516.3950	40 (0.48%)	+0.805

Table 3. Oath Ratio of S	Stroke wie RT 1 ye prior to THA		Stroke wh ST 6 m prior to TH3		Stroke with RT 1		Stocks with SY 18m prior to TIE.	
	0.00	92% CI	OF	95% CI	200	POS CT	002	efor to TH.
94-day Complications	OK.	22.4.61	OK.	37/4 C4		Notes.	COR.	3774 C
Blood Transferier	1.85	136-133	211	145.748	2.25	177-796	2.57	141.411
Cedar Arms	1.86	033.417	3.13	1.75.5.58	3.13	101190	3.52	121.102
CVA		6.49-13.89	29.86	20 81-97 83	85.54	29.27-42.74	13.61	8.79-21.2
Dislocation	1.8	1.85-2.81	1.91	1.59-2.50	1.78			109-24
					2.15			
WC	134	1.362.31	12	133-2.29	2.07	1 53,2 12	2.53	144.178
VI.	2.73	135416	2.6	183,373	4.75	2.98.6.07	3.56	112.419
PS.	128	1312.0	1.58	122.2.06	2.66	2.00,844	2.72	174.420
areful propage	1.99	1.65-1.85	127	149-219	2.17		162	101-240
PNA .	23	1.89-2.82	2.83	241-339	244	2.00-2.65	2.56	165-3.16
H	24	131-315	146	1.764.18	271	210-331	1.09	2.00-477
10fy	1.0	0.95.1.01	1.59	136234	1.36	E85.185	6.75	0.53.140
August Envision	132	1.14-2.92	1.61	111-179	1.11	115197	1111	0.63.7.00
AND THE STATE OF T	1.00	120.183	1.72	143.203	1.88	156.2.27	133	0.89.200
Lyrar Countries								
Dislocation	1.94	160736	1.06	1.56.7.18	1.77	143.714	1.65	117-246
MC.	130	1302.41	130	147.748	1.00	149.747	163	096-29
HIDEC SEVERIOR	134	186124	1.65	136704	2.16	1.78-2.65	1.66	1967.0
POT a	1.04	1.03-2.03	157	141-235	115	119-265	0.55	0.43.100
Acestic Envision	1.0	1.11.1.80	181	134.199	1.46	117.1.82	0.00	0.60.140
SSI Develop	1.56	131-191	1.79	154-2.08	2.66	175-242	164	115-2.25
2-year Complications								
Dislocation	140	139-238	191	1653.8	1.77	146235	196	139-179
MC Describes	187	129-236	1.65	1372.0	1.02	144-232	161	19625
seeding strategies	1.28	0.99,141	141	134.191	2.15	178.765	177	116.7 9
PPTs	1.86	141.7.44	1.83	1.08.2.12	1.12	132,234	158	083.740
Acestic Errinian	137	1.00 1.71	156	131-184	1.18	110-149	6.85	0.52-0.98
SGI	1.58	130-139	126	153-2.09	2.00	179-242	164	126-22
*Enforced entered BT: blood thinner Deep Venous The John Inforces; P! Personnelistic For	Ye ya unbosi GA. Pue	MI Myocardi menis 87 Sa	ol lefer: md Faib	ios, PE: Palso ex, MC: mechs	ency Dis	belies: F.E. Pr	oethetic	

90-day septic revision	OR	95% CI	p-value
Male	1.09	1.04-1.13	< 0.001
Age< 60	1.51	0.24-5.01	0.570
Alcohol Use	1.75	1.36-2.21	<0.001
Diabetes Mellitus	1.13	1.00-1.28	0.049
Glucocorticoid Use	0.97	0.80-1.16	0.730
Obesity	2.25	1.95-2.59	< 0.001
Tobacco Use	1.24	1.08-1.43	0.002
Blood Thinner 1 year prior to THA*	1.67	1.32-2.11	< 0.001
Blood Thinner 18m Prior to THA*	1.26	0.77-1.94	0.320
Stroke I year Prior to THA*	1.43	0.80-2.35	0.190
Stroke 6 m Prior to THA*	1.40	1.17-1.67	< 0.001
1-year septic revision			
Male	1.09	1.06-1.14	< 0.001
Age< 60	1.31	0.21-4.29	0.714
Alcohol Use	1.70	1.35-2.11	< 0.001
Diabetes Mellitus	1.11	0.99-1.24	0.073
Glucocorticoid Use	0.99	0.84-1.16	0.903
Obesity	2.1	1.84-2.39	<0.001
Tobacco Use	1.26	1.11-1.43	<0.001
Blood Thinner 1 year prior to THA*	1.70	1.37-2.11	< 0.001
Blood Thinner 15m Prior to THA*	1.32	0.86-1.95	0.178
Stroke 1 year Prior to THA*	1.53	0.92-2.38	0.077
Stroke 6 m Prior to THA*	1.36	1.15-1.60	< 0.001
2-year septic revision			
Male	1.11	1.08-1.15	< 0.001
Age< 60	1.29	0.21-4.22	0.730
Alcohol Use	1.62	1.29-2.01	< 0.001
Diabetes Mellitus	1.06	0.97-1.20	0.164
Glucocorticoid Use	1.02	0.87-1.19	0.772
Obesity	2.08	1.82-2.36	<0.001
Tobacco Use	1.29	1.14-1.45	<0.001
Blood Thinner 1 year prior to THA*	1.73	1.41-2.12	<0.001
Blood Thinner 18m Prior to THA*	1.37	0.91-1.97	0.110
Stroke 1 year Prior to THA*	1.48	0.90-2.28	0.093
Stroke 6 m Prior to THA*	1.30	1.10-1.52	0.002

90-day Aseptic Revision	OR	95% CI	p-value	
Male	0.64	0.61-0.67	<0.001	
Age< 60	0.75	0.04-3.47	0.780	
Alcohol Use	1.57	1.16-2.06	0.002	
Diabetes Mellitus	0.92	0.80-1.05	0.234	
Glucocorticoid Use	1.12	0.93-1.34	0.220	
Obesity	0.98	0.80-1.19	0.860	
Tobacco Use	1.24	1.06-1.44	0.006	
Blood Thinner 1 year prior to THA*	1.15	0.86-1.51	0.330	
Blood Thinner 18m Prior to THA*	0.84	0.45-1.42	0.550	
Stroke 1 year Prior to THA*	0.54	0.19-1.17	0.170	
Stroke 6 m Prior to THA*	1.03	0.84-1.26	0.761	
1-year Aseptic Revision				
Male	0.69	0.67-0.72	< 0.001	
Age< 60	1.75	0.42-4.83	0.349	
Alcohol Use	1.84	1.47-2.27	< 0.001	
Diabetes Mellitus	0.93	0.83-1.04	0.191	
Glucocorticoid Use	1.07	0.91-1.24	0.406	
Obesity	0.95	0.80-1.11	0.522	
Tobacco Use	1.25	1.11-1.42	< 0.001	
Blood Thinner 1 year prior to THA*	1.14	0.90-1.43	0.262	
Blood Thinner 18m Prior to THA*	0.74	0.43-1.18	0.241	
Stroke 1 year Prior to THA*	0.93	0.51-1.54	0.783	
Stroke 6 m Prior to THA*	1.19	1.01-1.39	0.033	
2-year Aseptic Revision				
Male	0.74	0.71-0.76	< 0.001	
Age< 60	1.49	0.36-4.08	0.507	
Alcohol Use	1.71	1.39-2.09	< 0.001	
Diabetes Mellitus	0.91	0.82-1.01	0.071	
Glucocorticoid Use	1.09	0.95-1.25	0.201	
Obesity	0.96	0.83-1.11	0.617	
Tobacco Use	1.27	1.13-1.42	< 0.001	
Blood Thinner 1 year prior to THA*	1.10	0.89-1.36	0.364	
Blood Thinner 18m Prior to THA*	0.66	0.39-1.03	0.087	
Stroke 1 year Prior to THA*	1.14	0.69-1.74	0.584	
Stroke 6 m Prior to THA*	1.20	1.03-1.38	0.016	