Incidence and Risk Factors for Acid-Fast Bacillus/Fungal Culture Positivity in Complex Primary, Conversion, and Revision Hip and Knee Arthroplasty

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INTRODUCTION: It is unclear if acid-fast bacillus (AFB)/fungal cultures should be routinely obtained along with standard aerobic or anaerobic cultures in hip and knee arthroplasty when there is concern for infection. The current thought is they should not be routinely obtained, but there is minimal published literature guiding this recommendation and risk factors for positivity have not been fully elucidated. Therefore, the purpose of this study was to evaluate the incidence of positive AFB/fungal cultures and determine predictive factors for positivity.

METHODS: A total of 238 knee and hip procedures were performed between January 2007 and January 2022 where intraoperative AFB/Fungal cultures were obtained. Procedures included primary total knee arthroplasty (TKA) (8), primary total hip arthroplasty (THA) (10), conversion (7 hips), first of 2-stage (41 knees, 25 hips), second of 2-stage (11 knees, 15 hips), irrigation and debridement (I&D) poly exchange (41 knees, 45 hips, 1 both), and aseptic revision (21 knees, 12 hips, 1 both). Positivity rates of intraoperative AFB/fungal cultures were calculated as binomial exact proportions with 95% confidence intervals and are displayed as percentages. Univariable generalized linear mixed models (GLMMs) estimated the unadjusted effects of demographics, individual comorbid conditions, and procedural characteristics on the logit of positive AFB/Fungal cultures.

RESULTS: The 238 knee and hip procedures recorded an overall positivity rate of 5.8% for intraoperative AFB/fungal cultures. Aseptic revisions showed the lowest rates of positivity at 3.6%, while conversions showed the highest rates of positivity at 14.3%. The positivity rates are highest among patients who are male (9.0%), of Hispanic origin (12.0%), with BMI <30 (6.4%), and a Charlson Comorbidity Index <5 (6.1%). On multivariate analysis, history of a prior infection in the same operative joint had increased odds of culture positivity (Odds ratio (OR): 3.47, 95% CI: 1.06-11.29, p-value: 0.039). Other demographic factors including age (OR: 1.01, p-value: 0.650), sex (OR: 3.07, p-value: 0.087), race (White vs. Black, OR: 0.98, p-value: 0.983; White vs. Other, OR: 2.01, p-value: 0.476), ethnicity (Hispanic vs. non-Hispanic origin, OR: 3.13, p-value: 0.195), BMI (OR: 0.98, p-value: 0.595), and Charlson Comorbidity Index (OR: 1.07, p-value: 0.431) did not show any significant influence on AFB/fungal positivity rates.

DISCUSSION AND CONCLUSION: These results suggest utility in obtaining routine intraoperative AFB/fungal cultures, given the relatively high positivity and poor predictive factors. However, it is important to note this study was performed an academic tertiary referral center and the results may not generalize to the population at large.

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Table 1a. Publikity Rates For Lab Colliness by Demographic Characteristics (N=850)				Table 1b. Positivity Rates for Lab Collures by Individual Connerbid Conditions (N=858)				Table In Positivity Rates for Lab Collines by Surgery Type and Location (N=850)				Table 2a. Associations Between Demographics and Calibre Positivity				Table 2b. Univariable Associations Between Surgery Type and Location and Culture Publicity			
			(Fuegel (x-239)			AFBY annual (see 235)		_		1	AFBT eneral (ser238)			AFBT angel (or				AFikFangal (n=238)	
	Total Sample N /NJ	Suit to Lab N (Si	Positivity Rate (PPS-CD)		Total Sample N (%)	Searsa Lab	Positivity Rate 1975-CD			Total Sample N /%	Sant ta Lab	Fonkinity Rate	Demographics		Universidate OR (85% CD	Profes		Univariable OR	P-value
Total	858 (100)	238 (38)	58(33, 57)		N (%)	N (%)	(99% CI)	A	¥	N (59	N (%)	(99% CD	Age (per year increase		1010355,1873	0.550	Conserbid Conditions		
Total	428 (100)	228-(51)	59(32.8%	Conserbid Cendition				Sargery	- type	408,000	10.00	5.6-(0.3, 27.3)	Male (vs. Female)		3.07(0.85, 11.11)	0.087	ADSHIV		
(including primary surgeries)			3.8 (3.2, 8.9)	ADS HIV	6(D)	1/0	313 (3.8, 90.6)	le ef2		9000	64.00	76-03.16.81	Race				Malignatey	1.54 (0.32, 7.36)	0.585
Age, Mean (SID)	61.6 (12.1)	43.6 (12.5)		Malgance	1451171	36(15)	81(18.22.5)	2010/2	windle .	83(08)	8000	77403.25.0	White		Relevat		CND		· · · · · · · · · · · · · · · · · · ·
<85 years, # (%) 2 65 years, # (%)	494 (01)	119(50)	55(34,117)	CAD	145(0)	30(13)	80.11.0*	Comera	ine.	11(7)	7.(%)	143,034, 17.51	Mack		6.96 (0.16, 6.87)	6.963	COPD	1.66-20.47, 5.803	0.01
240 years, # (%) Sec. # (%)	433 (49)	119-(30)	58(24,117)	COFD	200,000	21/30		L&D red	y exchange	348(39)	87(37)	4.8-(1.3, 11.3)	Other		2.01 (0.30, 13.65)	6.475	Depending	1.62 (0.34, 7.89) 8.78 (8.46, 191, 15	0.542
363, F(76)	10000	1 10005	9.8(4.4, 15.9)	COPD			85 (12, 175)			92(11)	34(14)	2.8 (0.3, 15.3)	Ethnicky Non-Happinic Origi		Eclerat		Domestia Disheres (arithast contribution)	6.52 (0.85, 2.87)	0 6.167
Vanda	385 (45) 477 (45)	111(45)	3105.19		173 (20)	39(16)	7.7 (1.6, 20.9)	Sargery	Joint				Hanania Origin		3.11(0.56, 17.53)	0.195	Diabetes (with complication)	640 (0.85, 3.97)	649
Face, # (10)	444.003	1 10.000	1 01000.00	Denentia	11.00	4(2)	25.040.6.80.61	Knoc		481 (56)	122 (51)	5.3 (0.9.4.2)	Body Mass Index (B)	17 c			Hemipicpia	100 2010 100	
White	625 (73)	178.(15)	5.6(2.7, 10.1)	Diabetes (without	271 (32)	58 (29)	2.9-00.4, 10(2)	He		375 (44)	114 (40)	7.5 (3.7, 14.5) 83.0 (1.3, 58.7)	(per 1-unit increase)		6.98 (0.90, 1.84)	0.595	Metastatic Solid Tarner	6.84 (0.33, 143.07)	
Black	362 (19)	37 (36) 27 (36)	5.4 (0.6, 18.2)	complication) Disbutes (with contribution)				0.00	- harmonia ana Riberra del an	ut Mb Conference barrade		500103,98.0	Charbon Camorbidi	y loden	1.97 (0.91, 1.29)	0.431	Mild Liver Disease	1.28 (0.27, 6.16)	0.356
Ober	51.00	22 (10)	87(13,28.0)		128 (15)	35 (15)	2.8 (0.3, 14.8)	* Industry	mention, 97,7% Combin	not been al Record and TTL C	induses intends		(per 1-unit increase)		107(031, 1.28)	6431	Moderate-Severe Liver Disease		
Ethnicity', # (%)				Bemiplopia	14 (2)	2.00	9(0,84.2)*						Infection History				м		
Hopenic Origin	65(0)	25(11)	12.0-(2.5, 31.2)	Metantatic Solid Taraor	25(3)	5 (2)	20.040.5,71.61						Same Joint Tailuate mining values (3.47 (1.86, 11.29)	6.339	Peptic Ulcer Disease	5.26 (8.6), 45.5%	0.131
Nan-Hispanic Origin	384 (91)	210-080	5.2 (2.6, 5.2) 9 (6, 20.8)	MM Liver Disease	185(27)	39/16)	21/16 20/0						 Not estimable due to span 	ies Table 1aj			PVD Senal Diamer	2.43 (8.57, 10.85) 1.29:027.6.09	
Endre Mans Index (BMD), Mass (SD	310	3(0)	0 (8, 303)*	Moderate/Reverse Liver Disease	25(0)	4/3	10.907/*	-					- the second second	100			Renal Disease Shearantic Disease	1.29-(0.27, 6.84)	0.548
-No. of Column States (Second y 1, States (Second	3309	32.6 (K.B) 94 (43) 142 (80)	64(24.13.6)	ME	113.029	22,00	4/0.154/*	-									Sargery Type		
20.409	514 (90)	147 (00)	55-03,1050	Puttic Ukor Disease	43 (5)	12 (5)	15.7 (2.1.45.4)	-									Dimary	Ediana	
Charlase Committellity Index								-									be of 2 story	1.30(011.15.50)	0.835
Mean (SD)	5.9 (3.4)	42(0.4)		PVD	136 (21)	37 (16)	10.8 (3.0, 25.4)										2nd of 2 stage	4.95 (8.05, 17, 15)	0.871
-3.4(%)	487(37)	148 (62)	6.1(2.8,11.2)	Real Disease	135.016	41 (17)	73 (15, 193)											3.60 (8.12, 113.80)	
8.4(%)	371 (45)	90 (35)	5.6 (1.8, 12.5)	Rheumatic Disease	123 (14)	28(12)	9.00, 12, 37*										LikD poly mehange	6.76-(0.86, 9.36)	0.829
Infection History				"Industry one aided, 87.5% Confidence in	6mal												Asoptic revision	0.49 (0.02, 10.85)	0.655
Same Anat	113 (14)	57 (24)	123 (5.1, 23.7)														Surgery Joint		
Contralidental Joint Tealingtes researched, 47,175, Confederate Interna-	21(2)	5(2)	20.0-(0.5, 34.6)														Knee	Externs	
*Indicates one sailed, #7.0% Confidence Interva 2012, 51–842, Efficiency, 51–823																	Not estimable due to source dute	2.53 (0.71, 9.82)	6.153