

Variations in Bacterial Type and Major/Minor Criteria across ICM Diagnostic Categories for PJI of the Shoulder: *C. Acnes* Predominates Even in Definite Infections

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INTRODUCTION:

Introduction: The diagnosis and treatment of shoulder periprosthetic joint infection (PJI) can be challenging due to the low virulence of the most common organisms (*Cutibacterium acnes* (*C. acnes*)), and often benign clinical presentation without typical signs of infection. Consensus-derived diagnostic criteria for shoulder PJI were reached at the 2nd International Consensus Meeting (ICM) on Musculoskeletal Infection in 2018 to better address these challenges. Data is still limited, however, on the clinical presentation and distribution of shoulder PJI cases with regards to the ICM diagnostic categories. The purpose of this study was to utilize data from a large, multicenter cohort of consecutive revision shoulder arthroplasties to evaluate the frequency of cases meeting criteria for each of the ICM PJI categories and to examine the distribution of demographic data, microbiology, and frequency of positive criteria present in each PJI category.

METHODS:

Methods: Data were prospectively collected on consecutive revision shoulder arthroplasty cases from 20 institutions and 33 surgeons in the American Shoulder and Elbow Surgeons (ASES) Revision Shoulder Arthroplasty and PJI Multicenter Research Group. Intraoperative testing was standardized among participating surgeons prior to data collection. Standardized collection of data was performed for patient demographics, microbiology, major diagnostic criteria for the Definite PJI category, and minor criteria used to define the Probable, Possible, and Unlikely PJI categories in the ICM classification. The variations in demographic data, microbiology, and frequency of major and minor criteria were then evaluated within each ICM PJI category for associations and differences.

RESULTS:

Results: 490 cases were evaluated, including 71 (14.5%) Definite PJI, 52 (10.6%) Probable PJI, 87 (17.8%) Possible PJI, and 280 (57.1%) Unlikely PJI cases. Median patient age was 66 years (IQR, 58-73), and 53% were male.

Demographic differences across groups: Male sex predominated in all but the Unlikely PJI category and was significantly more common in the Probable PJI group (80.8%) compared to Definite (63.3%), Possible (59.8%), or Unlikely PJI (43.2%) ($p < 0.001$). The Probable PJI group was also more likely to be younger ($p = 0.010$), on less narcotics ($p = 0.014$), and of a lower ASA class ($p = 0.004$) than the Definite PJI group (**Table 1**).

Definite PJI - Major Criteria and Microbiology: Gross intra-articular purulence was the most common Definite PJI criteria (64.8%), followed by ≥ 2 positive cultures with virulent bacteria (43.7%) and presence of sinus tract (33.8%). Of note, 28.2% of cases of Definite PJI were culture negative, and another 9.9% had only 1 positive culture. The most common bacteria were *C. acnes* (29%) followed by methicillin-sensitive *Staphylococcus aureus* (23%).

Non-Definite PJI - Minor Criteria and Microbiology: Mean ICM PJI score and mean number of positive intraoperative tissue cultures were significantly different across the Probable (score 9.9 ± 3.8 , cultures 3.3 ± 1.4), Possible (score 5.8 ± 3.4 , cultures 1.7 ± 1.8), and Unlikely PJI (score 1.3 ± 1.6 , cultures 0.1 ± 0.3) groups ($p < 0.001$). This statistically significant difference remained even after adjusting for total possible denominator (adjustment for amount of testing performed) (**Table 2**). The Probable PJI group more commonly had positive frozen sections (21.2% vs. 9.2%, $p = 0.042$), a positive preoperative aspirate culture (42.3% vs. 8.0%, $p < 0.001$), and cloudy intraoperative fluid (34.6% vs. 17.2%, $p = 0.020$) when compared to the Possible PJI group (Table 2). None of the cases in the Probable PJI category qualified solely with ≥ 2 positive intraoperative tissue cultures and a positive preoperative aspirate in the absence of any other positive minor criteria. *C. acnes* was the most commonly cultured organism (91.3%) across the Non-Definite PJI groups.

DISCUSSION AND CONCLUSION:

Conclusion: This is the first large-scale, multicenter study of consecutive revision shoulder arthroplasties to evaluate the frequency of cases meeting criteria for the ICM PJI categories and demonstrates two important findings:

1) While *C. acnes* is often considered a low-virulence bacteria causing Non-Definite PJI, it was the most common bacteria in Definite PJI cases. Classifying bacteria as “virulent” and “non-virulent” may need reconsideration.

2) Significant differences were seen in demographic characteristics, presence of minor criteria, and growth of positive cultures across Non-Definite PJI groups, even when adjusted by amount of testing performed. These findings support the usefulness of these diagnostic categories and the criteria used to define them.

Data from this multicenter effort can be used in the future to refine ICM PJI categories and determine how they guide treatment decision-making.

Table 1: Patient demographics across groups stratified by ICM PJI definition.

ICM Classification	All Patients (n = 400)	Delirium (n = 73, 18.4%)	Probable (n = 35, 8.7%)	Possible (n = 38, 9.7%)	Unlabeled (n = 20, 5.1%)	p-value ^a	p-value ^b	p-value ^c	p-value ^d
Age	68 (13.5%)	68 (93.8%)	68 (100%)	68 (100%)	68 (100%)	0.002	0.003	0.003	<0.001
Sex	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001
ICM	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001
Current Tobacco Use	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001
Current Alcohol Use	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001
Insensitivity Anesthesia	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001
Immunosuppressive Medication	33 (8.3%)	33 (45.2%)	33 (50.0%)	33 (50.0%)	33 (50.0%)	0.002	0.003	0.003	<0.001

* = comparing Definite and Non-Definite infections; † = comparing Definite and Probable infections; ‡ = comparing Probable and Possible infections; § = Analysis of Variance (ANOVA) testing for Definite, Probable, Possible, and Unlikely infections.

Table 2: Minor criteria positivity and total PJI score across groups stratified by ICM PJI definition

[illegible]