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:

<u>Methods</u>: 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:

<u>Results</u>: 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.

<u>Demographic differences across groups</u>: 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**).

<u>Definite PJI - Major Criteria and Microbiology</u>: Gross intra-articular purulence was the most common Definite PJI criteria (64.8%), followed by \geq 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%).

<u>Non-Definite PJI - Minor Criteria and Microbiology</u>: 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.

<u>Conclusion</u>: 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.

ICM Classification	All Patients (n - 490)	Definite PJI (n = 71, 14.5%)	ate PII (n = 71, 14.5%) Probable PII (n = 52, 10.6%		Unificely PfT (n = 280, 57,1%)	p-value*	p-value?	p-table**	p-value-
1.54	66.1 ± 10.2	68.2 ± 9.3	63.2 ± 12.0	65.7 ± 10.7	65.9 = 10.3	0.064	0.810	0.199	0.058
dale sex	260 (53.1%)	45 (63.3%)	42 (\$0.5%)	52 (59.8%)	121 (43.2%)	0.062	0.835	0.020	-0.00
IMI	30.6 ± 7.2	29.2 = 5.5	30.9 ± 6.1	30.5 ± 7.5	30.9 ± 7.7	0.090	0.128	0,775	0.388
fistory of Tobacco Use	66 (13.5%)	13 (18.3%)	6 (11.5%)	12 (13.8%)	35 (12.5%)	0.155	0.295	0.655	0.593
Insteat Nacotic Use	138 (28.2%)	25 (35.2%)	8 (15.4%)	20 (23.0%)	85 (30.4%)	0.193	0.814	0.292	0.035
Nobatic Status	87 (17.8%)	15 (23.1%)	10 (19.2%)	13 (14.9%)	49 (17.5%)	0.439	0.798	0.533	0.79
aflumnatory Arthropathy	32 (6.5%)	7 (2.2%)	3 (5.8%)	5 (5.7%)	17 (6.1%)	0.235	0.412	0.996	0.69
remanancepressed Medications	33 (6.7%)	7 (9.9%)	2 (3.8%)	3 (3.4%)	21 (7.5%)	0.339	0.197	0.555	0.334
ISA Class	2.7 ± 0.6	2.5 = 0.5	2.5 = 0.5	2.5 = 0.6	2.7 ± 0.6	0.105	0.094	0.575	0.000

		Number of Patients	Defairs 712 (ta -	Number of		Number of	Possible PC Na -	Number of	Collectr P.T. Va -	Sanber of				
Mater Criteria (ICM PTI Score Weight)	All Patients [a - 490 a salar (%)]	Assessed by Many Crimin (%, AD)	71 + mbry	Patients Assessed by Moor Criteria (%, Definite)	Probable PSI ()/a - 52 + soder (30.6%)()	Pations Assessed by Moser Criteria (%, Portrellar)	67 = ander (27.6%)	Patients Assessed by More Crimits (%, Possible)	280 × stdev (\$7,2%)	Pation Amount by Mase Cristia (%, Unlikely)	p-rate*	p-value!	p-rate**	p-ralace
states county (score and score wright)														
Interpreted Wound Drainage (4)	31 063560		22 (31.0%)		2(0.8%)		2 (2.3%)		50.8%		<8.003	<0.005	0,600	< 3.000
ingle Positive Trasse Colluce (visitient organism, 3)	72 (14,9%)		34 (87,9%)		17 (32,7%)		22 (25.3%)		0 (6.0%)		<8.003	0.092	0.351	-3.000
Single Positive Tissue Culture dow-windence organism, 1)	158-02.410		26 (24.4%)		\$2 (100.2%)		53 (30.574)		29 (30,4%)		0,413	-0.800	-16.041	-3.600
econd Pasitive Tesse Culture (identical law-variance organism, 3)	111-02-410		38 (25.4%)		52 (100.010)		41 (17,176)		0 (0.0%)		0,520	-0.800	-16.011	<3.000
Internal Loopering (7)	79 (14.276)		17 (23.9%)		9 (37,9%)		19 (21.8%)		34 (13.170		0.052	0.377	0.523	0.833
Voltove Factors Section (5 PS/IN in at least 5 high-power fields, 3)	40(82%)	294 (60-9%)	13 (18.3%)	31 (43.7%)	11 (21 274)	34.065.4%0	8 (9.274)	56-064,4743	8 (2.9%)	173 (51.8%)	-3.091	0.632	8.042	<3.000
Positive Prespectative Aspirate Culture (low as high visidence, 3)	56-(11.4%)	332 (67.8%)	23 (32.4%)	53 (78.6%)	22 (42.9%)	43 (82.2%)	7 (R.0%)	56-(64.4%)	4 (1.4%)	100 (54 37%)	-3.091	0.454	-16.001	<3.000
Israted Synovial Neurophil Percentage (281%, 2)	51 (20.4%)	224 (45 2%)	21 (29.6%)	35 (49.3%)	12 (23.1%)	28 (53.8%)	11(12.6%)	45 (11.7%)	7(2.9%)	335 (H1 4%)	<8.091	0 191	0.102	<3.000
Devated Synovial WIIC (>3000 cells microlater, 2)	42 (8.5%)	239 (48.8%)	28 (25.4%)	26 (58.7%)	8 (55.4%)	30 (51.2%)	11 (12.6%)	44 (30.6%)	5 (1.8%)	129 (46.1%)	<8.091	0.855	0.874	<9.000
Elevated ESR (>36 mm/hr, 2)	111 (22.7%)	365 (74.5%)	31 (40.7%)	54 (75.1%)	14 (35.9%)	43 (82.7%)	21 (24.1%)	68 (78.2%)	45 (16.1%)	200 (71.4%)	<8.091	0.825	0.855	<9.000
levated CRP (>00mp L. 2)	52 (00.6%)	372 (75.9%)	20 (28.2%)	54 (76.1%)	7 (13.5%)	42 (80.8%)	12 (13.8%)	70(00.5%)	13 (4.6%)	206 (73.6%)	~8.093	0.825	0.949	+9.000
Erratol Systerial Alpha-Defrasia (2)	13 (0.1%)	62 (02.7%)	3 (4.2%)	1 (7.8%)	3 (1.8%)	12 (19.2%)	1 (5.7%)	13 (14,9%)	4(1.4%)	34 (12.1%)	0.052	0.297	0.689	0.845
Sandy Thid (2)	94 (19,2%)		45 (54,8%)		1004.000		13 07.259		15(5.4%)		-8.093	0.041	6.02	+9.000
wenge Total ICM Pft Score (process of total 32 points)	43 (13.4%) = 4.7		10.0(31.5%) = 5.2		95(335%)=3.5		5.8 (18.1%) = 3.4		13(41%)=1.6		-8.093	0.934	-6.0(1	-9.000
wenge Desonitator XIM P/I Score	25.0		24.8		36.4		25.4							
werige Adjusted XIM P.II Score	5.5 (07.2%)		13.0 (40.8%)		11.8 (26.9%)		7.5 (23.4%)		17(53%)					
overage Total Number of Deep Column Taken	4.9 = 1.3		3.4 = 1.5		5.2=0.8		5.0 = 1.1		47+13		0.000	0.317	0,409	-3.000
Iverage Namber of Positive Vaslent Cultures	0.3 = 1.0		17+21		03=0.9		0.3 + 0.4		0.0=0.0		<3.001	-0.805	0.068	<3.000
Sowage Namber of Positive Non-Yindowi Cultures	0.0+1.5													