

Two-Stage Revision of an Infected Distal Femur Tumor Prosthesis in a Patient with a History of an Osteosarcoma

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This is a 56-year-old patient who presented to an outside emergency department complaining of fever, chills, and increasing pain with the inability to bear weight on his left leg. The patient had a previous history of an osteosarcoma treated with a limb-sparing distal femur tumor prosthesis. In the emergency department, inflammatory markers were elevated. The diagnosis of an infected prosthesis was made. The patient was placed on IV antibiotics and opted to continue his care with us. The patient underwent a two-stage revision of the infected prosthesis. Stage one consisted of removal of the infected prosthesis, irrigation and debridement, followed by placement of an antibiotics cement spacer and beads. The patient was continued on IV antibiotics until clinically improved and inflammatory markers normalized (6-8 weeks). Stage two consisted of removal of the spacer followed by placement of a distal femur tumor prosthesis then a femoral strut allograft to reinforce the proximal femur. There were no neurovascular complications. The patient was weight bearing as tolerated and able to ambulate on postoperative day one.