

## **Infected Non-Union After Failed Joint Reconstruction**

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Joint replacement is a very common surgery and the numbers are increasing year by year. Despite all the advances, infection remains one of the most dreaded complication for any joint replacement surgery. Infection in arthroplasty could be a simple low grade infection that can be treated with antibiotics to the more severe ones that require more invasive modes of treatment such as surgical debridement, removal of implant and the worse ones may even need fusion or even amputation.

However fusion is not a straightforward procedure. Infection still needs to be cleared and often time would require extensive debridement of bone which leads to marked shortening not to mention nonunion. This is compounded by the fact that most of these patient are rather senior and have other co morbidities. One way to manage these patients is with the use of circular external fixators.

The use of external fixators not only allows the infected area to be bypassed which is especially important if the infected area is extensive but the bone is still viable and one plan to preserve as much bone as possible. Although lengthening is possible due to the patient age and multiple co morbidities, that may not be the best option to offer the patient.