

319

Authors: Christopher Graham*, Roger Dmochowski**

Institution: *Urology Specialists of San Antonio, **North Texas Center for Urinary Control

Title: PUBIC OSTEOMYELITIS FOLLOWING BLADDER NECK SURGERY USING BONE ANCHORS: A REPORT OF NINE CASES

Aims of Study:

A variety of methods for stabilization of sutures used for bladder neck / sling suspension have been utilized. Bone anchoring, either by transvaginal or suprapubic means, has increasingly been used for this purpose. As with any prosthetic implantation, a risk of wound infection is associated with the bone anchoring techniques. Herein is reported an experience with nine cases of pubic osteomyelitis associated with the placement of bone anchors for bladder-neck suspension surgery.

Methods:

Nine cases of pubic osteomyelitis that had developed following the use of bone anchors for bladder neck suspension surgery were reviewed. In eight cases, the bone anchors had been placed through a suprapubic incision, while one woman had the bone anchors placed by a vaginal route. All patients underwent either sling or urethropexy as the suspension procedure.

Results:

Age of the patients ranged from 36 years to 74 years. Presentation was from 2 months to 18 months following initial operation and included pubic tubercle pain and/or draining wound sinus. Staphylococcus species were cultured in all cases, most commonly Staphylococcus epidermidis (methicillin resistant species were cultured in 7 (78%)). Wound debridement, removal of anchors, and protracted courses of antibiotics provided definitive treatment in all but one patient, who eventually required partial pubectomy. Pain in 3 and mild stress incontinence in 5 women persisted at last follow-up.

Conclusions:

Bone anchors used in surgery for urinary incontinence can be associated with pubic osteomyelitis. Aggressive treatment with surgical debridement and long-term antibiotics is usually effective. Staphylococcus species, especially methicillin-resistant strains, are the most common bacteria identified in this setting. The role of biofilm propagation of these infections must be considered.