Local bone antibiotic delivery using porous alumina ceramic: clinical and pharmacological experience

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Conflict of interest

Employed by I.Ceram







Context

- Replacing infected bone
 - High risk of implant's infection
- => No foreign body during infection

Proposition:

- Implantation of a "protected" device (antibiotic loaded)
- Prophylaxis



biocompatibility, inert



Mechanical strength more than 20 MPa 3 times cancellous bone

strength in compression

Non absorbable

porosity

Unique capacity of osseointegration Porosity range from 100 to 900 µm

Proven

A very similar structure





Antibiotics

- Antibiotic loaded:
 - Gentamicin
 - Vancomycin
 - Both of them



- Start of release: immediately
- Release duration: 48 72 h (in vitro)
- Release: 100 %



Mediastinitis







Four patients received this loaded sternum More than 3 years of follow-up for the 1st one without relapse

Chronic osteomyelitis (MRSA)













All samples grew with MRSA









Infected ankle Prosthesis





Ceramic loaded with vancomycin





Chronic osteomyelitis: femoral tile



Man 64 year-old Chronic osteomyelitis – MSSA Evolution: 30 years Gentamicin cement beads









X-Ray follow-up M3

Chronic osteomyelitis: tibial tile



Man 48 year-old Chronic osteomyelitis after fracture > 5 surgeries Pseudoarthrosis MSSA Fistula Already had a muscle flap



Loaded with gentamicin





11

Prosthetic Joint Infection















In vivo – local concentrations

Local dosages

Device	Loaded dose	H+1	H+24	H+48	H+60	Pharmacological parameter needed	Pharmacological parameter obtained					
	Gentamicin											
Sternum	320 mg	1,500 mg/L	395 mg/L				> 1,500					
Sternum	160 mg	2,100 mg/L	36.9 mg/L			Cmax 10	> 2,100					
Bone flap	160 mg	184 mg/L	13 mg/L			$\frac{MIIII}{MIC} > 10$	> 370					
Sternum	320 mg	6,650 mg/L	4.7 mg/L				6,650 (<i>K. pneumoniae</i>) 17 (MRSE)					
Vancomycin												
Ankle spacer	250 mg		548 mg/L	172 mg/L	26 mg/L	AUC	2,400					
Sternum	250 mg	390 mg/L	28 mg/L			$\frac{1000}{MIC} > 400$	16,000 (MRSE)					

Surpassing resistance

Mediastinitis



Bacteriological sampling and sensitivity interpretation EUCAST

K. pneumoniae

> gentamicin **S** (MIC = 1 μ g/mL)

MRSE

- > gentamicin **R** (MIC = $384 \mu g/mL$)
 - EUCAST Breakpoint: 1 µg/ml

vancomycin R (MIC = 8 µg/mL)

• EUCAST Breakpoint: 4 µg/ml

Administration route

 $\frac{\text{Intravenous}}{\Rightarrow}$ Expected to fail (MRSE)

Locally (MRSE)

Gentamicin

$$C_{max}/MIC = 17$$

- > Vancomycin
 - AUC/MIC = 16,000
- \Rightarrow Expected to be efficient
 - M+2 : no relapse

In vivo – blood concentrations

Very low and undetectable blood passage

Decreasing side effects and toxicity

		Concentration (mg/L)							
	Device	H1	H3	H6	H12	H24	H48		
# 1	Sternum (gentamicin)	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5		
# 2	Sternum (gentamicin)	< 0.5	0,6	0,6	< 0.5	< 0.5			
#3	Femur flap (gentamicin)	< 0.5	< 0.5	< 0.5		< 0.5	< 0.5		
# 4	Sternum (gentamicin)	< 0.5				< 0.5			
# 5	Femur tile (gentamicin)				1.5	< 0.5	< 0.5		
#6	Sternum (gentamicin)	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5			
# 6	Sternum (vancomycin)	< 1.1	< 1.1	< 1.1	< 1.1	< 1.1			

Comparison to other local delivery means





Conclusion

Infected area

CERAMIC IMPLANT (Mechanical properties)

> ANTIBIOTIC LOADED CERAMIC IMPLANT





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