

How safe is internal fixation in the immune compromised patient?

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Introduction

There are few data that have addressed the safety of implantation surgery in HIV infected patients. The risk of wound breakdown and sepsis and whether this depends on the degree of immune compromise is not known.

Method

We conducted a prospective study at Queen Elizabeth Central Hospital, Blantyre. On induction of anaesthesia each patient was given 1 gram of Cefazolin. Blood was taken for full blood count, HIV status and if found to be HIV-positive, a CD4 count was done. The following data were recorded: age, sex, HIV status, CD4 count, details of operation, name of operating surgeon, details of any further operations, and wound scores using the Asepsis Scoring System.¹ An independent scorer (CPL) collected wound scores on day 5, week 2, week 6 and week 12 following surgery.

Wound scores were classified as: major wound problem = 21+; intermediate wound problem = 11-20; minor wound problem = 6-10; normal wound healing = 0-5. Successful wound healing was defined as patients who by week 12 had a wound score less than five and had required no further surgical intervention.

Table. Wound scores in relation to HIV status

Wound problem	HIV positive n=13	HIV negative n=44
Major problem	1 (8%)	4 (9%)
Intermediate problem	1 (8%)	0
Minor problem	1 (8%)	2 (5%)
No problem	10 (76%)	38 (86%)

Results

Of the 57 patients, 13 (23%) were HIV positive. Of these 13, 11 achieved successful wound healing (see Table). There were 3 patients with a CD4 count greater than 500; 2 of these had successful wound healing. 4 patients had CD4 counts between 200 and 500; there were no wound problems in this group. 5 patients had CD4 counts below; 4 had successful wound healing. The two patients that had wound problems settled, without requiring the metal work to be removed.

Discussion

These preliminary results suggest that internal fixation can be undertaken safely in immune compromised patients, even those

with a low CD4 count. There is a suggestion that HIV positive patients initially develop more minor and intermediate wound problems that settle without surgical intervention.

Reference

1. Wilson APR, Treasure T, Sturridge MF, & Grunberg RN. A scoring method (Asepsis) for postoperative wound infections for use in clinical trials of antibiotic prophylaxis. *Lancet* 1986 I, 311-312.

INTRODUCING.....

Christian Medical and Dental Fellowship of Malawi (CMDF)

CMDF was formed in linked to over 70 similar fellowships through the International Christian Medical and Dental Association (ICMDA).

It is an interdenominational registered association for doctors, dentists, clinical officers and medical assistants. Students are welcomed as associate members.

Our aim as a fellowship is to encourage one another in professional and Christian life, to deepen our faith and apply it to our work.

We hold monthly meetings in Blantyre at which we discuss issues relating to faith and practice, as well as sharing a meal together. There is also a CMDF group in Lilongwe.

NATIONAL DAY CONFERENCE, 13th OCTOBER 2001

Our second ever national event will be held at the College of Medicine and will include a variety of speakers on the theme of "Running the Race" Please join us for the day and meet Christian clinicians from all over the Malawi.

Further information is available from :
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History repeats itself -
it has to
because nobody listens