

Infection following a primary ACL reconstruction

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JB

23 M Professional Australian Rules footballer



JB

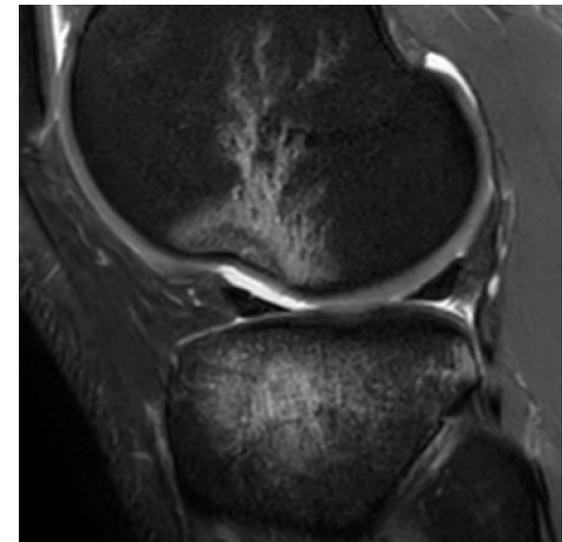
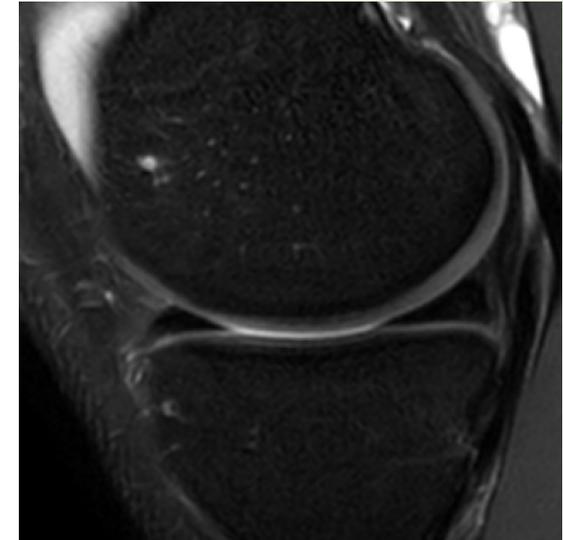
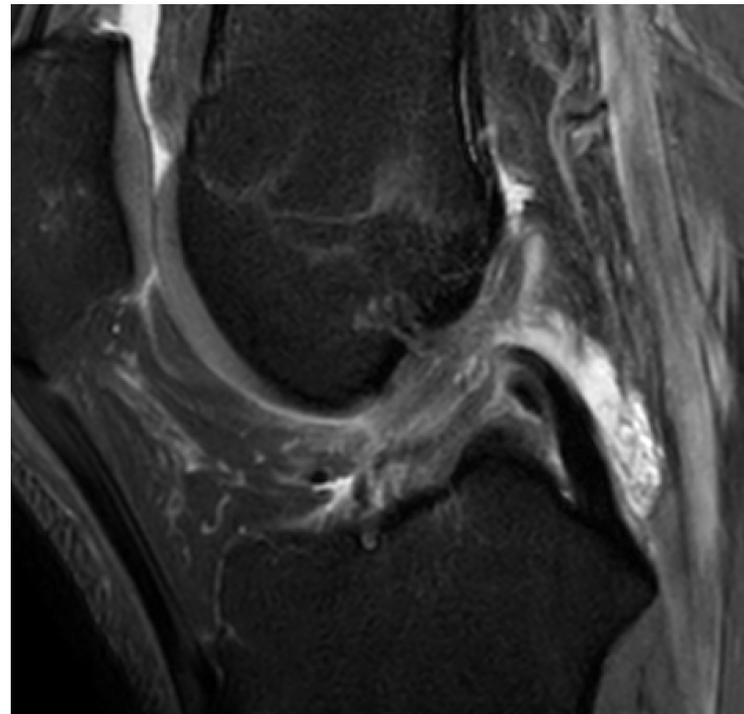
23 M Professional Australian Rules footballer

ACL rupture

- Change of direction
- Non contact

No previous injuries

No family history



Routine surgery

MM: inferior surface partial thickness tear

- All inside device x 2

LM: partial thickness oblique posterior root tear

- All inside device x 2

ACL: Soft tissue quads tendon, 8mm/9mm, suspensory femoral & tibial fixation

- LET: Ellison, metallic anchor

Prophylaxis

- **Single dose IV 2g cephazolin**
- **Vancomycin wrap of graft**



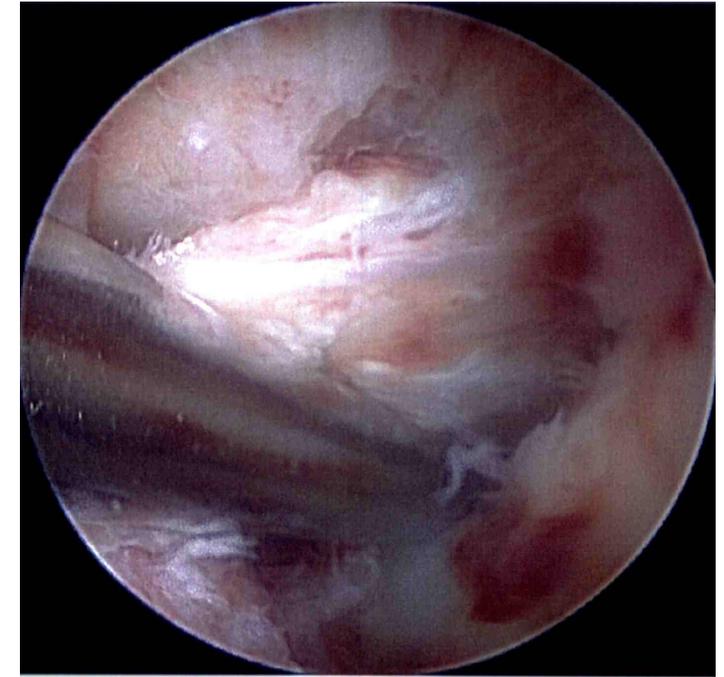
Routine post-op review at 3 weeks

- Had been doing rehabilitation and training under supervision of football club staff – no concerns raised
- "Not quite right", lateral wound questionable
- Afebrile
- CRP: 101



Arthroscopic washout and LET wound debridement

- LET wound: Infected haematoma
- Arthroscopy: minimal fluid
- Enterobacter cloacae complex: light growth
- Staphylococcus lugdunensis: light growth
- Infectious diseases physician/PICC line/IV antibiotics
- Settled (CRP 4 @ 6 weeks), but stiff



8 weeks post-op

- Arthroscopy and manipulation
- Swabs clear

4 months post-op

- Had regained ROM but moderate swelling and mild lateral laxity – NSAID

5 months post-op

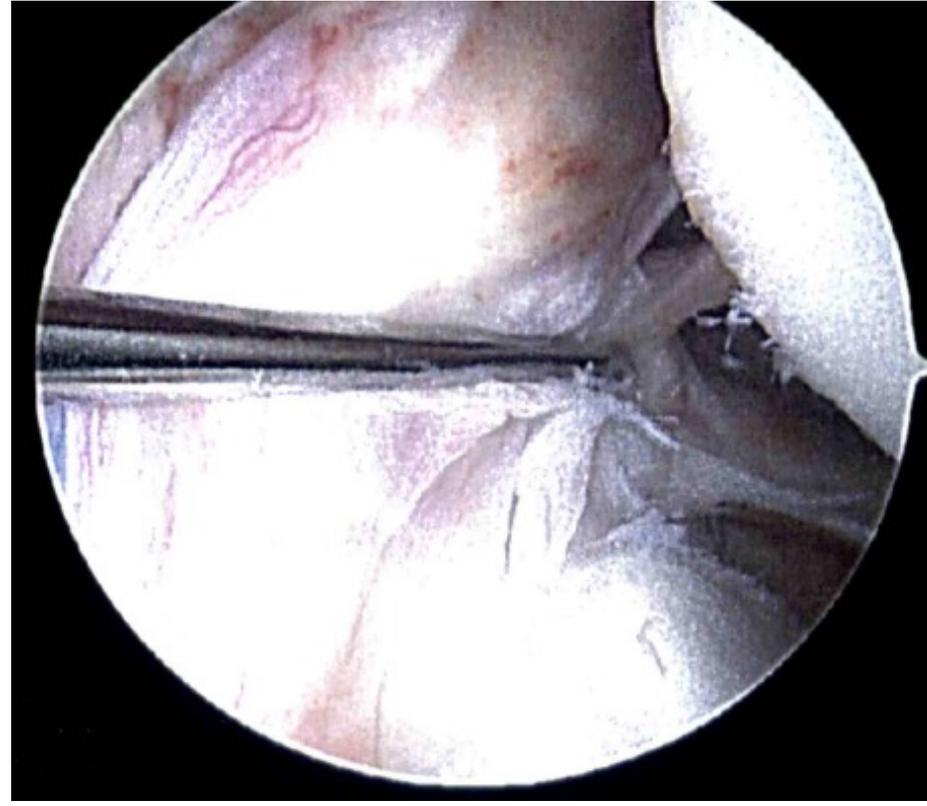
- Swelling settled but ongoing lateral laxity
- LCL palpable, intact on MRI
- Bloods normal

PLC reconstruction: Arciero (semiT)



Hawks defender J [REDACTED] B [REDACTED]
in and out of hospital during
stalled recovery from ACL injury

Hawthorn have kept it quiet during their glittering run to the finals but he has been admitted 'on several occasions'.



- Swabs (joint and lateral wound): no growth

1 week post-op

- Low grade fever, no pain, looked well, CRP:175, WCC normal
- Scope washout and removal of tibial button because of local irritation
- One colony *Staphylococcus lugdunensis* and scanty growth *Enterobacter cloacae* complex from tibial specimen
- Scanty growth *Enterobacter cloacae* complex from one intraarticular specimen
- Settled rapidly, CRP 3 @ 3 weeks
- Stayed on oral antibiotics for 4 months



12 months

Returned to contact training

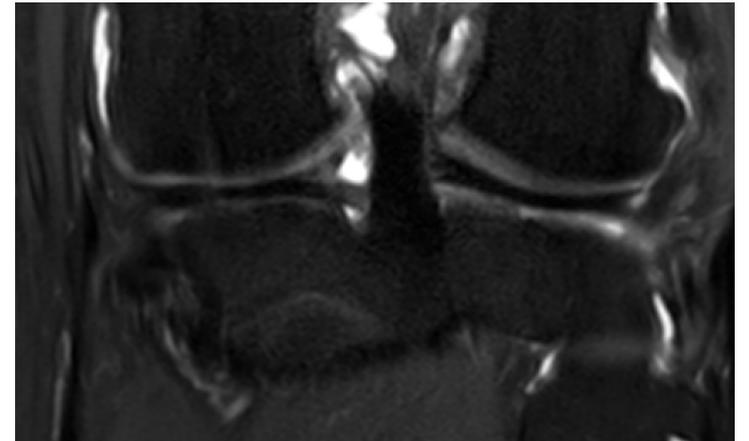
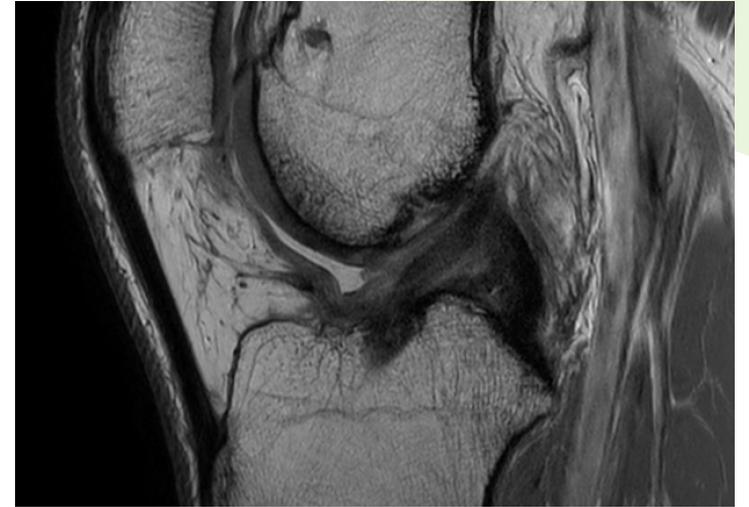
-8° - 145° (c.f. - 6° - 145°)

Lachman 1+

Pivot shift 0

Lateral laxity 1+ in flexion and extension

Returned to play at 14 months



██████████ made a successful return from his ACL injury in 2025, returning to play for Box Hill in Round 4 and not missing a game after that. He averaged 8.1 disposals and 2.8 marks from his 19 matches in 2025.

Septic arthritis following primary ACLR

Prophylaxis

- What should we be doing?
- Should it be different for a professional sports person?

Does the addition of a LEAP increase the risk of infection?

At what point should the graft and hardware be removed?