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Message from the Guest Editors

Dear Colleagues,

PJI is a devasting complication after joint replacement. Different surgical treatments have been proposed, such as radical debridement and one- or two-stage or even resection arthroplasty with different antibiotic protocols (short duration, long duration, suppression treatment, etc.). Different alternatives have been suggested to be useful in decreasing infection risk after joint replacement, such as preoperative optimization, systemic antibiotics, antibiotic-loaded bone cement, local antibiotic carriers different from bone cement, antiseptic-coated sutures, or active postsurgical dressing, among others. The purpose of this Special Issue is share different options for PJI prophylactic and treatment as well as other pertinent information to readers to facilitate decisions regarding which options are better for their daily work.
There are very few fields that attract as much attention as scientific endeavor related to antibiotic discovery, use and preservation. The public, patients, scientists, clinicians, policy-makers, NGOs, governments, and supra-governmental organizations are all focusing intensively on it: all are concerned that we use our existing agents more effectively, and develop and evaluate new interventions in time to face emerging challenges for the benefit of present and future generations. We need every discipline to contribute and collaborate: molecular, microbiological, clinical, epidemiological, geographic, economic, social scientific and policy disciples are all key. Antibiotics is a nimble, inclusive and rigorous indexed journal as an enabling platform for all who can contribute to solving the greatest broad concerns of the modern world.