



EBJIS TRAVELLING FELLOWSHIP REPORT 2025

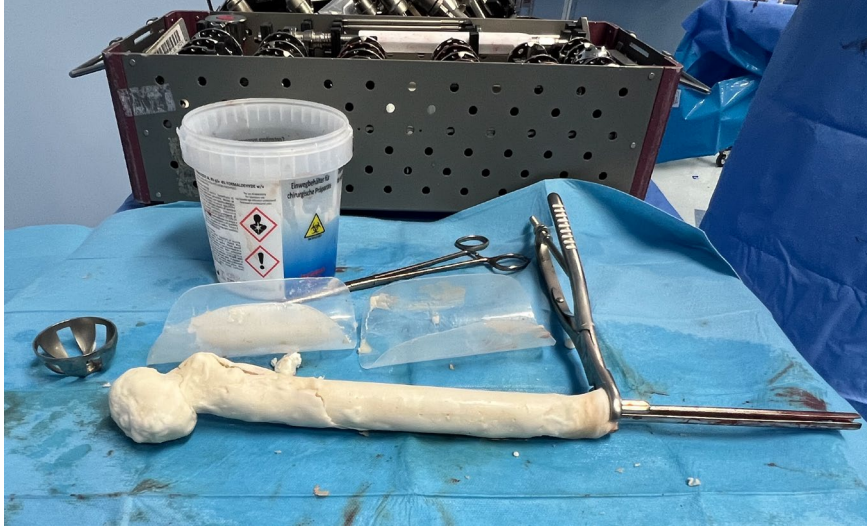
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Dates: 15–23 September 2025



The EBJIS Travelling Fellowship 2025 was an inspiring and intensive experience that brought together three of us from different backgrounds but with a shared interest in bone and joint infections. Over eight days, we had the opportunity to visit three leading centers in Europe: Bologna, Basel, and Oxford.

Our journey started in Bologna at the Polyclinico di Sant’Orsola, where we were welcomed by Dr. Andrea Sambri. The first day was dedicated mainly to surgeries with Dr. Andrea Sambri and Dr. Massimiliano De Paolis. We observed and actively assisted in several complex cases of prosthetic joint infections. One of the most challenging cases was a chronic septic total hip arthroplasty, where, because of the patient’s condition, admission to intensive care was required, leading to a change in strategy towards a second-look procedure with resection of the proximal femur and implantation of a handmade spacer loaded with vancomycin and gentamicin. Another case involved chronic THA infection without loosening, managed with corticotomy, cerclage, and placement of a commercial spacer. We also saw a young patient with chronic calcaneal osteomyelitis following a penetrating injury with plant material, treated with thorough curettage and debridement, highlighting the long intervals sometimes required between staged procedures. The day ended in a more casual setting, as we went for a beer with Andrea and met Dr. Sara Tedeschi, an infectious disease specialist, which was a great opportunity to reflect on the cases, discuss different approaches, and exchange experiences in a relaxed and friendly atmosphere.



The second day focused more on multidisciplinary collaboration and complex reconstructive strategies. The morning started with a meeting where ongoing cases were discussed together with orthopaedic surgeons and infectious disease specialists. In the operating room, we observed a TKA reimplantation and a particularly demanding case of chronic septic TKA associated with suspected femoral septic non-union. This required extensive surgery, including osteotomy, femoral resection, and removal of the distal femur, followed by a form of cement arthrodesis using high-dose antibiotic-loaded cement. In the afternoon, we visited the infectious diseases unit with Dr. Sara Tedeschi's team. The ward included 14 beds, of which 8 were dedicated to bone and joint infections, as well as a day hospital for intravenous therapies and an outpatient clinic organized as a multidisciplinary visit. It was particularly interesting to see the strong role of clinical pharmacology, with therapeutic drug



monitoring led by Dr. Pier Giorgio Cojutti. We also discussed empirical and targeted antibiotic strategies, including combinations such as daptomycin and fosfomycin, and the use of carbapenems in suspected *Pseudomonas* infections. The day ended with a dinner in an authentic Italian restaurant, where we enjoyed pasta and tiramisu, a perfect way to continue exchanging experiences in a relaxed and friendly atmosphere.





We almost missed our train from Bologna after waiting on the wrong side of the platform. Once we realized, it turned into a full sprint with our luggage, making it onto the train just in time. Interestingly, even Swiss trains are not quite what they used to be, as ours was slightly delayed. Luckily, the rest of the trip went much more smoothly, and upon arrival in Basel we were warmly welcomed by EBJIS President, Prof. Dr. Martin Clauss. We then joined Prof. Clauss and his team, where the collaboration of orthopaedic and plastic surgery was particularly impressive. From the very first day, it was clear how closely these specialties work together in managing complex infections. In the operating room, we observed an ankle arthrodesis using a transcalsaneal nail in a patient with previous sepsis and fistula formation. The procedure was performed jointly by orthopaedic surgeon Dr. Nicola Krähenbühl and plastic surgeon Dr. Rik Osinga, combining fistula resection, fibular bone graft preparation, cartilage resection, and stable fixation under fluoroscopy. Soft tissue reconstruction was completed with a flap, and the use of indocyanine green to assess real-time perfusion was a highlight. The day ended with a walk through Basel, where we had the chance to explore the city on foot, with Prof. Clauss proving to be an excellent guide, followed by dinner in a Swiss restaurant, where we continued exchanging experiences in a relaxed and friendly atmosphere.



The second day was again focused on complex bone and joint infection cases in the operating room, but we also had the opportunity to see the patient management in outpatient clinics and ward rounds. We participated in the infectious diseases meeting led by Prof. Dr. Nina Khanna Gremmelmaier and her team, which was particularly educational. Complex bacteremia cases and all positive blood cultures were systematically reviewed, with a strong emphasis on learning and shared discussion. We also had the opportunity to meet PD Dr. Richard Alexander Köhl, who presented their structured and well-organized approach to PJI management. In the afternoon, we visited the 3D printing laboratory, which demonstrated the technological support behind complex surgical planning. It was impressive.



A definite highlight of the day was the ward round in a different hospital, a highly specialised rehabilitation center for neurorehabilitation and paraplegiology with Dr. Rik Osinga. This provided valuable insight into the long-term consequences of severe infections. We saw challenging cases including foot osteomyelitis requiring transtibial amputation, a young patient with congenital varicella and spinal osteosynthesis complicated by fistula formation, a patient with *S. aureus* aortitis and paraplegia on lifelong antibiotic therapy, as well as a polytrauma patient with severe cranial injury and complex limb wounds.

The final part of our fellowship took us to Oxford, where we were hosted by Dr. Jamie Ferguson and his team. This center is highly specialized in bone and joint infections, with a large number of dedicated surgeons and operating theatres. We observed a wide spectrum of cases, from chronic osteomyelitis to complex prosthetic joint infections, including rare pathogens such as *Mycobacterium abscessus*. The surgical philosophy emphasized thorough debridement, precise defect management, and the use of local antibiotic carriers. What stood out immediately was the close collaboration between orthopaedic surgeons, infectious disease specialists, and plastic surgeons, all working together within the same centre. The educational component in Oxford was also particularly strong. We attended several focused meetings and discussions with different members of the team, each offering a different perspective on infection management. Conversations with microbiology colleagues helped us better understand what surgeons need from the laboratory and how communication between the operating room and lab can directly influence treatment decisions.

We also discussed antibiotic strategies, including the role of agents such as rifampicin and levofloxacin, as well as flap coverage in complex prosthetic joint infection and trauma cases. The first day came to an end in a traditional English pub, where we continued our discussions over a pint of beer.





The second day in Oxford started with an informal coffee meeting in the office together with the nursing staff, where current inpatients were discussed in detail. This was followed by ward visits with infectious disease specialists, orthopaedic surgeons, and plastic surgeons, during which we could see how discharge planning, wound care, and follow-up were organised in a coordinated way. It was striking how much attention was paid not only to the surgical aspects, but also to continuity of care and long-term wound management. Later that day, we attended a series of excellent talks covering several important aspects of bone and joint infection management. One focused on quality of life in patients with these conditions, reminding us how much their impact extends beyond the operating room. Another addressed the ongoing question of one-stage versus two-stage exchange in prosthetic joint infections, highlighting the main principles and challenges of both approaches. We also attended a presentation on multiplex PCR, which showed how modern diagnostic tools may help with faster and more precise pathogen identification in selected cases. In the afternoon, we joined the outpatient clinic run jointly by infectious disease specialists. This was very valuable for us, as it showed the importance of follow-up, joint decisionmaking, and adapting treatment plans over time according to both clinical progress and microbiological findings. The Oxford visit concluded with a minisymposium by Dr. Martin McNally, who presented the results and experience with Cerament treatment. This was a fitting end to our fellowship, as it brought together many of the concepts we had observed during the previous two days: radical debridement, careful defect management, local antibiotic strategies, and multidisciplinary care. Before dinner, we also had the chance to take a walk through Oxford with Jamie, who showed us some of the most beautiful parts of the city. The evening ended with a very nice dinner, giving us one more opportunity for discussion in a friendly atmosphere.



Beyond the clinical and academic aspects, this fellowship was also about people. Spending eight days together allowed us to exchange ideas, discuss different practices, and build lasting professional relationships. Each center had its own strengths and specific approaches, but all shared a commitment to multidisciplinary care and continuous learning.

Overall, the EBJIS Travelling Fellowship 2025 was a really valuable experience for all of us. We learned a lot, not only about bone and joint infections, but also about the importance of teamwork, flexibility, and sharing experience between centres. We are very thankful to EBJIS and to all our hosts for welcoming us and for so openly sharing their time and knowledge.

We would highly recommend this fellowship to future applicants.