sternal wound infection, occurred in 40/298 (13.8%) in the group without the anti-

Gentamicin-collagen sponges were introduced in 1985 for the prevention of surgery site infection and they are mainly used after laparotomy [2]. However, there is no consensus about their use in patients undergoing cardiac surgery [3]. A recently-published review of the literature and a meta-analysis showed conflicting results.

A best evidence topic in cardiac surgery concerning the use of gentamicin-colla-
gen sponge impacts on the gentamicin content of the implant and affects its not effective in preventing deep sternal wound infections in high-risk patients undergoing cardiac surgery.

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I read with great interest the paper by Birgand et al. regarding the use of genta-

References

Conflict of interest: none declared


[J] Mavros MN, Mitikostas PK, Alexiou VG, Peppas G, Falagas ME. Gentamicin
collagen sponges for the prevention of sternal wound infection: A meta-ana-

Conclusions

I read with great interest the quasi-experimental single-centre prospective cohort study conducted by Birgand et al. [1] evaluating the efficacy of a gentamicin-colla-
gen sponge in decreasing deep sternal-wound infections in high-risk cardiac surgery patients. Interestingly, in their experience gentamicin-collagen sponge was not effective in preventing deep sternal wound infections in high-risk patients. This is contrary to our own experience [2] and the most plausible explanation for the conflicting results lies in the technique of using the gentamicin-collagen sponge. Birgand and associates dipped the sponge in normal saline solution for a few seconds prior to implantation [1]. This manoeuvre of wetting the gentamicin-colla-
gen sponge impacts on the gentamicin content of the implant and affects its