

Prof. Levy's theory on the role of *C. Acnes* in the aetiology of Osteoarthritis receives further scientific support from Robert Hudek et al.



## *Cutibacterium acnes* is an intracellular and intra-articular commensal of the human shoulder joint

Robert Hudek, MD<sup>a,\*</sup>, Alexander Brobeil, MD<sup>b</sup>, Holger Brüggemann, PhD<sup>c</sup>, Frank Sommer, MD<sup>d</sup>, Stefan Gattenlöhner, MD<sup>b</sup>, Frank Gohlke, MD<sup>a</sup>

<sup>a</sup>Rhön-Klinikum Campus Bad Neustadt, Department for Shoulder and Elbow Surgery, Bad Neustadt a. d. Saale, Germany

<sup>b</sup>Justus-Liebig-University Gießen, Institute for Pathology, Gießen, Germany

<sup>c</sup>Department of Biomedicine, Aarhus University, Aarhus C, Denmark

<sup>d</sup>Phillipps-University Marburg, Institute for Medical Microbiology and Hospital Hygiene, Marburg, Germany

**Background:** *Cutibacterium acnes* (*C. acnes*) is a mysterious member of the shoulder microbiome and is associated with chronic postoperative complications and low-grade infections. Nevertheless, it is unclear whether it represents a contaminant or whether it accounts for true infections. Because it can persist intracellularly in macrophages at several body sites, it might in fact be an intra-articular commensal of the shoulder joint.

**Methods:** In 23 consecutive, otherwise healthy patients (17 male, 6 female; 58 years) who had no previous injections, multiple specimens were taken from the intra-articular tissue during first-time arthroscopic and open shoulder surgery. The samples were investigated by cultivation, genetic phylotyping, and immunohistochemistry using *C. acnes*-specific antibodies and confocal laser scanning microscopy.

**Results:** In 10 patients (43.5%), cultures were *C. acnes*-positive. Phylotype IA1 dominated the subcutaneous samples (71%), whereas type II dominated the deep tissue samples (57%). Sixteen of 23 patients (69.6%) were *C. acnes*-positive by immunohistochemistry; in total, 25 of 40 samples were positive (62.5%). Overall, 56.3% of glenohumeral immunohistochemical samples, 62.5% of subacromial samples, and 75% of acromioclavicular (AC) joint samples were positive. In 62.5% of the tested patients, *C. acnes* was detected immunohistochemically to reside intracellularly within stromal cells and macrophages.

**Discussion:** These data indicate that *C. acnes* is a commensal of the human shoulder joint, where it persists within macrophages and stromal cells. Compared with culture-based methods, immunohistochemical staining can increase *C. acnes* detection. Phylotype II seems to be most prevalent in the deep shoulder tissue. The high detection rate of *C. acnes* in osteoarthritic AC joints might link its intra-articular presence to the initiation of osteoarthritis.

**Level of evidence:** Level III; Cross-Sectional Design; Epidemiology Study

© 2020 Journal of Shoulder and Elbow Surgery Board of Trustees

**Keywords:** *Cutibacterium*

To our knowledge, Levy et al were the first to hypothesize that *C. acnes* might be an underestimated pathogen causing shoulder osteoarthritis.<sup>42</sup>

42. Levy O, Iyer S, Atoun E, Peter N, Hous N, Cash D, et al. *Propionibacterium acnes*: an underestimated etiology in the pathogenesis of osteoarthritis? J Shoulder Elbow Surg 2013;22:505-11. <https://doi.org/10.1016/j.jse.2012.07.007>