Objectives. To determine the incidence, the causes, the management and the short-term outcome of patients with knee joint infection (KJI) after anterior cruciate ligament (ACL) reconstruction. Methods. We conducted a retrospective descriptive study including all patients with a diagnosis of KJI after ACL reconstruction during a 2 year-period (from November 2010 to October 2012) in 3 major orthopedic units in the same urban area. Results. Among 2822 patients who underwent ACL reconstruction, we identified 33 cases of KJI (incidence rate = 1.1%). The average age was 30.5 years, 30 patients were male. Main techniques for ACL reconstruction was DIDT in 22 patients (66.7%) , Kenneth Jones in 9 patients (27.3%). The average and median intervals between ACL reconstruction and surgical management of infection were 26 and 14 days. The average time between the diagnosis of infection and treatment was 5 days. Fever was reported in 27 patients (81.8%). All patients had an elevated C-reactiv protein. Culture of synovial fluid was sterile for 3 patients. Culture was polymicrobial in 4 patients. Among the 30 positive cultures, 36 bacteria were identified: 24 staphylococci (66.7% of all bacteria, 80% of the patients with positive culture) [11 S aureus (30.6%, 36.7%), 13 Coagulase negative staphylococci (CNS) (36.1%, 43.3%)], 6 Enterobacteriaceae, 4 Propionibacterium acnes, 2 Pseudomonas aeruginosa. Interestingly, the most prevalent staphylococcus was S lugdunensis (5 patients). Arthroscopic lavage was performed in 28 patients, 2 in 3 patients and 3 in one patient. Only once the complete removal of reconstruction material was required. All patients received an antimicrobial treatment. Its duration varied from 4 to 8 weeks, depending on clinical and biological evolution. All patients were considered to be cured of their infection, except one who had a chronic osteomyelitis. However, the duration of follow-up was short (<6 months for 14 patients). Conclusion. In our study the incidence of infection after ACL reconstruction was close to 1%. The great majority of infections occurred in the month following surgery and was due to staphylococci (with an unexpected frequency of S lugdunensis). A conservative strategy consisting in arthroscopic lavage and 6 weeks of antibiotic treatment was efficient. We need a more prolonged follow-up period to ensure healing of the infection and determine the long-term functional outcome.