

COXA

Conginitally dislocated hip *-Difficult Hip Arthroplasty*

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ARKKITEHTISTUDIO KUJALA & MYLLYMAKI OY

Tampere University Hospital District

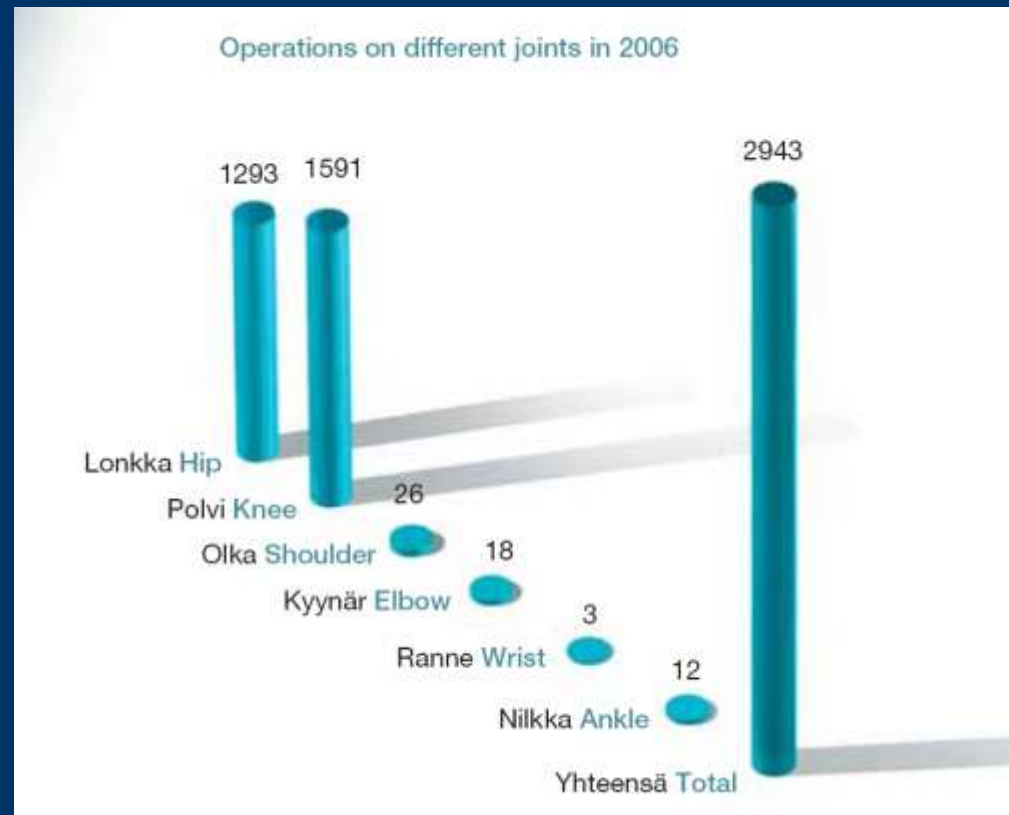
COXA, Hospital for Joint Replacements serves:

- Pirkanmaa health district of 460 000 inhabitants
- Referral area of 1,2 million population



Joint replacements in Coxa 2003 to 2006

- 1494 / 2003
- 1779 / 2004
- 2301 / 2004
- 2943 / 2006

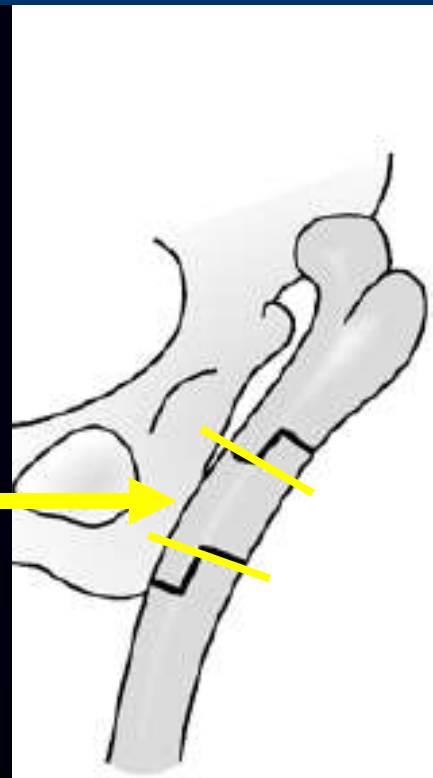


Techniques in reconstruction of congenitally dislocated hip



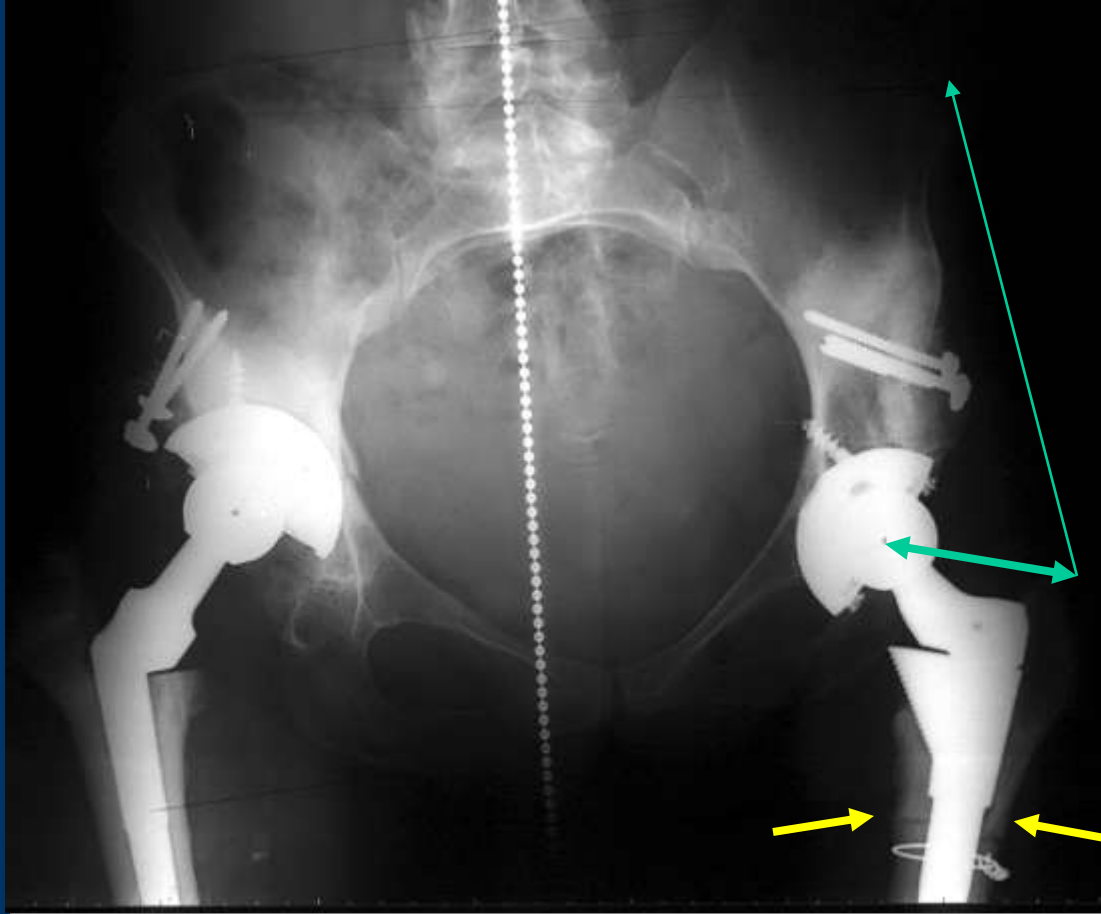
Femur shortening osteotomy for reconstruction of high dislocation

- ✦ Restore anatomic center of rotation
- ✦ Restore leg length
- ✦ Restore abductor arm



Paavilainen et al JBJS 72B(2) 1990

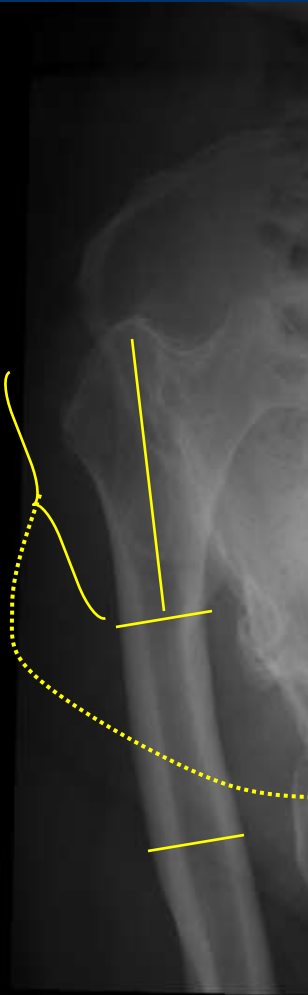
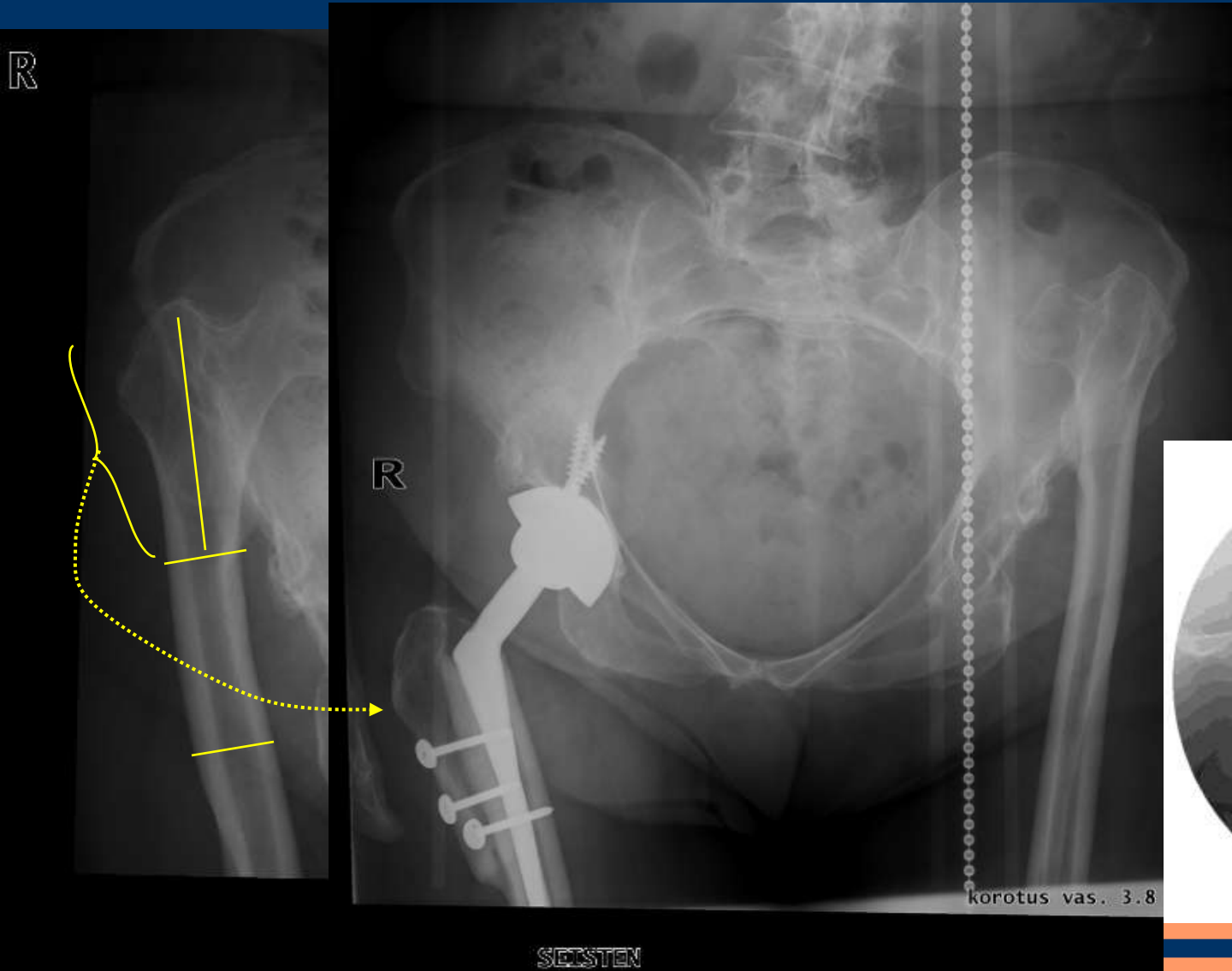
✦ Restore abductor arm



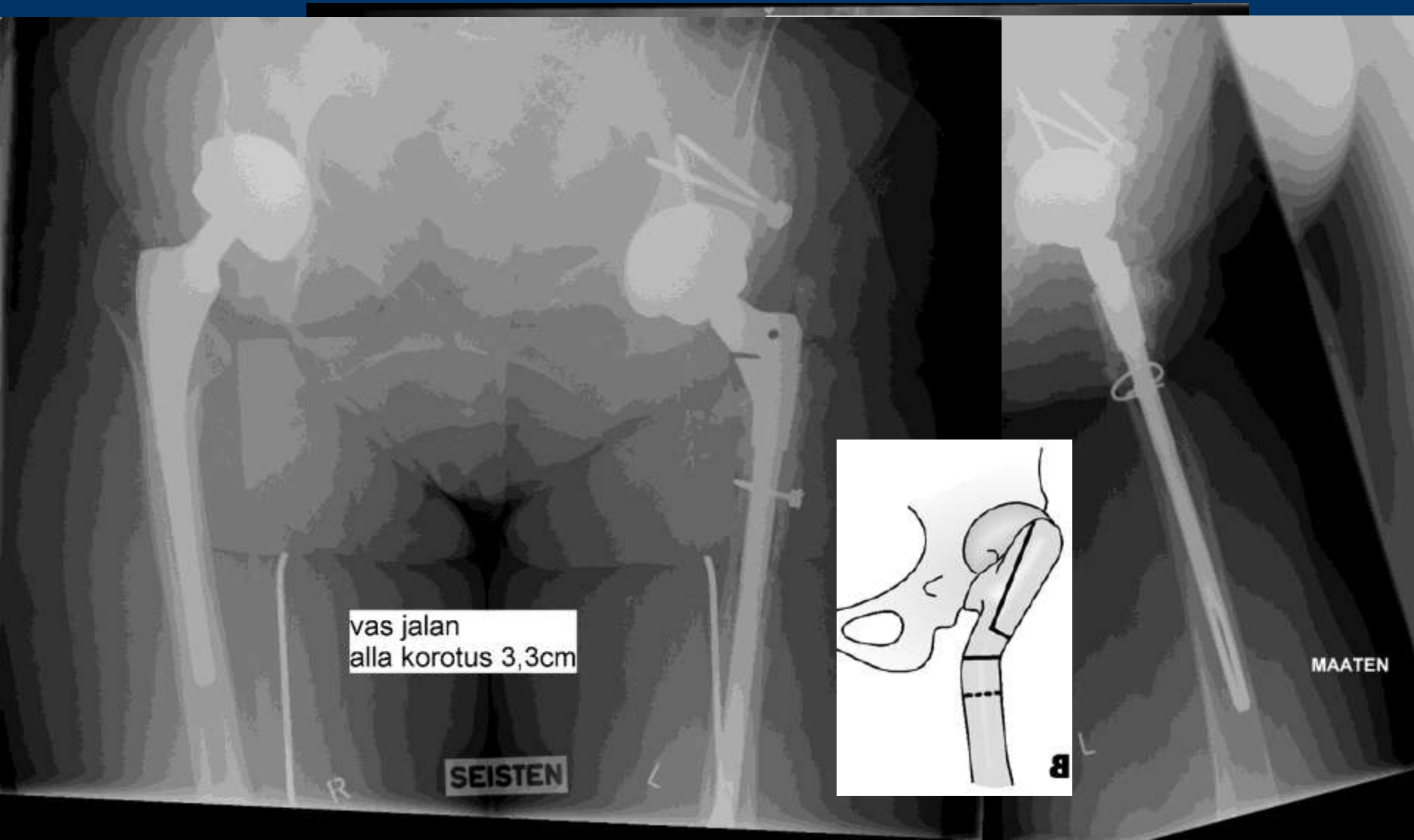
1 years

1/2 years

Femur shortening ostectomy & distal advancement of the greater trochanter



Femur deformity after previous operation (Schanz osteotomy)



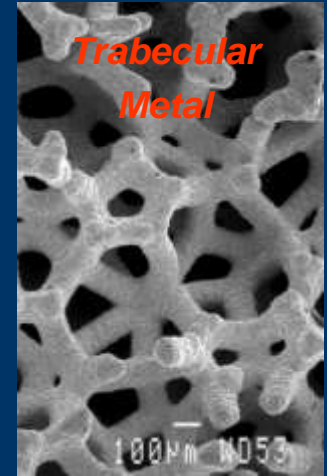
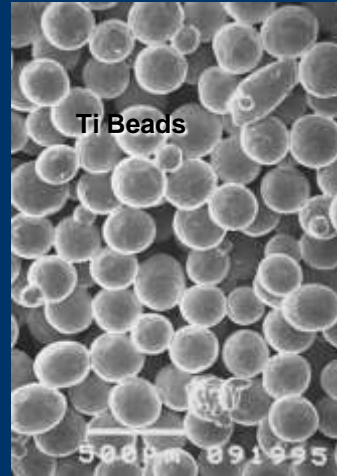
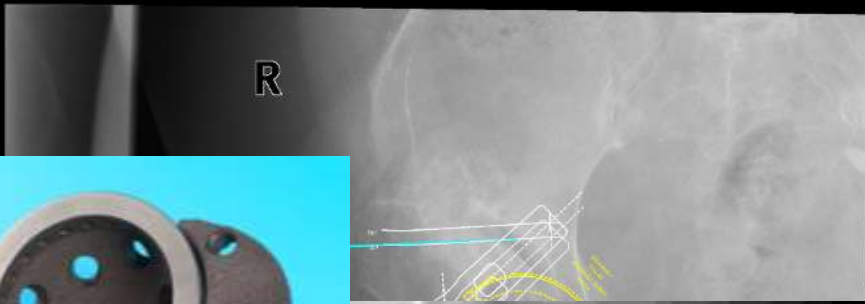
vas jalan
alla korotus 3,3cm

SEISTEN

MAATEN

B

Trabecular Metal Revision Shell



30% versus 80% porosity



CEMENTLESS TOTAL HIP ARTHROPLASTY IN PATIENTS WITH HIGH CONGENITAL HIP DISLOCATION

BY ANTTI ESKELINEN, MD, ILKKA HELENIUS, MD, PHD, VILLE REMES, MD, PHD,
PEKKA YLINEN, MD, KAJ TALLROTH, MD, PHD, AND TIMO PAAVILAINEN, MD, PHD

Investigation performed at ORTON Orthopedic Hospital, Invalid Foundation, Helsinki, Finland

- ✱ **68 total hips /56 patients 1989 to 1994**
- ✱ **Follow up of the mean of 12.3 years**
- ✱ **52 patients /64 hips evaluated**
 - ✱ The cup was placed at the level of the true acetabulum
 - ✱ in 90% of the hips
 - ✱ shortening osteotomy
 - ✱ distal advancement of the greater trochanter

Results

Eskelinen et al. JBJS 88A(1) 80-91, 2006

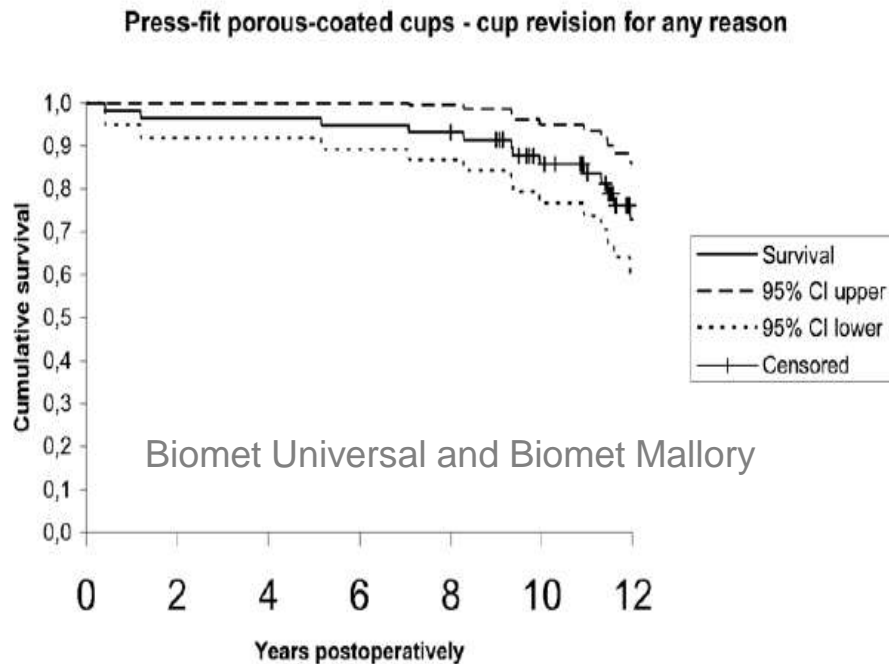


Fig. 3-B
Kaplan-Meier survival curve for the press-fit, porous-coated acetabular components, with cup revision for any reason as the end point. CI = confidence interval.

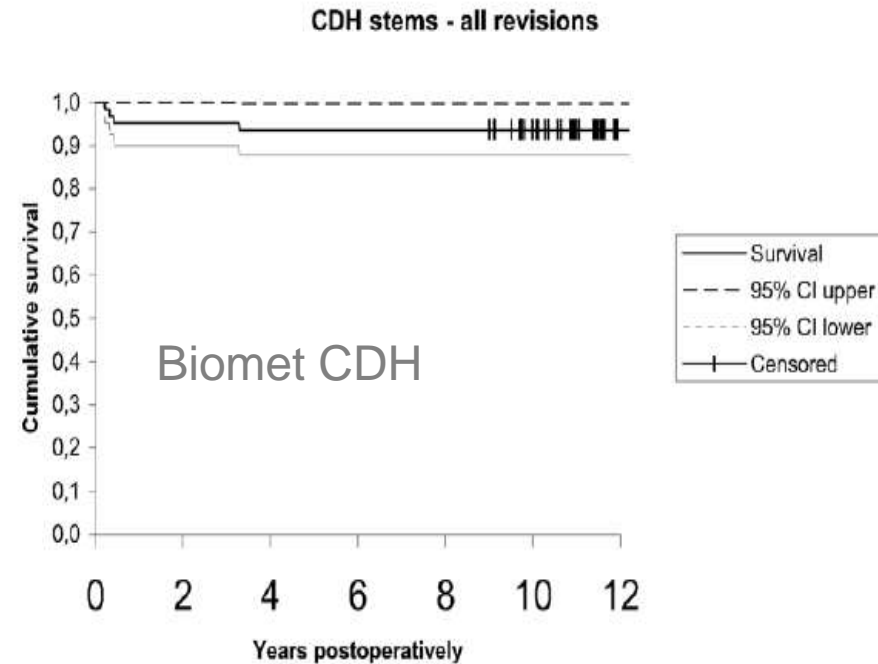


Fig. 3-C

10 year survival rate

- **94.9%** for acetabular components because of aseptic loosening
 - 87.8% for any reason
- **98.4%** for the stem was at ten years because of aseptic loosening and
 - 93.7% for any reason

Harris hip score & Clinical results

Preoperatively

- **54.2 points** (range, 13 to 85)
- Trendelenburg sign positive in 57 (84%) /68 hips
 - all patients were limping when walking
- limb-length discrepancy 3.5 cm (range, 0 to 10.0 cm)

Final follow-up

- **83.9 points** (range, 34 to 100 points)
- Trendelenburg sign positive in 5 (8%) /64 hips
 - 32 patients (57%) were able to walk without a limp
- limb-length discrepancy 1.2 cm (range, 0 to 6.0 cm)

Complications

13 (19%) perioperative complications

- ✦ 2 early dislocations**
- ✦ 3 instances of peroneal nerve palsy**
- ✦ 1 femoral nerve palsy**
- ✦ 1 superior gluteal nerve palsy**
- ✦ 4 nondisplaced fractures of the proximal part of the femur**
- ✦ 1 malpositioned stem perforating the posteromedial cortex of the femur**
- ✦ 1 superficial wound infection**

Kiitos



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