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Titel des Beitrags: [Standardized reconstruction of acetabular bone defects using the cranial socket system].

Abstract: Management of primary or secondary acetabular bone loss (D'Antonio type I-IV ). Implantation and stable fixation using a cementless, cranially extended oval press-fit cup to restore painless joint function and loading capacity. Septic or aseptic loosening of the acetabular component after total hip arthroplasty. Acetabular bone loss after tumor resection. Primary acetabular bone defects in developmental dysplasia of the hip. Persistent deep infection. Bone defects including the parts of the iliac bone adjoining the sacrum (fixation of the stem in the ilium is not possible any more). Complete exposure of the acetabular defect using a standard approach. Removal of the loose cup. Excision of soft and granulation tissue from the acetabular ground and the rim. Reaming of the acetabulum with sequentially larger hemispheric reamers until an adequate bony bed is created for the insertion of the cranial socket. Eccentric cranial sockets without a craniolateral flap are preferable for use in type I and II defects with teardrop lysis mostly involving the craniolateral acetabulum, if a trihedral press-fit fixation can be achieved. Supplementary screw fixation through the acetabular ground, is possible. If a type III defect is present, the authors recommend the use of cranial sockets with an anatomic flap in order to increase primary stability by supplementary screw fixation. This is especially recommended for the management of deficiencies in the
medial or posterior wall. If there is pelvic discontinuity (type IV), adequate acetabular reconstruction with primary stability of the component can only be achieved by a supplementary intramedullary structured stem fixed in the dorsal part of the ilium. Partial loading of the operated limb with 10 kg for a period of 6-12 weeks. Then increased loading with 10 kg per week. Thrombosis prophylaxis until full weight bearing. Physiotherapy and gait training. A total of 50 cup revisions using the ESKA cranial socket system were clinically and radiologically analyzed with an average follow-up of 65.7±28.5 months (26-123 months). Defects were classified according to D’Antonio. There were 21 type II, 23 type III, and six type IV defects. The Harris Hip Score increased from 40 preoperatively to 68.3 points postoperatively. Four patients had recurrent hip dislocation requiring replacement of the inlay. In four cases of aseptic loosening, the acetabular component had to be revised. With revision of the acetabular component as an endpoint, implant survival was 92% after an average of 5.4 years.

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