



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO



Policlinico
di Bari

D.A.I. di Neuroscienze e Organi di Senso e Apparato Locomotore
U.O. ORTOPIEDIA E TRAUMATOLOGIA
SCUOLA DI SPECIALIZZAZIONE IN ORTOPIEDIA E TRAUMATOLOGIA

Direttore: Prof. G. Solarino



Conversion from dynamic hip screws to hip replacement should be considered as a revision-type surgery and restoration of a normal hip geometry may not be obtained.

Giorgio Giannini, F. D. Cannito, C. Buono, G. Colasuonno, G. De Giosa, G. Solarino

IX Congresso Nazionale A.I.R.
Il Recupero delle geometrie articolari nelle revisioni protesiche
Verona 7-8 marzo 2024

Dal fallimento del chiodo alla protesi



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ORIGINAL ARTICLE

Observational Study

Total hip arthroplasty following the failure of intertrochanteric nailing: First implant or salvage surgery?

Giuseppe Solarino, Davide Bizzoca, Pasquale Dramisino, Giovanni Vicenti, Lorenzo Moretti, Biagio Moretti, Andrea Piazzolla



Fallimento chiodi	
Cut – out	39
Non – union	13
Frattura peri-impianto	12
Cut – through	8
Necrosi avascolare della testa	2
Totale	74

Pazienti	74 (M: 29; F:45)
Età	73.8 (65 – 89)
BMI	28,70 +- 4.43
Lato	48 Destro (58%)



Le complicanze

Complicanze intraoperatorie	
Tempo operatorio	117min (76 – 192)
Perdita ematica	585 ml (430 – 1720 ml)
Pazienti trasfusi >3 CES	43
Frattura periacetabolare	1
Fratture femorali	5 (4 trattate con placca 1 revisione stelo)

Complicanze postoperatorie	
Morte	2 entro 4 giorni
Frattura periacetabolare	2 nei successivi 24 mesi
Lussazione precoce	4
Infezione articolare	3

CONCLUSION

The present study demonstrated that salvage options for IFF fixation failure are complex procedures with a relevant intraoperative and postoperative complication rate.

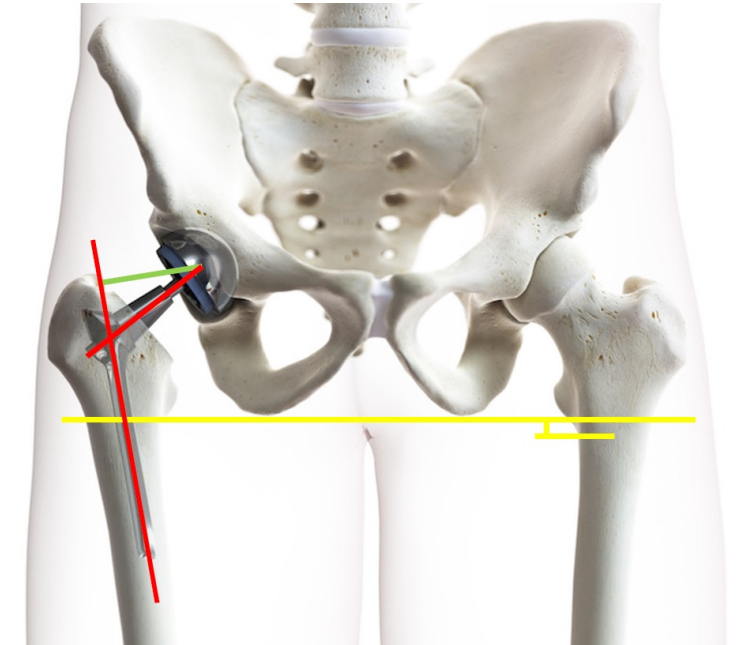


Maggiori complicanze, ma....

Riusciamo a ristabilire la normale geometria dell'anca?



Paziente n. 14	Angolo cervico diafisario			Offset Femorale	Lunghezza arto	Dual - Mobility
	Lato sano	Lato op.	Differenza	Differenza in % tra linea centro del femore e centro della testa	Differenza in % tra linea bisischiatrica e piccolo trocantere	
B. R.	130°	135°	+5°	+ 12%	+10%	SI
L. M. I.	134°	135°	+1°	-70%	+100%	SI
L. C.	115°	135°	+20°	/	/	SI
L. M.	125°	135°	+10°	+ 0%	-25%	SI
O. N.	139°	135°	-4°	+56%	-35%	SI
Z. N.	126°	135°	+9°	-10%	+13%	SI
F.A. (ENDO)	132°	135°	+3°	-25%	+24%	/
D.T.	125°	135°	+10°	/	/	SI
R. R. L.	130°	135°	+5°	+4%	+300%	SI
L. G.	126°	135°	+9°	-36%	+100%	NO
C. R.	127°	135°	+8°	-33%	+57%	SI
G. M.	130°	135°	+5°	-19%	+119%	NO
Z. S.	124°	135°	+11°	+6%	+135%	SI
B. C. (ENDO)	125°	135°	+10°	-6%	+50%	/
			+7.14° (-4; +20)	-10% (-70%; +56%)	+63% (-35%; +300%)	83.3%



Angolo cervico-diafisario

Offset femorale

Lunghezza arto





18/02/2022



21/02/2022

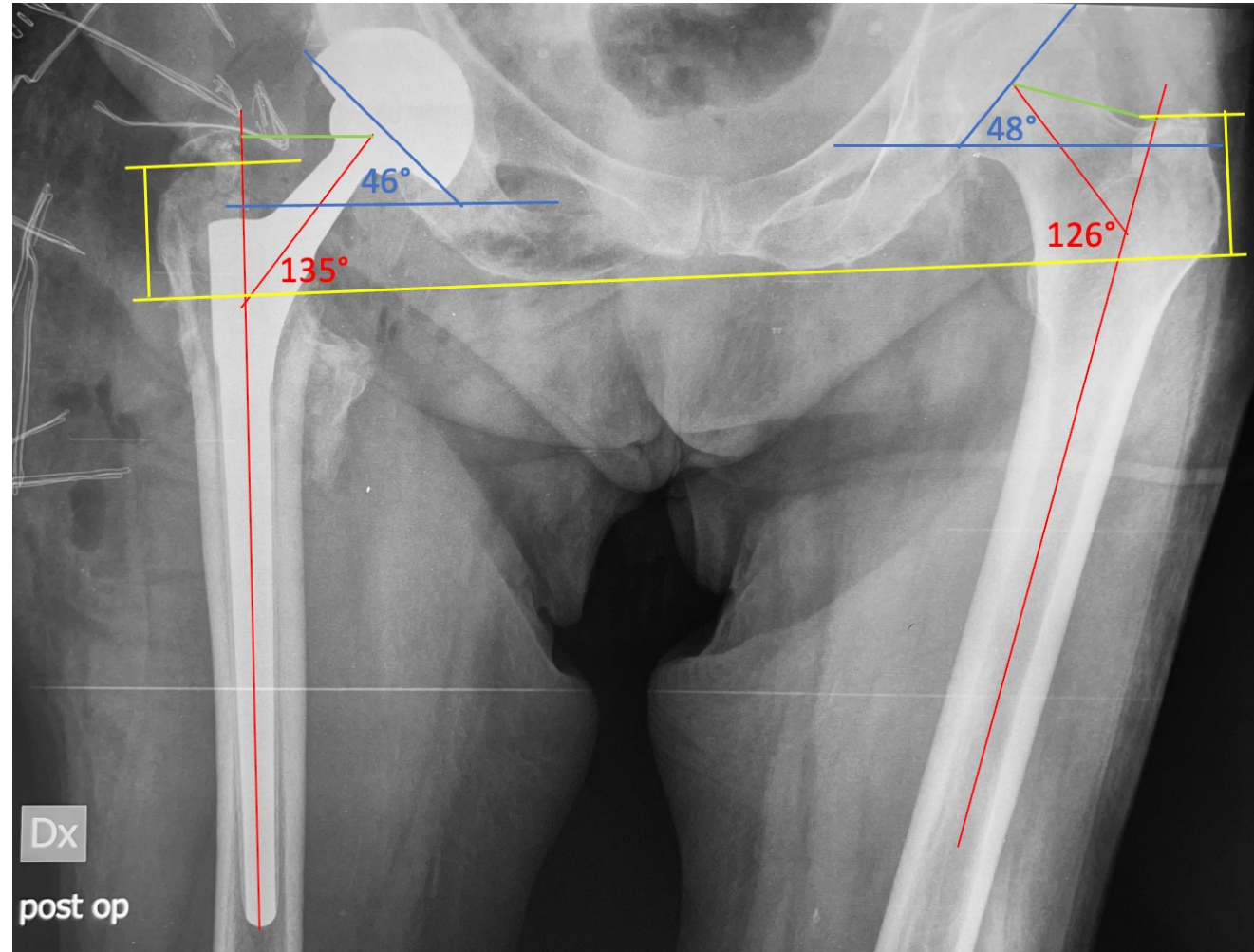


03/05/2022



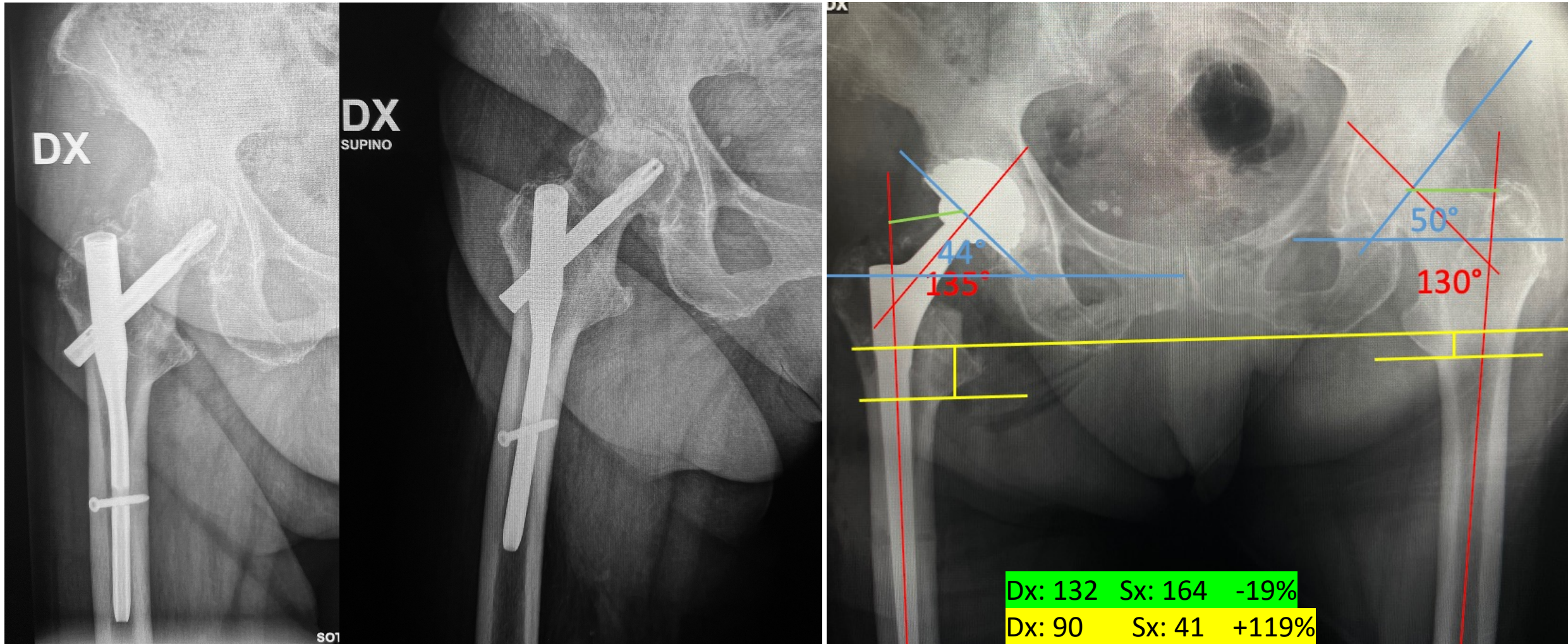
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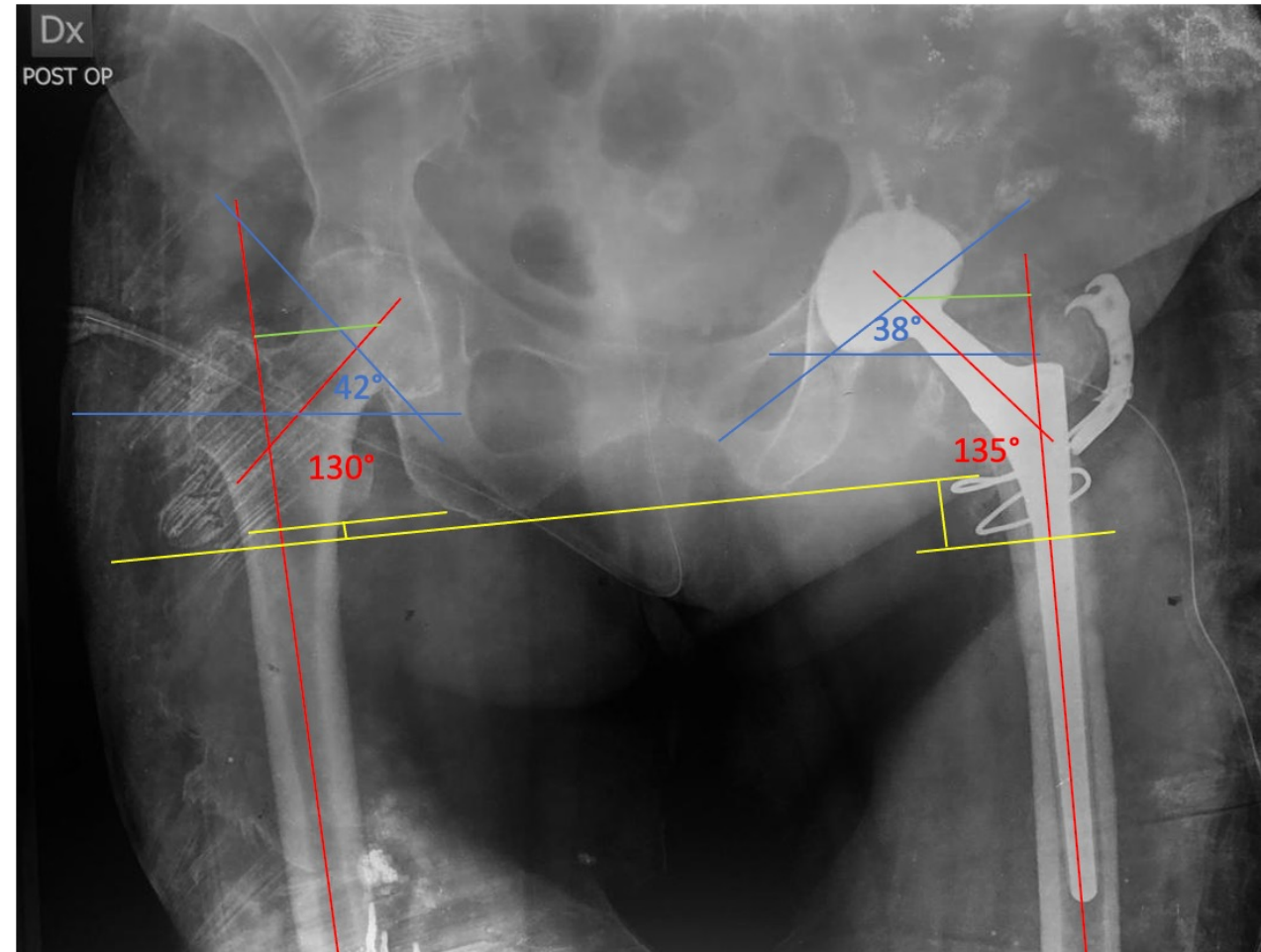




Dx 223 Sx 247 -10%

Dx 216 Sx 248 +13%





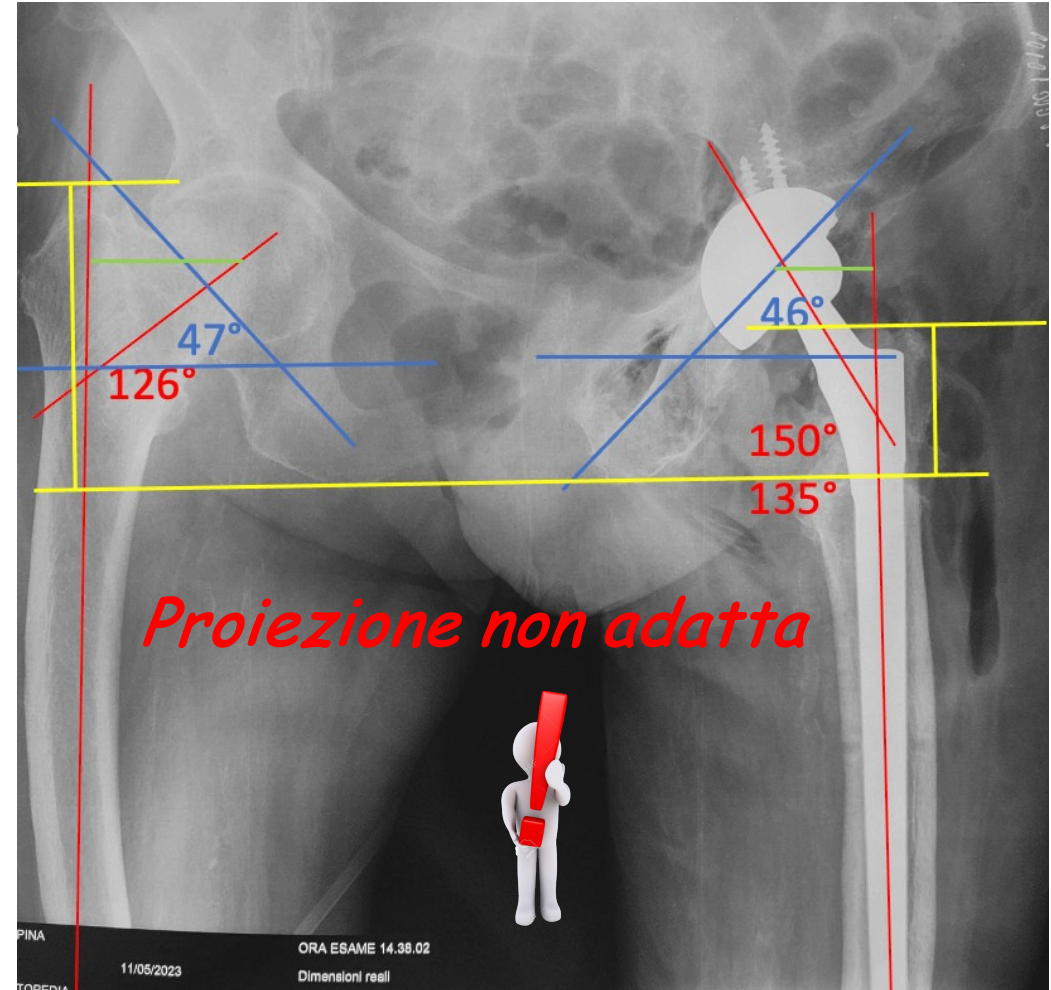
Dx 22 Sx: 23 +4%

Dx 30 Sx 116 +300%

Bias dello studio

- *Non sempre avevamo rx bacino per anche*
- *Spesso proiezioni non ottimali*
- *Non in dimensioni reali*
- *Errori di misurazione*





In Letteratura



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Original article

Total hip arthroplasty after failed fixation of a proximal femur fracture: Analysis of 59 cases of intra- and extra-capsular fractures[☆]

Antoine Morice^{a,*}, Florian Ducellier^b, Pascal Bizot^c, the Orthopedics, Traumatology Society of Western France (SOO)^d

<https://doi.org/10.1016/j.otsr.2018.04.015>

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6. Conclusion

Secondary THA after failed fixation of proximal femur fractures is a higher risk procedure than primary THA. The clinical outcomes are significantly worse and there are more complications, especially dislocation and periprosthetic fracture. Surgeons must anticipate potential technical difficulties and plan for the possibility of additional procedures (removal of fixation hardware, internal fixation, osteotomy). An extracapsular proximal femur fracture is a major risk factor, no matter the type of internal fixation used initially, and requires that surgeons have a wide range of implants at their disposition to best match the local conditions.

In Letteratura



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Original article

Total hip arthroplasty **with exclusive use of dual-mobility cup** after failure of internal fixation in trochanteric fracture

Henri Favreau^{a,b,*}, Matthieu Ehlinger^{a,c}, Philippe Adam^a, François Bonnomet^a

<https://doi.org/10.1016/j.otsr.2020.02.011>

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5. Conclusion

Use of DM cups in the context of THA after failed internal fixation of proximal femur fractures helps to reduce the risk of implant dislocation. Thus its use can be recommended in this indication with high risk of postoperative instability.



Original article

Dual mobility cups in total hip arthroplasty after failed internal fixation of proximal femoral fractures

Sandrine Boulat^{a,*}, Thomas Neri^{a,b}, Bertrand Boyer^{a,c}, Rémi Philippot^{a,c}, Frédéric Farizon^{a,b}

<https://doi.org/10.1016/j.otsr.2019.01.014>

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5. Conclusion

The present study reinforced the indication of DM cups in salvage THA for PFF fixation failure. Implant dislocation rate was zero, in a population at high risk of complications, confirming the study hypothesis. Analysis of standard primary fixation criteria revealed a high rate of reduction defect incurring risk of fixation failure and of implant dislocation by proximal femoral remodelling.

In Letteratura

Total hip arthroplasty after failed treatment of proximal femur fracture

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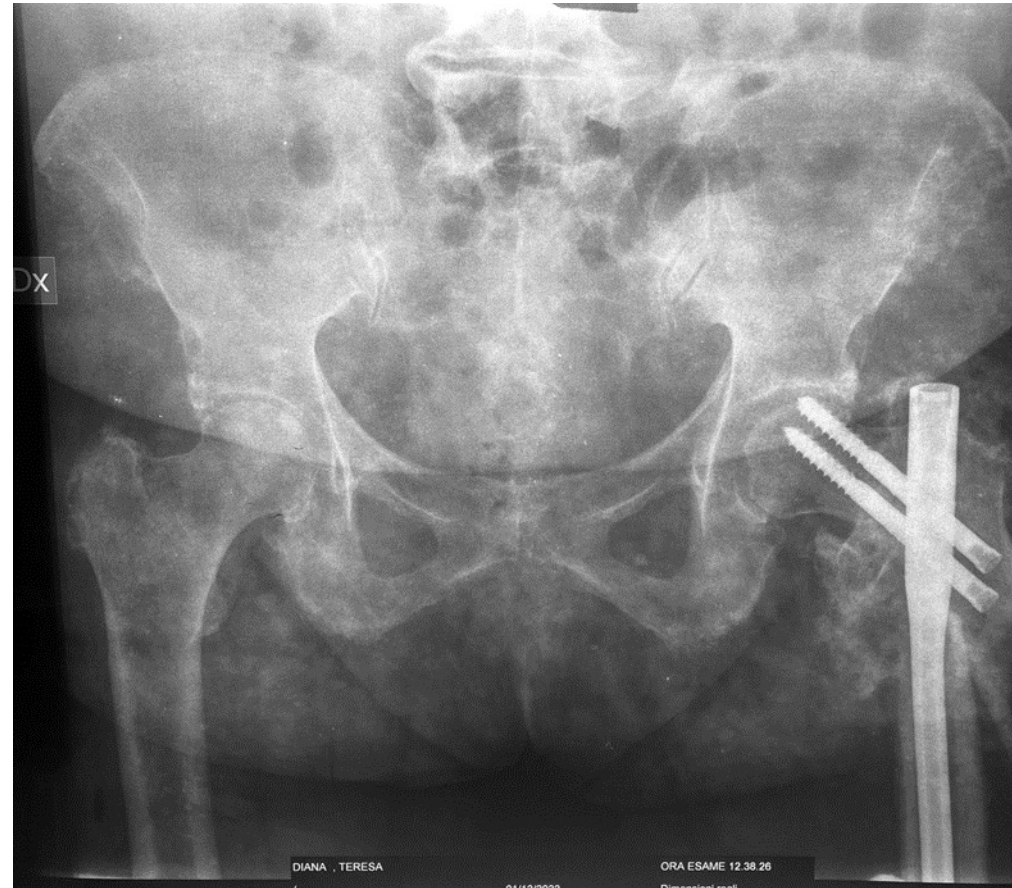
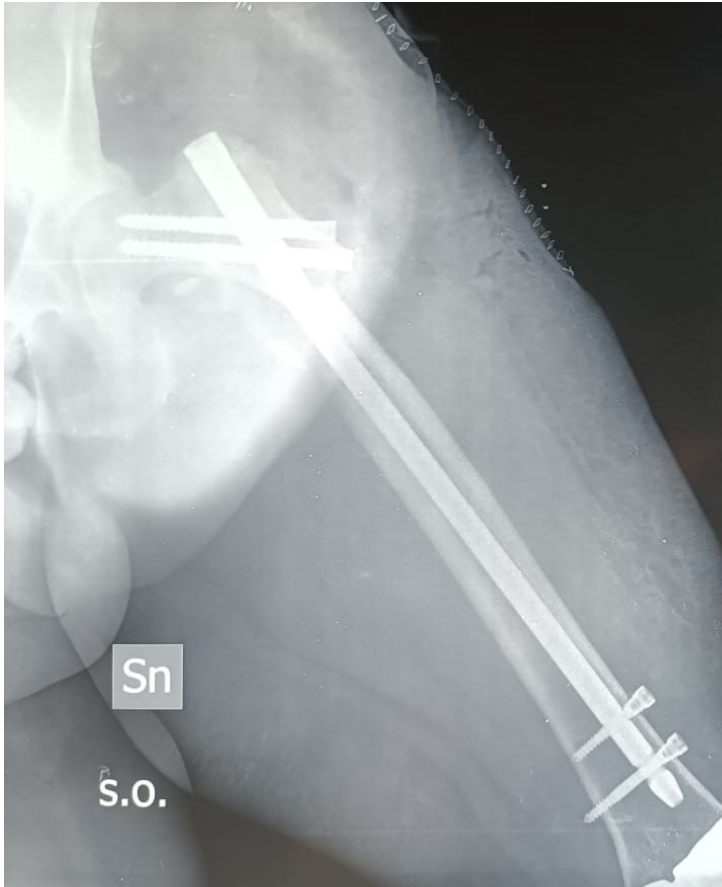
Tomonori Tetsunaga^{1,2}  · Kazuo Fujiwara³ · Hirosuke Endo¹ · Tomoyuki Noda¹ · Tomoko Tetsunaga¹ · Toru Sato² · Naofumi Shiota² · Toshifumi Ozaki¹

In this study, we found that after trochanteric fracture revision, femoral neck anteversion was 11.2° less than that on the healthy side (Fig. 4). The press-fit of the femoral stem

There are many more complications associated with THA after failed proximal femur fractures than are seen after primary THA, including stem subsidence, infection, and periprosthetic fracture [24]. Secondary hemiarthroplasty after failed femoral neck fracture is also associated with a significantly increased risk of reoperation (13%) compared with primary hemiarthroplasty (5%) [27]. Likewise, the reoperation rate of 16% highlights the challenges of treating patients with failed internal fixation of femoral neck fractures [28]. Salvage surgery is individualised

Conclusions Performing THA after failed treatment of trochanteric fractures requires consideration of complication risk and incorrect femoral neck anteversion.





Non sempre siamo riusciti a ripristinare la normale geometria





Take Home Message

- *L'impianto di PTA dopo il fallimento della fissazione endomidollare femorale è una procedura impegnativa*
- *Le complicanze intraoperatorie e postoperatorie hanno un tasso più elevato rispetto alla PTA di primo impianto*
- *Sono stati registrati esiti clinici complessivamente soddisfacenti, ma raramente è stata ottenuta una geometria normale dei parametri biomeccanici*
- *L'utilizzo di impianti modulari e con fissazione diafisaria (tipo Wagner) non garantisce il ripristino della biomeccanica dell'anca.*
- *La conversione, quindi, dovrebbe essere considerata come un intervento di revisione*



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Grazie



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