

LA RI-REVISIONE come farla, come gestirla

A. Massè

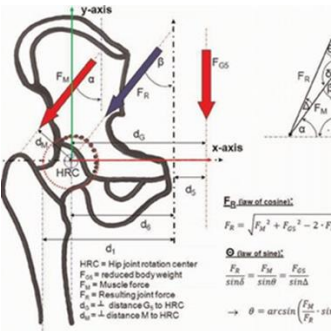
S.C.D.U. Ortopedia e Traumatologia 1
University of Torino-Italy

Centro di Alta Specializzazione e Riferimento Regionale
per la Chirurgia Complessa di Anca e Bacino



REVISIONI COMPLESSE

- DIFFICOLTA' A OTTENERE STABILITA' PRIMARIA
- DIFFICOLTA' A RIPRISTINARE I PARAMETRI BIOMECCANICI
- «QUALITÀ OSSEA» PEGGIORE:



1)

WHY



2)

WHAT
SHOULD
I DO



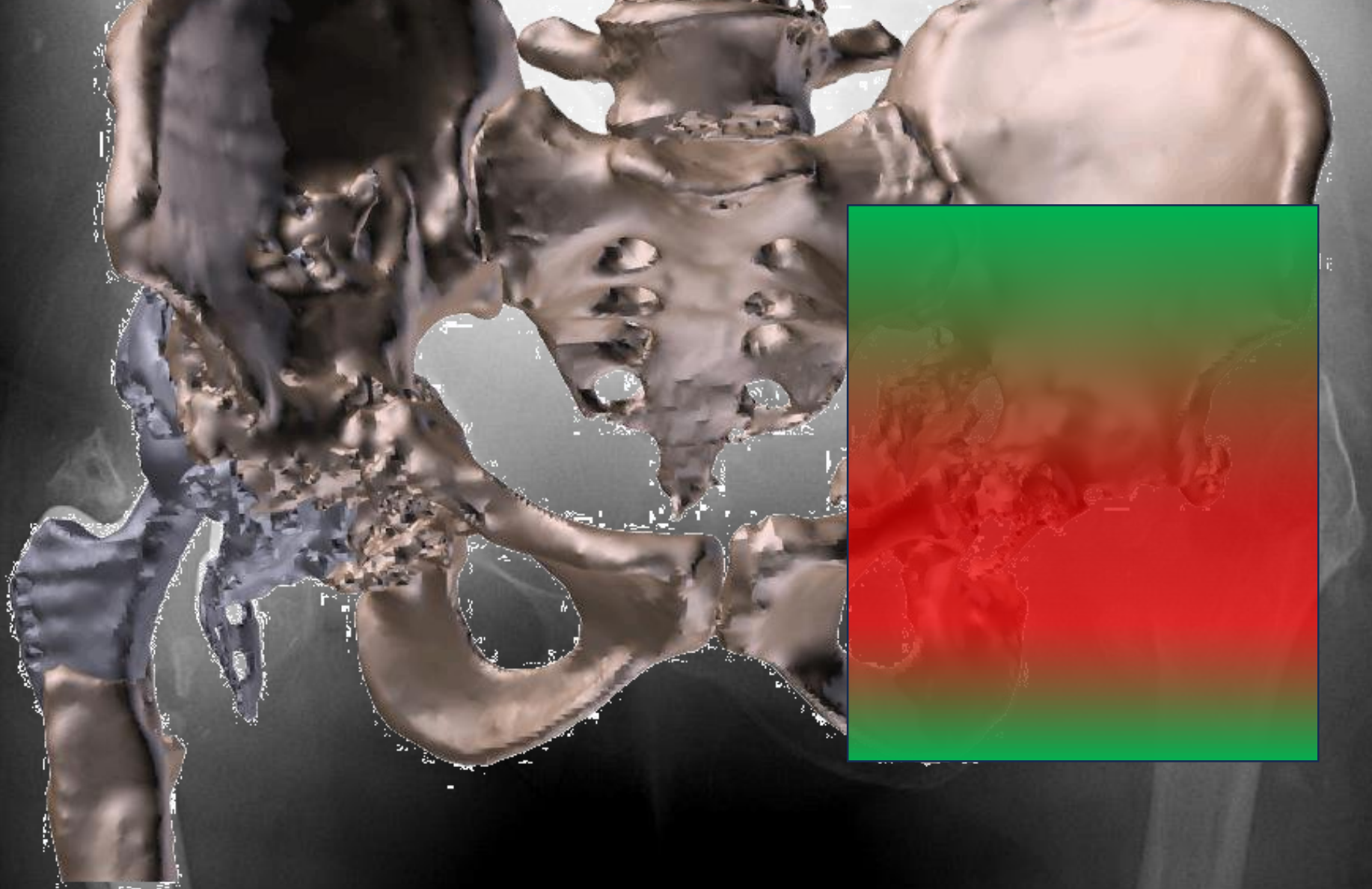
Comprendere la variabili che hanno portato al fallimento

- Anamnestiche:
 - Patologie? Terapie? precedenti interventi
- Proprie delle componenti fallite
- Anatomiche e biomeccaniche

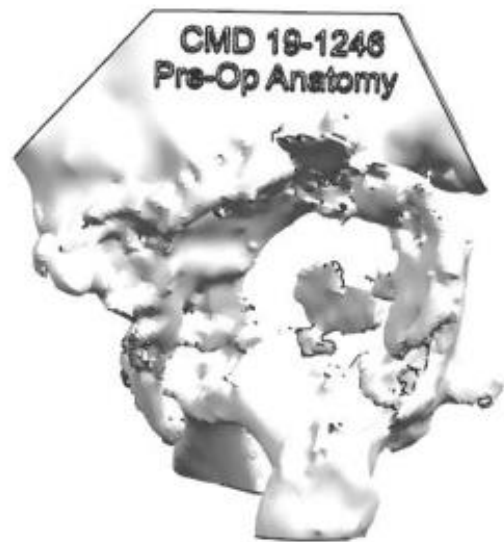


- VG 49 YO
Still Disease
6 previous procedures
chronic steroid therapy
for 30 years

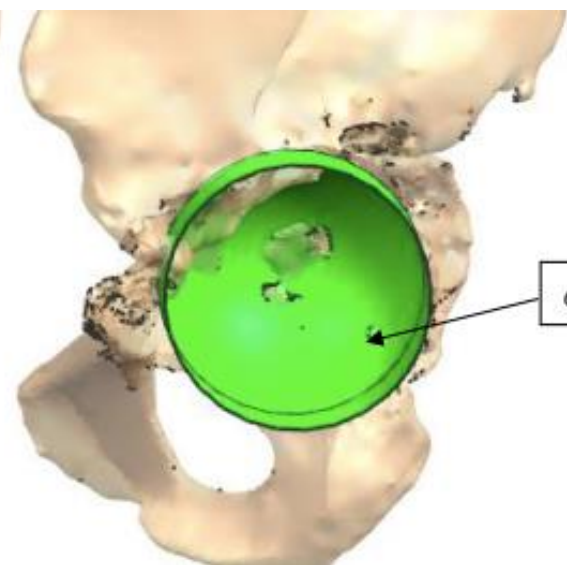
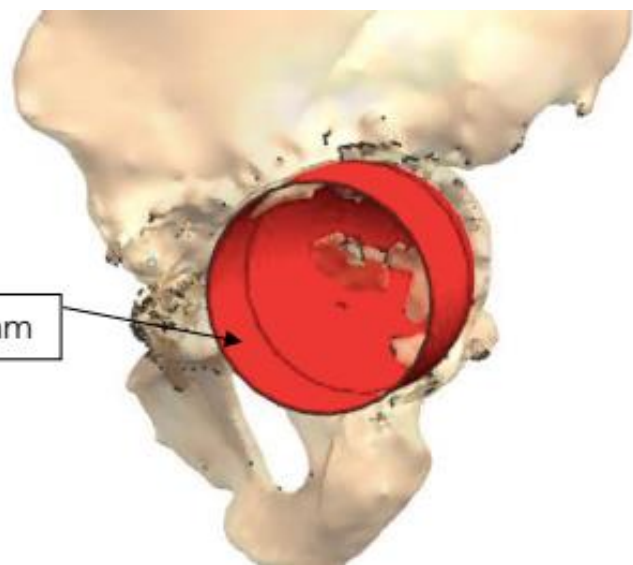
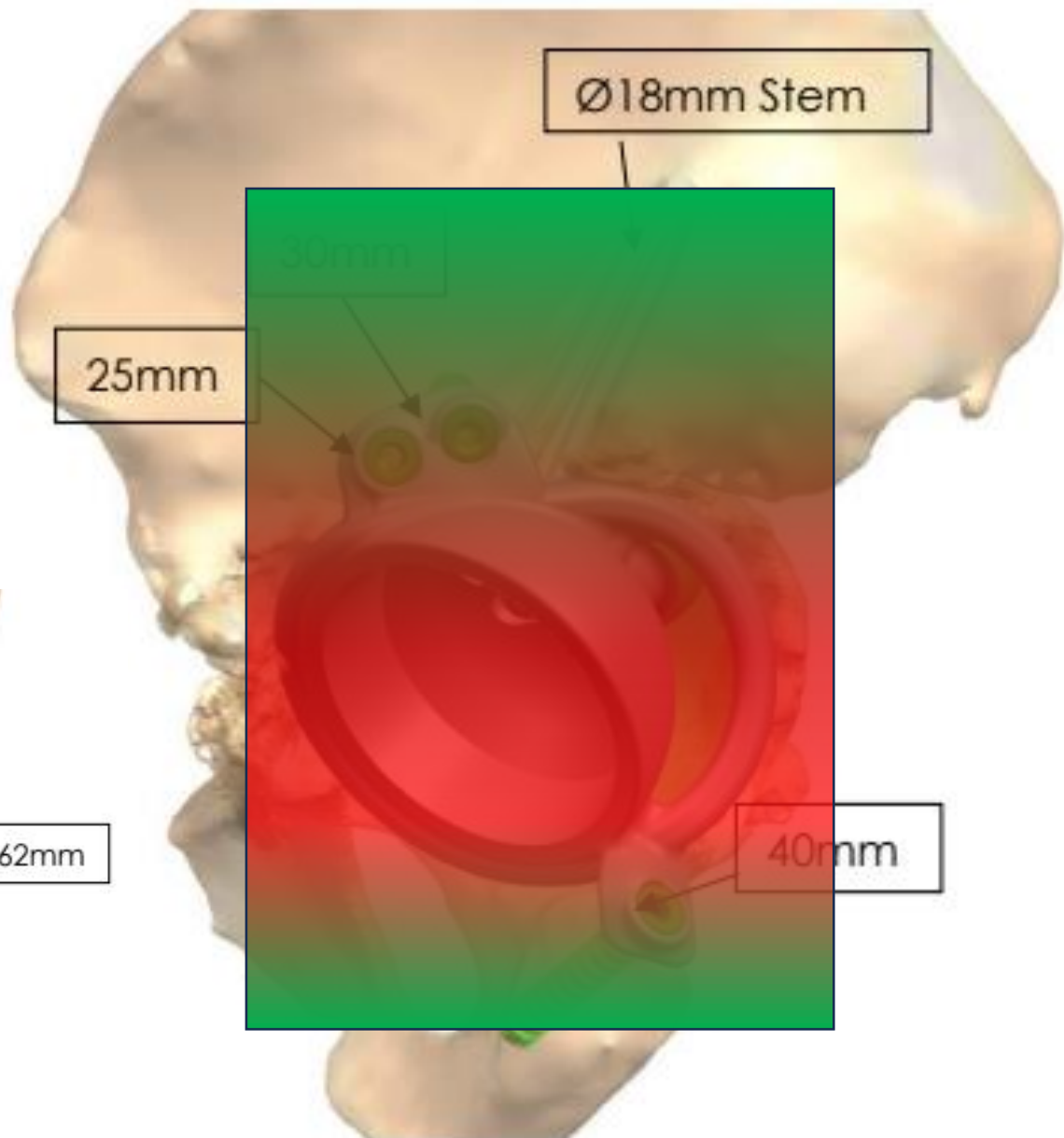
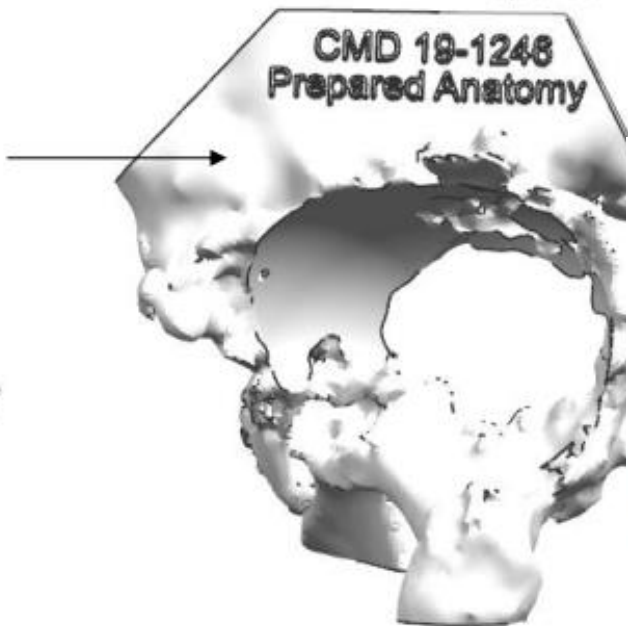


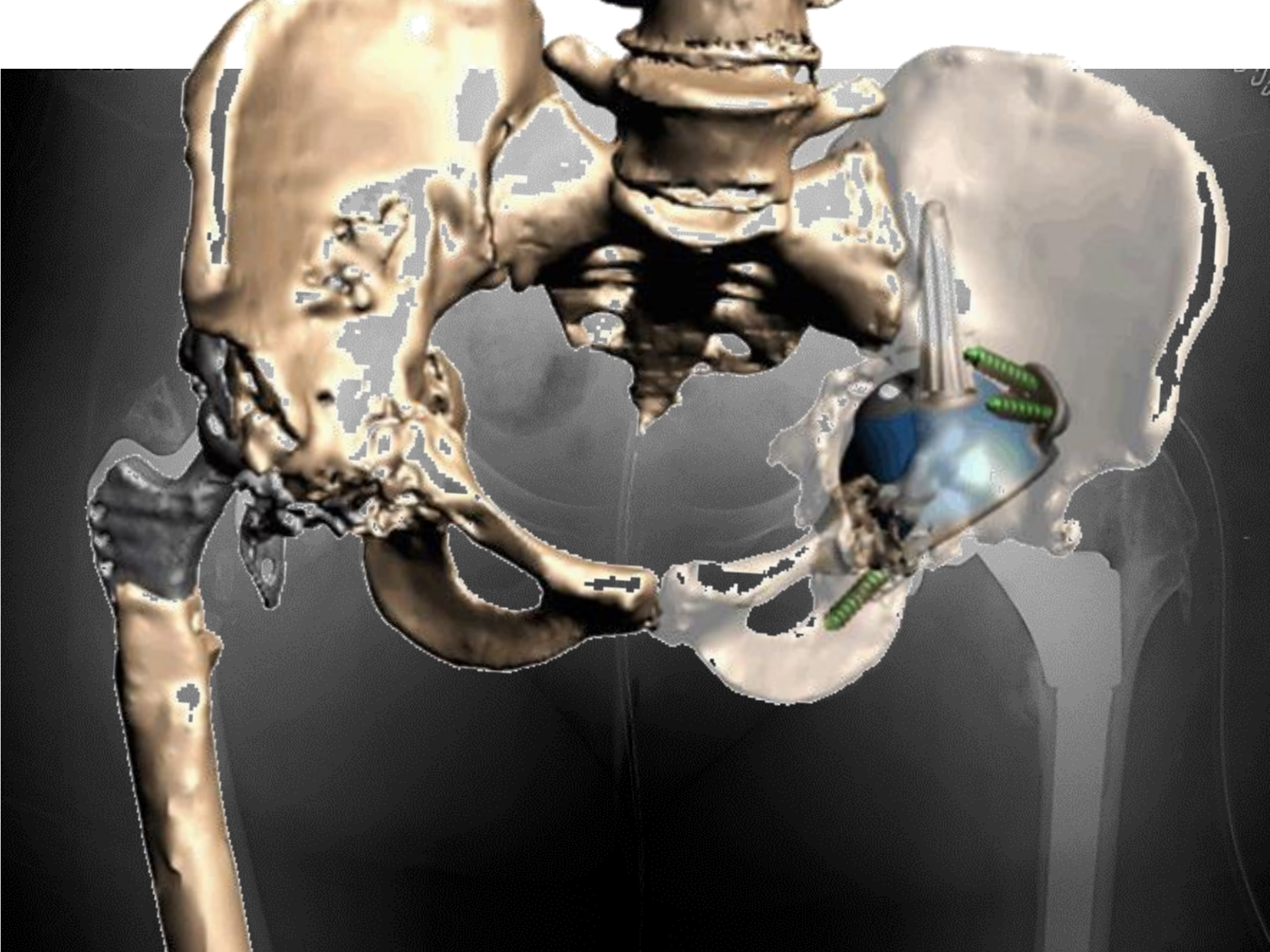


Pre-op Anatomy



Prepared Anatomy





Comprendere la variabili che hanno portato al fallimento

- Anamnestiche:
 - Patologie? Terapie? precedenti interventi
- **Proprie delle componenti fallite**
- Anatomiche e biomeccaniche







With an overall mechanical failure rate (rerevised plus definitely loose devices) of 43.8% at a minimum 3-year followup, the stemmed McMinn cup does not seem to be a reliable solution in acetabular reconstruction

The Journal of Arthroplasty Vol. 16 No. 7 2001

Early Loosening of the Stemmed McMinn Cup

T. Eisler, O. Svensson,* C. Muren,† and E. Elmstedt



ATS FACT
RX BACINO RX FELTED A
Sty DA: 20/04





Type	Defect
Type I	Segmental Deficiencies
IA	Peripheral: Superior, Anterior, Posterior
IB	Central (Medial Wall Absent)
Type II	Cavitary Deficiencies
IIA	Peripheral: Superior, Anterior, Posterior
IIB	Central (Medial Wall Absent)
Type III	Combined Segmental and Cavitary Deficiencies
Type IV	Body Discontinuity
Type V	Arthrodesis

AAOS

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS





DoB: 16/0
PAT: 260
Sex: M
ACC: 621



kV: 70
TC (mA):

WV: 65535

[24%
CAL
1.1

Comprendere la variabili che hanno portato al fallimento

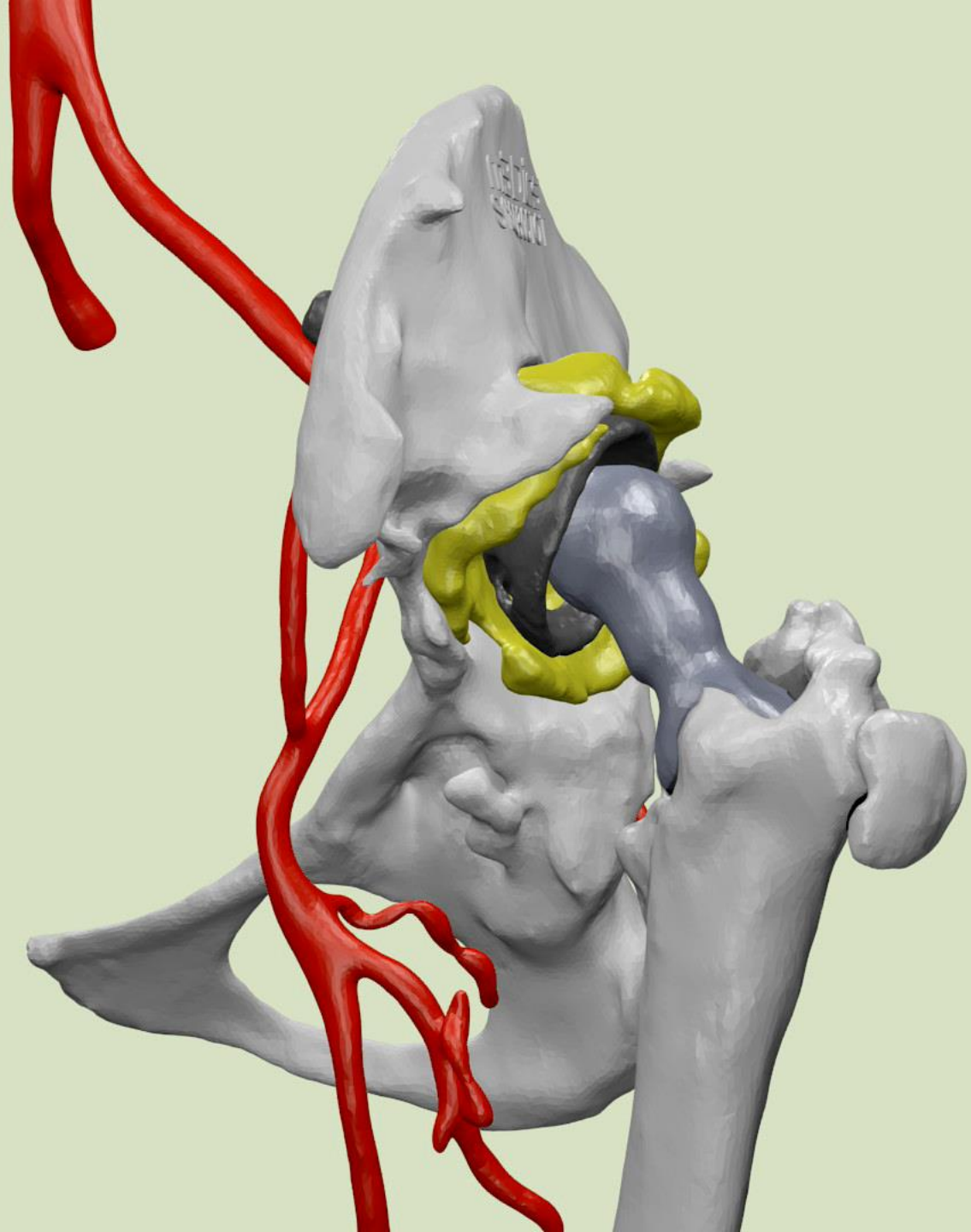
- Anamnestiche:
 - Patologie? Terapie? precedenti interventi
- Proprie delle componenti fallite
- **Anatomiche e biomeccaniche**



RMATTEDWIP



UN
CLASS
IFI
ABLE



SN

2
ne: U



Pianificare la re(re-re...)visione

- **ANALIZZARE IL DIFETTO (e i problemi associati)**
- SCEGLIERE LE COMPONENTI
- SCEGLIERE L'ACCESSO
- VALUTARE EVENTUALE SUPPORTO BIOLOGICO
-

WHAT
SHOULD
I DO



ID:559303

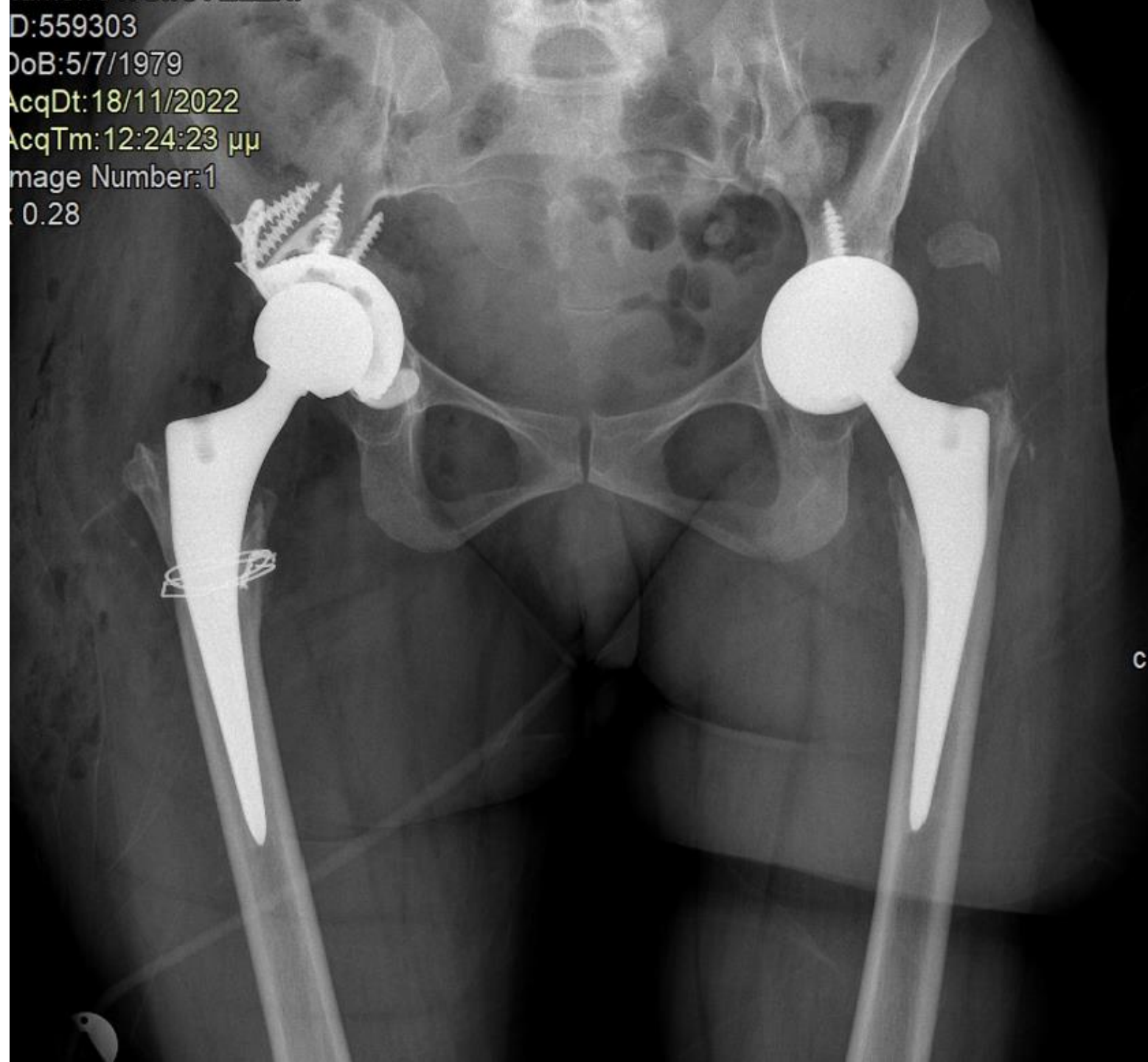
DoB:5/7/1979

AcqDt:18/11/2022

AcqTm:12:24:23 μμ

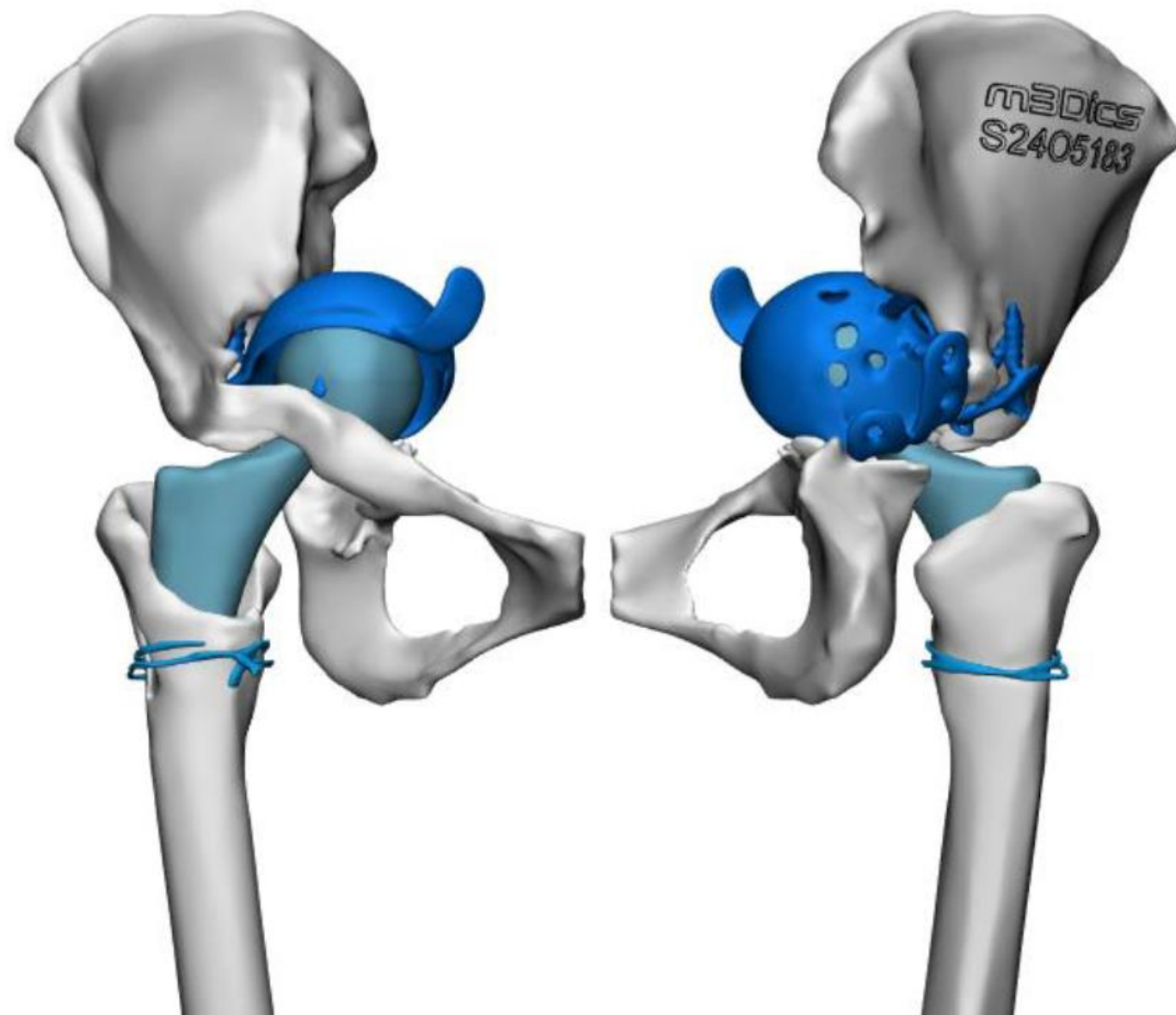
Image Number:1

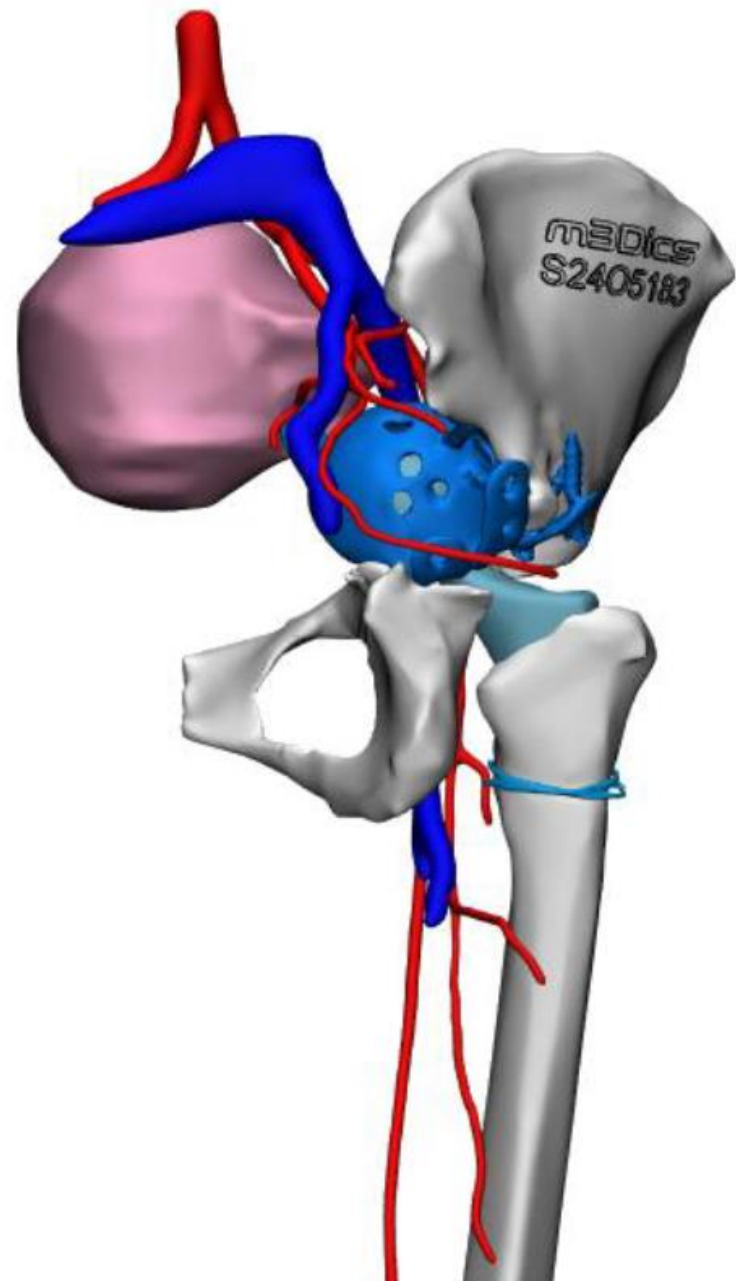
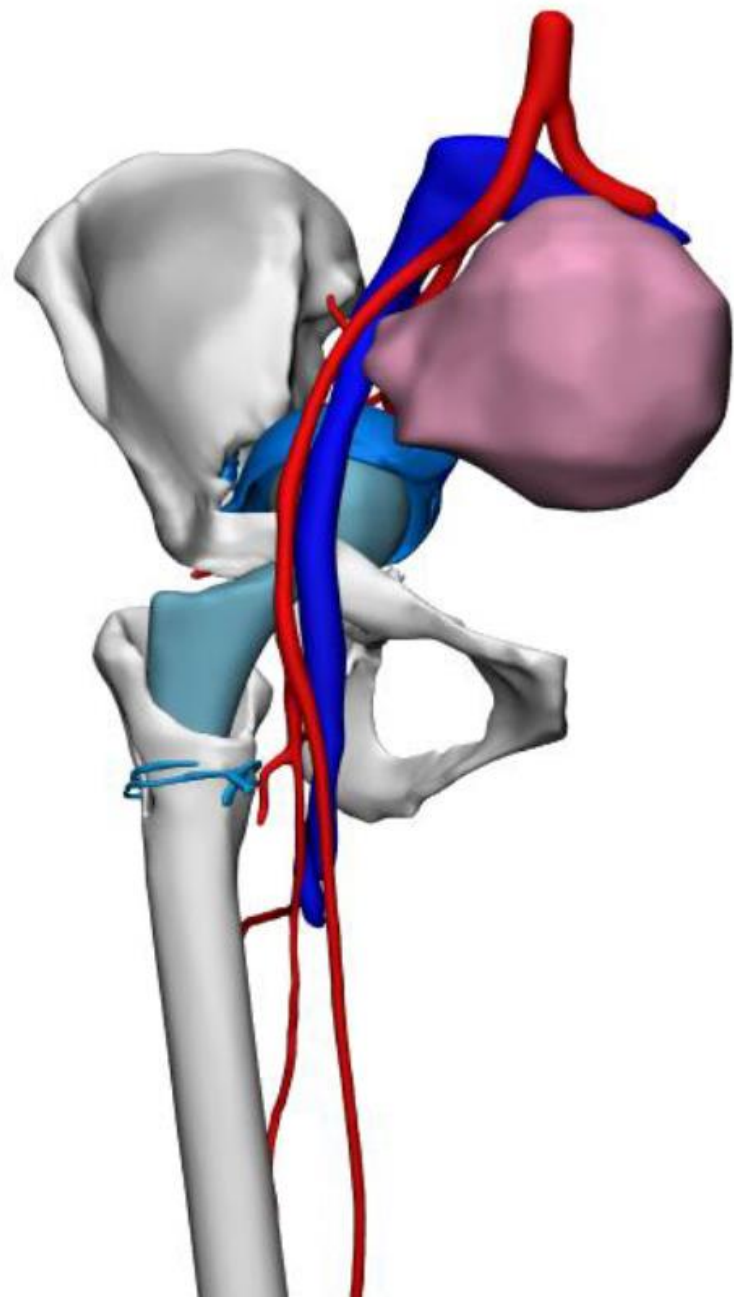
0.28

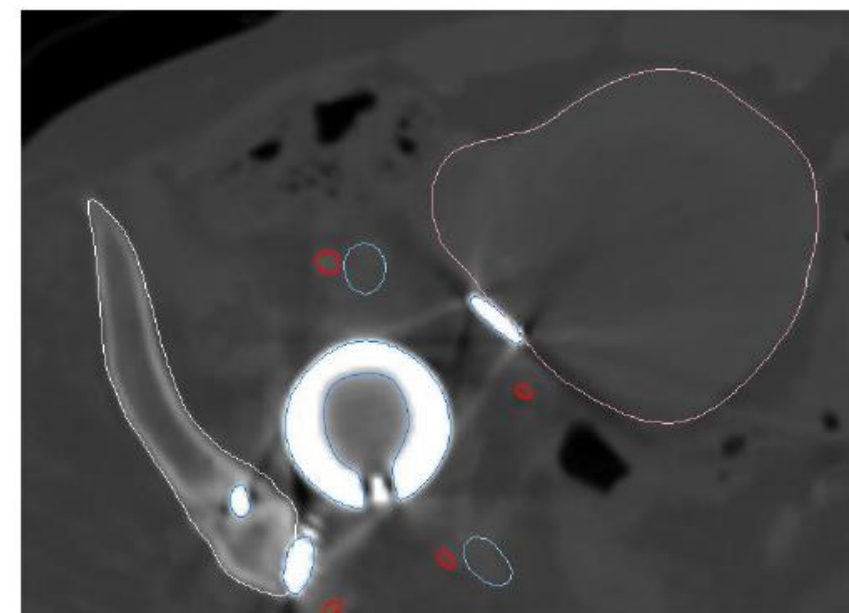
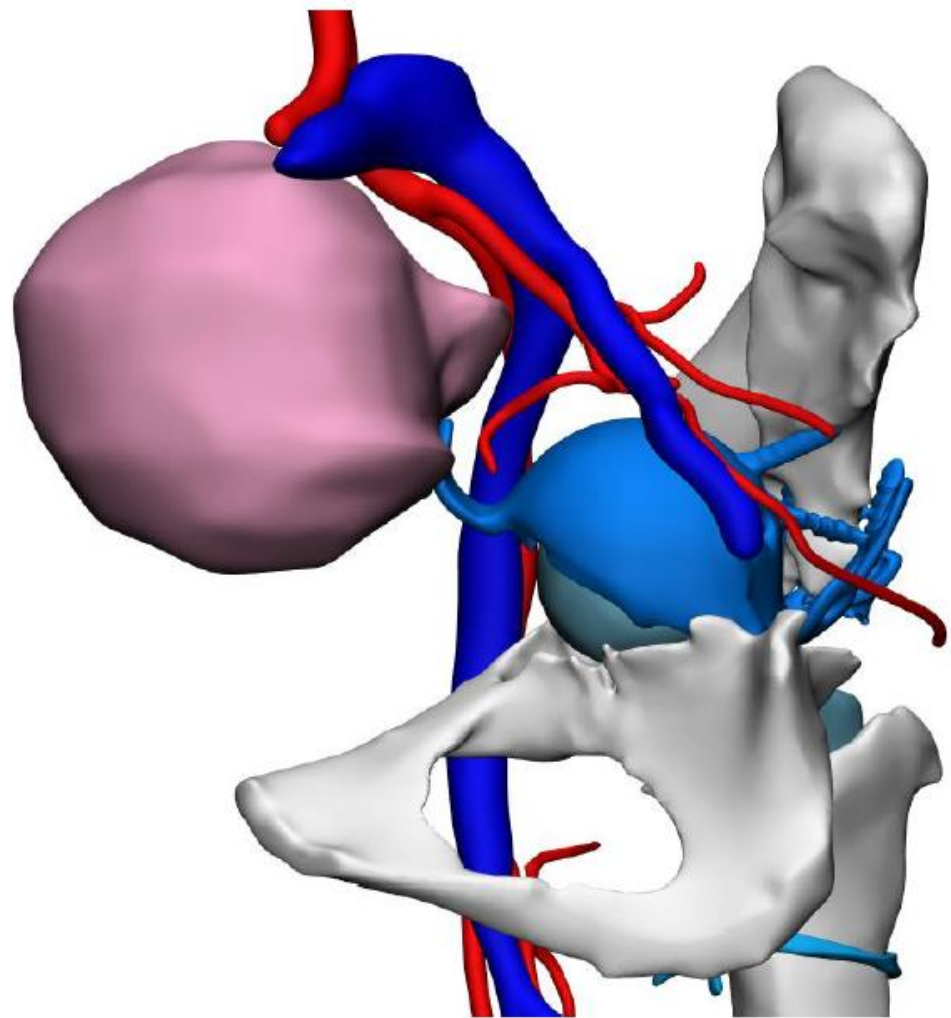


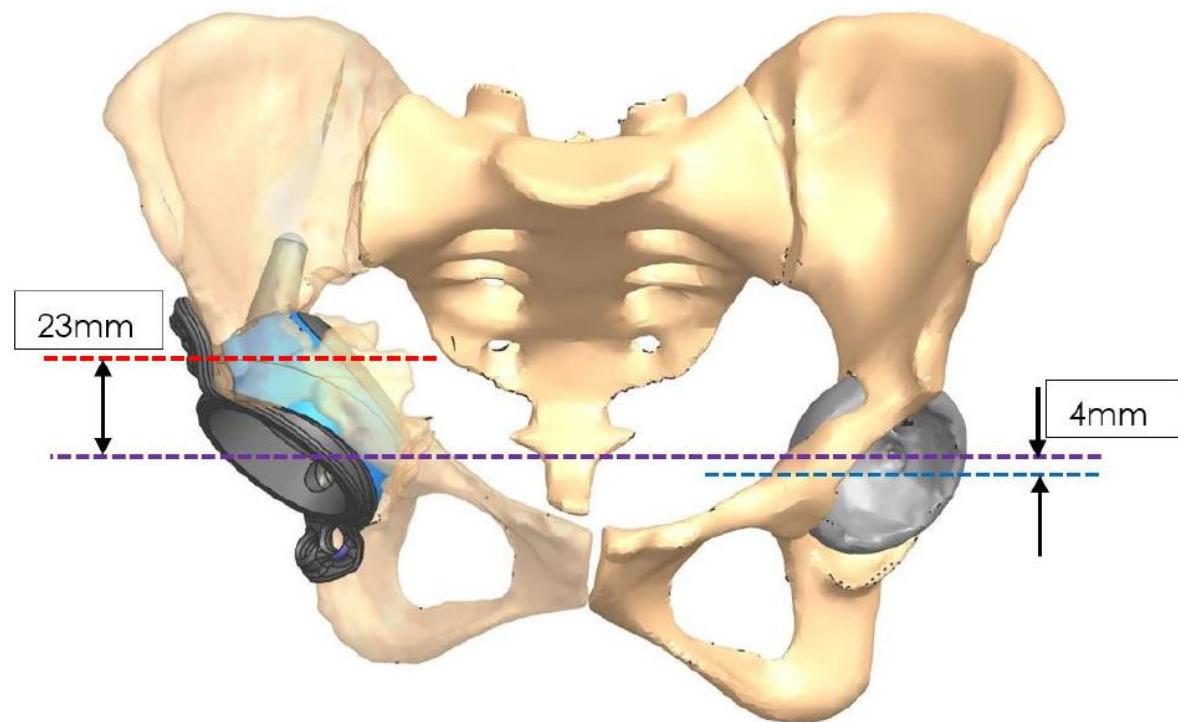
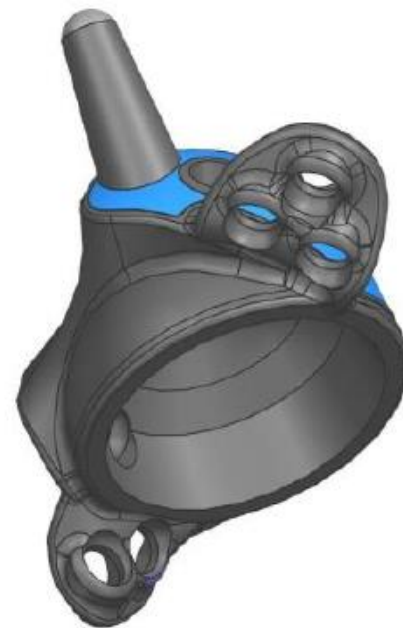
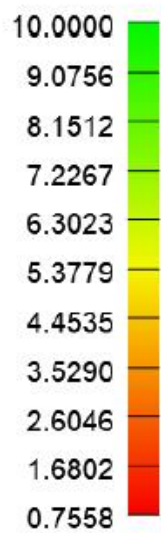
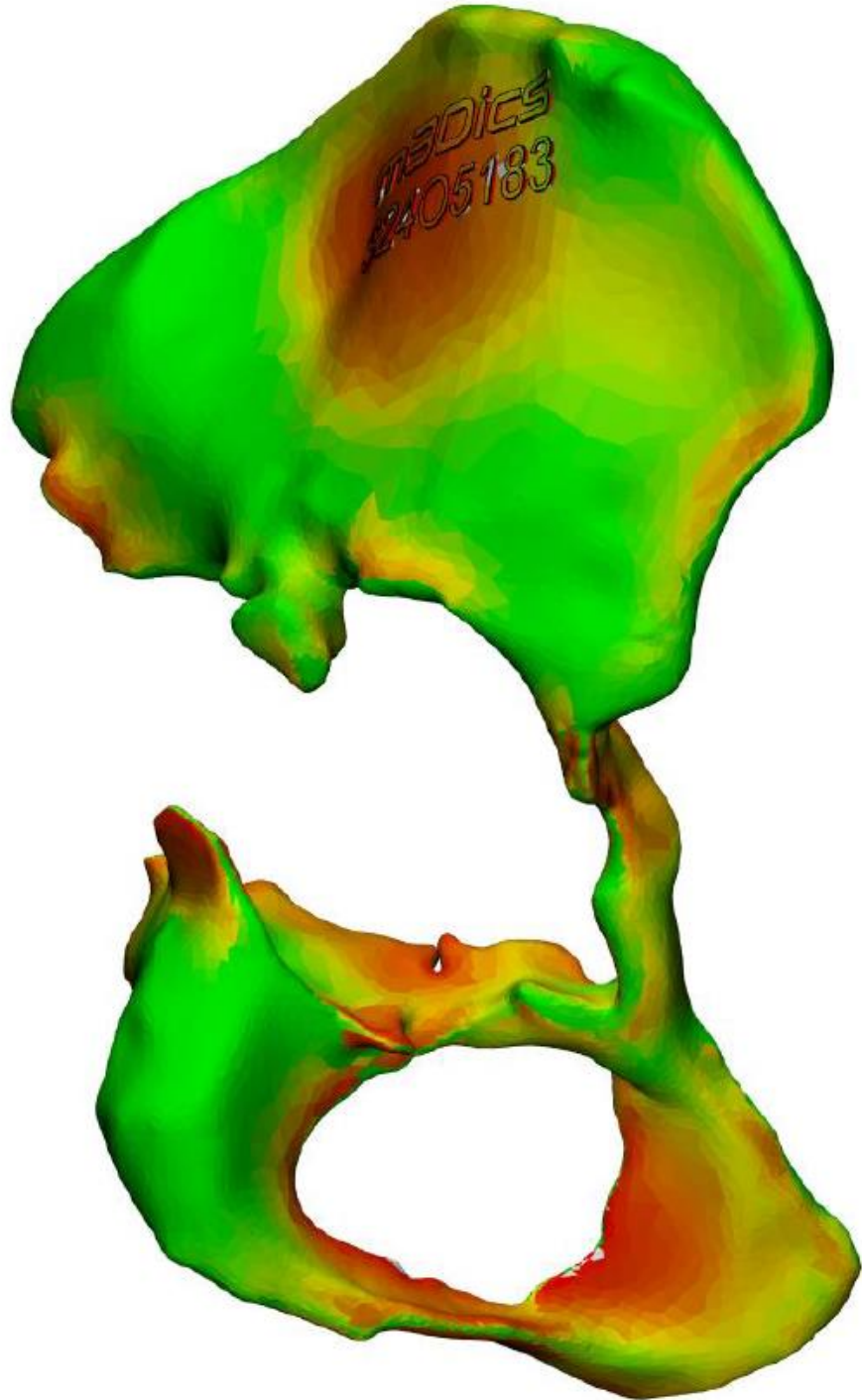


R









Pianificare la re(re-re...)visione

- ANALIZZARE IL DIFETTO
- SCEGLIERE LE COMPONENTI per avere un impianto stabile e ristabilire la biomeccanica
- SCEGLIERE L'ACCESSO
- VALUTARE EVENTUALE SUPPORTO
-



DS



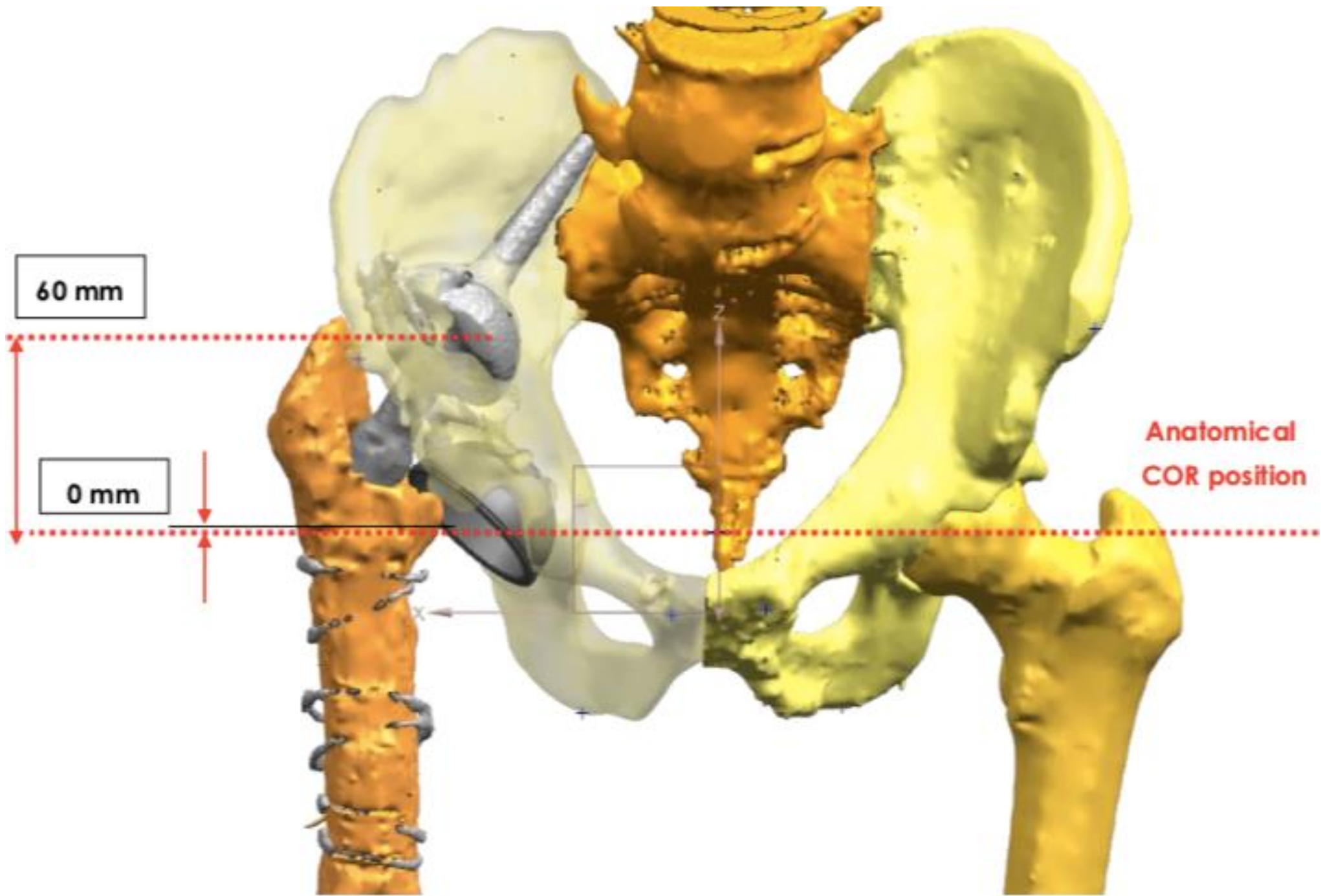
- Pianificazione limitata
- Estrema flessibilità intraoperatoria
- Pronti per qualsiasi evenienza

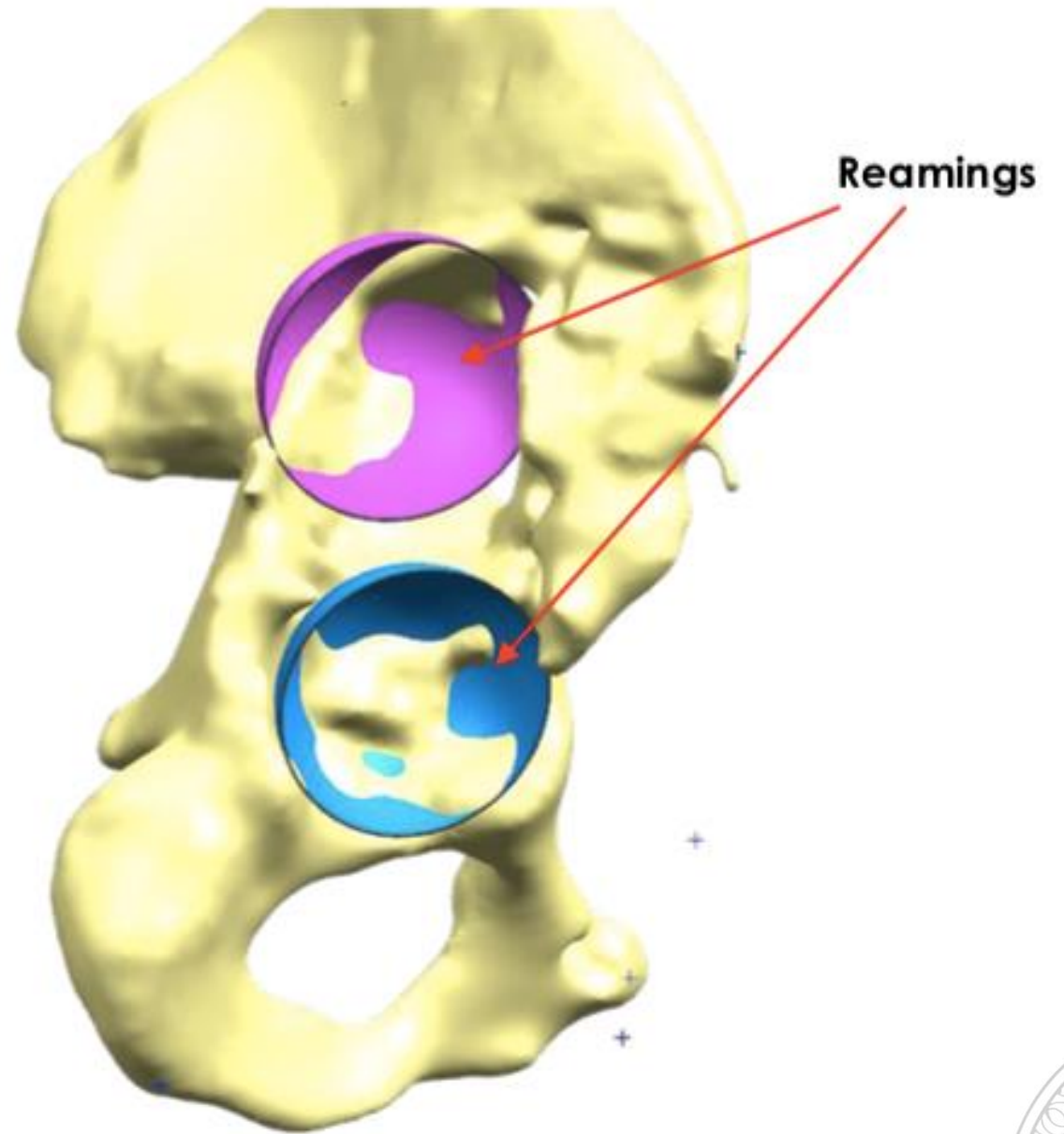
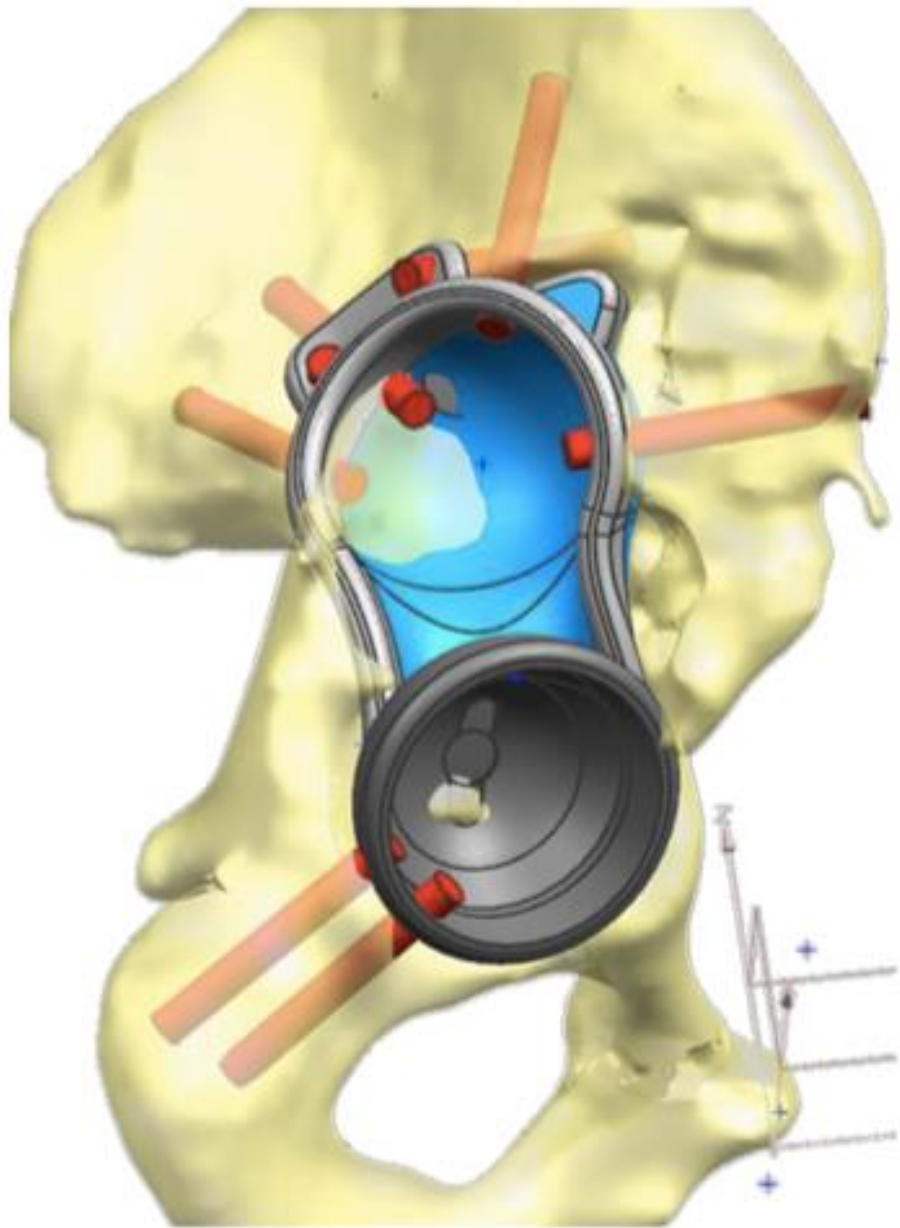


DS

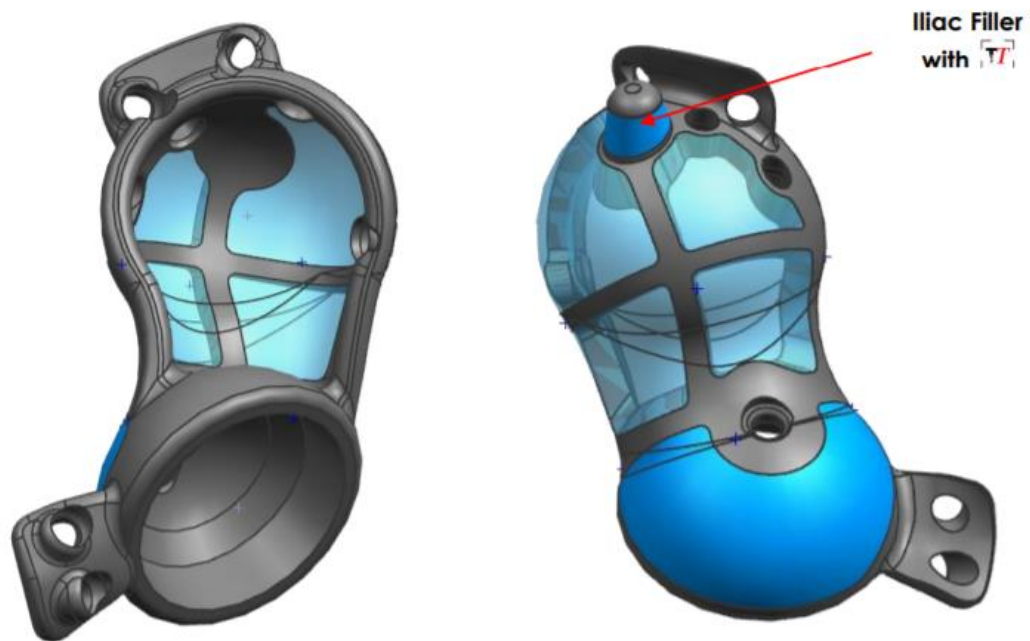








- Pianificazione assoluta
- nessuna flessibilità
- single shot



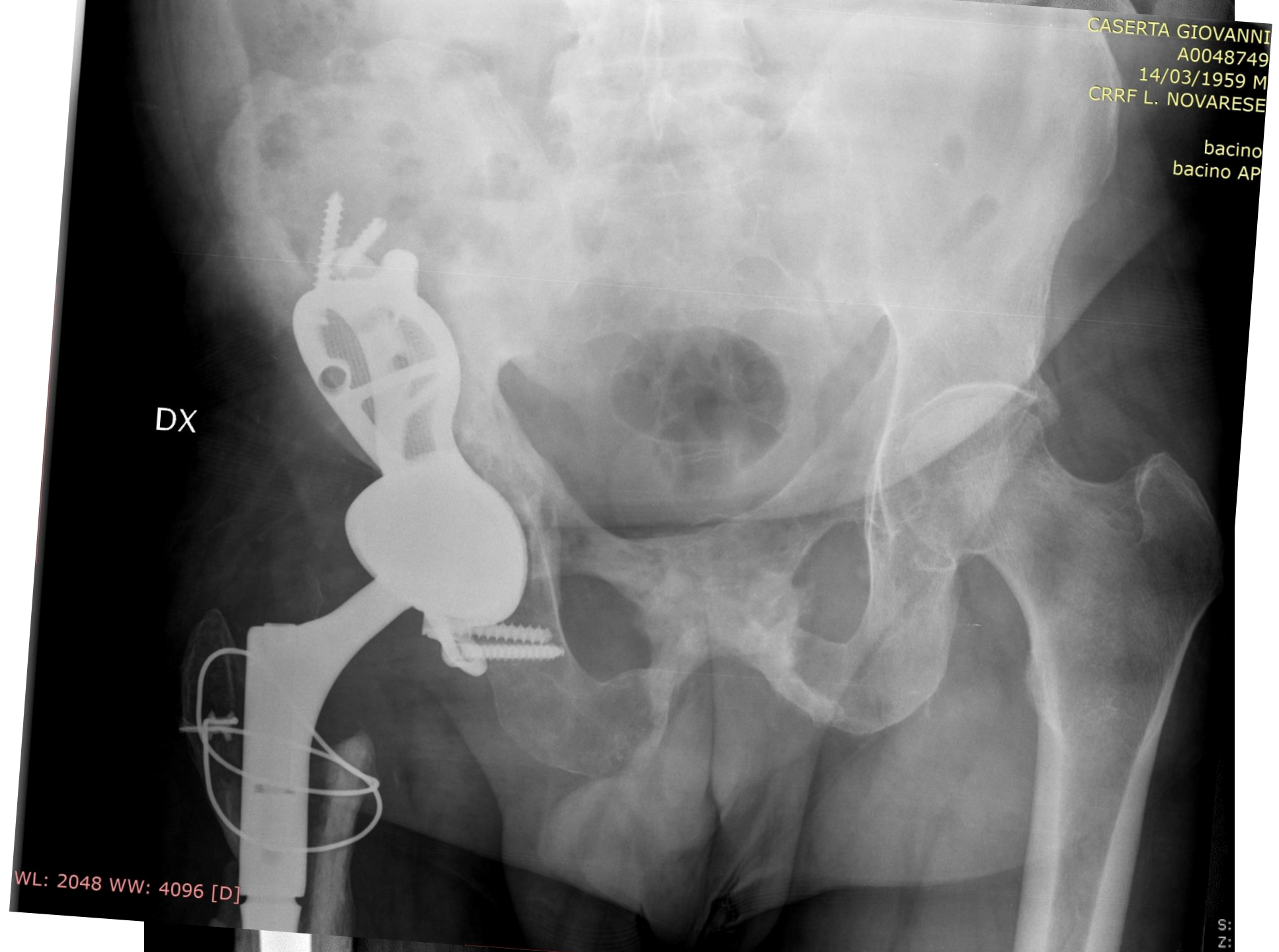
CASERTA GIOVANNI
A0048749
14/03/1959 M
CRRF L. NOVARESE

bacino
bacino AP

DX

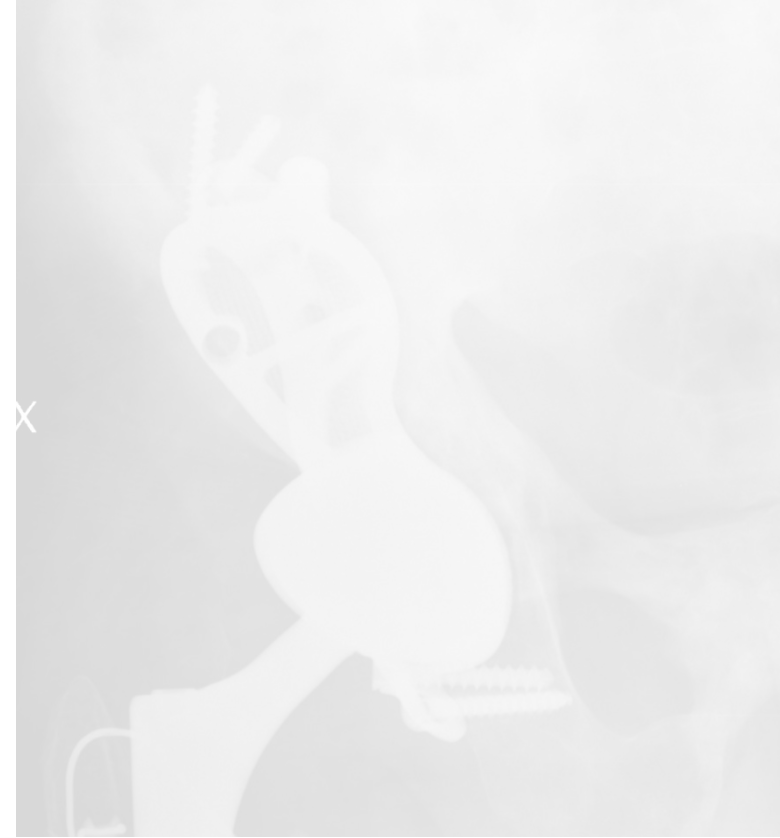
WL: 2048 WW: 4096 [D]

S:
Z:





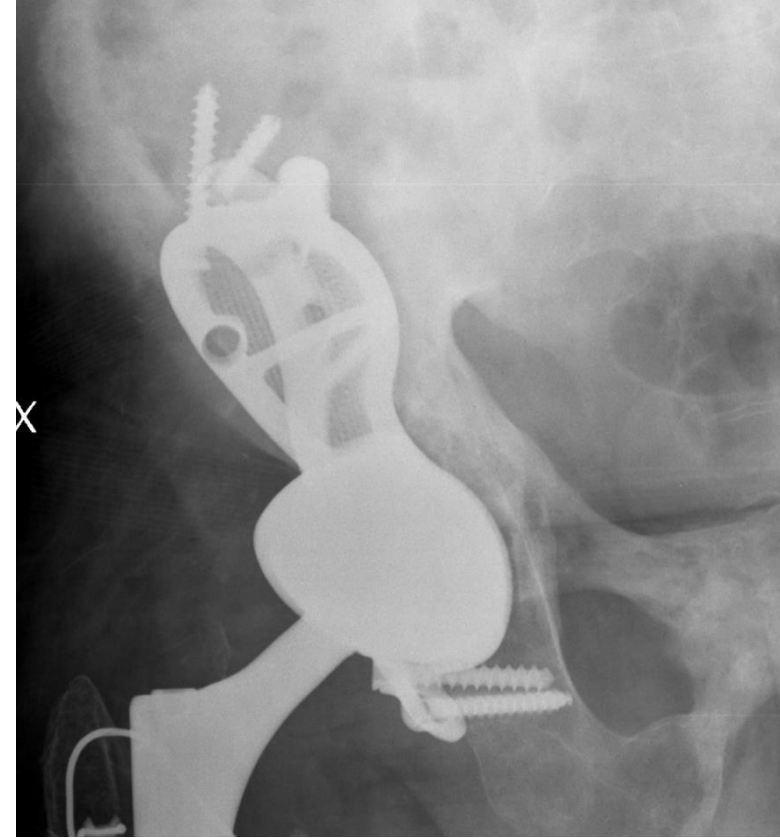
- Più facile
- Più economico
- Letteratura
- Modularità = rischio di fallimento dell'interfaccia



- Monoblocco: teoricamente più sicuro
- Complessità costo
- Ruolo non chiaro
- Letteratura inferiore



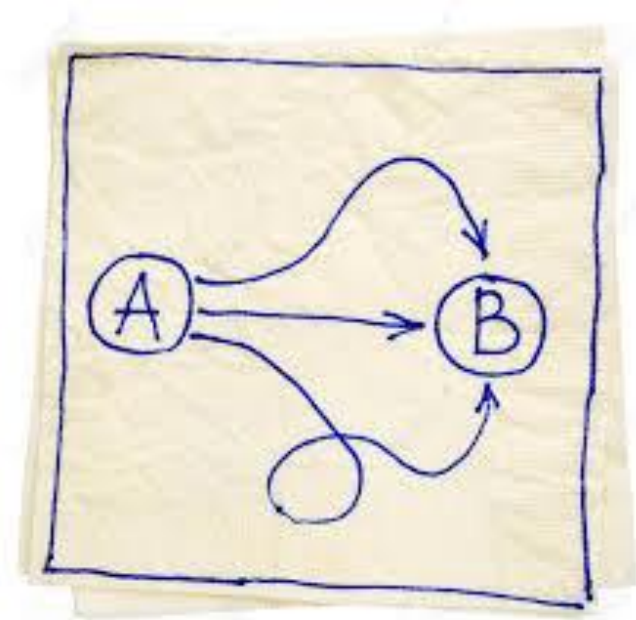
- easier
- cheaper
- mid term follow up data
- high modularity = higher risk of mechanical and biological failure



- **Monoblocco: teoricamente più sicuro**
- **Complessità costo**
- **Ruolo non chiaro**
- **Letteratura inferiore**

Pianificare la re(re-re...)visione

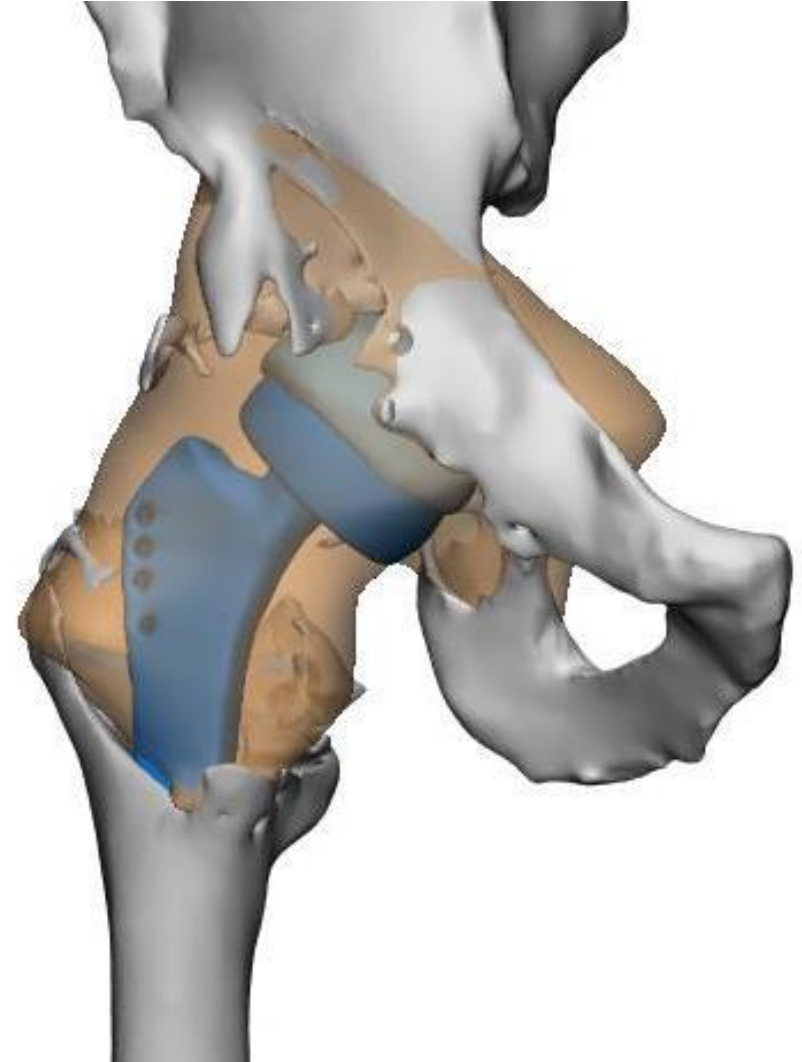
- ANALIZZARE IL DIFETTO
- SCEGLIERE LE COMPONENTI per avere un impianto stabile e ristabilire la biomeccanica
- **SCEGLIERE L'ACCESSO**
- VALUTARE EVENTUALE SUPPORTO BIOLOGICO
-



P.D., male, 58 y.o.

Diagnostic Investigations:

- Laboratory
- Imaging
- ?

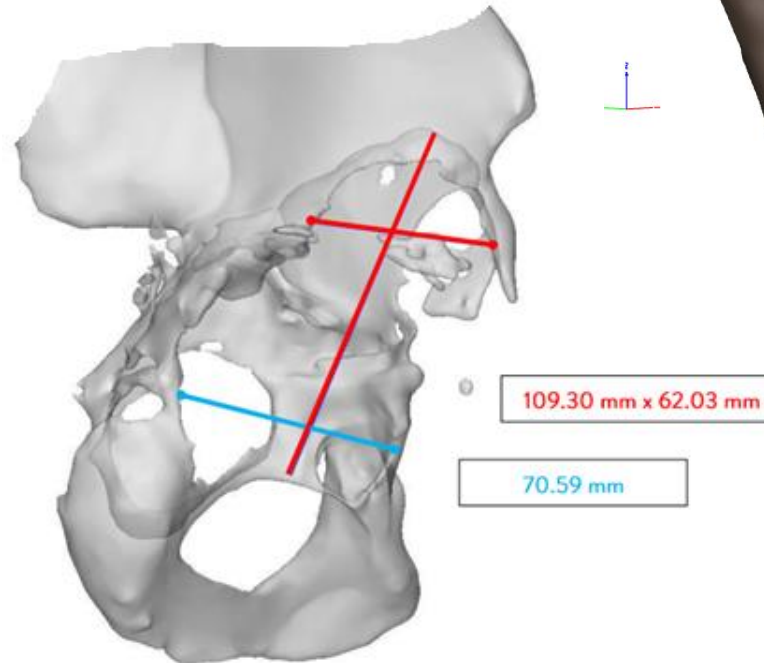
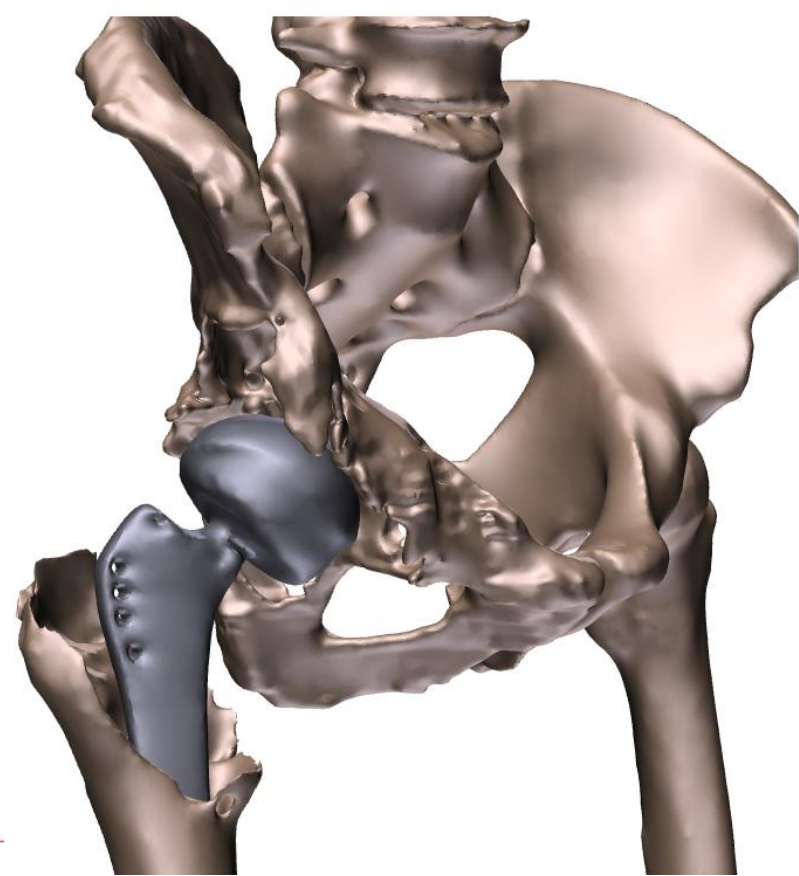
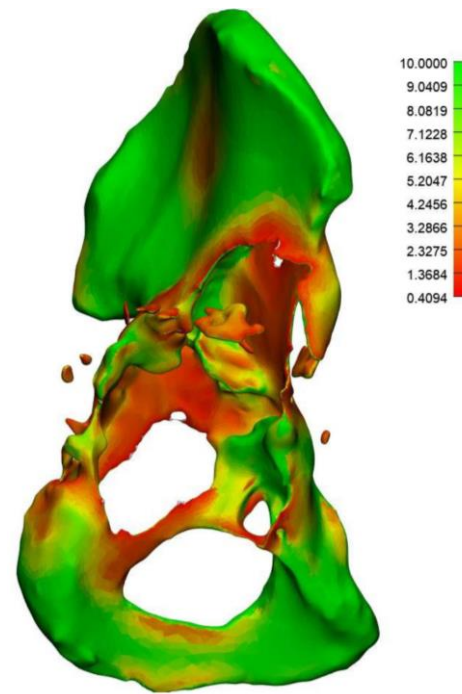


Diagnosis



Type 3B

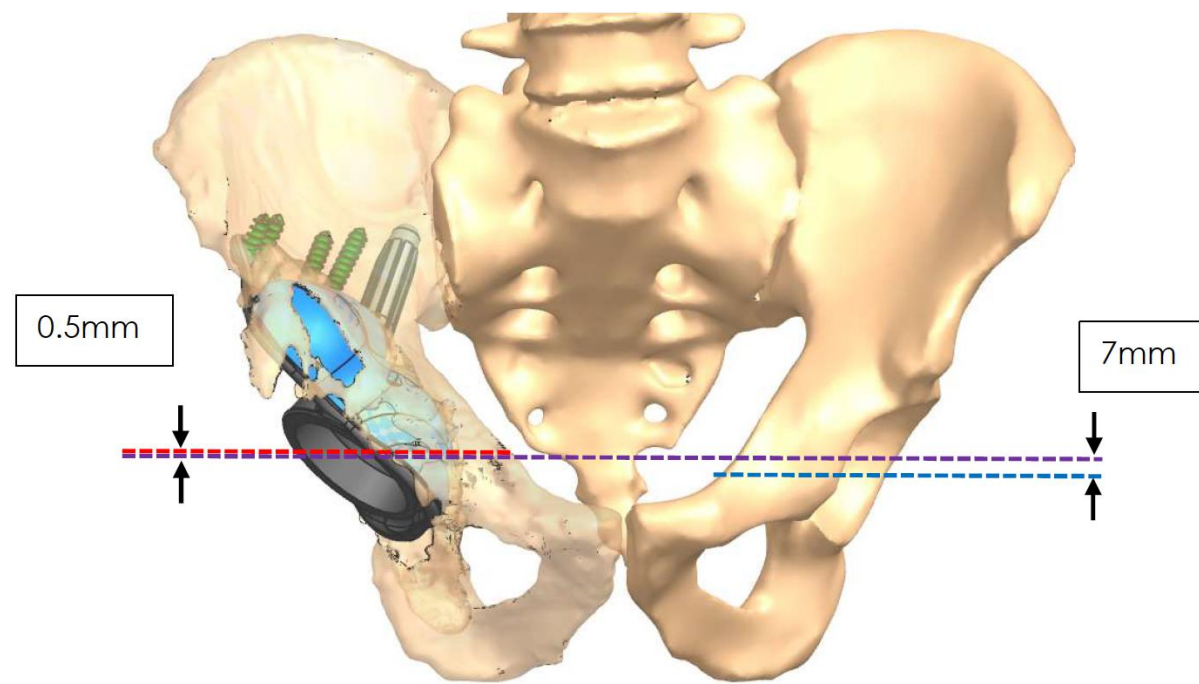
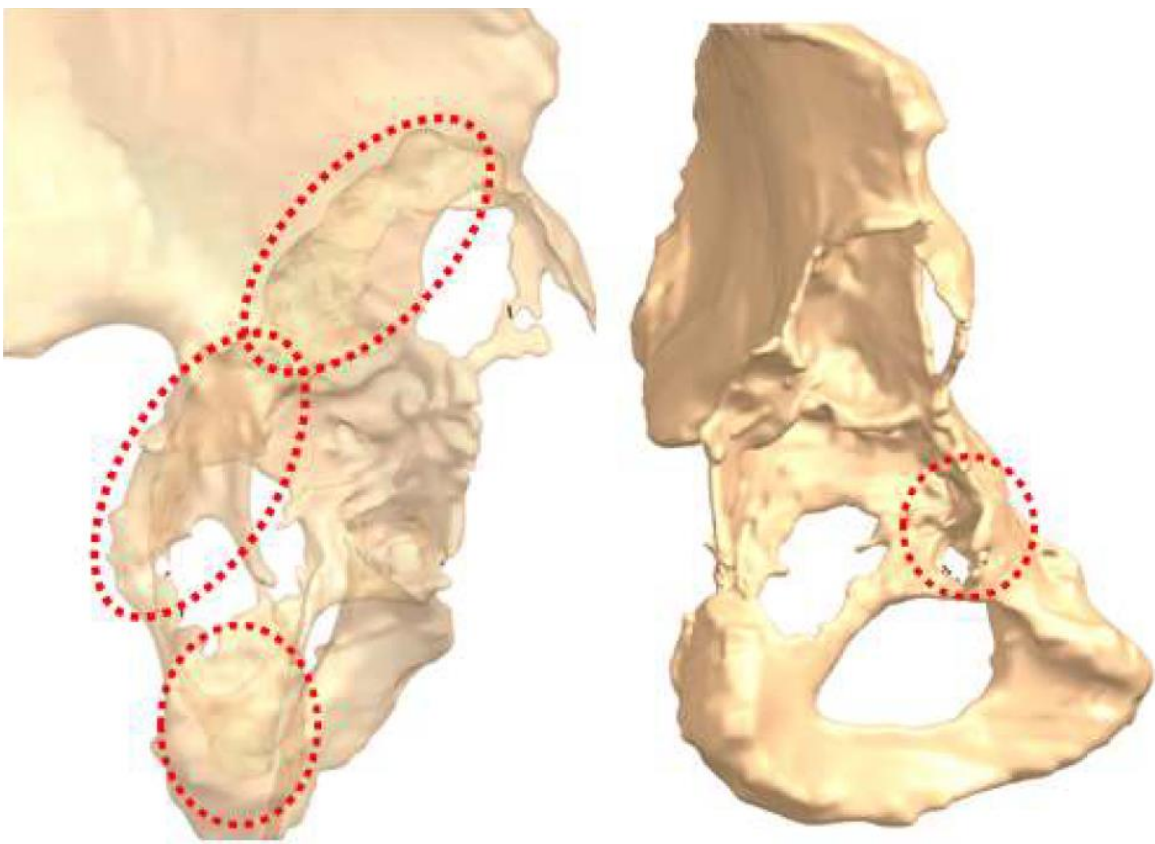
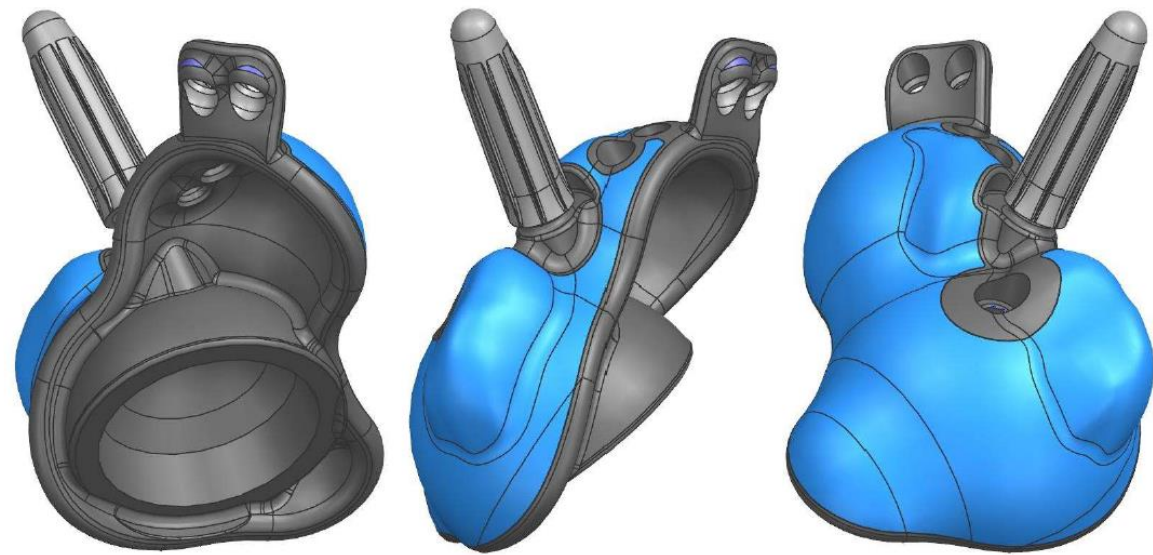
- Acetabular rim defect (uncontained), involving > 1/2 of circumference
- Severe ischial osteolysis
- Non-supportive columns



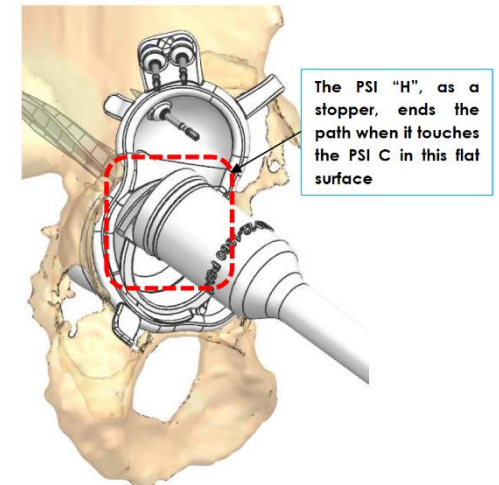
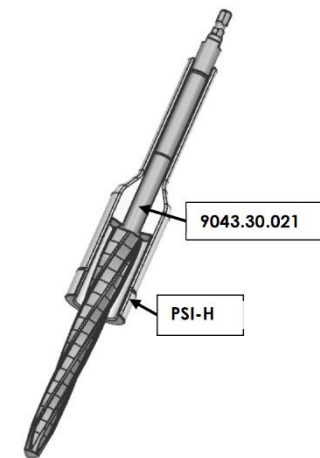
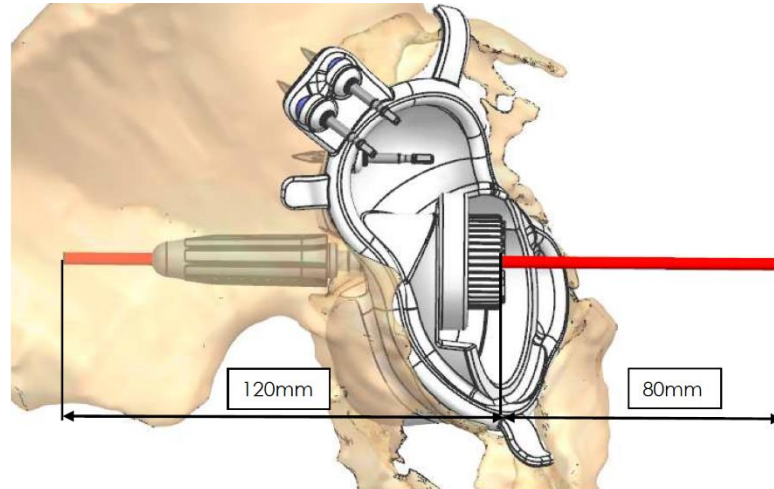
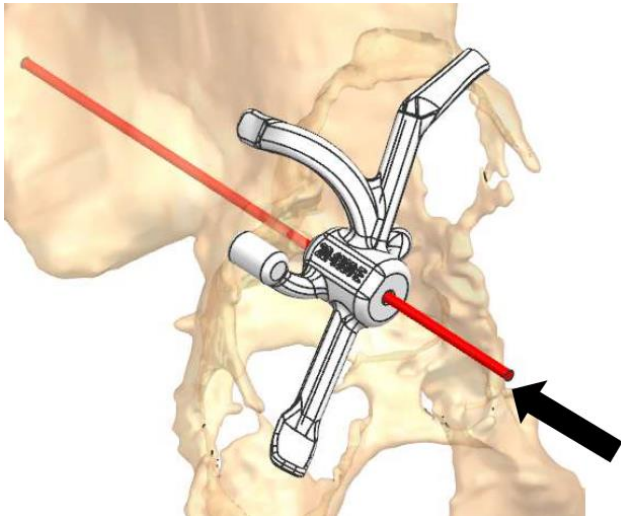
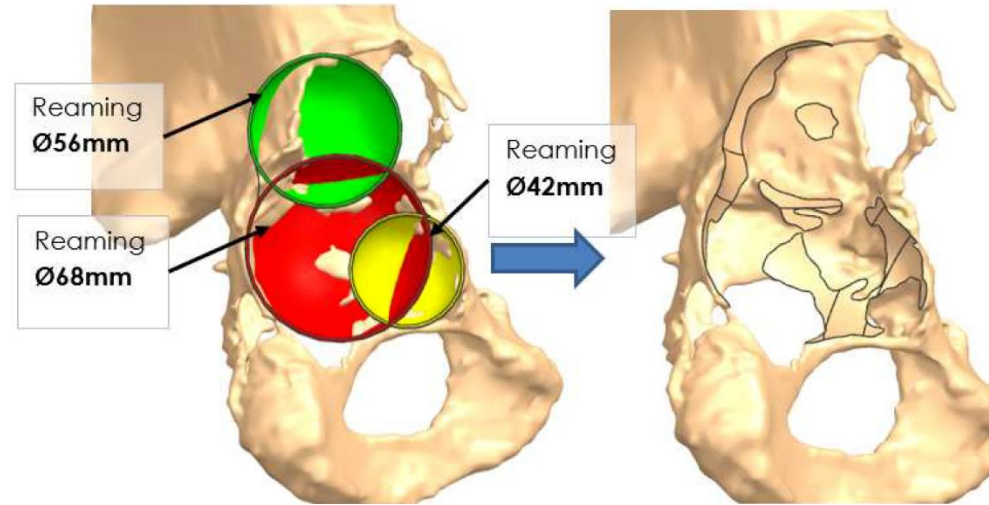
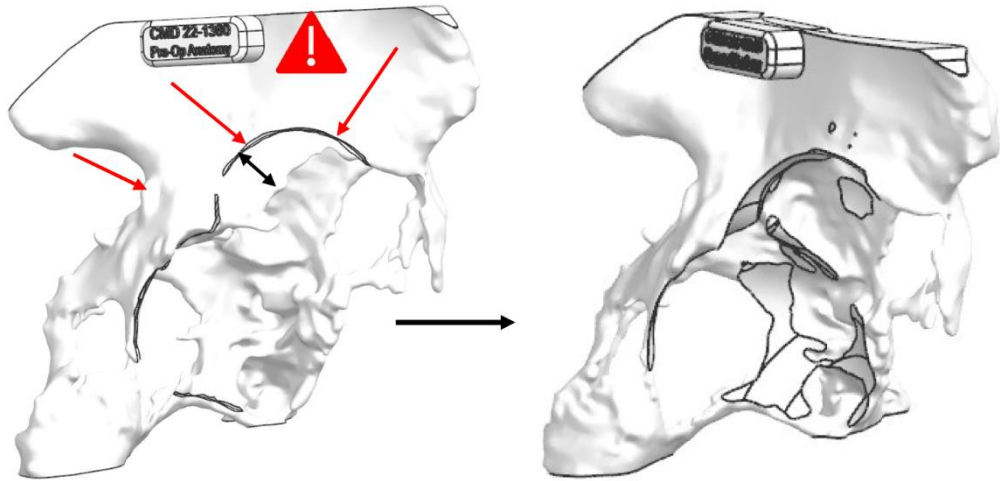
- Femoral Side Concerns?
- US hip arthrocentesis → cultural test negative



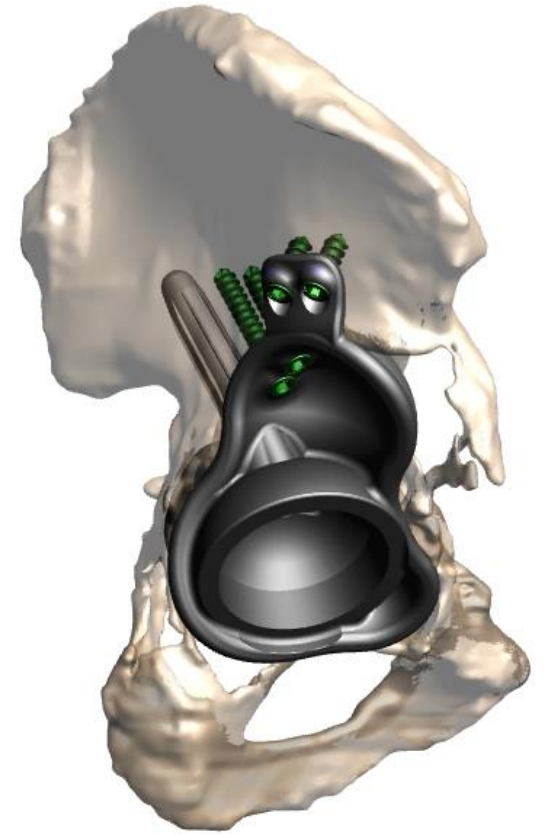
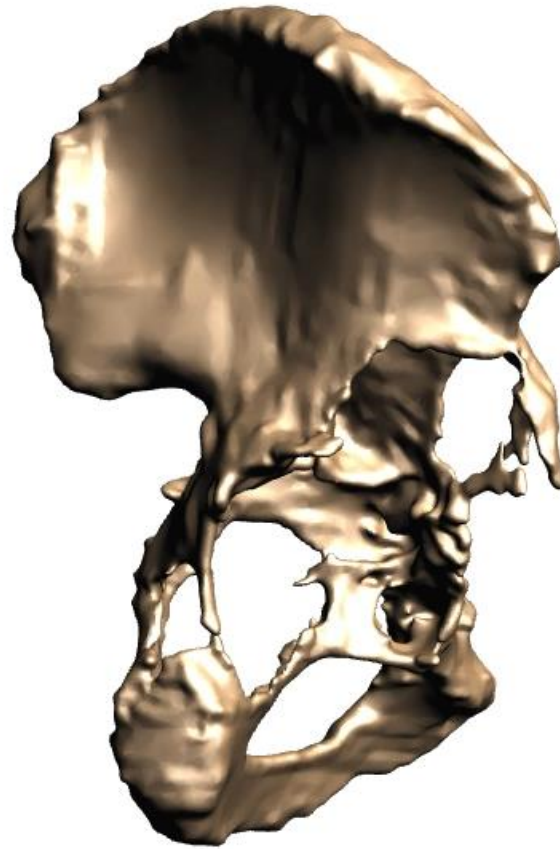
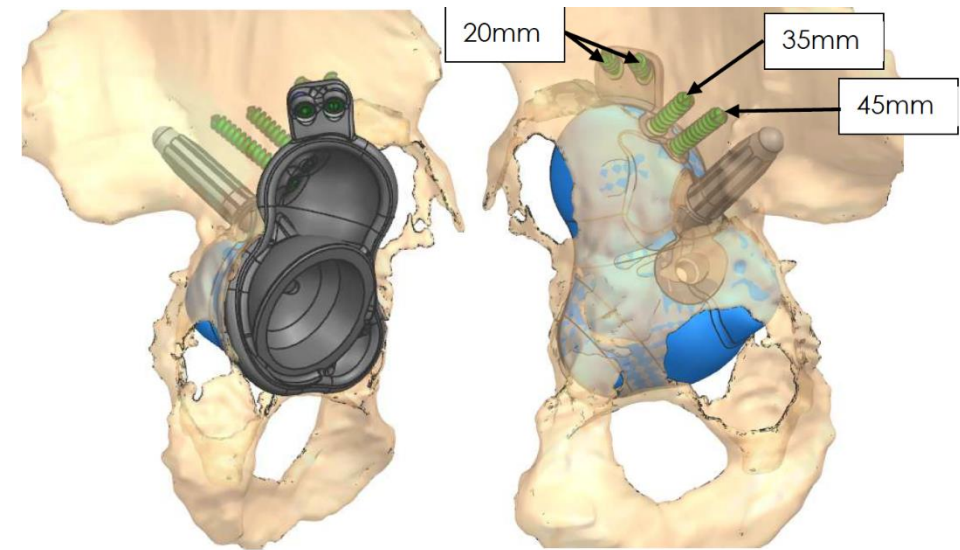
Planning



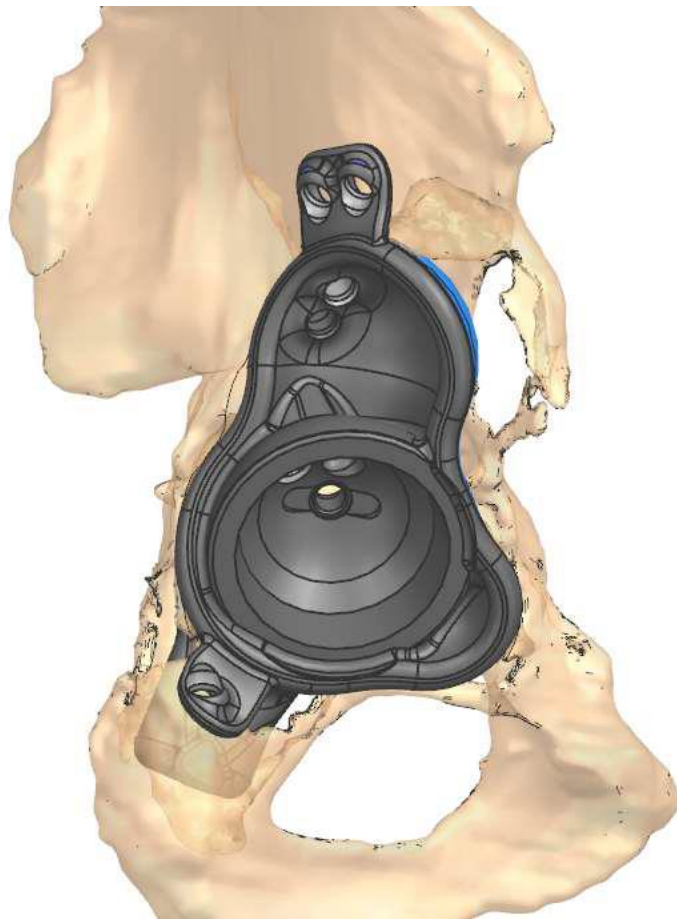
Planning



Planning



Post-op check





12 months FU

NRS 0

No pain,
walking
without
support

Ext-Flex 0°-
90°

IR-ER 10°-
20°

Ab-Ad 20°-
20°

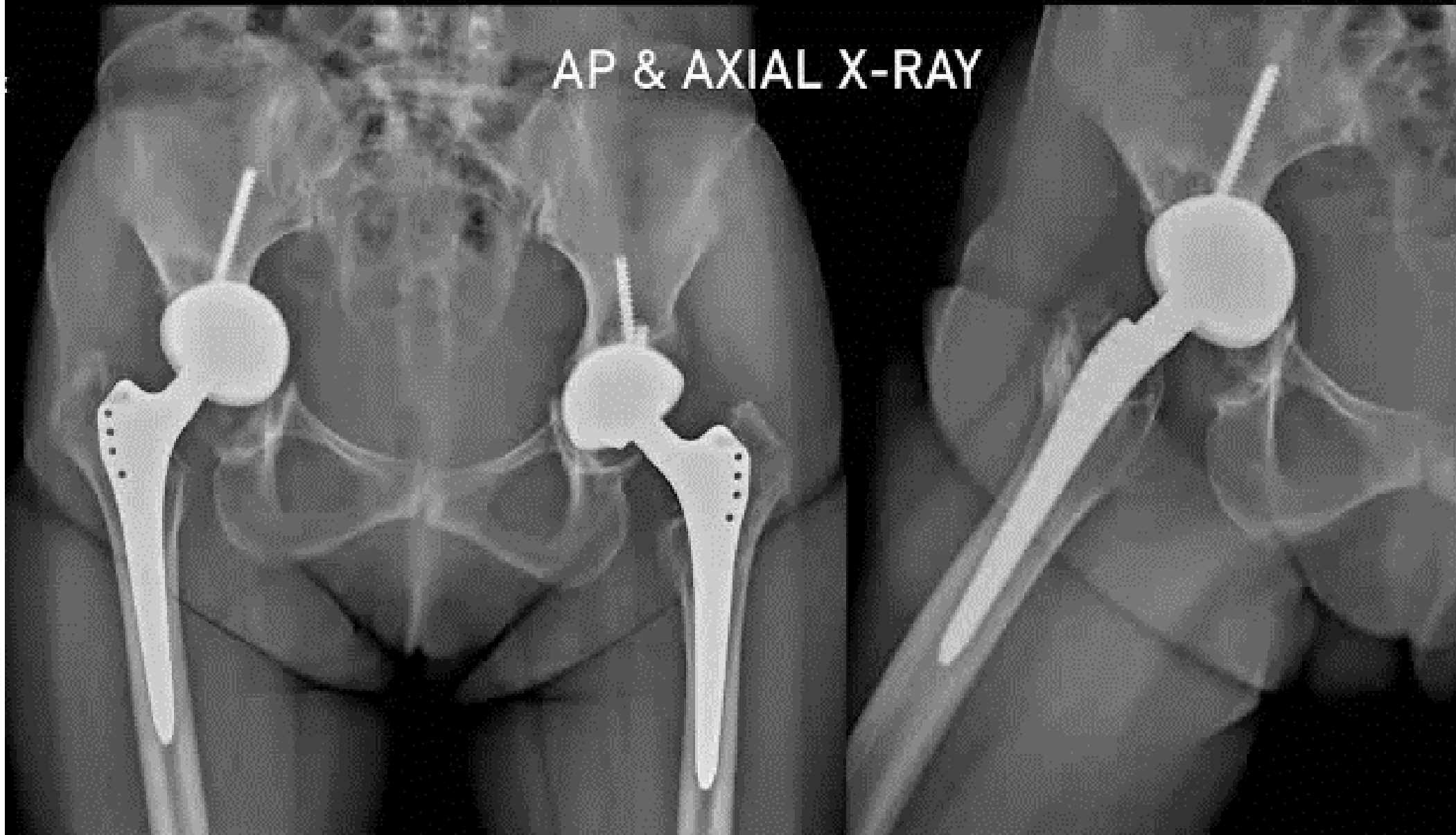


Pianificare la re(re-re...)visione

- ANALIZZARE IL DIFETTO
- SCEGLIERE LE COMPONENTI per avere un impianto stabile e ristabilire la biomeccanica
- SCEGLIERE L'ACCESSO per espiantare e reimpiantare
- **VALUTARE EVENTUALE SUPPORTO BIOLOGICO**
-



AP & AXIAL X-RAY



DX

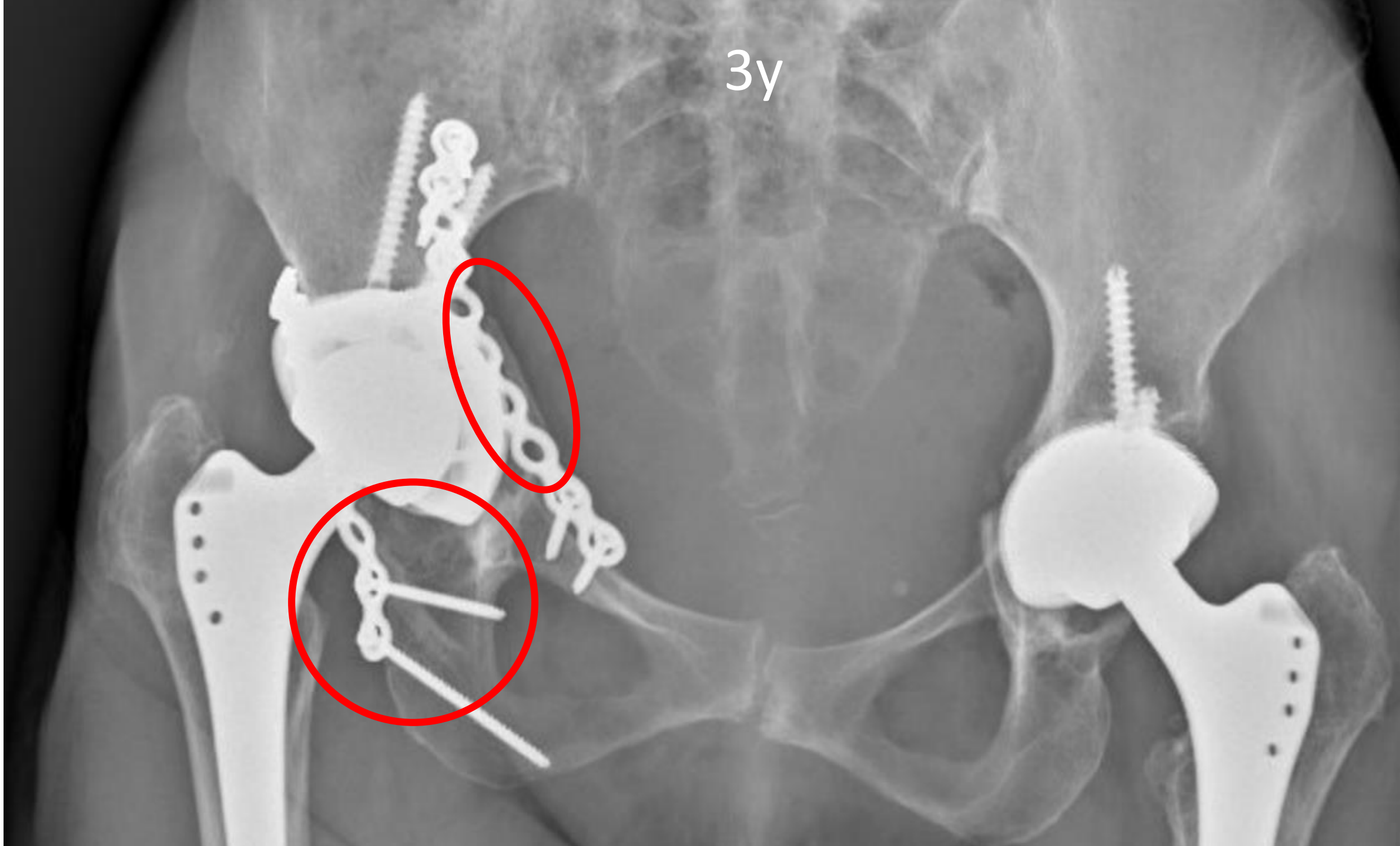


3y

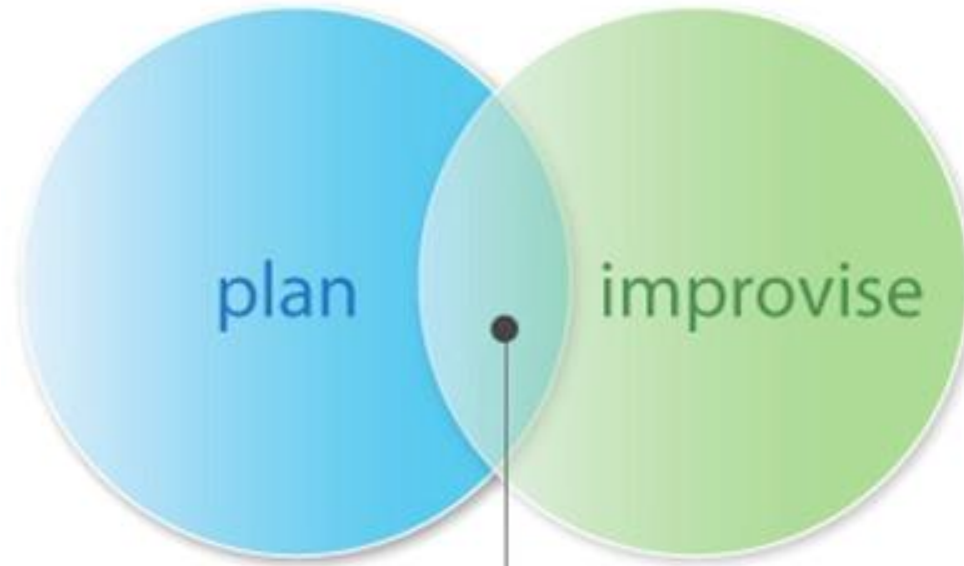
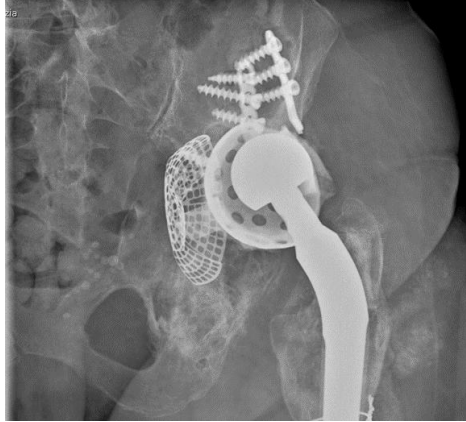
DX



3y



Take Home Message



we are here.



Take Home Message

EVOLUZIONE DELL'IMAGING=

- ✓ Necessità di nuove classificazioni
- ✓ Possibilità di pianificazione accurate

EVOLUZIONE DEGLI IMPIANTI

- ✓ Definire il ruolo delle componenti custom made

CENTRALIZZAZIONE DI CASI COMPLESSI



