

REVISION TOTAL HIP REPLACEMENT FOR FAILED BIPOLAR HEMIARTHROPLASTY WITH PROTRUSIO ACETABULI

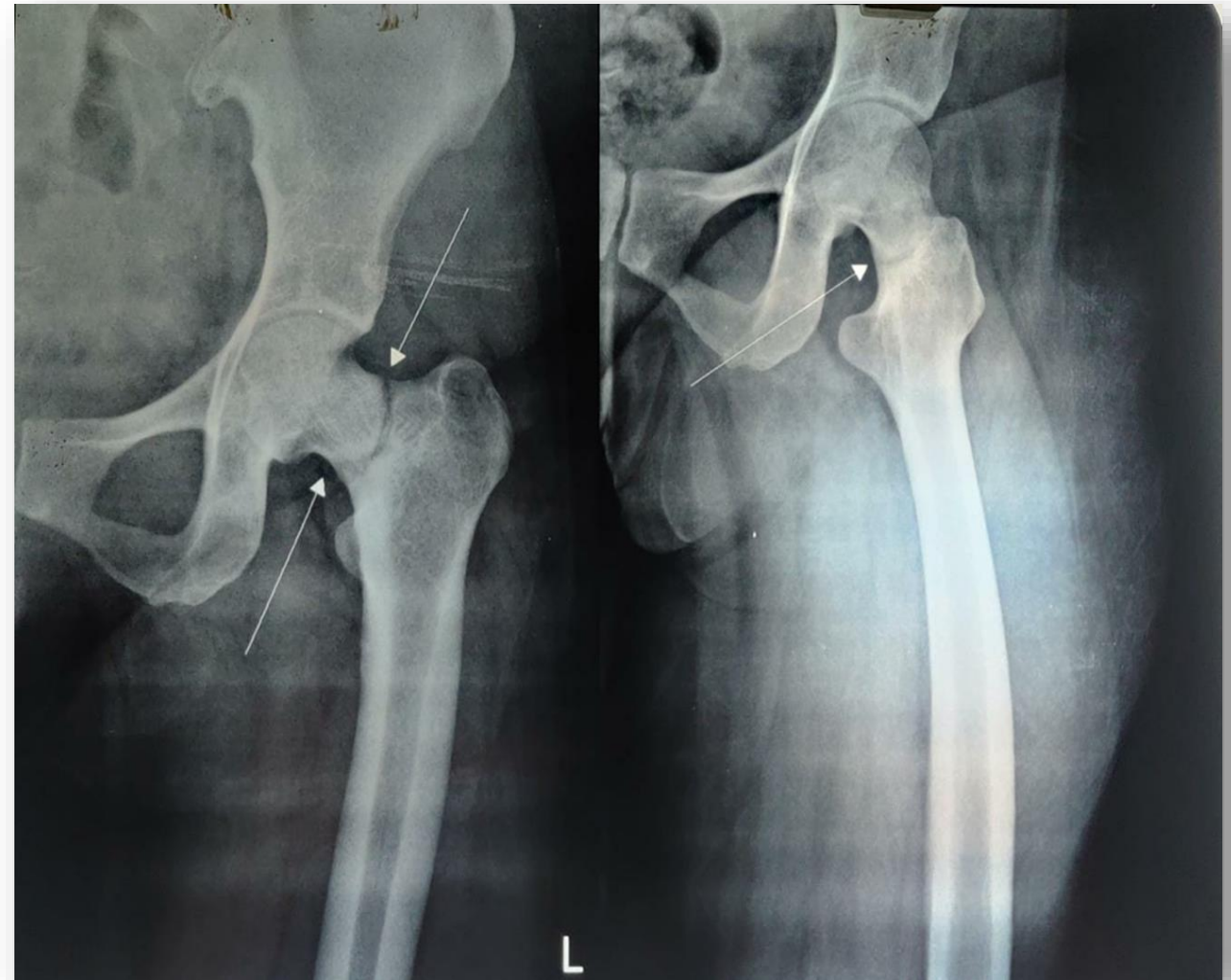
Presented by

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- 45 year old female came with complains of pain and restricted motion in the left hip joint since 5 years.
- Past History of trauma 5 years back when she sustained **Intracapsular Neck of Femur Fracture**.



- **First Operation:**

Cancellous screw fixation for Left ICNF fracture in January 2016 with 2 cancellous screw.

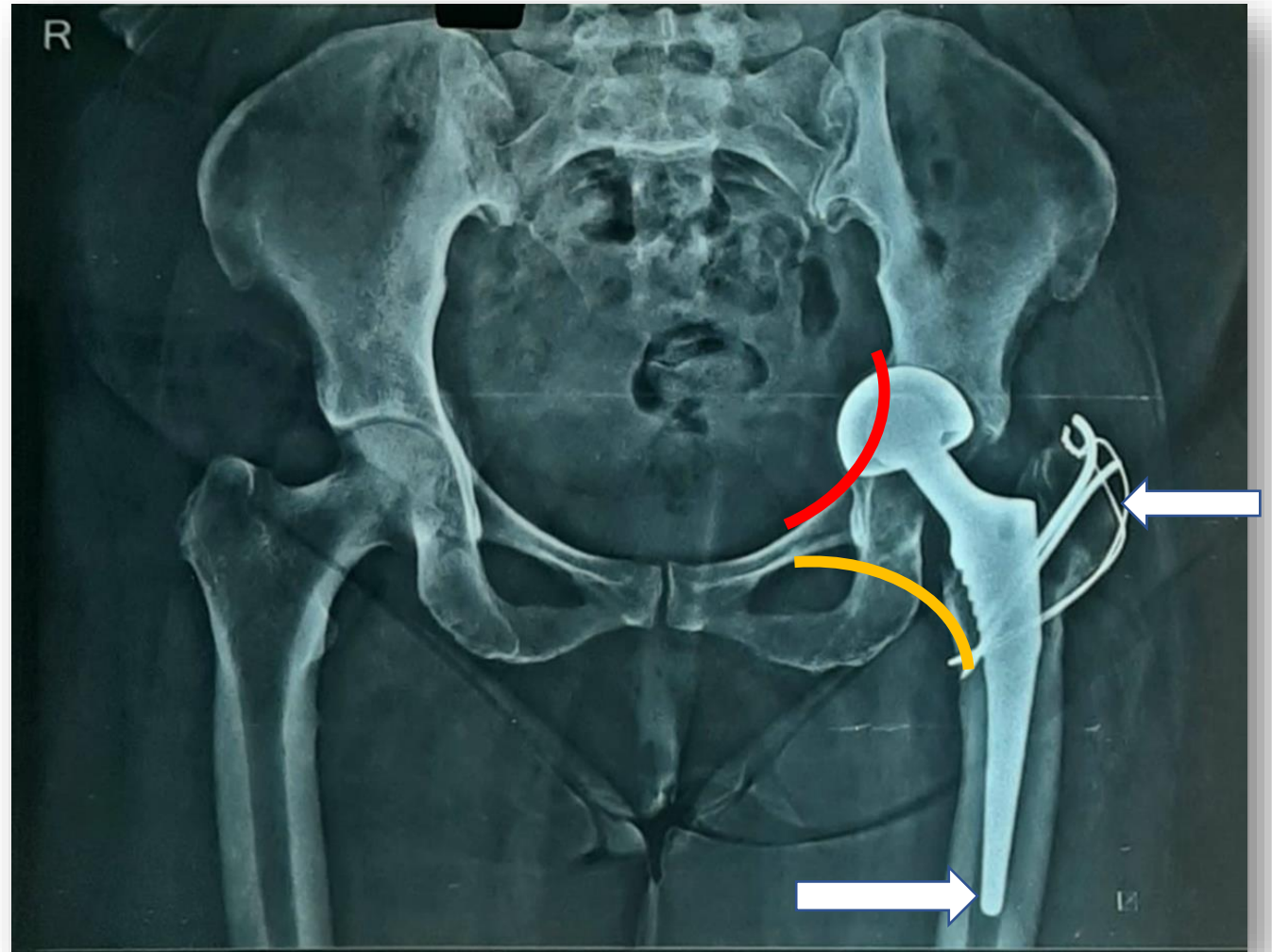


- After 8 months X ray showed **non union of fracture** and patient underwent implant removal with **bipolar fixation**.
- Patient was alright for 1 year after she started developing increasing pain and restriction of motion in the left hip gradually for 3 years
- She presented to Dr D Y Patil Hospital with left hip pain.



X Ray Finding:

- Uncemented bipolar stem can be visualized
- Tension Band wiring of Greater Trochanter with K Wires
- Shenton line is broken
- Head is beyond Kohler's line suggestive of protrusio acetabuli



CT Scan was done to assess :

- Integrity of medial wall of acetabulum
- To look for the acetabular defect due to protrusio
- For the quality of bone



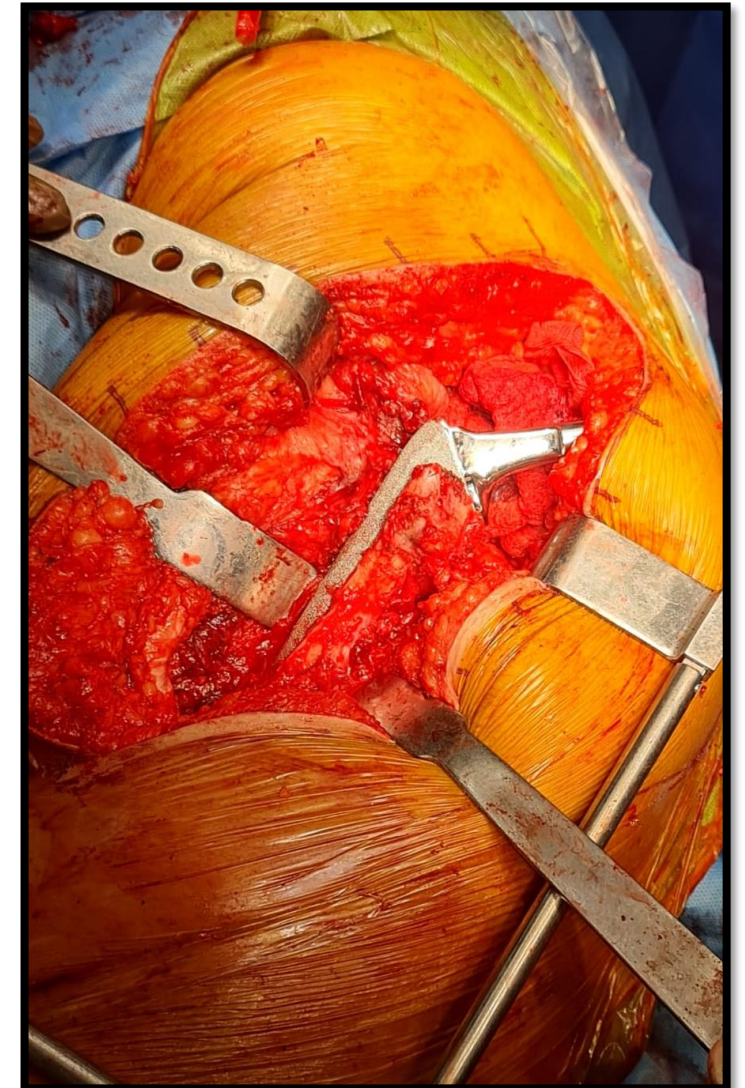
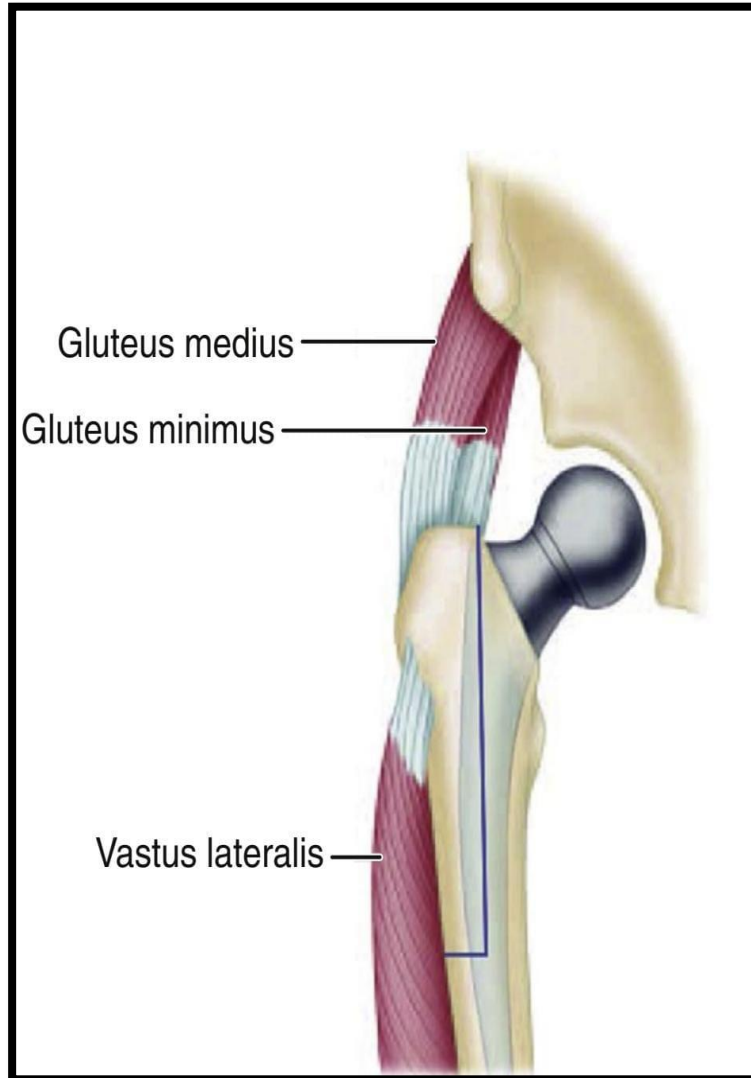
Difficulties Expected during the surgery:

- Bipolar can get incarcerated inside the acetabulum which will cause difficulty in dislocation.
- Presence of fibrosis at the previous surgical area which increases the risk of excess bleeding.
- Addressing the acetabular defect which was large.

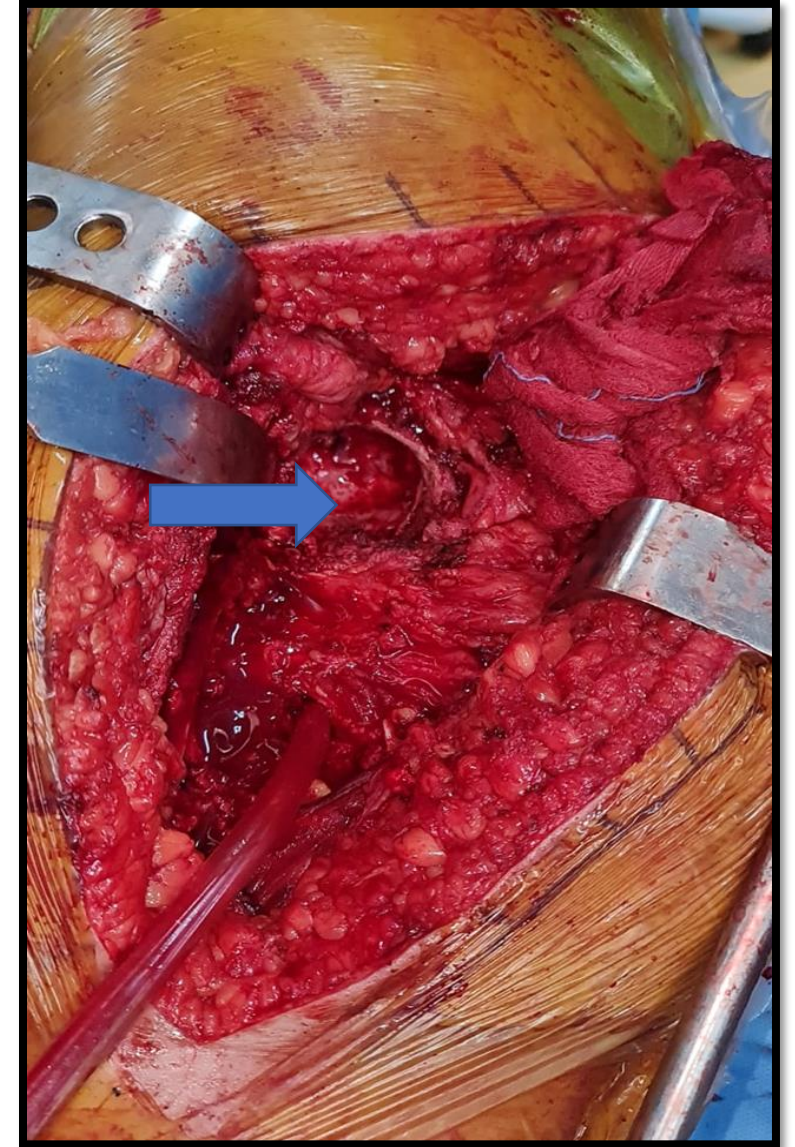
Planning Of The Surgery:

- Extended Trochanteric Osteotomy (ETO) for removal of stem followed by dislocation of the hip.
- Assessing the acetabular defect and filling it with allograft.
- Using a Distal Fitting stem (DFS) for the femur to bypass the ETO.

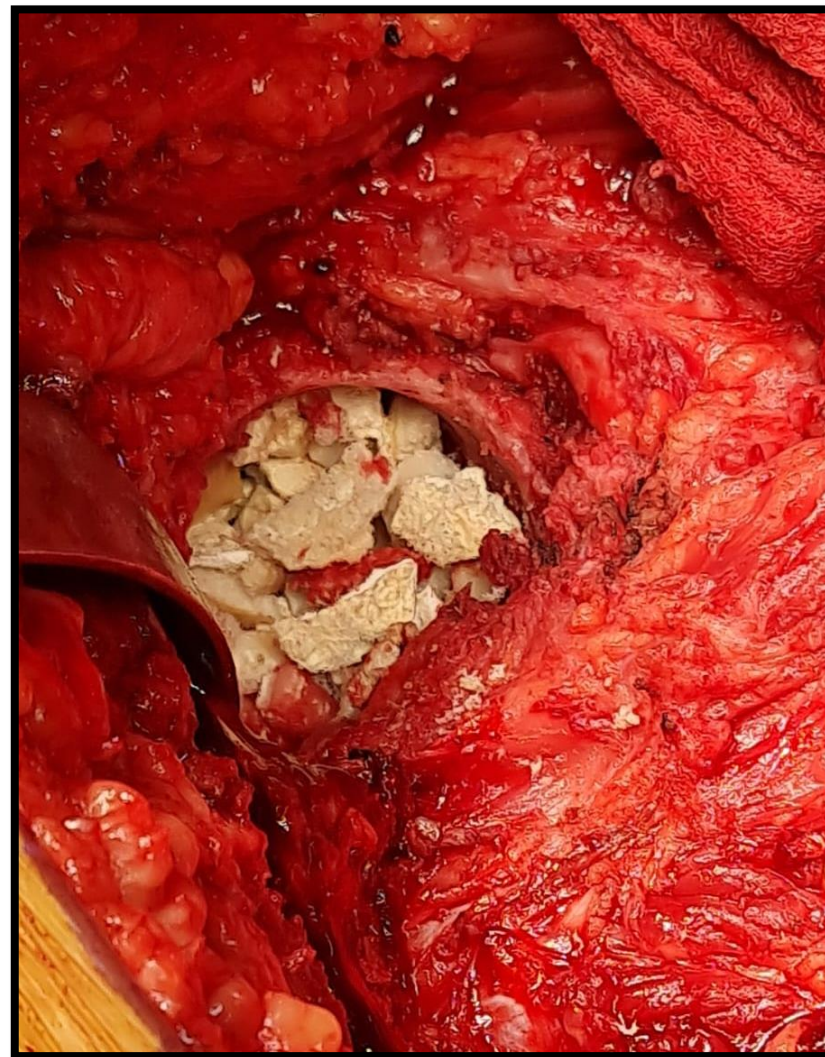
Extended Trochanteric Osteotomy (ETO):



Dislocation Of Hip & Assessing The Acetabular Defect :

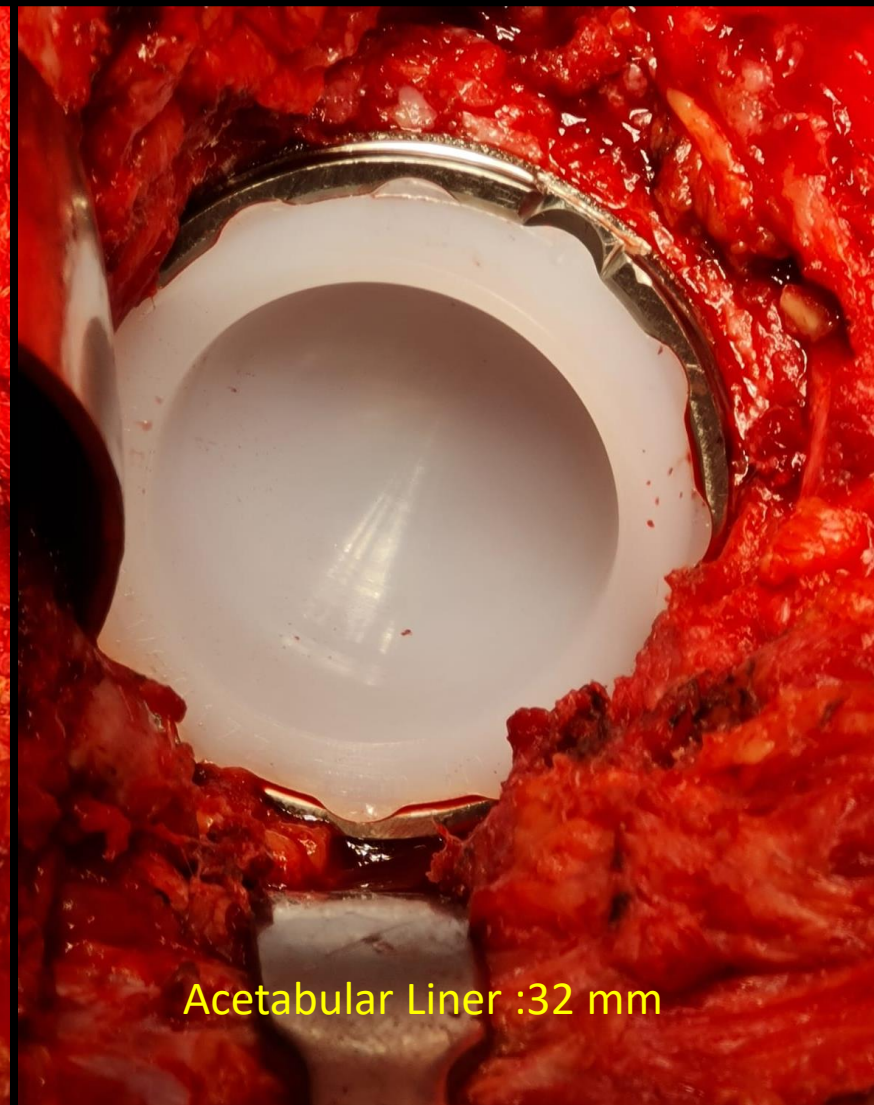
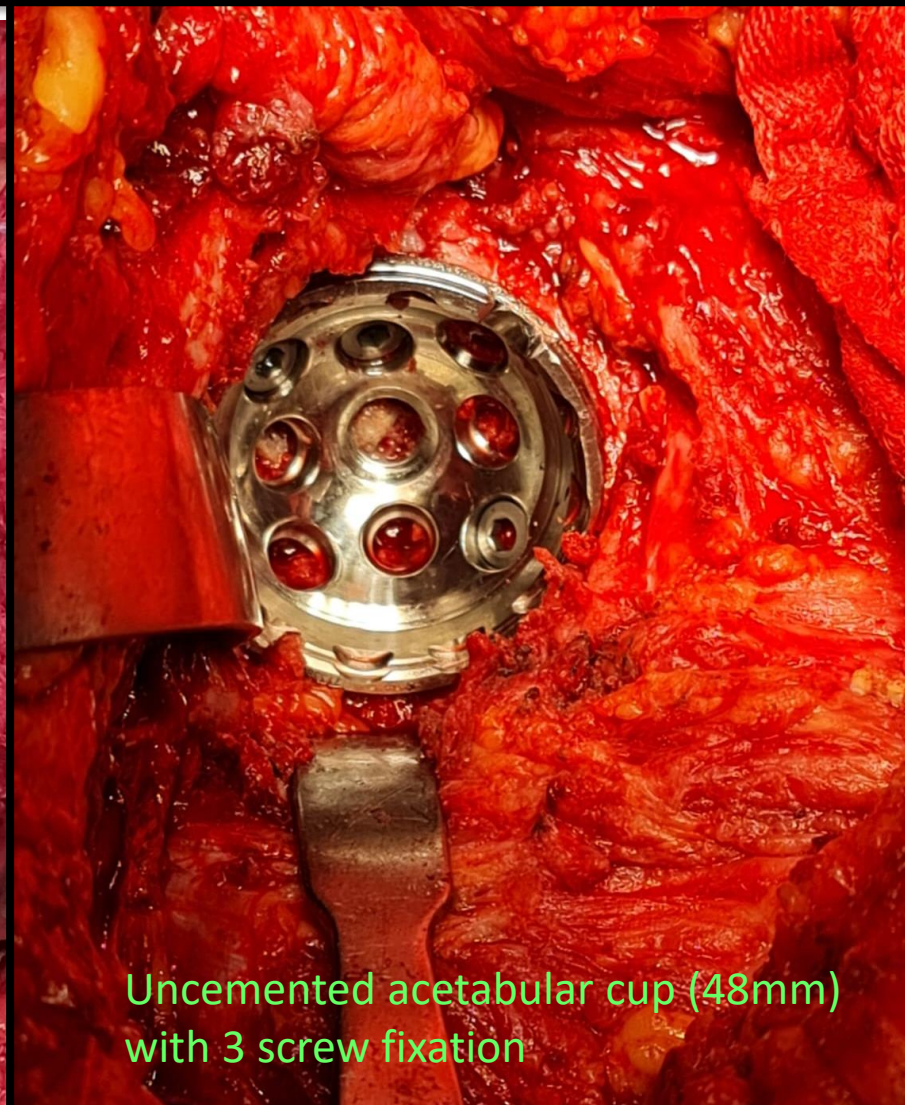


Impaction Grafting of Acetabulum With Morselized Allograft





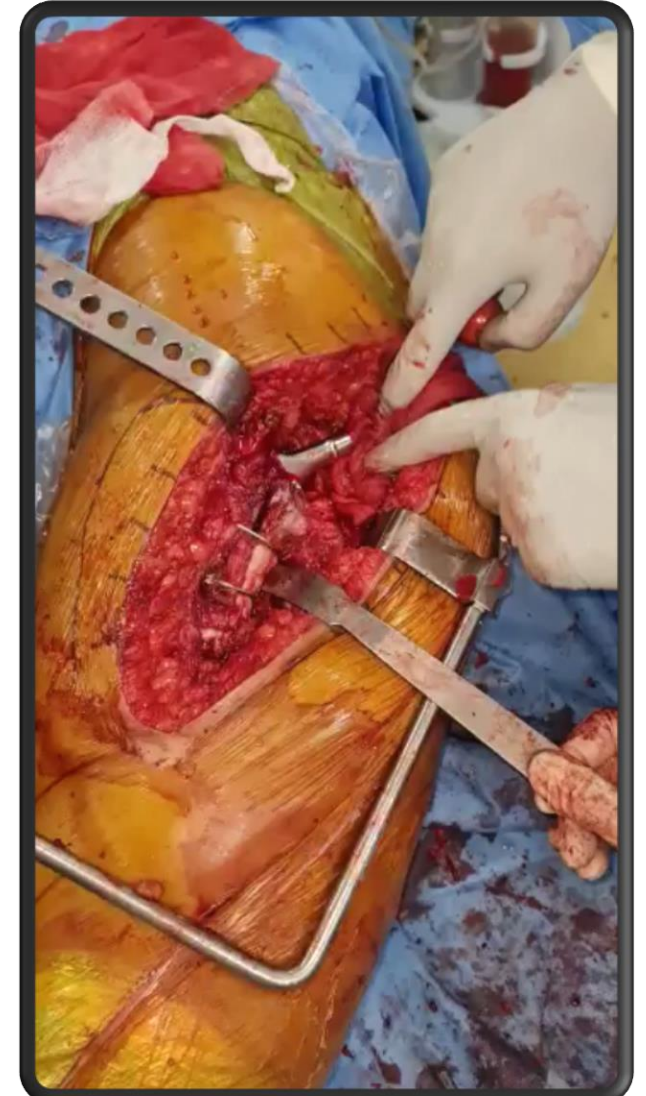
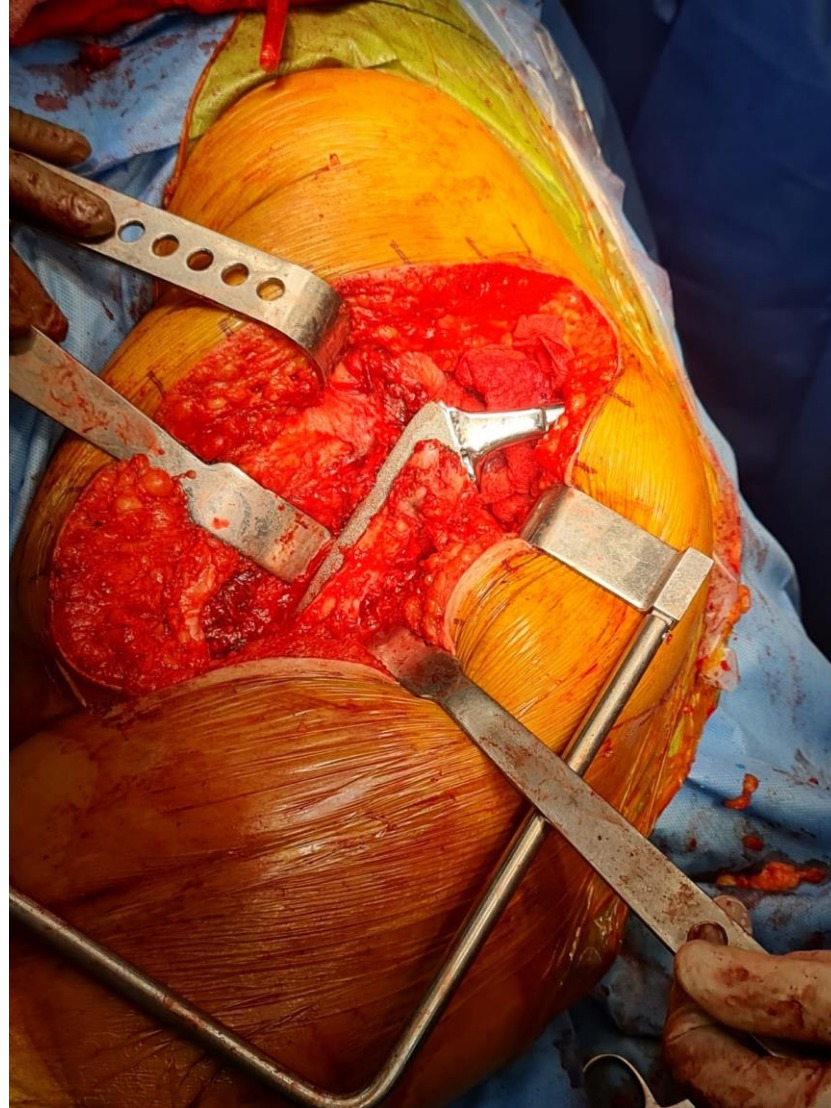
Placement Of Uncemented Acetabular Cup With Screws & Polyethylene liner



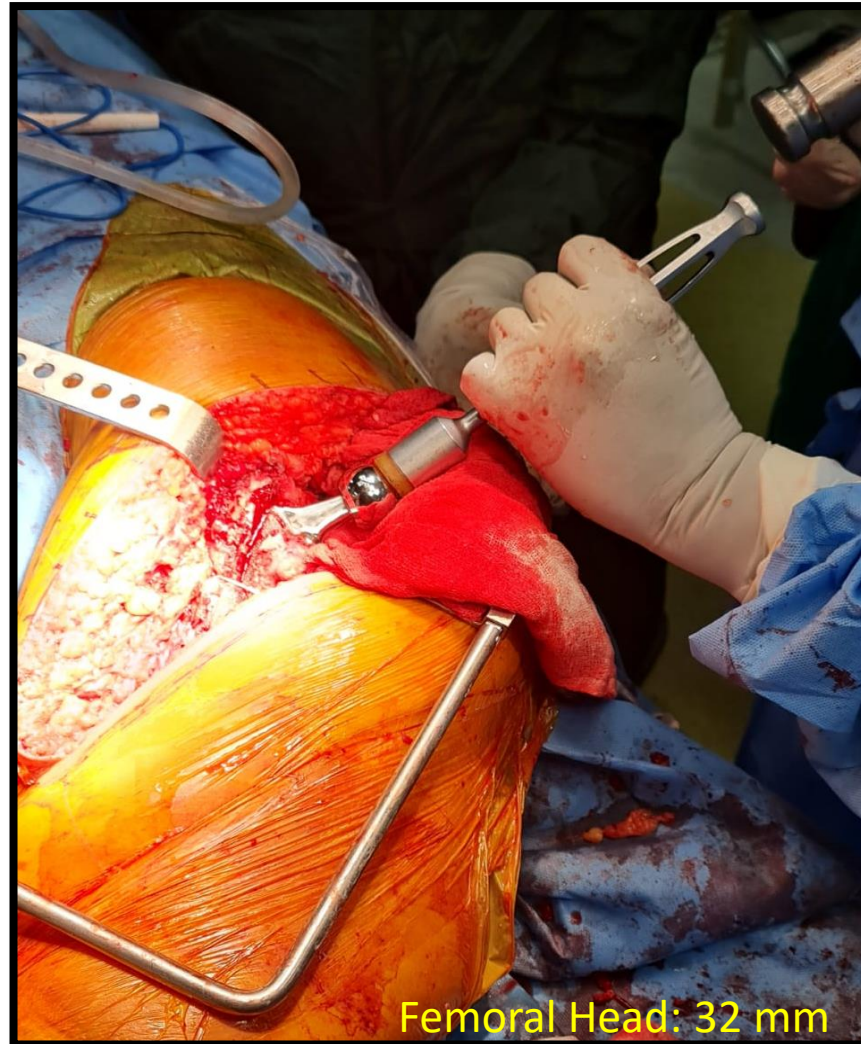
Insertion Of Distal Fitting Stem(DFS) HA Coated into the Femur



Insertion of Stem and Fixation Of ETO with Cables

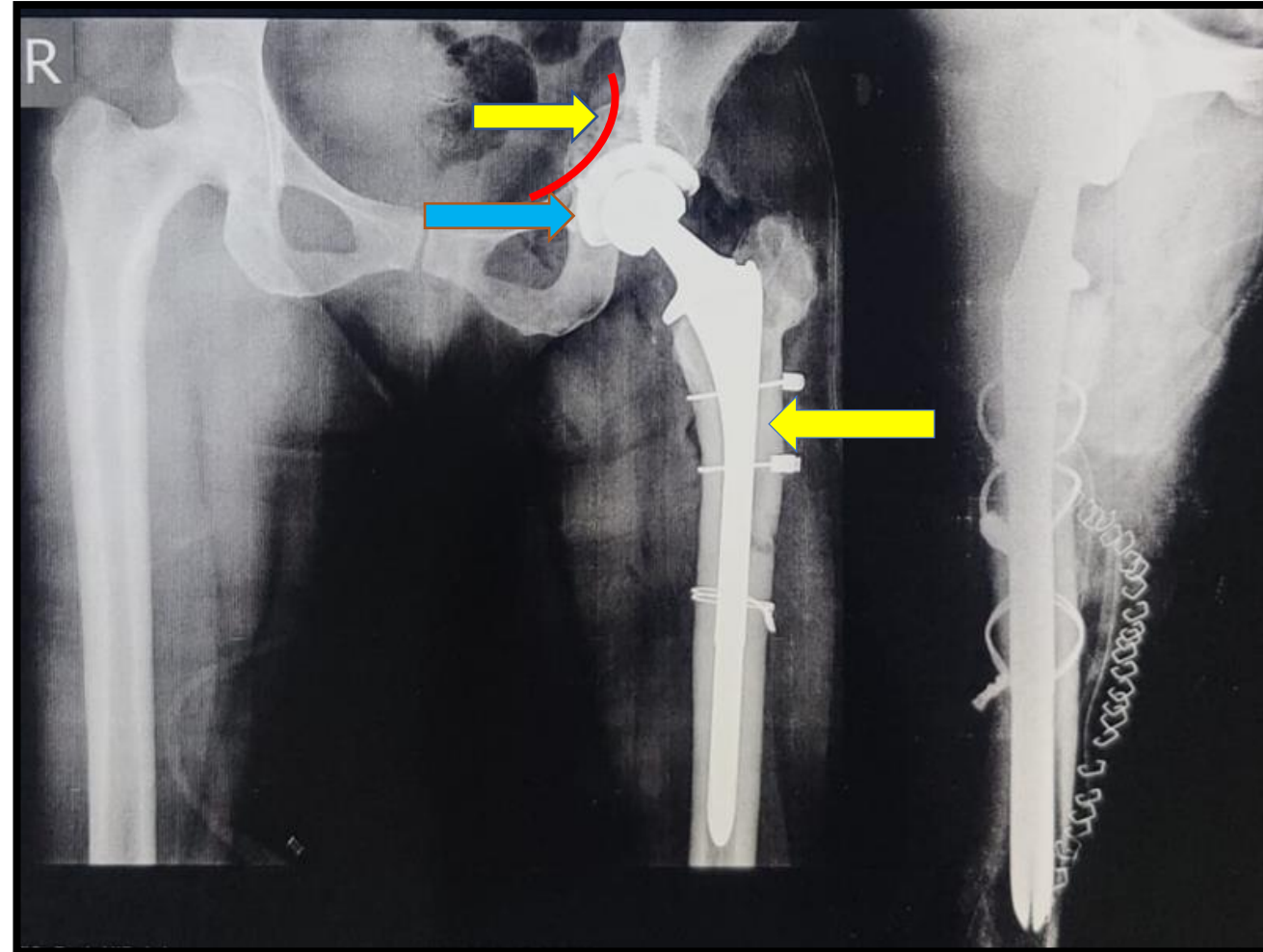


Fitting Of Head To The Stem And Reduction Of The Hip Joint



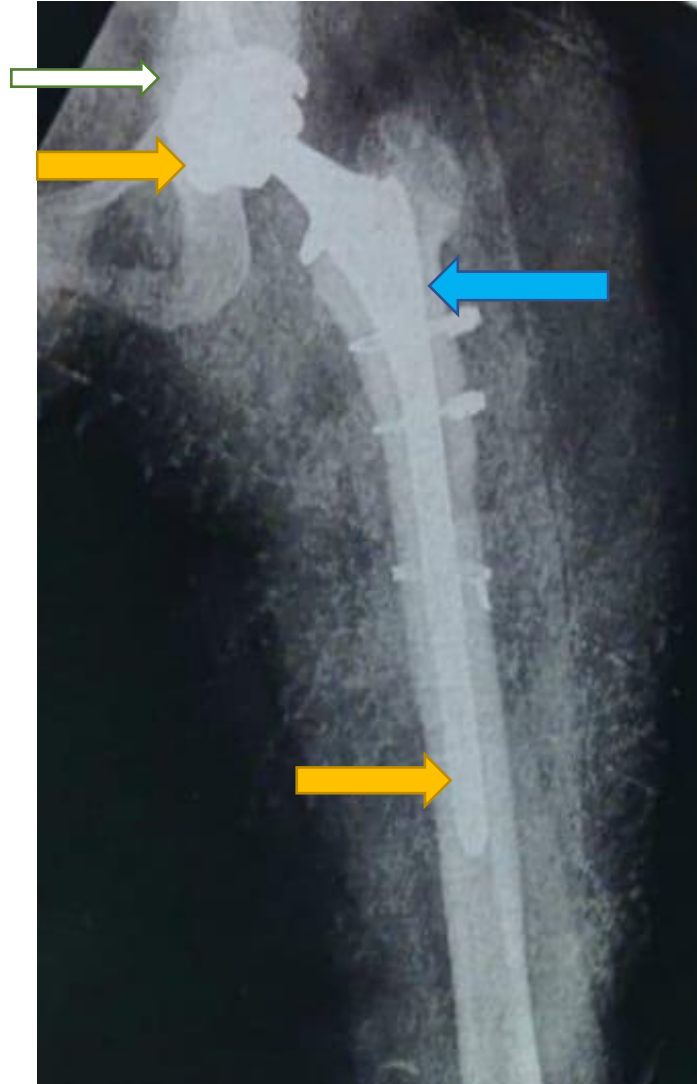
Post OP X Ray:

- Adequate bone graft seen in the acetabular defect
- Acetabular component is well placed
- Femoral component adequately long and good closure of ETO.



Post OP X Ray after 4 months

- Both acetabular and femoral components are well placed
- Integration of bone in acetabulum
- Union of ETO







Take Home Message

- Proper Pre Operative Planning and armamentarium of instruments to be kept ready.
- In Protrusio acetabuli of long duration, ETO has to be performed for dislocation of hip
- Allograft is a good option for acetabular defects with less morbidity to the patient.

THANK YOU