

HIP RESURFACING Where are we now?

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RSA expectations

Bone preservation

Normal femoral loading

Optimal proprioceptive feedback

Restores normal anatomy:

- Offset
- Leg length
- Anteversion

No risk of dislocation



Return to high impact sport activities

To date what are the real indication for resurfacing?

Resurfacing indications

AGE:

- 65yo as limit for male / female
- Decision must be adapted according to bone quality

GENDER:

Not considered female as an CI

FEMORAL HEAD SIZE:

Less than 48mm considered as CI +++



DIAGNOSIS

<u>AVN</u>

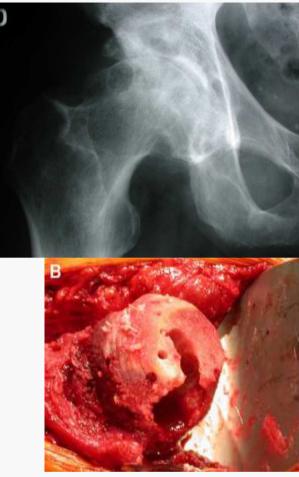
- No CI
- Size for osteonecrotic lesion: less than
 1/3 of femoral head

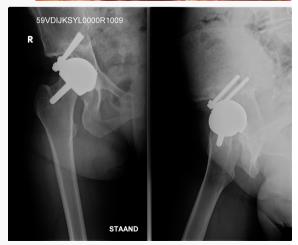
CYST

- Relative CI according to lesion size
- Large cyst larger than 1cm3

HIP DYSPLASIA

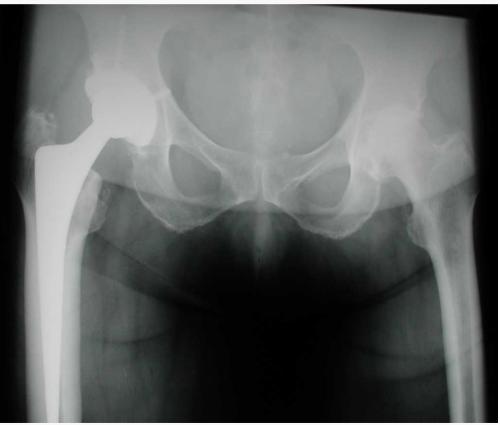
- If anatomic rotation center reached: OK
- Could be done with dyplasia RSA cup





Specific anatomic considerations Destructive arthritis





DIAGNOSIS



BONE QUALITY

- Use DEXA bone mineral density (useful tool especially for female)
- But no correlation proved between DEXA/neck fracture

BIOMECHANICAL FACTORS as relative CI:

- LLD up than 1cm
- Short femoral neck inf to 2cm
- Low head to neck ratio



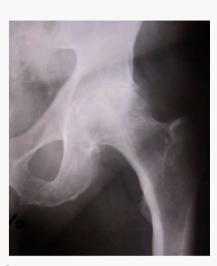
Ideal indication...

Degenerative hip joint disease in:

- Young patient
- High level of activity
- Optimal clinical and medical condition

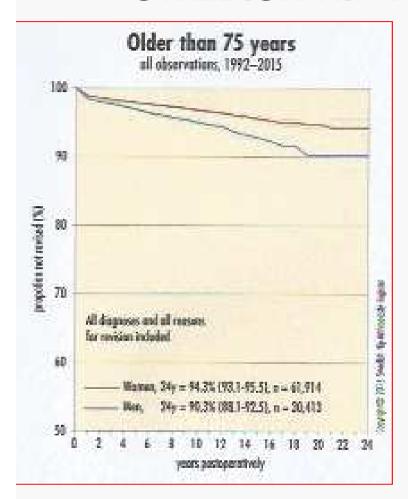
Solid bone in femoral head

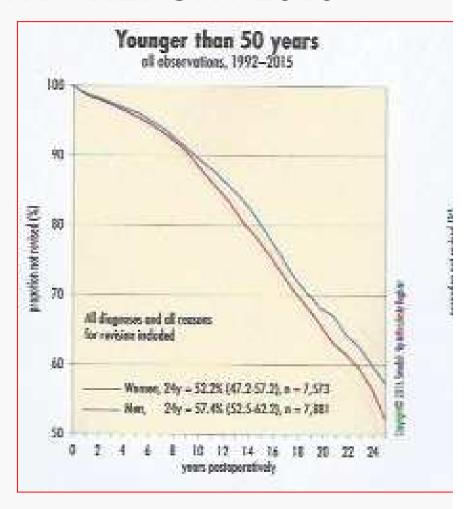




Literature? What we know?

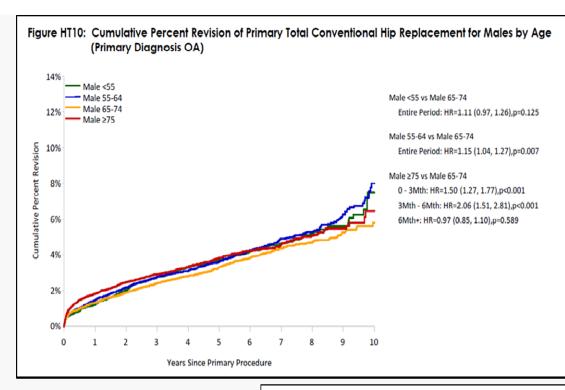
SWEDISH HIP REGISTRY - REPORT 2016



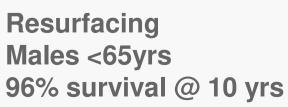


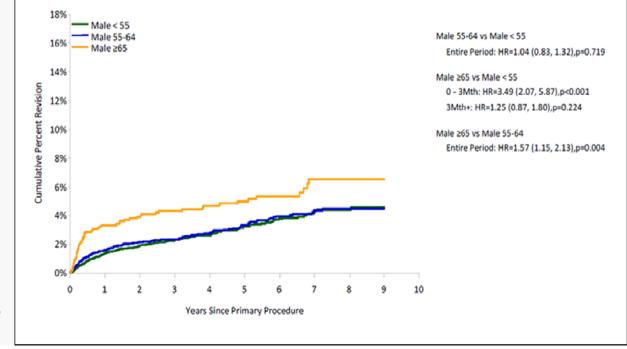
Survivorship in patients younger than 50yo: 52,2% females and 57,4% males at 24 years compared to 90,3 to 94,3% in patients older than 75





THA
Males <65yrs
92% survival @ 10 yrs





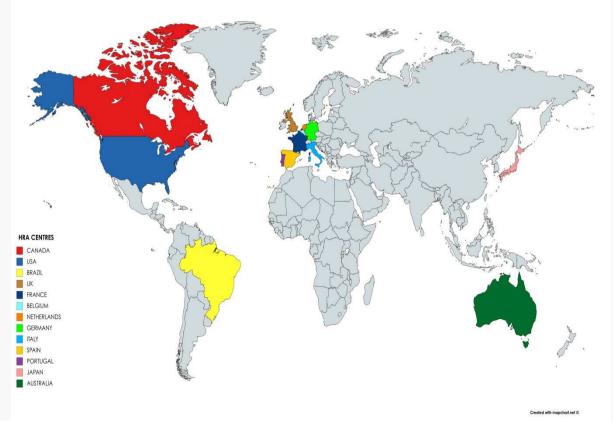
INTERNATIONAL HRA DATABASE

HIGH VOLUME CENTRES - ALL PATIENTS <=50y; +3y FU

BIRMINGHAM LONDON SOUTHAMPTON MELBOURNE **SYDNEY** COLUMBIA. SC LOS ANGELES, CA CLEVELAND, OH **NEW YORK, NY** SEATTLE, WA OTTAWA **SAO PAULO OSAKA**

27 CENTRES 13 COUNTRIES

GHENT ROME **BOLOGNA** BARCELONA **BARCELONA MADRID** PORTO LILLE **DRESDEN** NEUSS FRIEDRICHSHAFEN MÜNCHEN **ARNHEM**



11,386 HIP RESURFACINGS IN PATIENTS <=50Y (3-22Y FU)

AGE AT SURGERY: Mean 42.7y (16.3-50)

DIAGNOSIS N % OA 8238 75.1 AVN 6.9 759 PTOA 291 2.7 **InflammA** 192 1.8 SCFF 122 1.1 121 1.1 LCP Other 150 1.4

FEMORAL HEAD SIZE (mm):

Mean: 50.3 mm

GENDER	N	%
MALE	8459	74.3
FEMALE	2926	25.7

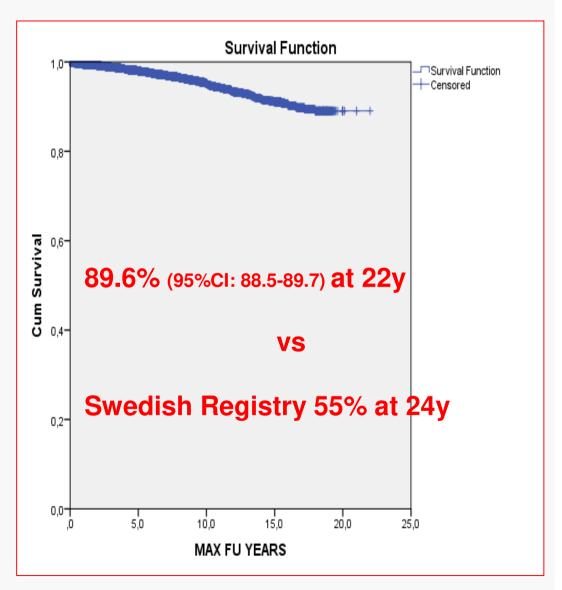
FOLLOW-UP:

Mean 7.6 y (3-22)

KAPLAN-MEIER CUMULATIVE SURVIVORSHIP

ALL CASES

STATUS	N	%
IN SITU	9778	85.9
REVISED	400	3.5
DECEASED	92	0.8
LOST	1116	9.8
TOTAL	11386	100



KM SURVIVORSHIP: GENDER

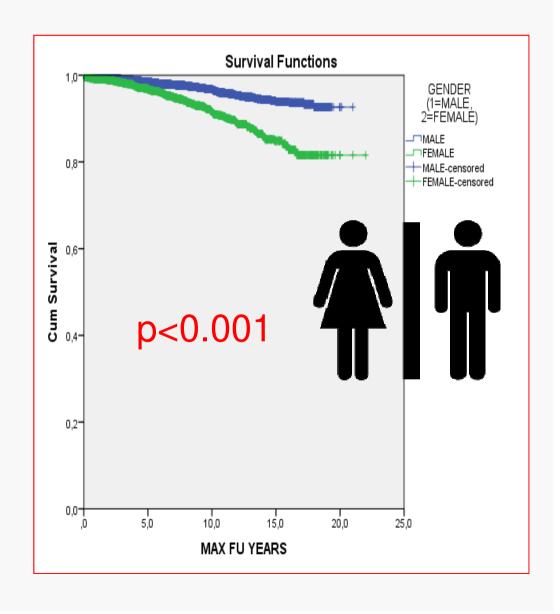
21y

<u>MALE</u>

92.7% (95%CI: 92.1-93.3)

FEMALE 22y

81.6% (95%CI:80.3-82.9)



KM SURVIVORSHIP: DIAGNOSIS

OA 22y

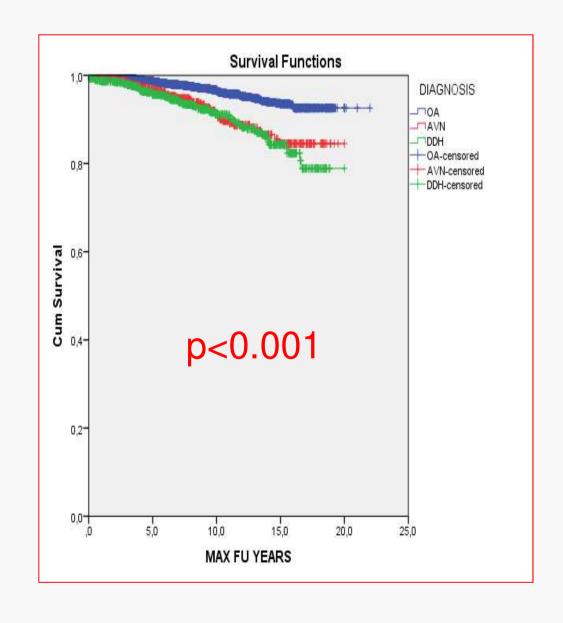
92.6% (95%CI: 92.0-93.2)

AVN 20y

84.5% (95%CI: 82.4-86.6)

DDH 20y

78.9% (95%CI: 77.1-80.7)



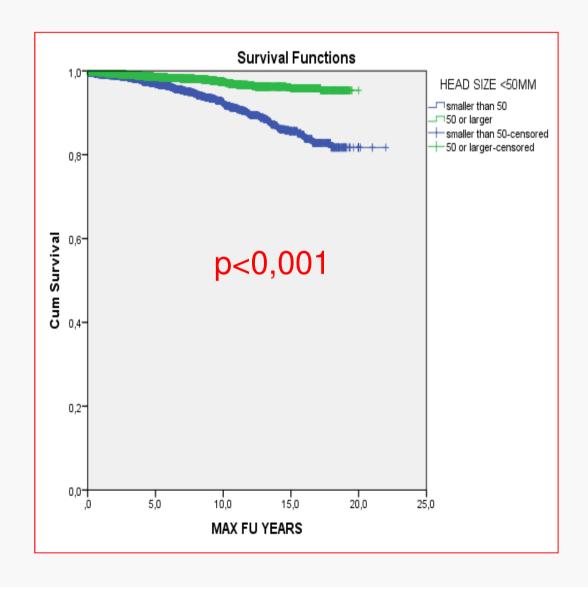
KM SURVIVORSHIP: HEAD SIZE

<50mm 22y

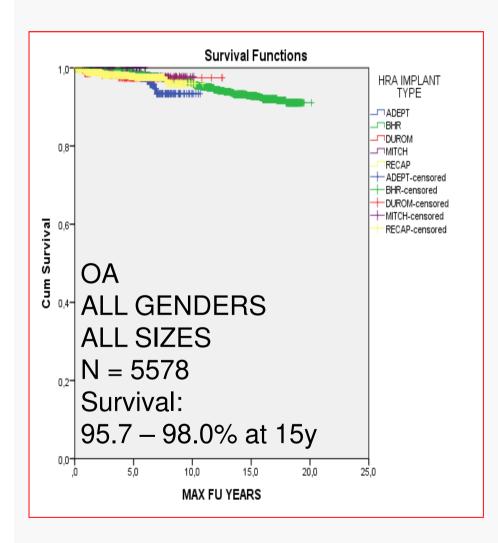
81.7% (80.6-82.8)

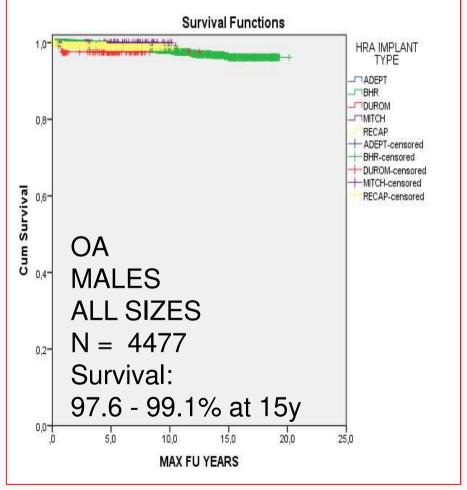
>=50mm 20y

95.4% (94.9-95.9)



BEST CASE SCENARIOS

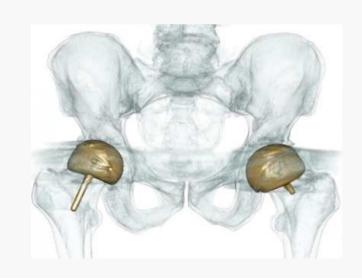




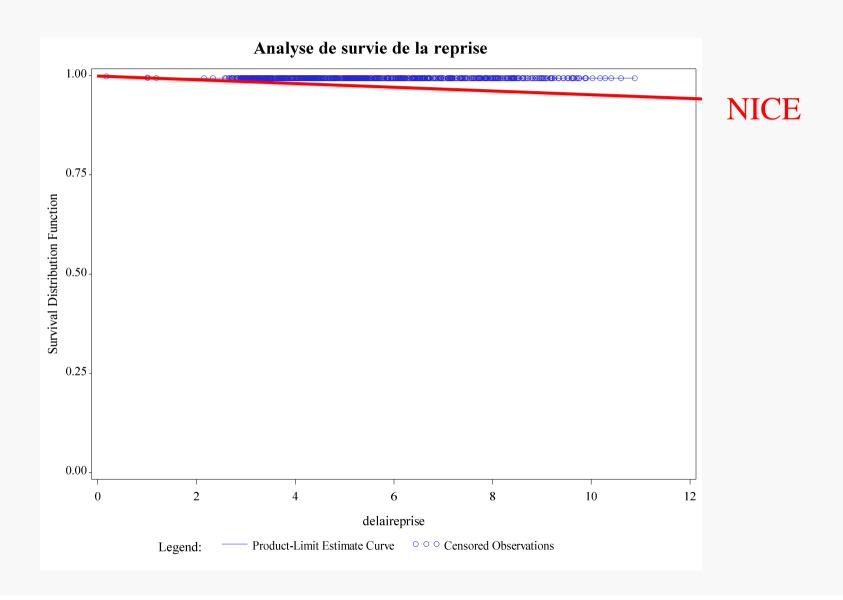
RESURFACING UNDER 50 yo

Girard et al. OTSR 2018

- According to NICE criteria (0.5% revision/year)
- 936 patients (979 hips)
- 698 males (71,3%) vs 281 females (28,7%)
- Mean age: 42,7yo (16,4-50)
- Mean femur diam 52mm
- Mean FU 6,1 ans (3,1-9)



Survivorship Implant revision whatever the reason (septic or aseptic) 98,7% at 10 years (IC à 95%: 97,6-99,3)



CONCLUSION What we know???



- For young patients RSA works better than THA
- Registry for results (Nice benchmark) is key point
- No head diameter under 48mm (to date no charged for the french health authority)
- Better results for men with OA (up than 97% at 15 y FU)