

International Conference on
ARTHROPLASTY AND ORTHOPEDIC SURGERY

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High Hip center technique THA versus anatomical hip center THA in grossly shortened Limb.

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ABSTRACT

Total hip arthroplasty (THA) is the treatment of choice for the patient suffering from end-stage hip osteoarthritis. In grossly shortened osteoarthritic limb deformities performing a THA is a difficult task and demanding and the result could vary. We compared two methods restoring the anatomical acetabulum vs high hip center component placement technique. We did this comparative analytical study in between December 2016 to January 2020 over 17 patients with grossly shortened limb deformities (minimum 3 cm shortening). We randomized the patients with Odd and Even method anatomical (n=8), high hip center (n=9). We have to do sub trochanteric osteotomy in 4 of our anatomical cases due to difficulty during reduction. We avoided active hip abduction in all of our subtrochanteric osteotomy cases. We managed 2 cases in high hip center with tenotomy. There is no major complication other than a delayed union in one case in osteotomy site. THA in patients with gross shortening is a demanding operation associated with higher failure and revision rates. A detailed preoperative planning is very important. Our main goal is

restoration of the anatomic hip center which serves to restore abductor lever arm and pelvic imbalances thus eliminating abnormal contact stresses on the hip joint.. With the advances in technology, THA is becoming a very valuable option but it still can prove to be a technically demanding operation even for experienced surgeons.

BIOGRAPHY

Dr Dibya Singha has completed his MS Orthopaedics at the age of 28 years from Utkal University, India. He is the head and consultant Joint Replacement at Sparsh Hospital, India and Consultant Joint replacement at Utkal Hospital, India. He is the Joint secretary of Odisha Arthroscopy Society, India.

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