

Revision of Recalled Hip Stem, with Infection

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A 44 year-old obese female with hip dysplasia presented with increasing left hip pain 2 years after primary THA involving a subsequently recalled femoral stem (Figure A). Hip aspiration results confirmed coincident periprosthetic joint infection. The patient agreed to proceed with two-stage explantation with insertion of a temporary antibiotic-impregnated femoral spacer, intravenous antibiotics for 6 weeks, followed by revision THA.

The primary stem was well-fixed and required an extended trochanteric osteotomy (ETO) for removal. The temporary antibiotic spacer was placed and the ETO was fixed with 3 polymer SuperCables (Figure B). Once the infection was addressed, she returned to surgery for removal of the spacer and insertion of a modular revision stem. A 4-Hole Kinamed Trochanteric Grip-Plate, attached with 5 SuperCables, was used to fix the ETO and reinforce the greater trochanter (Figure C).

At 6 months after revision THA, she was ambulating with occasional use of a cane. At one year post-op, she has made continued improvement and has returned to an active lifestyle including activities outside the home and travel.

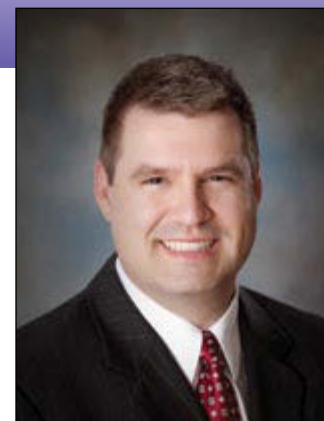


Figure A:
Patient presented with periprosthetic infection and modular hip prosthesis recalled for metal debris generation.



Figure B:
ETO performed for stem removal with fixation utilizing 3 polymer SuperCables. Antibiotic spacer temporarily placed.



Figure C:
One year post-op radiograph demonstrating definitive reconstruction using a modular stem/cup and a titanium trochanteric "claw-plate" fixed with 5 polymer SuperCables



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