

THERE'S ALWAYS A TOMORROW AND THE HOPE OF SOMETHING NEW - REVISION ASEPTIC LOOSENING BIPOLAR

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Introduction: Mr D 67 years old Indian gentleman presented with right hip pain for two years with history of bipolar hemiarthroplasty done 7 years ago. One year after the bipolar hemiarthroplasty surgery patient had a fall again. On examination, patient is moderately build gentleman with right lower limb shortening of 2cm. CRP was 18, ESR was 26, white cell count was 7 and D dimer was 0.49. Radiological examination revealed loosening of bipolar hemiarthroplasty with tip of the implant impinging the lateral cortex of femur. There was also subsidence of the femur stem. Bone scan reported increase MDP avidity at the greater and lesser trochanteric region of right femur surrounding the prosthesis and distal end of right hip prosthesis is suggestive of loosening of right hip prosthesis.

Discussion: Hip was approach via posterior approach. After skin incision the fascia latae was incised overlying the gluteus maximus and bluntly splits the muscle down to the short external rotators. After identification of the piriformis, the short external rotators and piriformis are then tenotomized at their insertion onto the greater trochanter. This then expose the posterior joint capsule, which is incised to reveal the implant. Intraoperatively implant was loose and the femoral canal was cleared carefully. Following adequate debridement, acetabulum and femur was prepared. During implantation of femur stem, undisplaced fracture at the tip of previous stem was noted. Cable plate was use to stabilise the fracture. On day 10 post revision surgery patient dressing was persistently soaked. Ultrasound examination revealed 3 intramuscular hypoechoic collection over the thigh. Patient underwent evacuation of haematoma. Post operatively the wound was dry and healed at 3 weeks.

Conclusion: The revision arthroplasty surgery remains a vexing problem. Good clinical evaluation coupled with close clinical follow-up may be appropriate in select patients to help reduce the incidence of reoperation and the associated morbidity and cost.