



Long term outcome of Primary T.H.A. with Cementless Gritblasted Components

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Survey

Dec. 1984 - Dec 1987

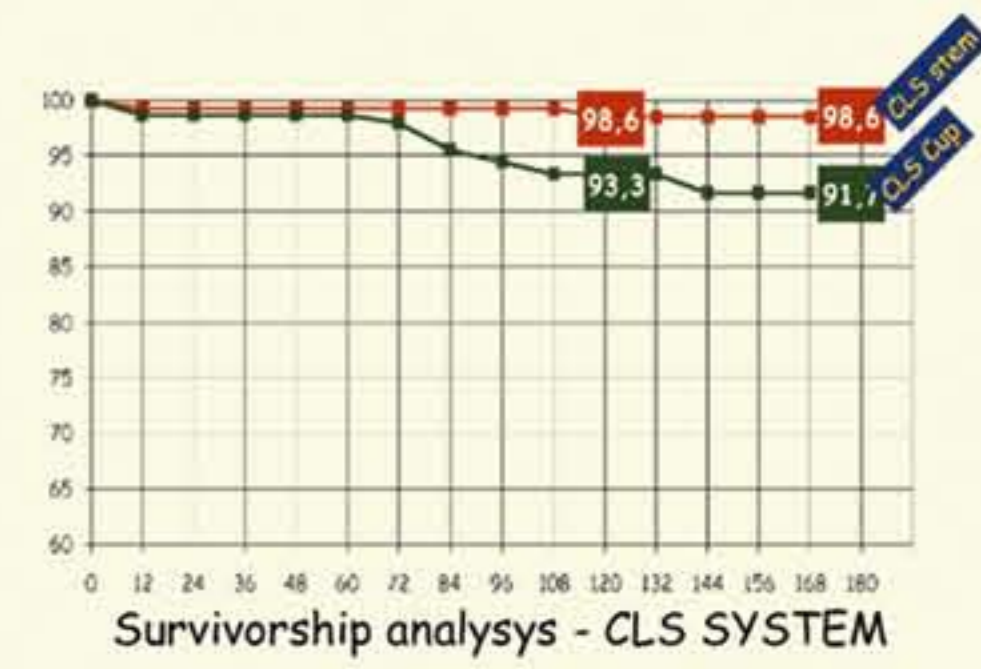
290 Patients

Male: 131, Female: 159

Avg age: 54.8 yrs (22 - 73 yrs)

305 Consecutives THA

Avg Follow-up 13.2 yrs



Introduction

The purpose of this study was to evaluate the long-term results of THA with cementless, gritblasted, press-fit femoral and acetabular components.

Methods

290 patients with 305 consecutive primary THA were evaluated with an average follow-up of 13.2ys (11.4-15.2yrs). The femoral component was a collarless, gritblasted, tapered, straight stem. The acetabular component was a gritblasted metal-backed, expansion socket.

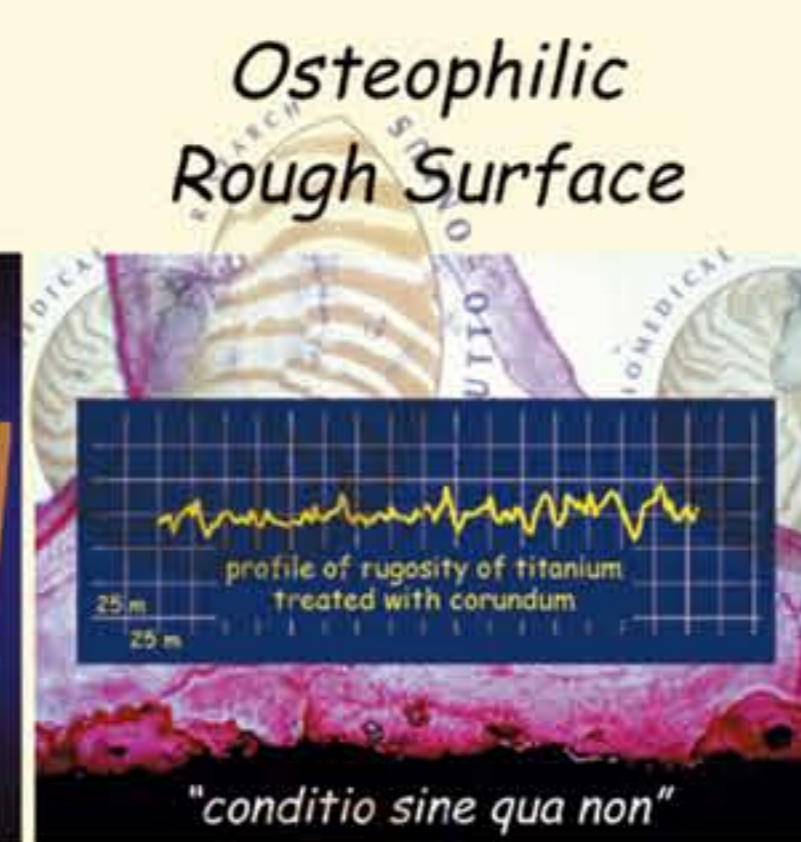
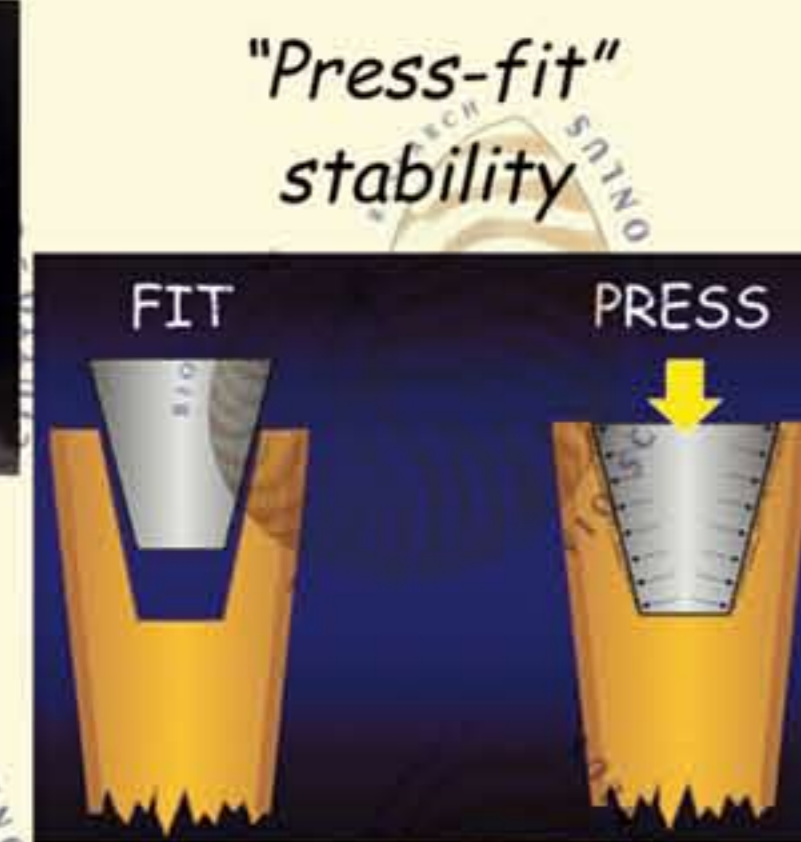
Results

In total 15 patients (5%) were lost to follow-up; 9 patients (3%) had follow-up less than 10 years, and 39 (13%) died. The overall revision rate was 10% (29 patients). Both components were revised in 3 patients (1%): 1 sepsis, 1 debris-related osteolysis, and 1 for post-traumatic dislocation. The acetabular only revision rate was 8% (26 patients): recurrent dislocation in 5 cases, osteolysis in 5 cases (one with subsequent shell breakage), aseptic loosening in 11 cases (ten with subsequent shell breakage), wear in zone I in 3 cases (3 with subsequent shell breakage). The remaining 2 cases were 1 with mismatched head (32 mm head/28 mm liner) and 1 for insert replacement due to wear.

Radiographic evaluation, by an independent observer, of 215 hips with 10-year minimum follow-up showed: measurable subsidence in 6 cases (3%), stable, osseointegrated stems in 167 (78%) hips with intact femoral interfaces, and femoral osteolytic lesions in 39 hips (18%). Ten-year survivorship of the entire series using any revision as endpoint was 93.3% and 98.6% for stem revision.

Discussion / Conclusion

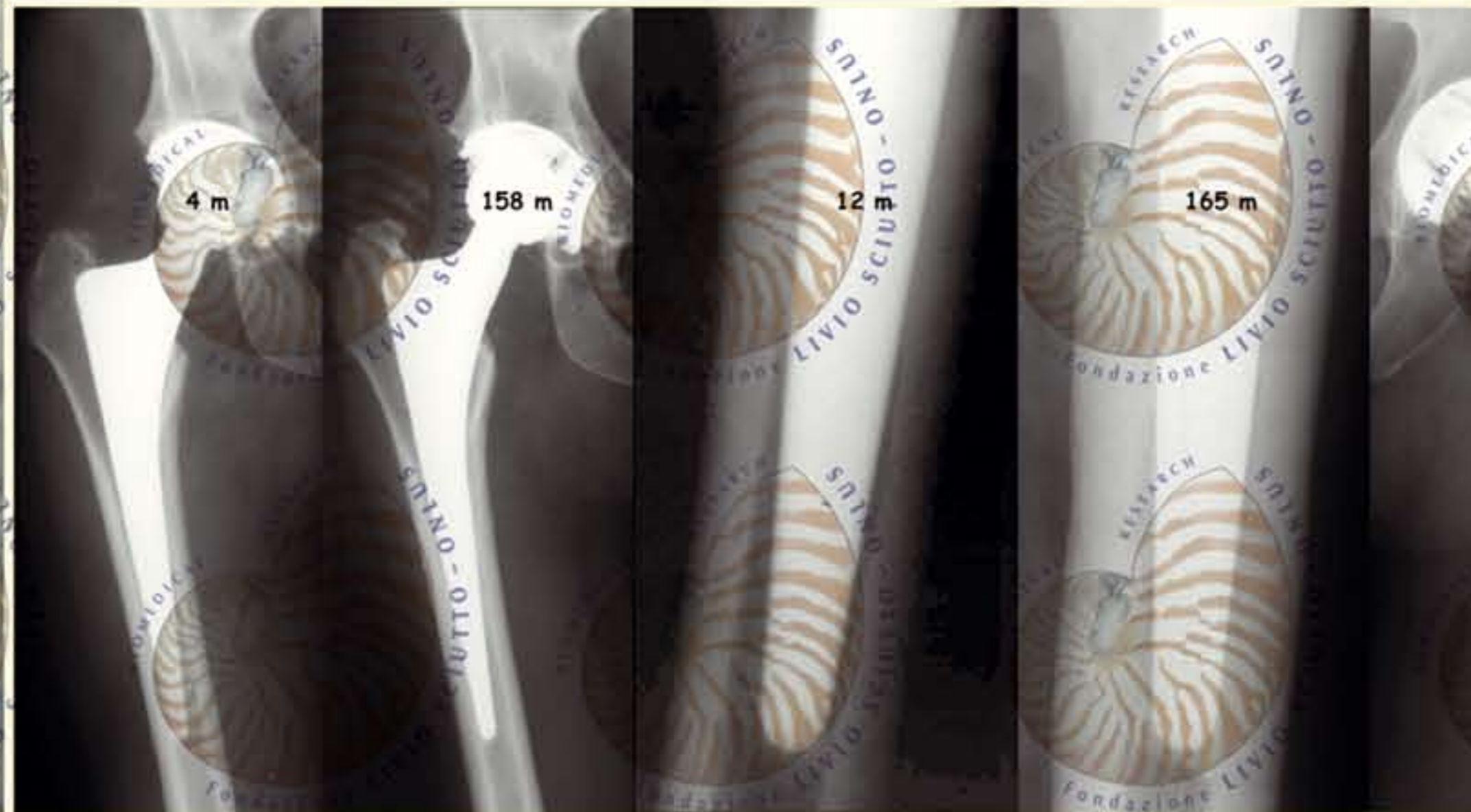
A high survivorship rate of femoral implants was noted; the failure rate of the acetabular component, strongly related to osteolysis, is lower than other uncemented sockets with similar follow-up. Concomitant shell breakage is emphasized by the fact that the first generation of this socket was made from pure titanium, which is considerably weaker than the titanium alloy in use since 1990.



Osteophilic Rough Surface
Evolutionary high potentiality and functional adaptation of the metaphyseal cancellous bone



Implant features		CLS Stem Characteristics
Stiffness		
• Modulus of Elasticity	• Titanium Alloy	
• Stem Length		
Shape		
• Tight Distal Stem	• Collarless	
• Canal Filling	• Straighten Stem	
	• 3-D Wedge Shape	
	• Undersized Distal Stem	
Surface		
• Macrostructure: distal bone ingrowth	• Corundum Rough blasted Finish	



Life - expectancy of cementless acetabular component is linked to:

A) Stability
B) Osseointegration
C) Biotrophism

Mueller Foundation Study

Phase 1: Compressive ileum deformation: 156 μ

Phase 2: Load transfer from ileum to pubis and ischium: 127 μ

"braking effect"

Stability & press-fit
Primary stability in expansion cup is guaranteed with press-fit and cancellous teeth

Biotrofism
Acetabulum + Expansion Cup
Deformation of periacetabular region

a.i.s. - iliopubic ramus compressive stress: 153 μ
iliopubic/ischiopubic ramus compressive stress: 125 μ

Osteointegration
Mechanical factors: stable compressive strenghts
Material: corundum rough blasted titanium alloy

Concepts behind shapes
In order to obtain good long term results, a cup should respect acetabular kinetics

A rigid implant stiffen the bone implant system and produce ileum overload

Phase 1: Compressive stress deformation: 167 μ

Phase 2: Load transfer from ileum to pubis and ischium Tensive stress: 83 μ

loss of "braking effect"

Evidence of osteointegration in peripical anchorage

