

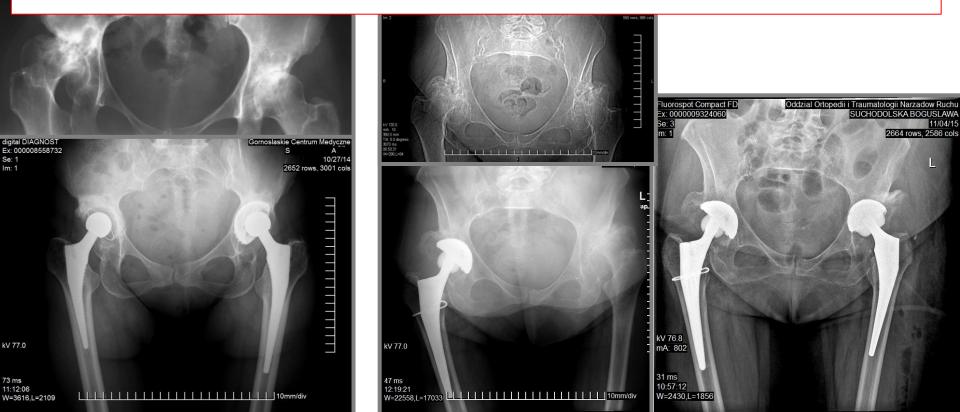
# Principles of acetabular fixation in primary and revision hip arthroplasty

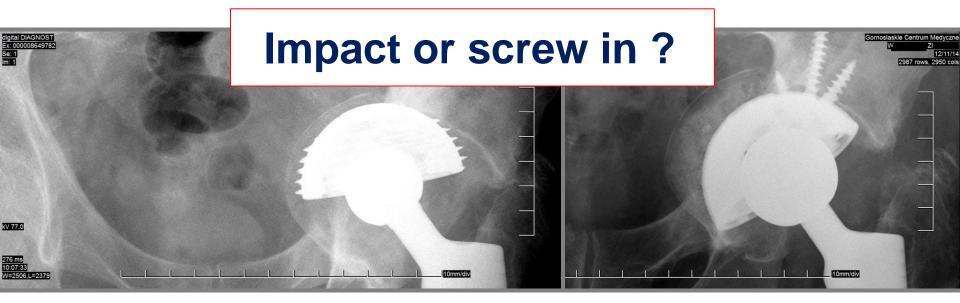
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Do we see the difference ?
Which type of acetabular cup should be the gold standard ?





 The survival of acetabular cup depends on the stability in surrounding bone stock

Lazarinis S i wsp: Increased risk of revision of acetabular cups coated with hydroxyapatite. Acta Orthopaedica 2010; 81(1): 53-59

- Aseptic loosening of the acetabular component shortens the functioning of hip prosthesis significantly.
- The most common reasons:
  - osteolysis of bone stock caused by macrophages (reaction "around the foreign body")
  - loss of bone stock due to overloading and micromotions of acetabular cup



- Stability of uncemented acetabular cup depends on:
  - initial mechanical stability: caused by proper shape (threaded cylindrical surfaces, conical, elliptical or semi-circular)
  - secondary stability after bone ingrowth at the boneimplant interface (hydroxyapatite-coated acetabular cups, porous, porous - coated with hydroxyapatite)
- Secondary stability prevents micro-movements between cup and the bone more than 40-50 um

### **Threaded cup**

- Threaded cup was applied by Sivash in 1957 and gained popularity in Europe and later the US
- Cup stability is obtained only by screwing into the bone like the screw – it makes impossible the long term survival
- It gives a very good initial stabilization (> 2.5x than press fit), but lack of secondary stability (especially in case of incorrect implantation) leads to loosening because of multidirectional loads
- The disappointing long-term outcomes led to the development others designs of shape (truncated conicalscrew socket developed by Zweymuller had the longest survival)

#### **Threaded cup**

- Loosening of threaded cup :
  - it is difficult to make the threaded surface capable to bone ingrowth
  - there is a small contact area of the thread with the surrounding bone stock which causes a loss of bone and the formation of connective tissue because of overloads
- It causes high rates of aseptic loosening;
   4% -31%, with a mean follow- up 3,5-10 years (Fox i wsp. JBJS 1994), and after 10 years 17% require revision procedurę (Malchau i wsp. JBJS 2002)

### **Threaded cup**

- Threaded cup is used mainly in:
  - Osteoporosis
  - Osteoarthritis secondary to dysplasia
- They should not be used in revision arthroplasty:
  - difficult of obtained the initial stability in acetabulum with bone defects
  - lack of secondary stability



- Hemispherical press fit uncemented cup was introduced for use in the 80'
- It provides a longer survival time, which results of fixing into the bone:
  - it transmits the loads in physiological way to the surrounding bone tissue
  - secondary stability is achieved by the bone ingrowth

Garcia-Rey E i wsp: Cup Press Fit in Uncemented THA Depends on Sex, Acetabular Shape, and Surgical Technique. Clin Orthop Telat Res, 2012; 470: 3014-3023

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6.8

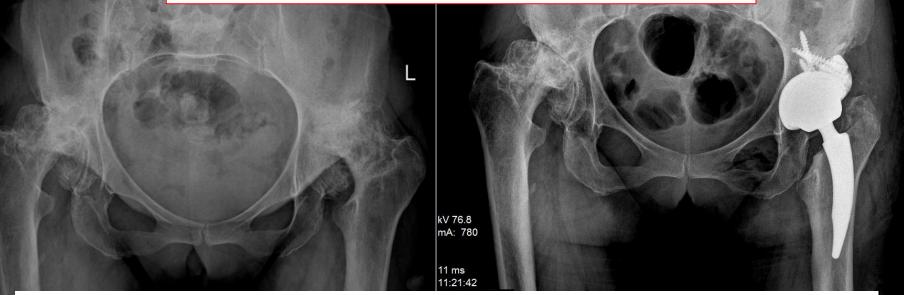
802

6:08 233,L=193 PORADNIA URAZOWO-OR TOPEDY Fluorospot Compact FD

Oddzial Ortopedii i Traumatologii Narzadow Ruchu

2280 rows, 2820 cols

#### **Press-fit cup - advantages**



- Cup is universal
- You can use it in any type of acetabulum while the primary or revision arthroplasty
- There is no difference in survivorship with an additional screw stabilization - 100% / 98.4% after 15 years (spikes shorten cup survival time)

Sheng-Hui N i wsp. Press-fit cementless acetabular fixation with and without screws. Int Orthop. 2014; 38: 7-12

Fritsche A i wsp. Experimental investigations of the insertion and deformation behavior of press-fit and threated acetabular cups for total hip replacement. J Orthop Sci. 2008; 13: 240-247

03/04/16

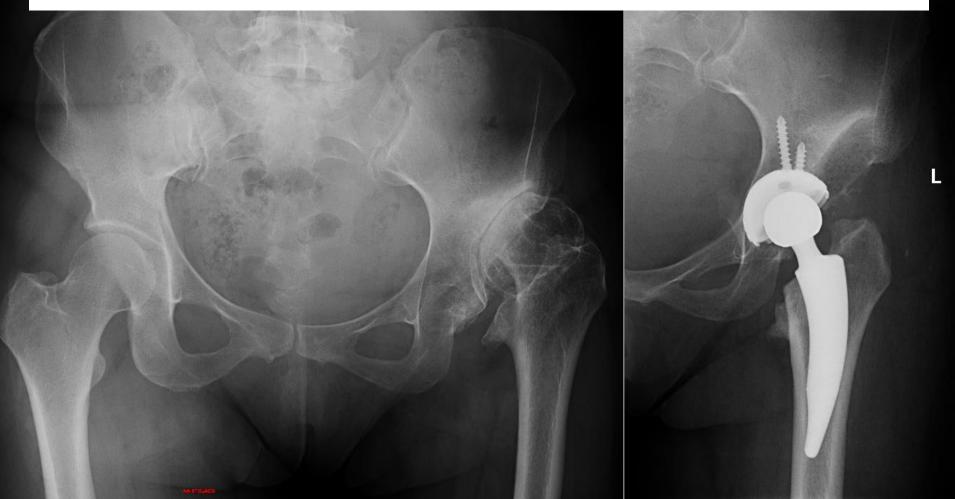
#### **Press-fit cup - advantages**



- Cup in universal:
  - it is a modular structure, allowing to management the acetabular bone loss with implants

## **Press-fit cup - advantages**

- Cup is universal:
  - it easily recreates the center of rotation of the hip joint



## **Press-fit cup limitations**

- In case of lack of initial stability, cup micro-movements make the secondary stability impossible
- In osteoporotic bone is difficult to obtain the initial stability without additional screws
- While impacting the walls bend, the deformation should not exceed **75 um** in order not to change the shape of polyethylene or metal insert (causing them to excessive wear, especially when using "large" heads or rupture the ceramic insert)
   Goebel P i wsp. The influence of haeddiameter and wall thickness on deformations of metallic acetabular press-fit cups and UHMWPE liners. J Orthop Sci. 2013; 18: 254-270
- Aseptic loosening is more often when the lateral inclination angle is more than 50 degrees
- They loosen quickly (after 5 years) when the outer surface is smooth and covered only with hydroxyapatite

Kin-Wing i wsp. Early Failure of Smooth Hydroxyapatite-Coated Press-Fit Acetabular Cup-7 Years of Follow-up. The J Arthroplasty. 2006; 20(5): 627-631

Fluorospot Compact FD Ex: 0000008793096 Se: 2 lm: 1

# Press-fit cup limitations

Oddzial Ortopedii i Traumatologii Narzadow Ruchu 2799 rows, 2800 cols



- mA: 791
- 13 ms 10:28 W=29
- Fundamental for stable cup implantation is placing in preserved bony ring of acetabulum
- The contact surface of the implant to the bone acetabulum:
  - > 70% bone graft is not needed,
  - 50-70% support for the roof and the rear column of • a bone graft (screws as an option)
  - <50% is not enough to support (cage or screws)

### **Press-fit cup limitations**

OPEDY CZNA

2363 rows, 2800 cols



kV 77.0

More often we use screws for cup stabilization:

- when the center of rotation of the hip joint is
  - > 3 mm above the anatomical center of the acetabulum

kV 76.8 mA: 797

in patients with osteoporosis

- in women
- in less active patients

Garcia-Rey E i wsp: Cup Press Fit in Uncemented THA Depends on Sex, Acetabular Shape, and Surgical Technique. Clin Orthop Relat Res, 2012; 470: 3014-3023

#### **Press-fit cup limitations** ASI Safe Ouadrant Neurovascular Neurovascular Structures Structures Neurovascular Structures tine A ASI B A Posterior Superior

>35mr

Anterior

30mm

30 mm Posterio

Inferior

 The risk of damage the neurovascular structures because of additional stabilization with screws

Liu Q i wsp. Safe zones for transacetabular screw fixation in Prostetic Acetabular Reconstruction of DDH. JBJS. 2009; 91 (Am): 2880-2885 Barrack RL. Neurovascular injury: avoiding catastrophe. J Arthroplasty. 2004 Jun;19(4): 104-107

Gornoslaskie Centrum Med

 Female K. B., 43 years old, BMI 23, repeatedly treated surgically in childhood because of DDH hip L and P

B 02/ rows, 299

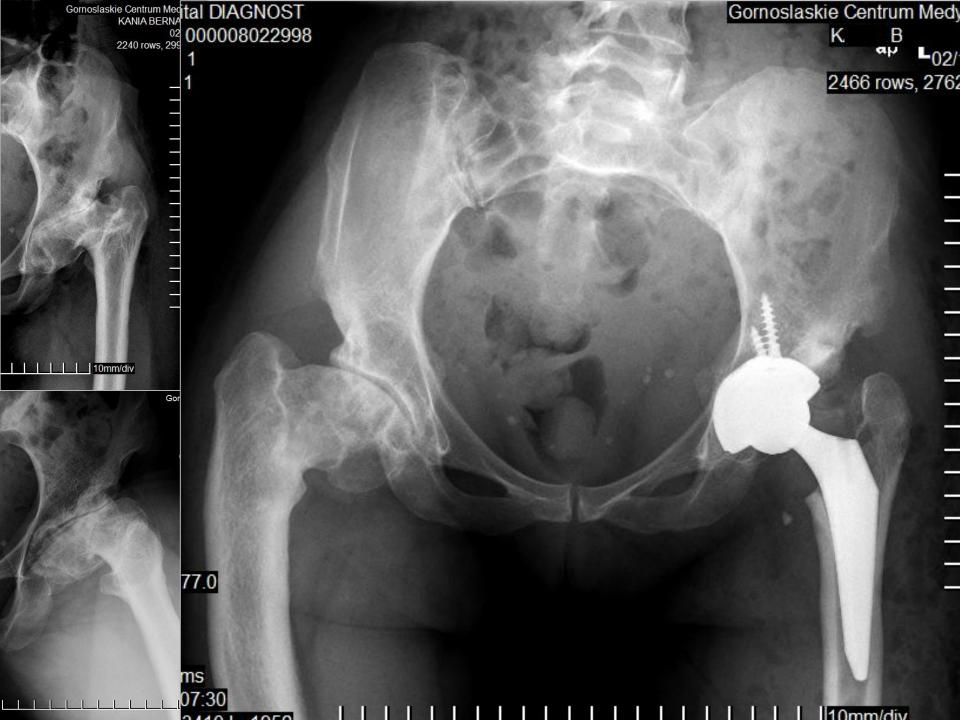
Primary endoprosthesis 02.07.2014, without blood transfusion on religious grounds

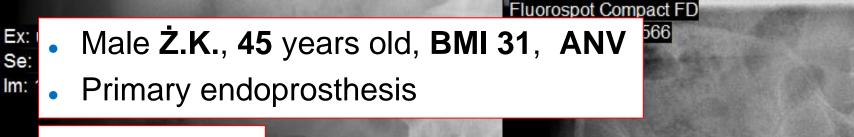
DIAGNOST

Case 1

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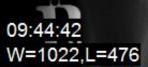


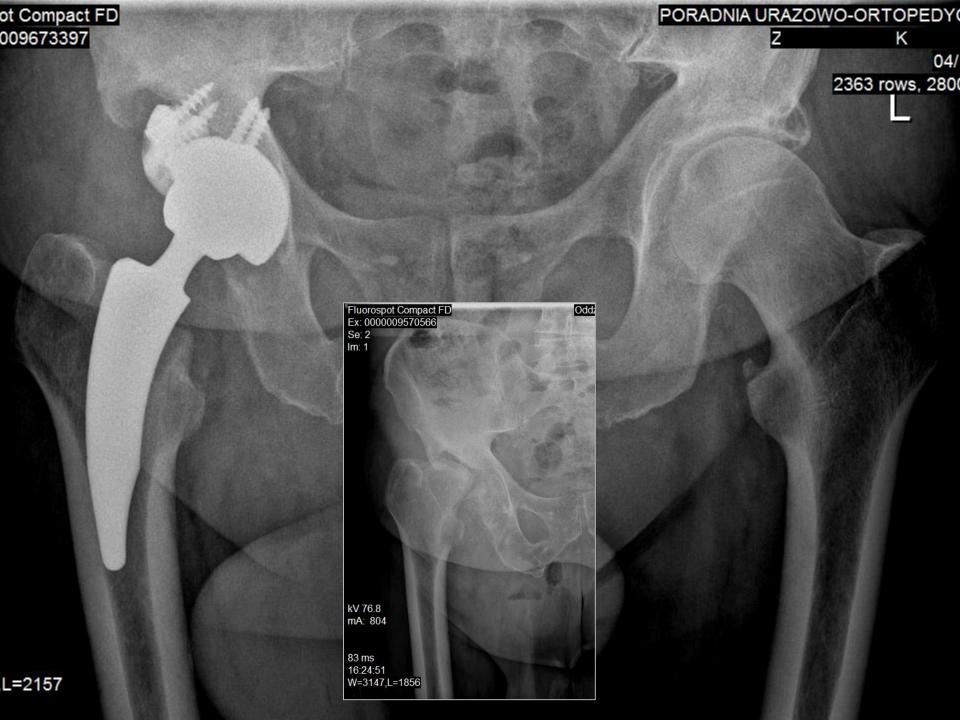
### Case 2

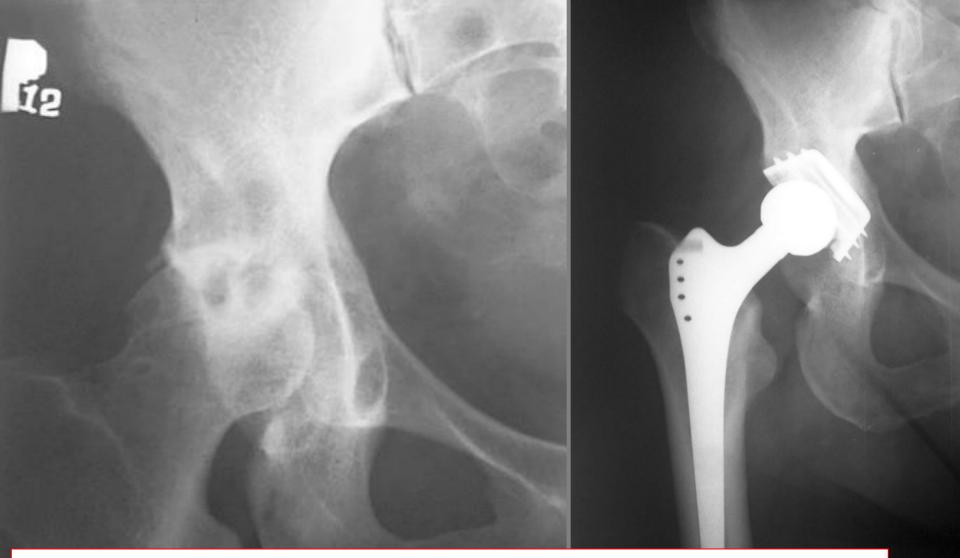
Im:

kV 76.8 mA: 804

83 ms 16:24:51 W=3147,L=1856 Odd







- Female B.B., 82 years, BMI 32, RA, endoprosthesis 2007
- Revision **06.10.2015**
- Aseptic loosening



Fluorospot Compact FD Ex: 0000009260603 Se: 2 Im: 1

12

k

n

Fluorospot Compact FD Ex: 0000009279476 Se: 1 Im: 1

kV 76.8 mA: 804

10 ms 10:57:19 W=2709,L=2175

Gornoslaskie Centrum Medyc M. A 09/14 2496 rows, 2830 d

10mm/div

ap

- Female **M. A.,** age **75**, **BMI 28**
- Primary endoprosthesis LSB **2005**, PSB **2006**
- Revison LSB 21.09.2010 aseptic loosening

Case 4



digital DIAGNOST Ex: 000006460129 Se: 1 Im: 1 Gornoslaskie Centrum Medyczne M. Al 02/22/12 2793 rows, 2821 cols

#### **NA STOJACO** ...reconstruction of bone grafts with osseointegration THA...

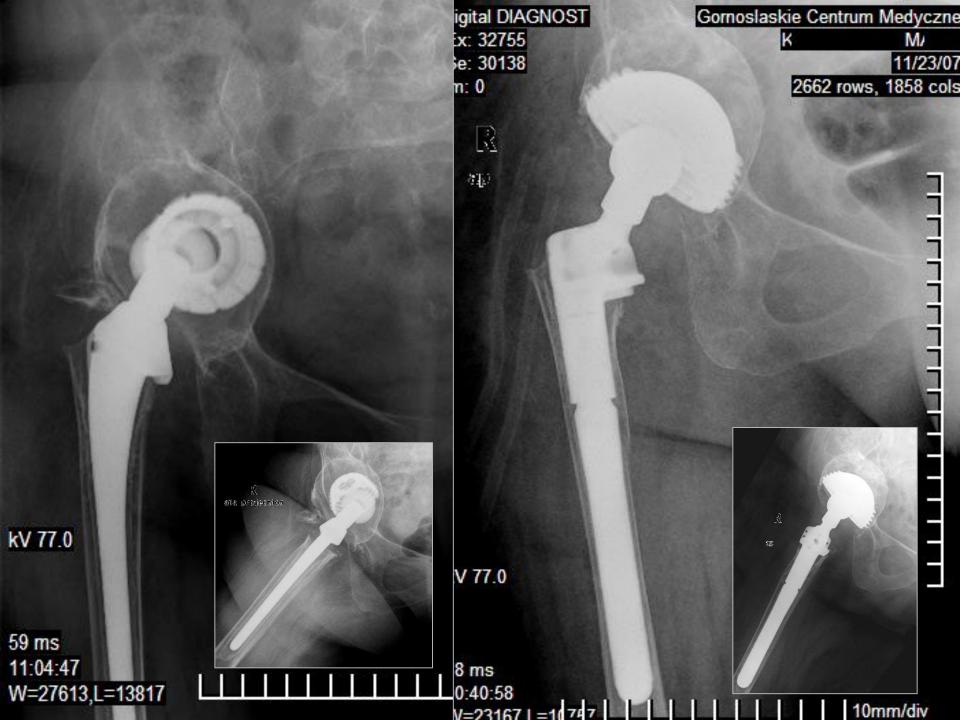
120 ms 14:57:49 W=26176,L=13088

ar

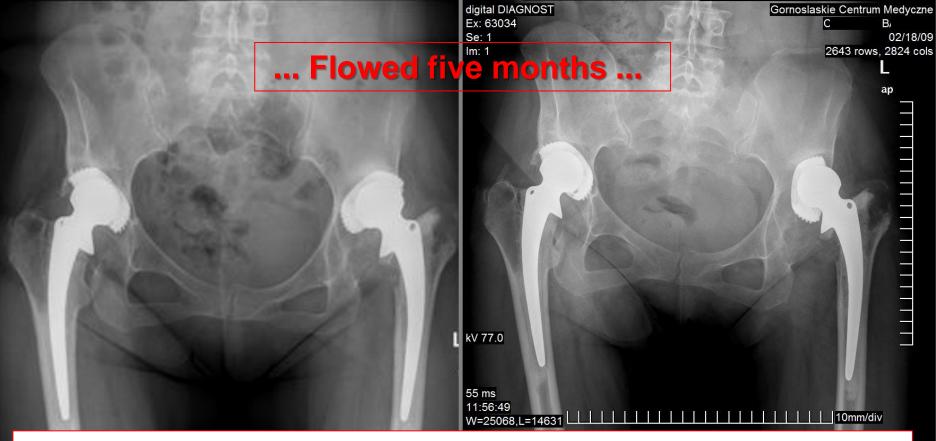


- Female K.M., age 74, BMI 34, LSB 1990, PSB 1998
- Rewision PSB: screwed acetabulum and stem 01.07.2008,
- Antiprotrusio acetabuli GAP II 26.05.2011
- aseptic loosening, RA

Case 5







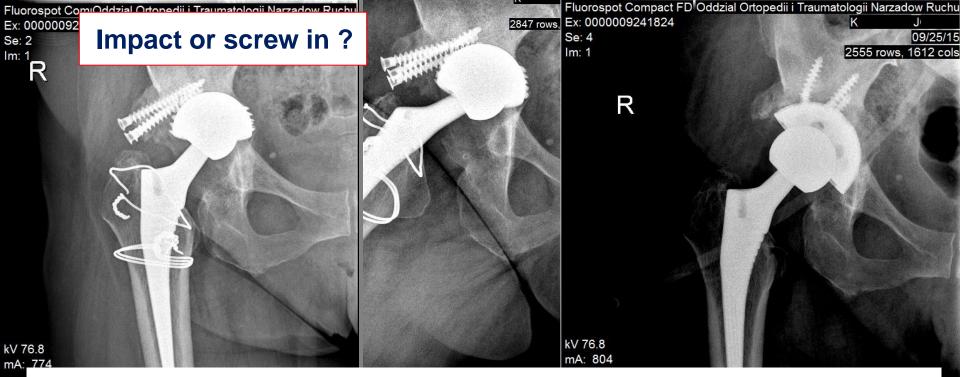
- What is similar in those cases of patients with threaded cups?
  - the rate and extent of bone destruction
  - quite long time from primary surgery to revision? average of 7 years (5 - 10)





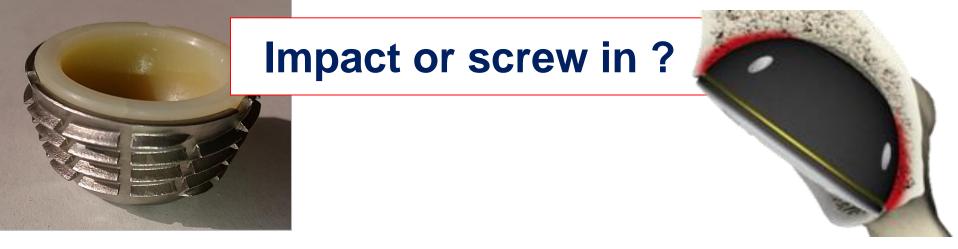


|                | 2005  | 2015  |
|----------------|-------|-------|
| Cemented cups  | 22,1% | 13,4% |
| Threaded cups  | 22,4% | 8,8%  |
| Press-fit cups | 55,5% | 77,8% |



- Secondary stability has only press-fit acetabular cup because covering surface is similar to structure of cancellous bone to allow bone ingrowth
  - Threaded cup has no such surface because we couldn't screw in it.

Lazarinis S i wsp: Increased risk of revision of acetabular cups coated with hydroxyapatite. Acta Orthopaedica 2010; 81(1): 53–59 Grubl A i wsp: Cementless total hip arthroplasty with a tapered, rectangular titanium stem and a threaded cup: a minimum ten-yearfollow-up. J Bone Joint Sura Am. 2002; 84-A(3): 425-431



- Forces needed to insert the threaded and the pressfit cups are different:
  - screw in it is 1500J (i.e. 1500 W. The 100W
     light bulb will stay lit for about 10 seconds) or
     2 KM
  - press fit it is 125 J (i.e. 125 W. The 100W
     light bulb will stay lit for about 1,5 second) or
     0,16 KM

Fritsche A i wsp. Experimental investigations of the insertion and deformation behavior of press-fit and threated acetabular cuos for total hip replacement. J Orthop Sci. 2008; 13: 240-247

### Impact or screw in ?

- Hemispherical press fit uncemented cup is the gold standard in THA
- Additional stabilization with screws do not worsen the osteointegration
- Threaded cup is an alternative with high risk of aseptic loosening and the probability is greater with time
- In situation when we could implant the treaded cup we can also implant the press-fit one
- When we cannot implant the treated cup we certainly could implant the press-fit cup IP

# Thank you for your attention