

Società Emiliano-Romagnola-Triveneta di Ortopedia e Traumatologia

Presidente: Prof. Araldo Causero

4° Corso di Aggiornamento

145^a riunione



S.e.r.t.o.t.

“I TRAUMI DEL BACINO”

“LA CHIRURGIA CONSERVATIVA DELL’ANCA”



Organizzata dal:

Dott. Dante Dallari

Responsabile SSD Chirurgia Ortopedica, conservativa e tecniche innovative
Istituto Ortopedico Rizzoli - Bologna

Dott. Mauro Monesi

Direttore U.O. di ortopedia Azienda USL di Cesena “Ospedale M. Bufalini”

Bologna, 9-10 giugno 2017

Centro Congressi dell’Istituto Ortopedico Rizzoli

Via Di Bardiano 1/10 Bologna

“EVENTO PATROCINATO SIOT”



Programma Definitivo

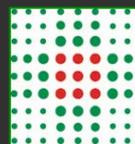
Valutazione intraoperatoria del trattamento artroscopico dell’impingement femoroacetabolare

E. Sabetta, M. Cappa

www.ettoresabetta.it

**Struttura Complessa
Ortopedia e Traumatologia
Direttore: Ettore Sabetta**

**IRCCS Arcispedale S. Maria Nuova
Reggio Emilia**



**SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliera di Reggio Emilia**

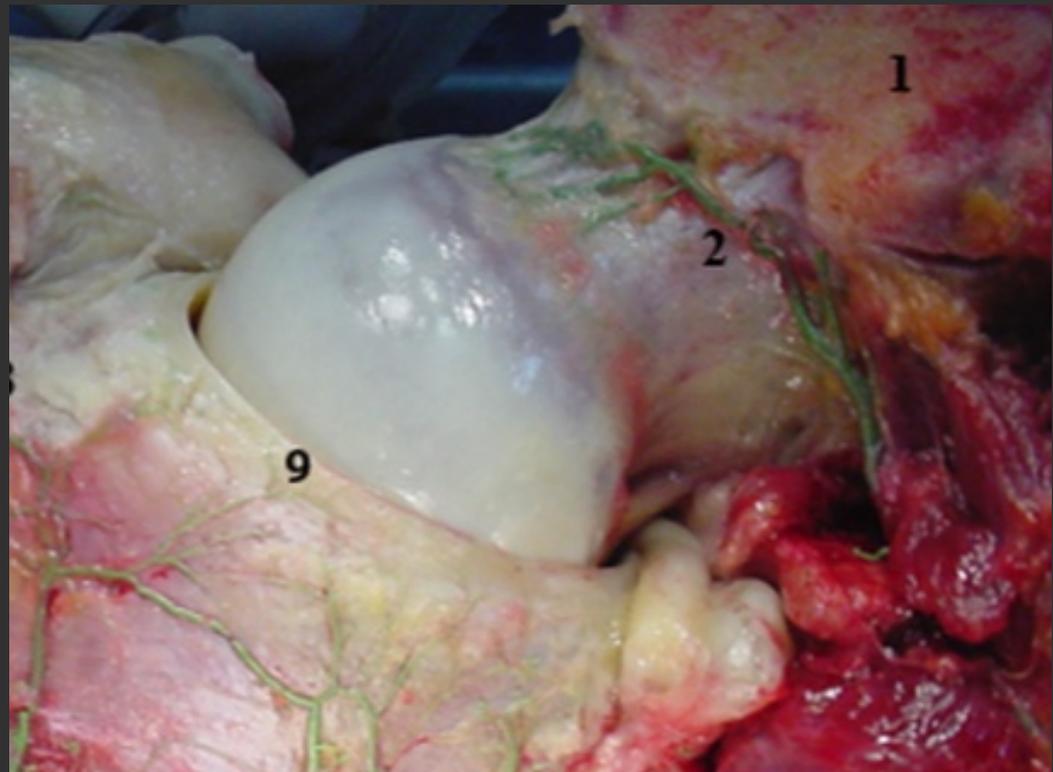
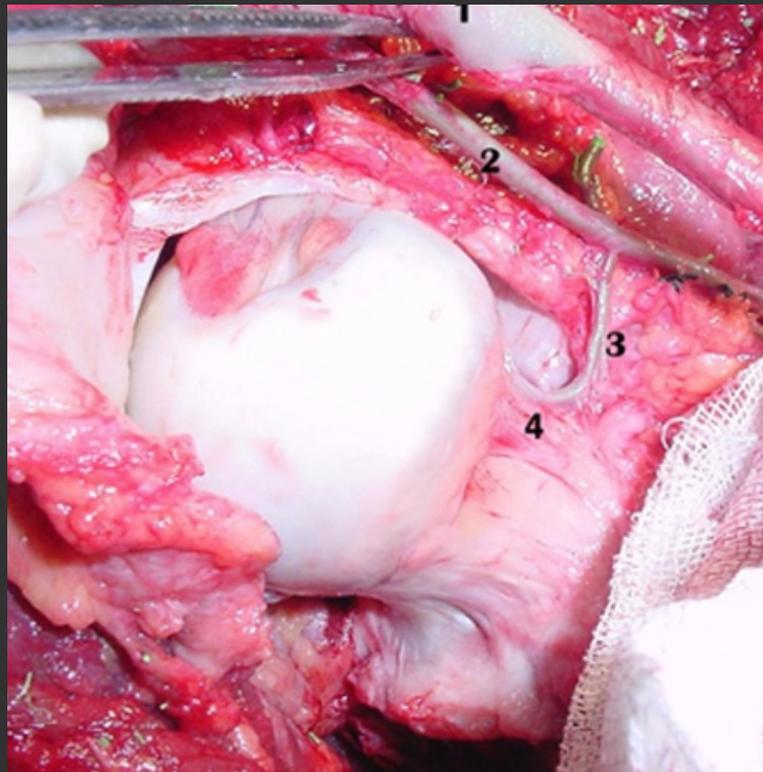
SYMPOSIUM: 2014 BERNESE HIP SYMPOSIUM

Residual Deformity Is the Most Common Reason for Revision Hip Arthroscopy: A Three-dimensional CT Study

**James R. Ross MD, Christopher M. Larson MD,
Olusanjo Adeoyo MD, Bryan T. Kelly MD,
Asheesh Bedi MD**

In our study, 90% (45 of 50) of patients undergoing secondary hip arthroscopy surgery were noted to have residual femoral and/or acetabular deformity, most often in the form of cam-type (36%) or combined cam- and pincer-type (50%) pathomorphology.

Residual cam-type deformity in our series was most often encountered at the superolateral head-neck junction, on average at the 1:15 o'clock location. Additionally, the mean alpha angles among this population were elevated ($> 50^\circ$) between 12:00 and 2:30, which likely reflects the difficulty in exposing and accessing this region on the femoral head-neck junction and the proximity to the perfusing retinacular vessels.



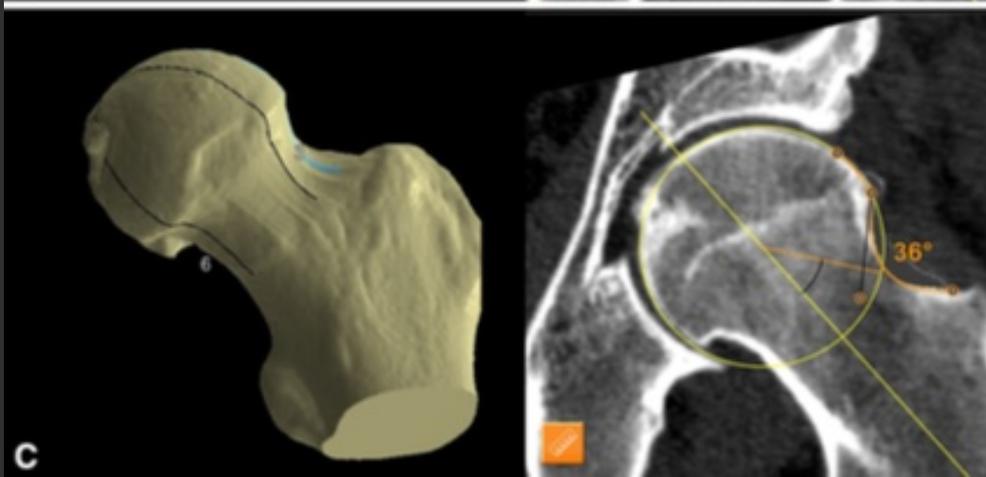
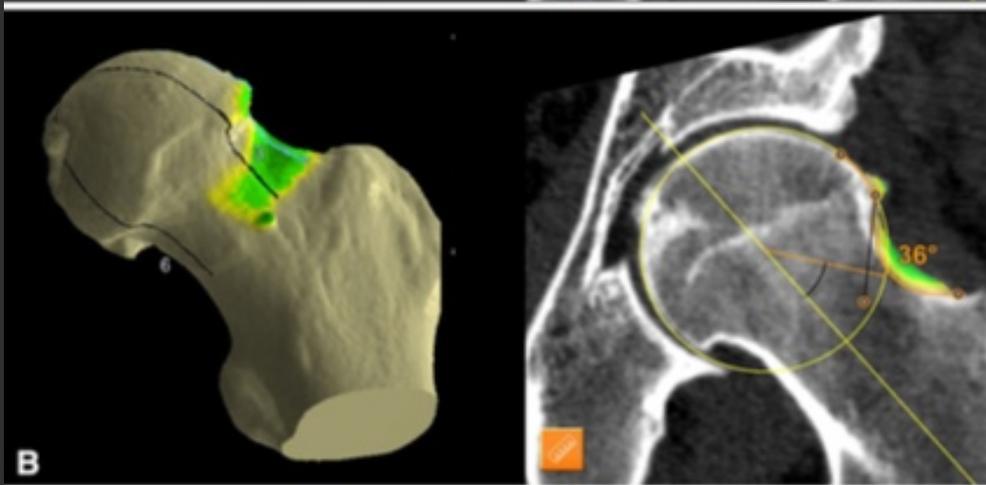
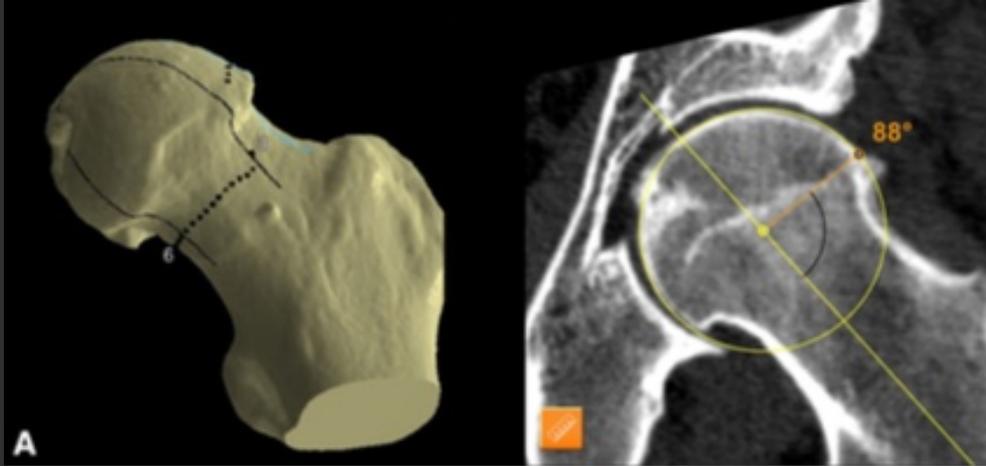
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Residual Deformity Is the Most Common Reason for Revision Hip Arthroscopy: A Three-dimensional CT Study

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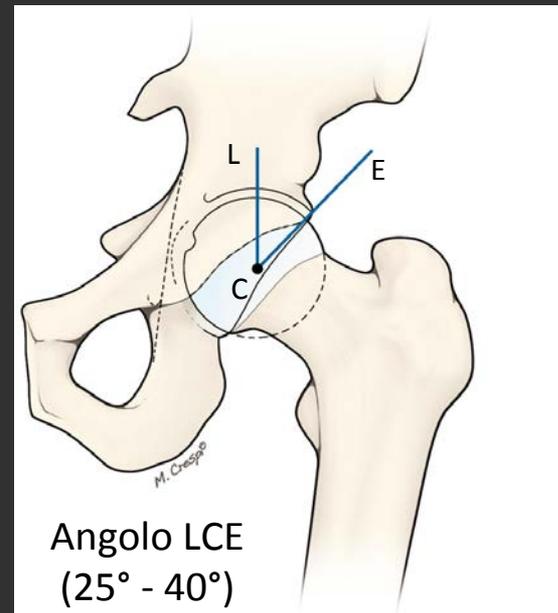
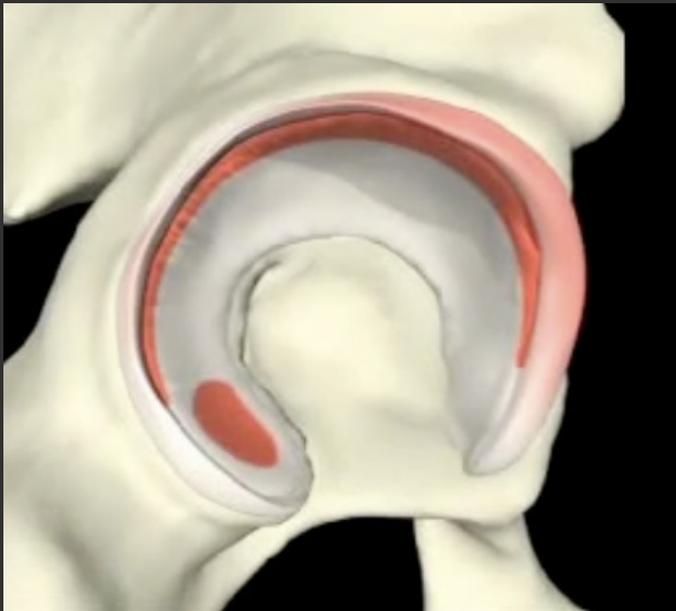
Although hip arthroscopy allows visualization of the anteroinferior-to-lateral femoral head-neck junction, full visualization can be difficult to obtain through a single viewing portal and usually requires regional viewing through multiple portals.

TC-3D
dinamica



TRATTAMENTO

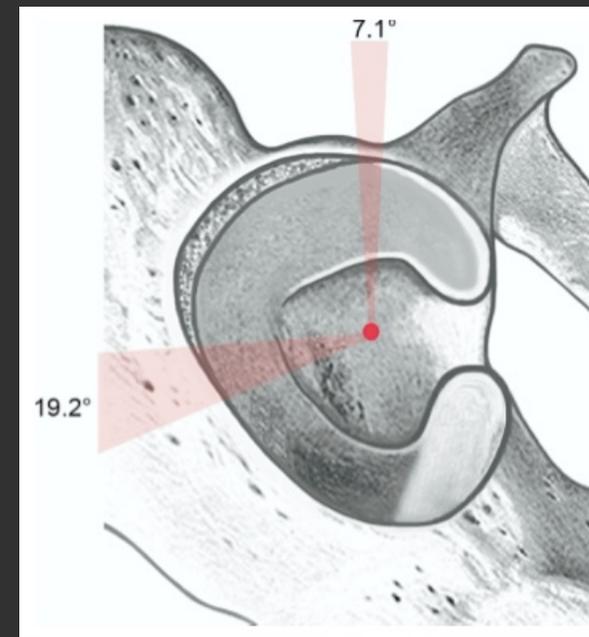
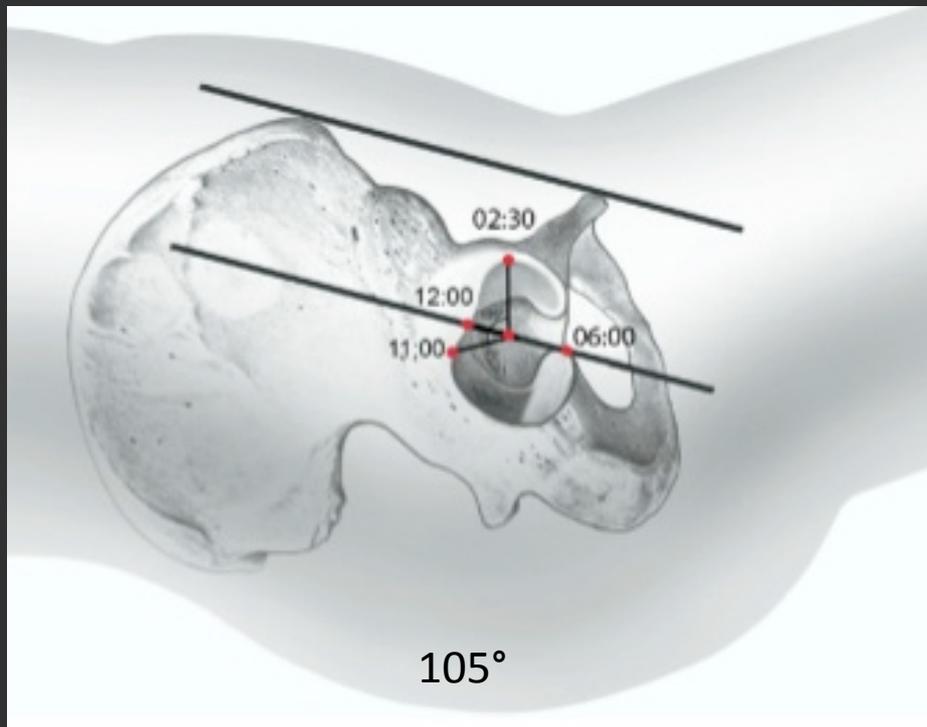
- PINCER: come stabilire l'estensione e la profondità della plastica acetabolare



How Accurately Can the Acetabular Rim Be Trimmed in Hip Arthroscopy for Pincer-Type Femoral Acetabular Impingement: A Cadaveric Investigation

Matthias Zumstein, M.D., Frederik Hahn, M.D., Atul Sukthankar, M.D.,
Patrick S. Sussmann, M.D., and Claudio Dora, M.D.

Arthroscopy 2009

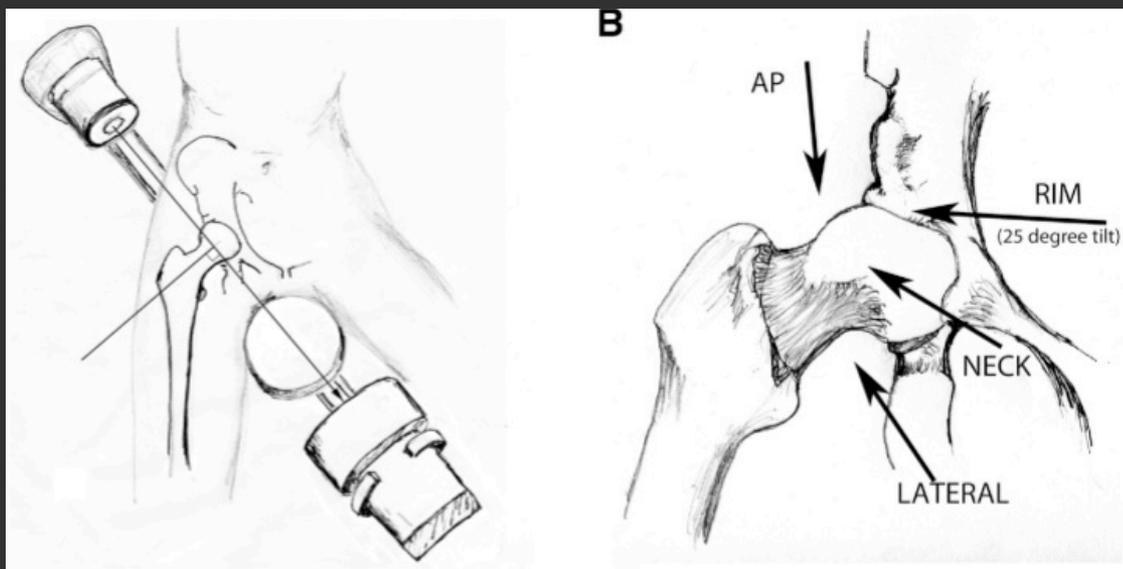


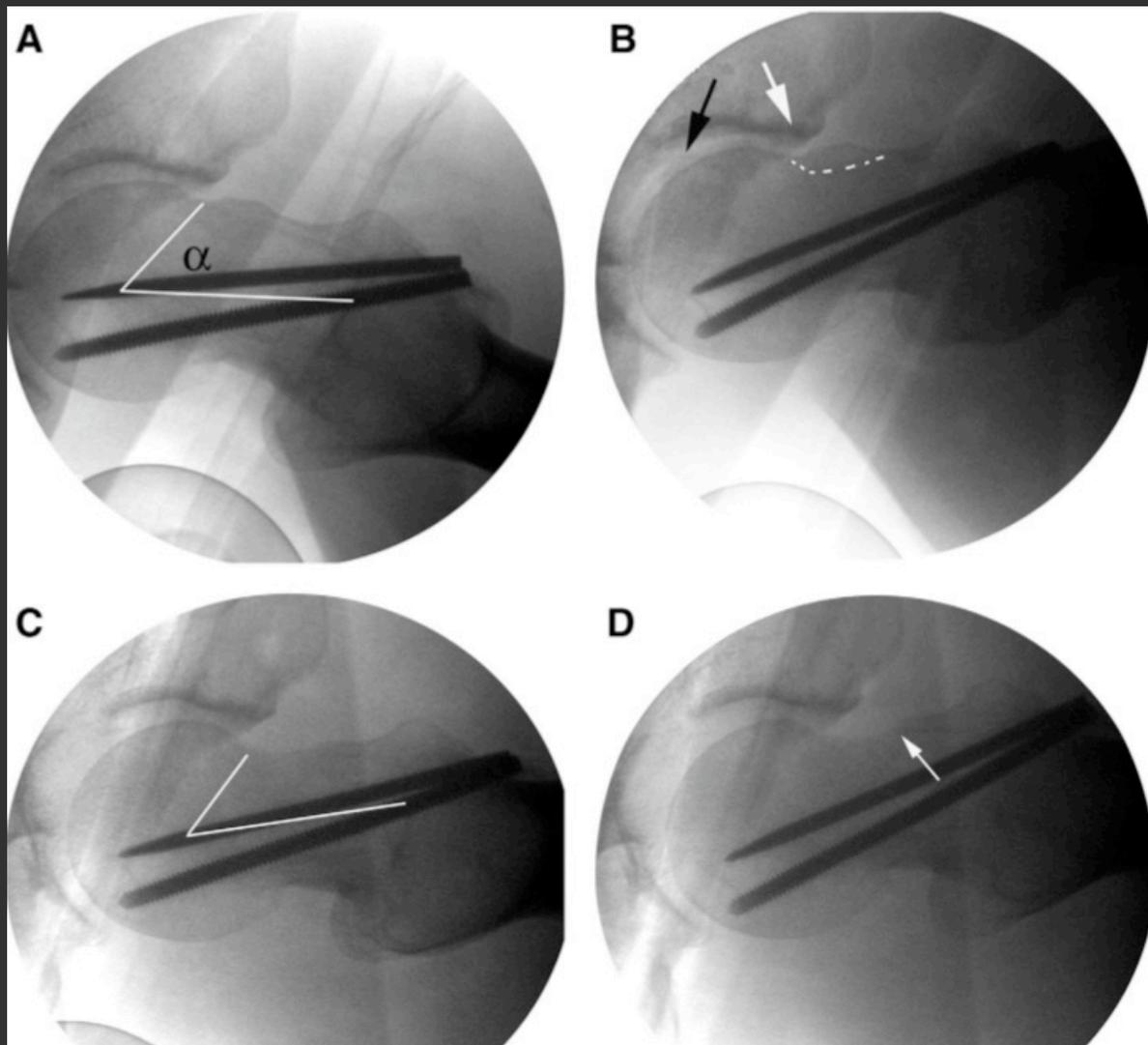
Technical Note

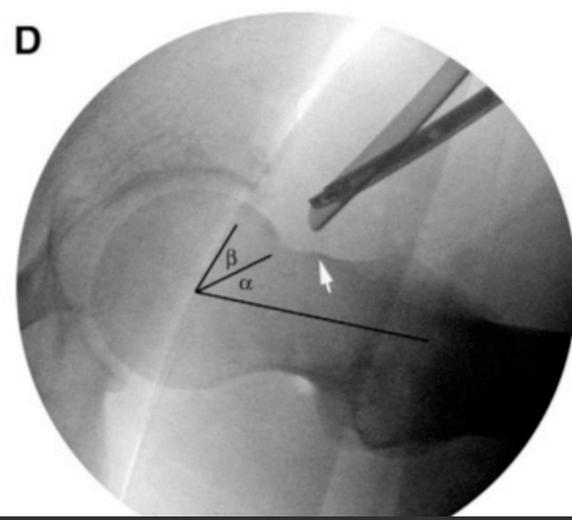
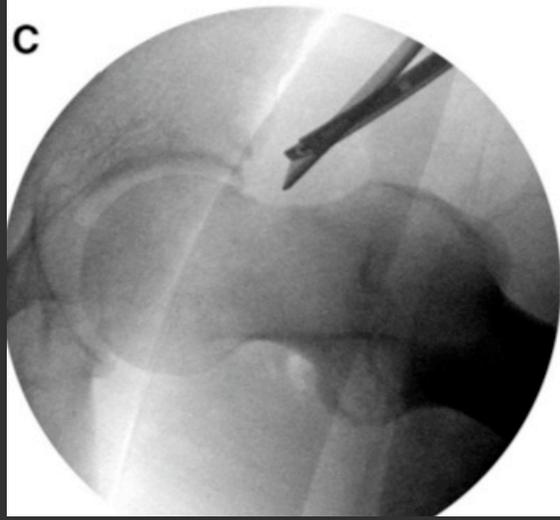
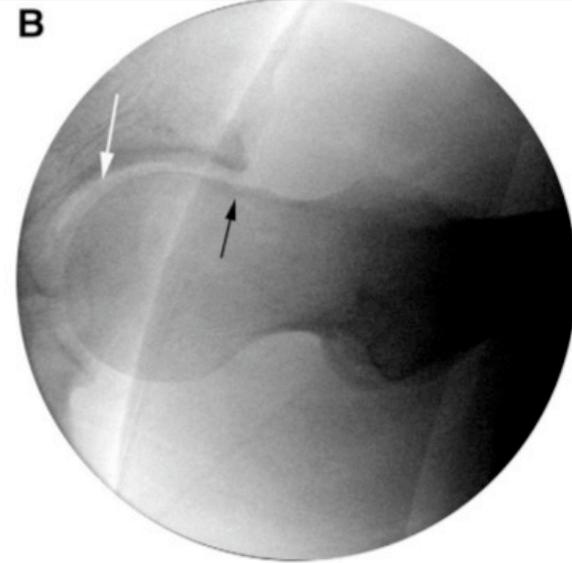
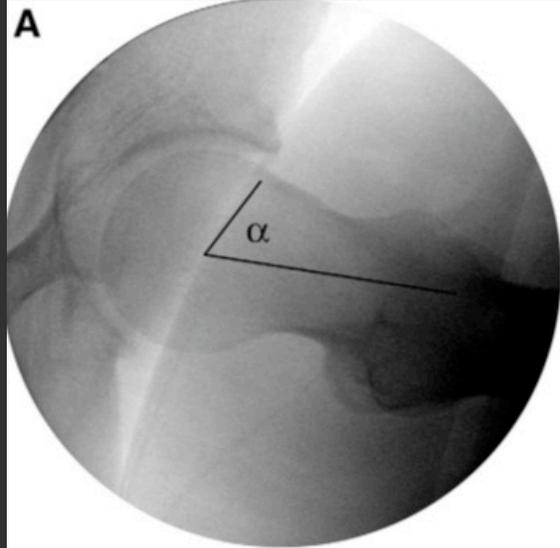
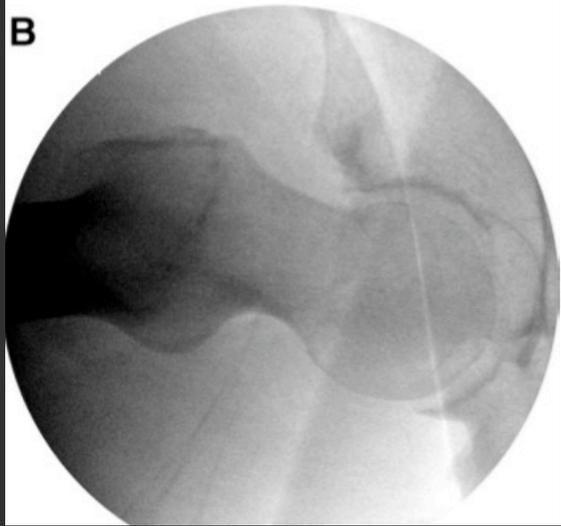
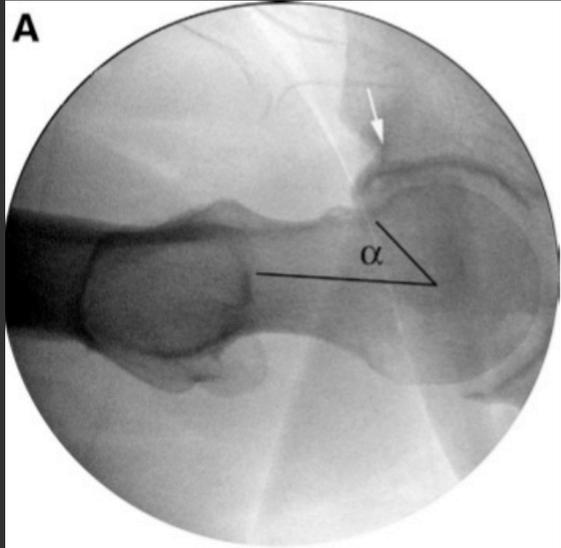
Fluoroscopic Demonstration of Femoroacetabular Impingement During Hip Arthroscopy

Cara Beth Lee, M.D., and John Clark, M.D.

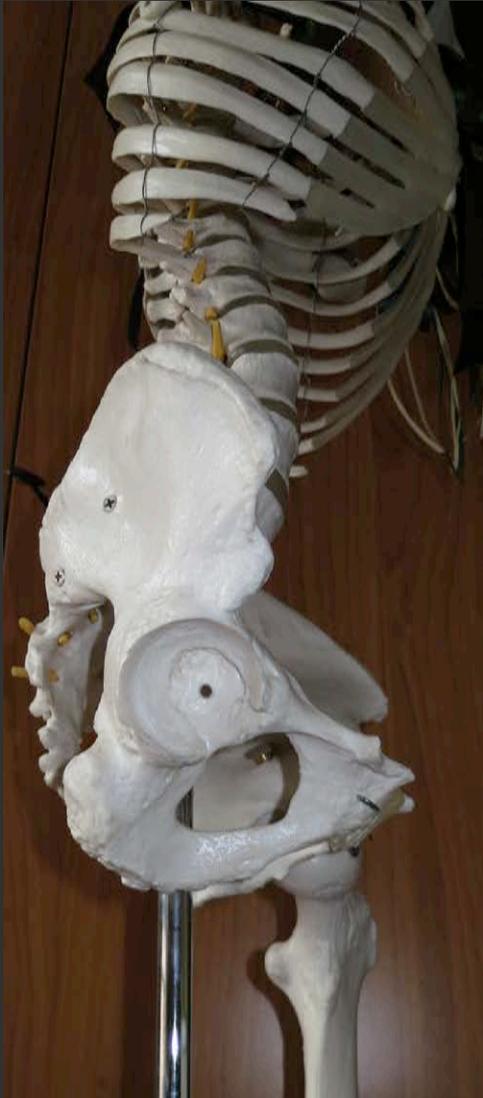
Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 27, No 7 (July), 2011: pp 994-1004





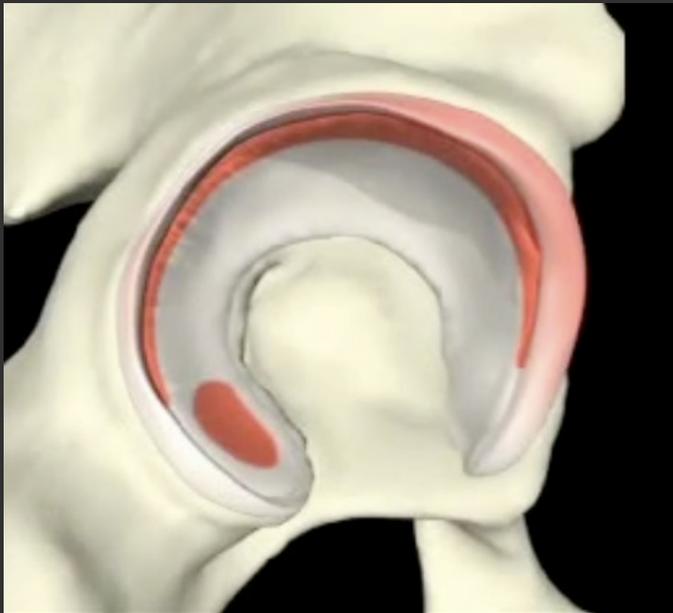


Ore 12 ??

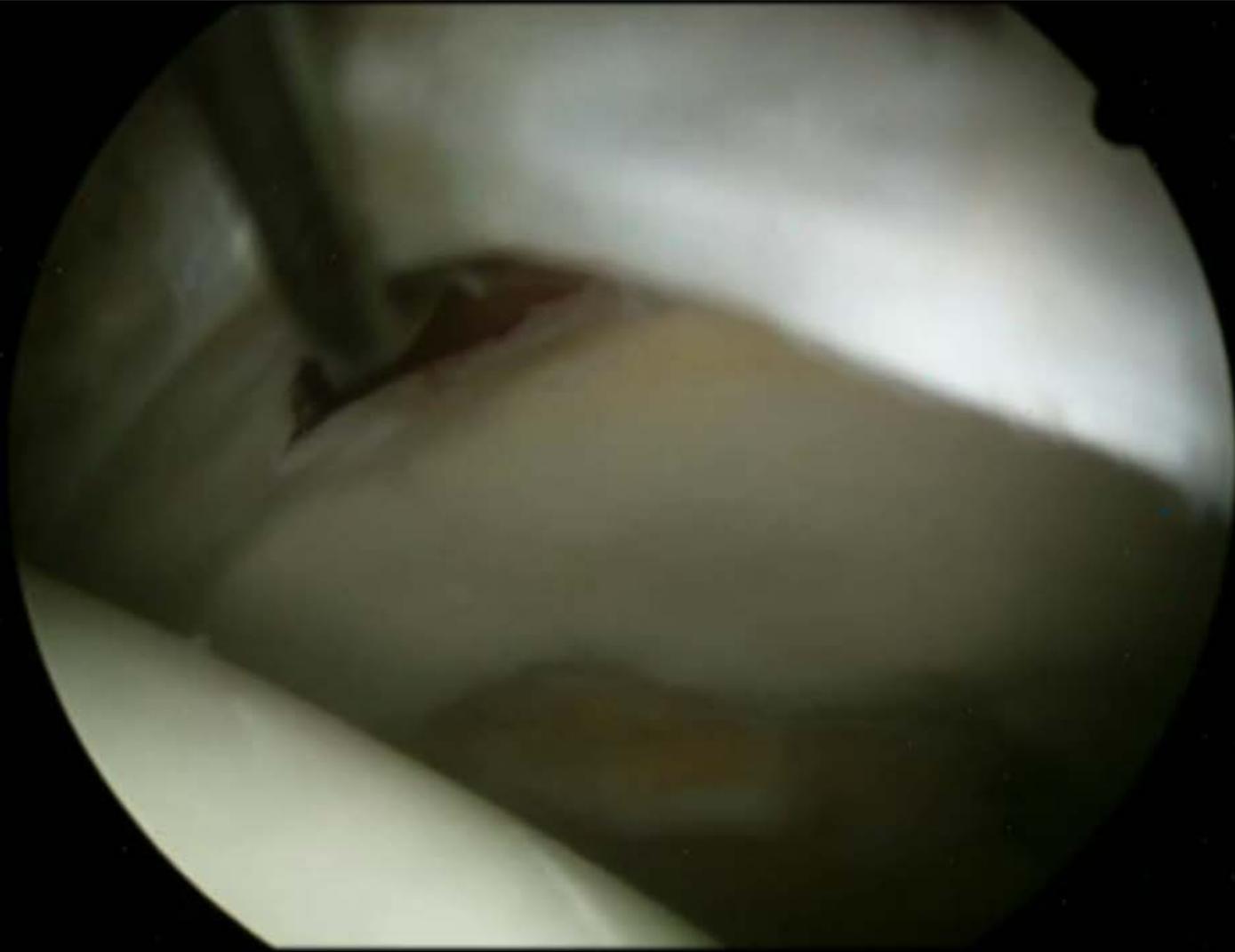


TRATTAMENTO

- Pincer: valutazione intra-op della estensione della plastica acetabolare



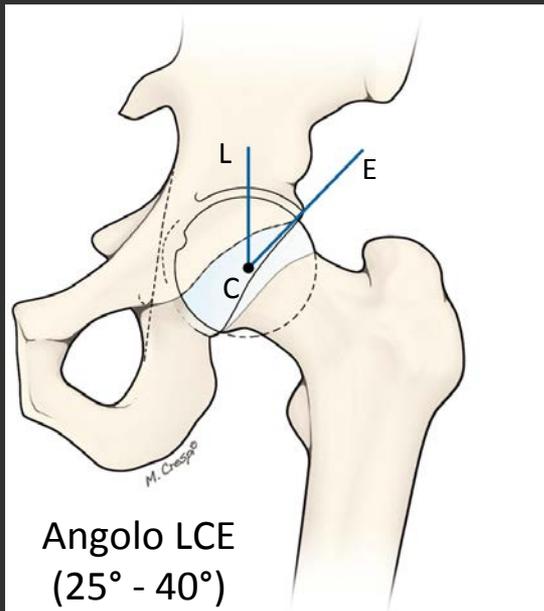
Anca sinistra



VIDEO 1

TRATTAMENTO

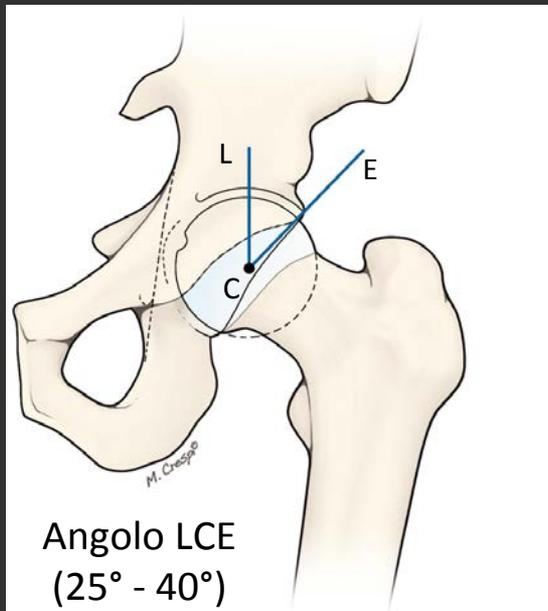
- Pincer: valutazione intra-op della estensione della plastica acetabolare



Acetabular Rim Reduction for the Treatment of Femoroacetabular Impingement Correlates With Preoperative and Postoperative Center-Edge Angle

Marc J. Philippon, M.D., Andrew B. Wolff, M.D., Karen K. Briggs, M.P.H.,
Chad T. Zehms, M.D., and David A. Koppersmith, B.S.

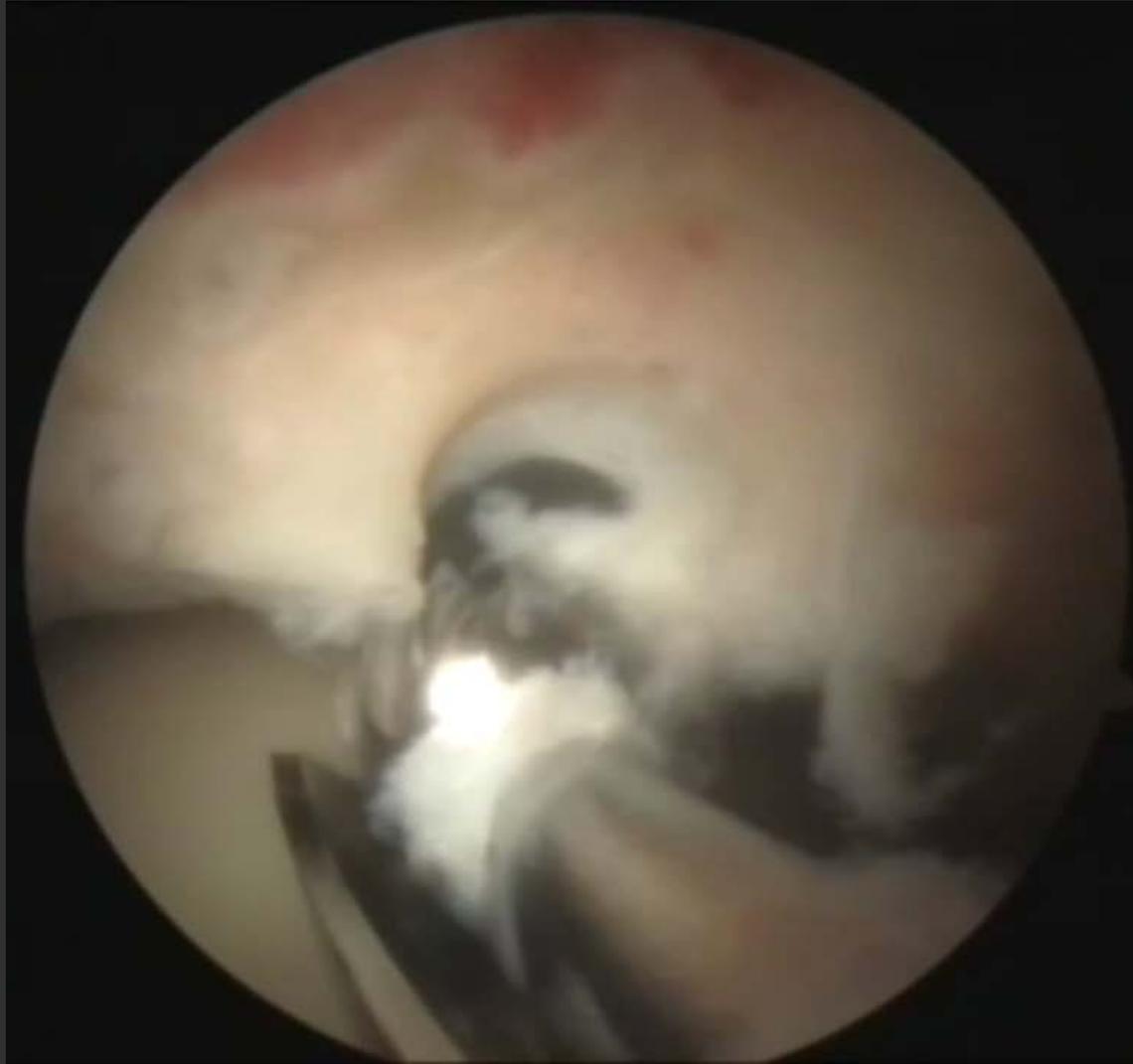
Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 26, No 6 (June), 2010: pp 757-761



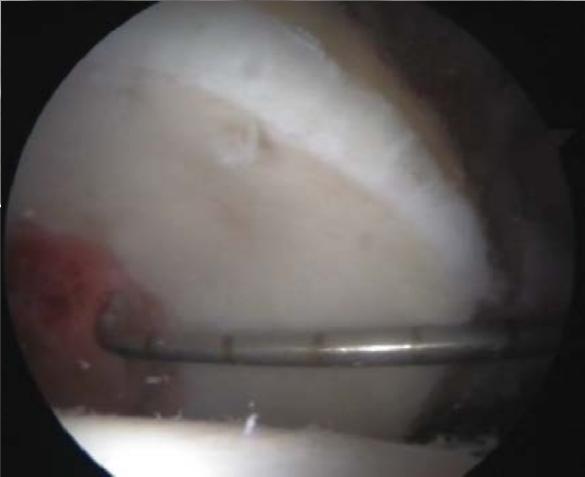
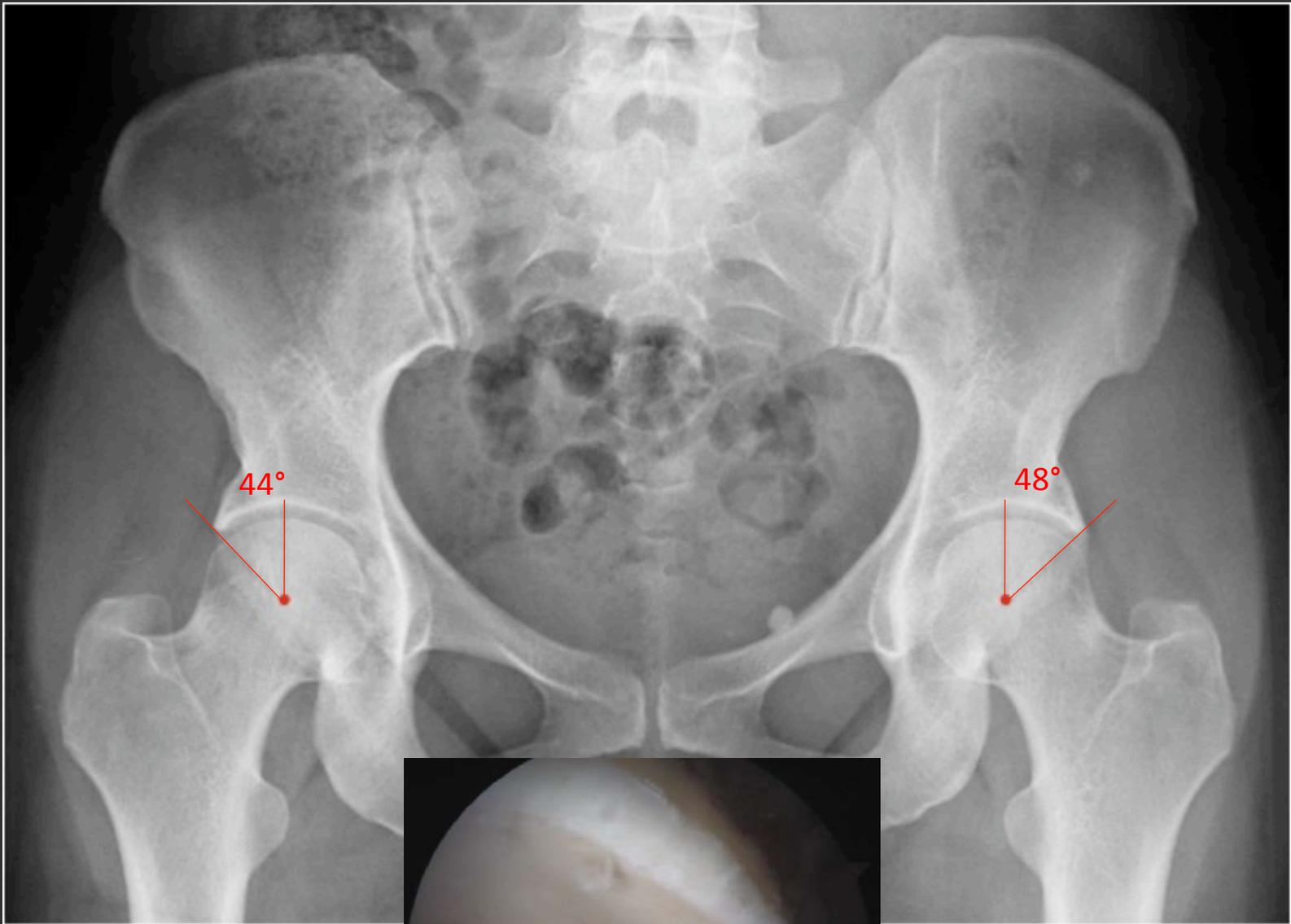
Millimeter of Rim Reduction	Change in CE Angle
1	2.4°
2	3.1°
3	3.7°
4	4.4°
5	5.0°

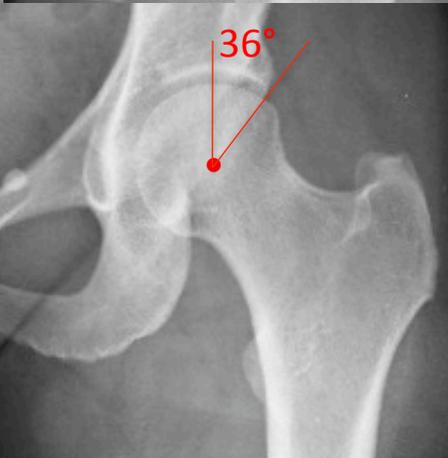
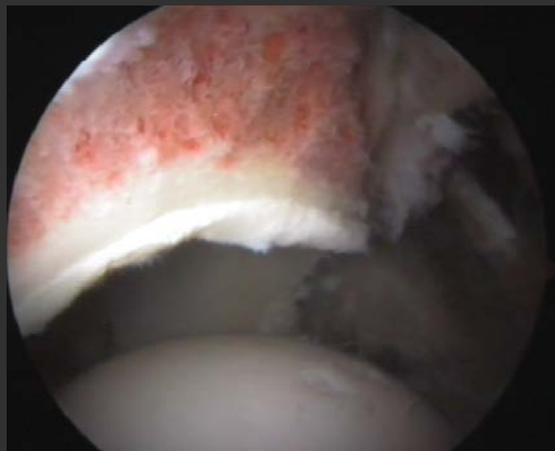
The findings of this study showed that the amount of change in the CE angle can be estimated by the amount of bony resection performed at the 12-o'clock position on the lunate surface in the arthroscopic treatment of femoroacetabular pincer impingement. We found that 1 mm of bony resection equals 2.4° of change in the CE angle and 5 mm of bony resection equals 5° of change in the CE angle. The following formula can be used: Change in CE angle = 1.8 + (0.64 × rim reduction in millimeters).

Anca sinistra



VIDEO 2

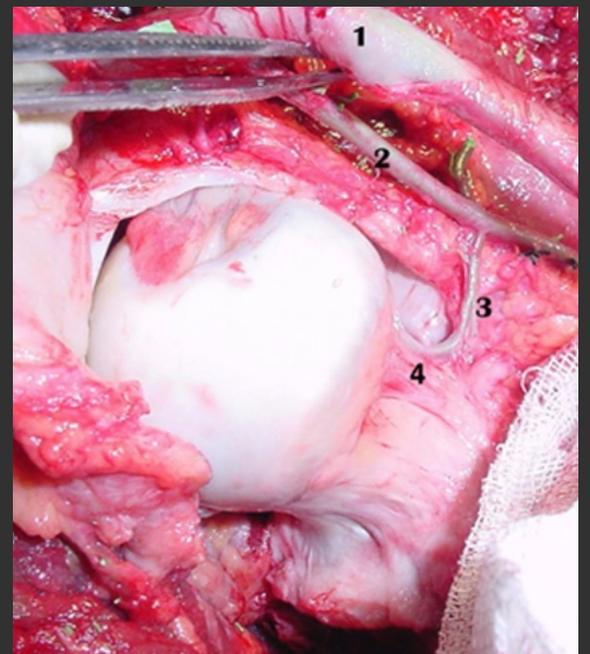
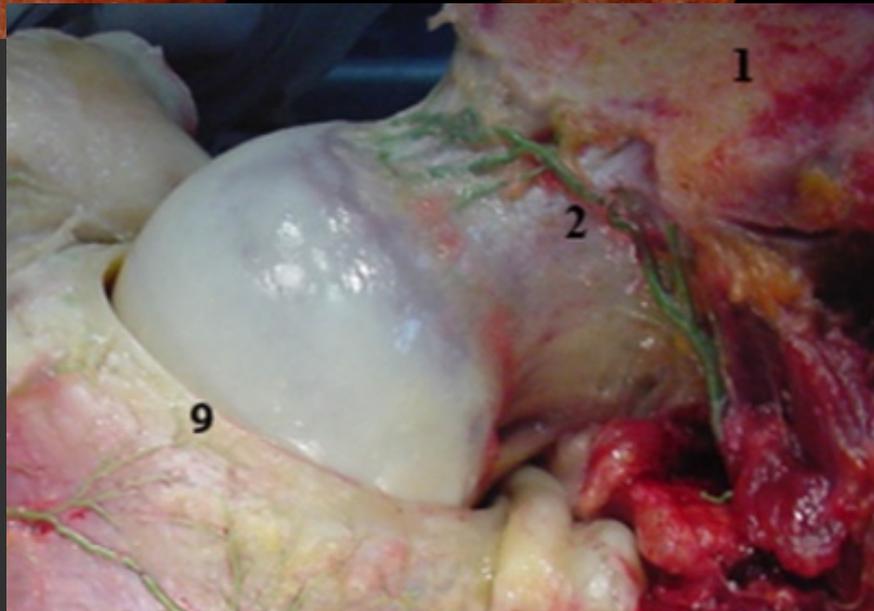
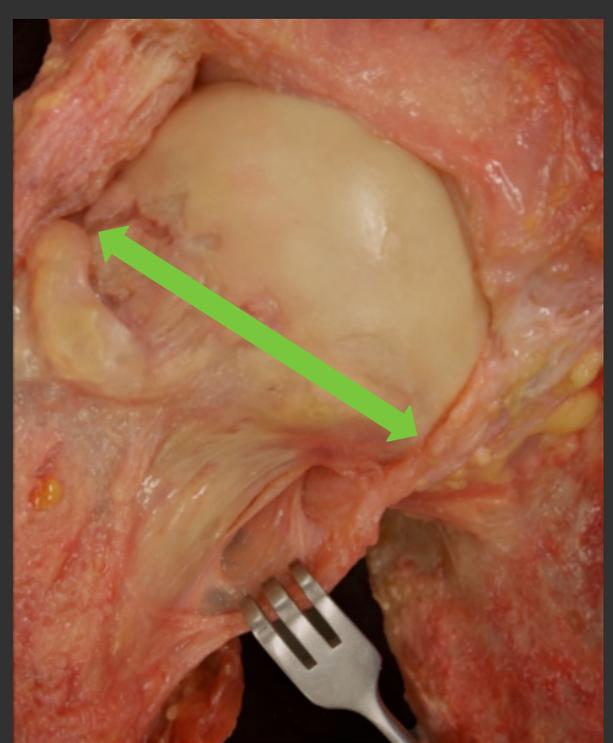
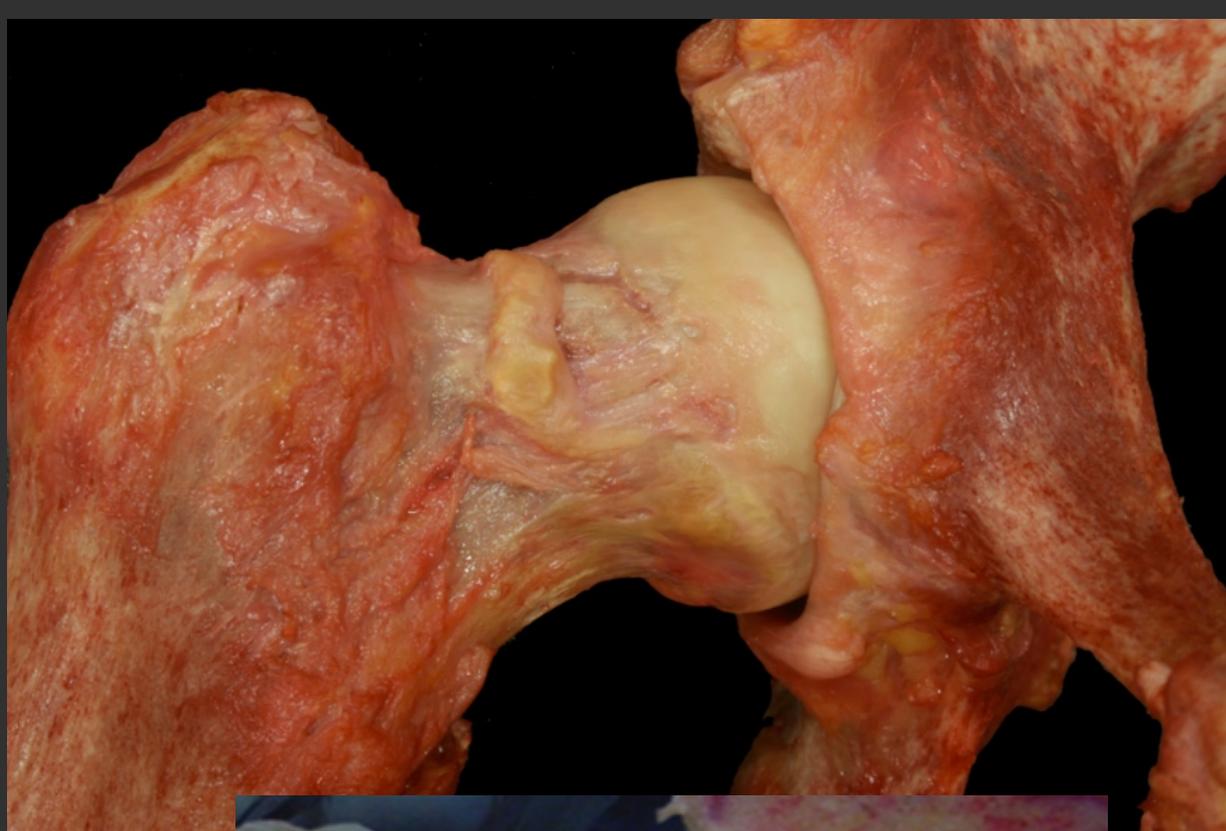




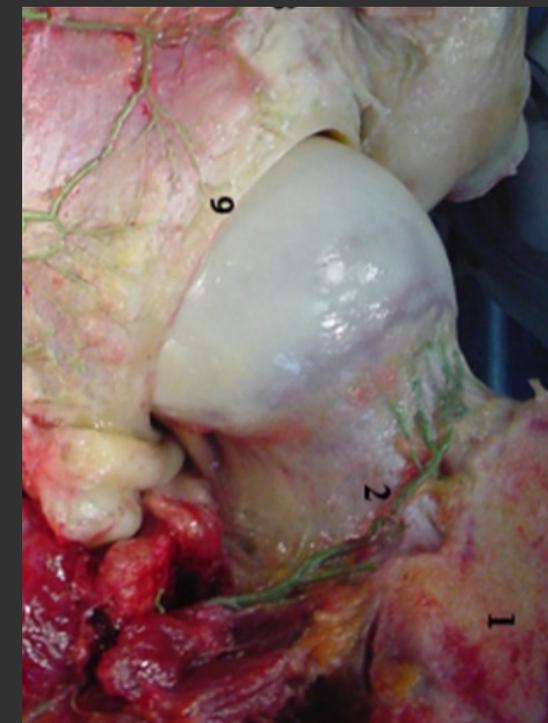
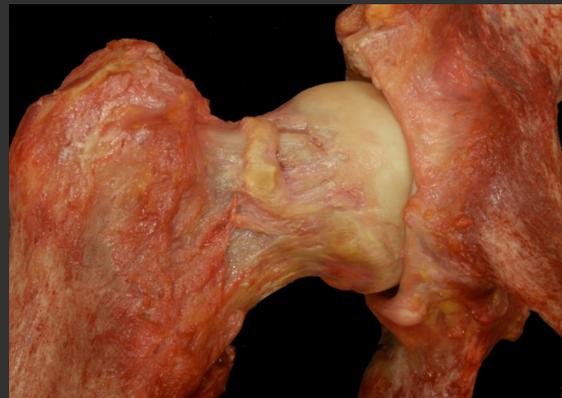
TRATTAMENTO

- CAM: come stabilire l'estensione e la profondità della osteo-condroplastica femorale



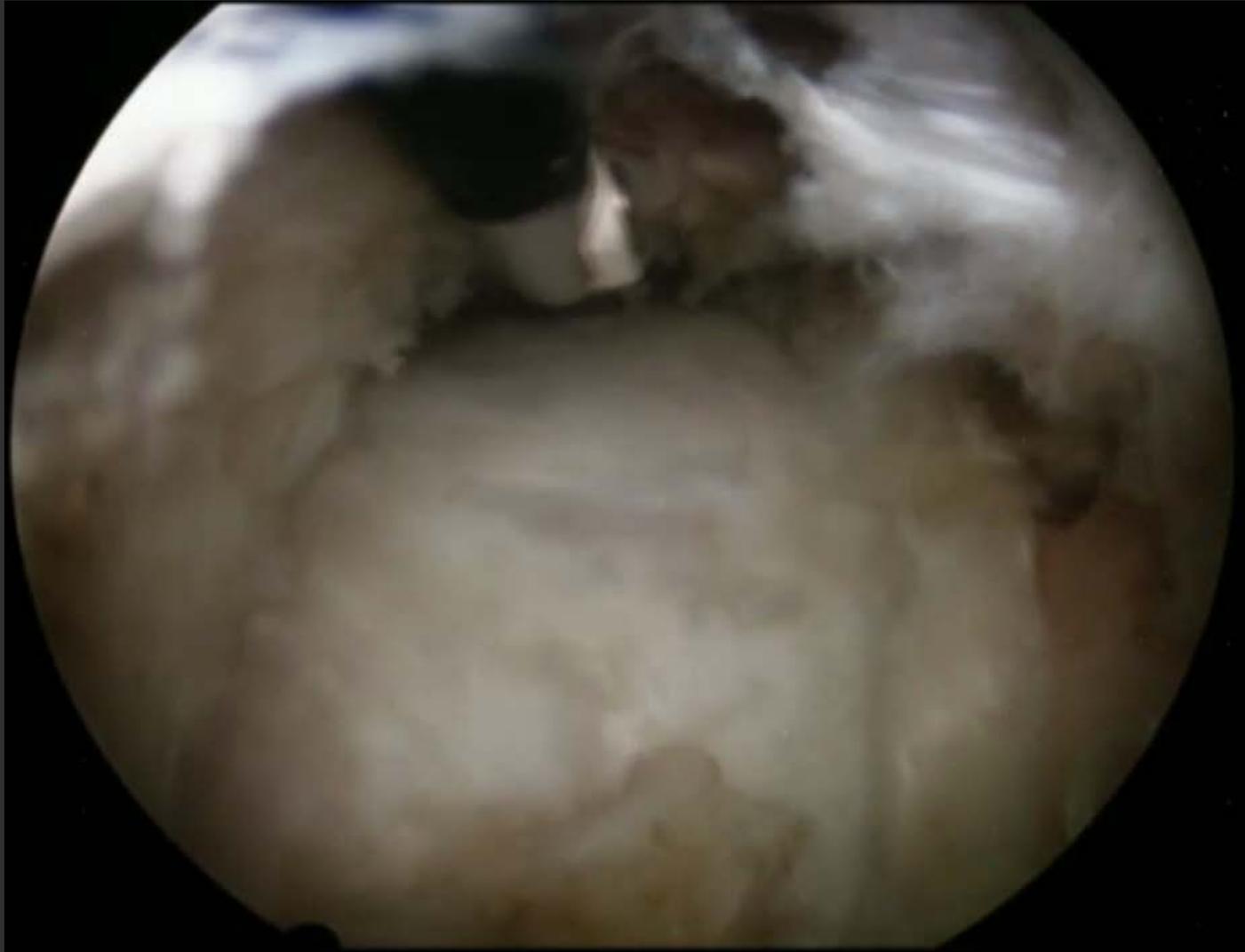


Anca destra



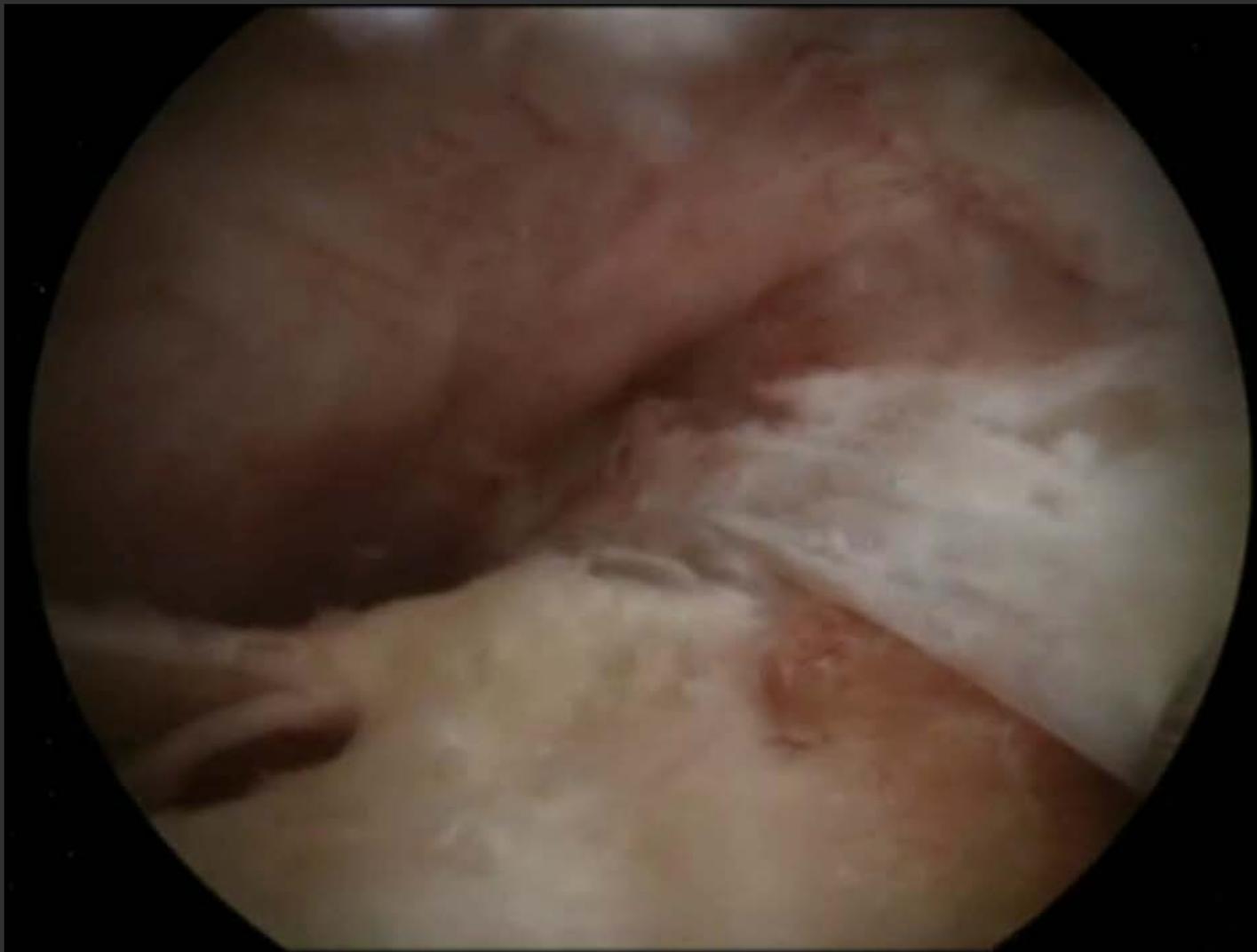
VIDEO 3

Ragazzo 25 aa, anca sinistra



VIDEO 4

Anca sinistra



VIDEO 5



Pre-op

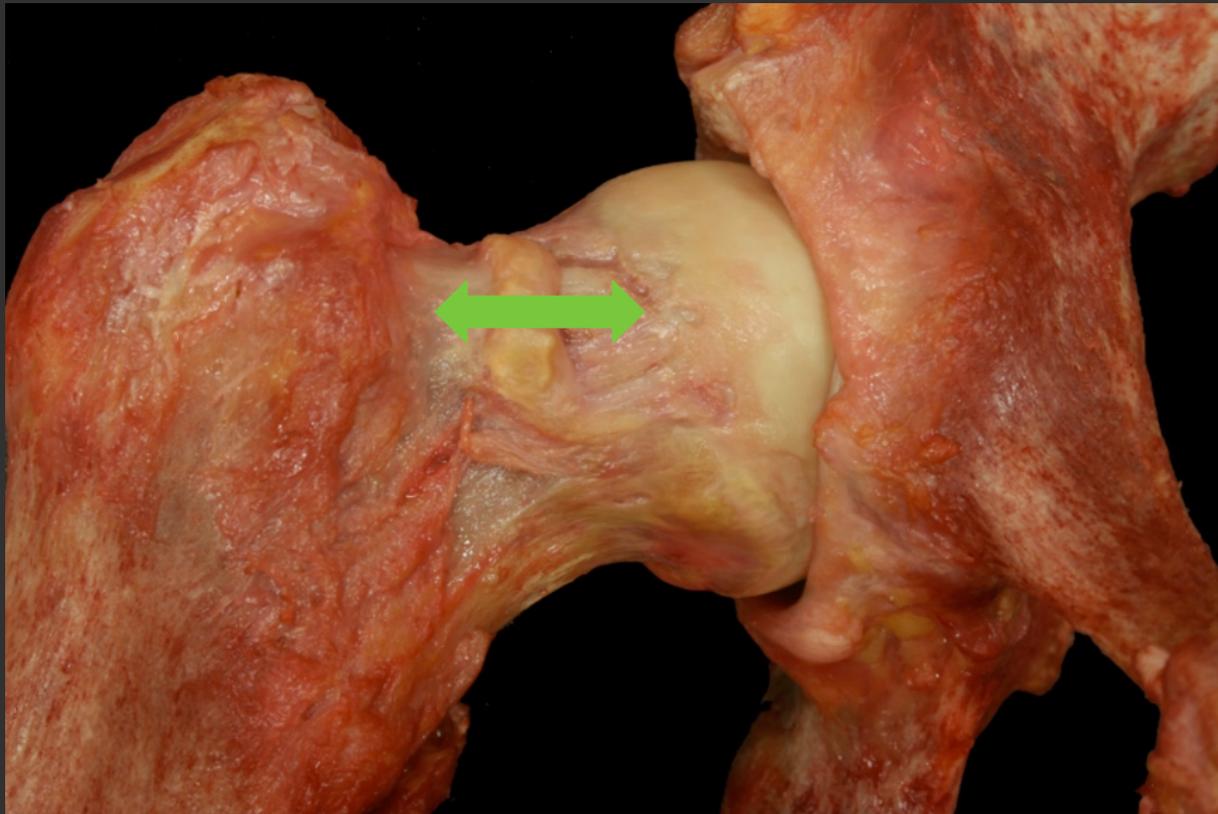


Post-op



TRATTAMENTO

- CAM: estensione laterale della osteo-condroplastica femorale

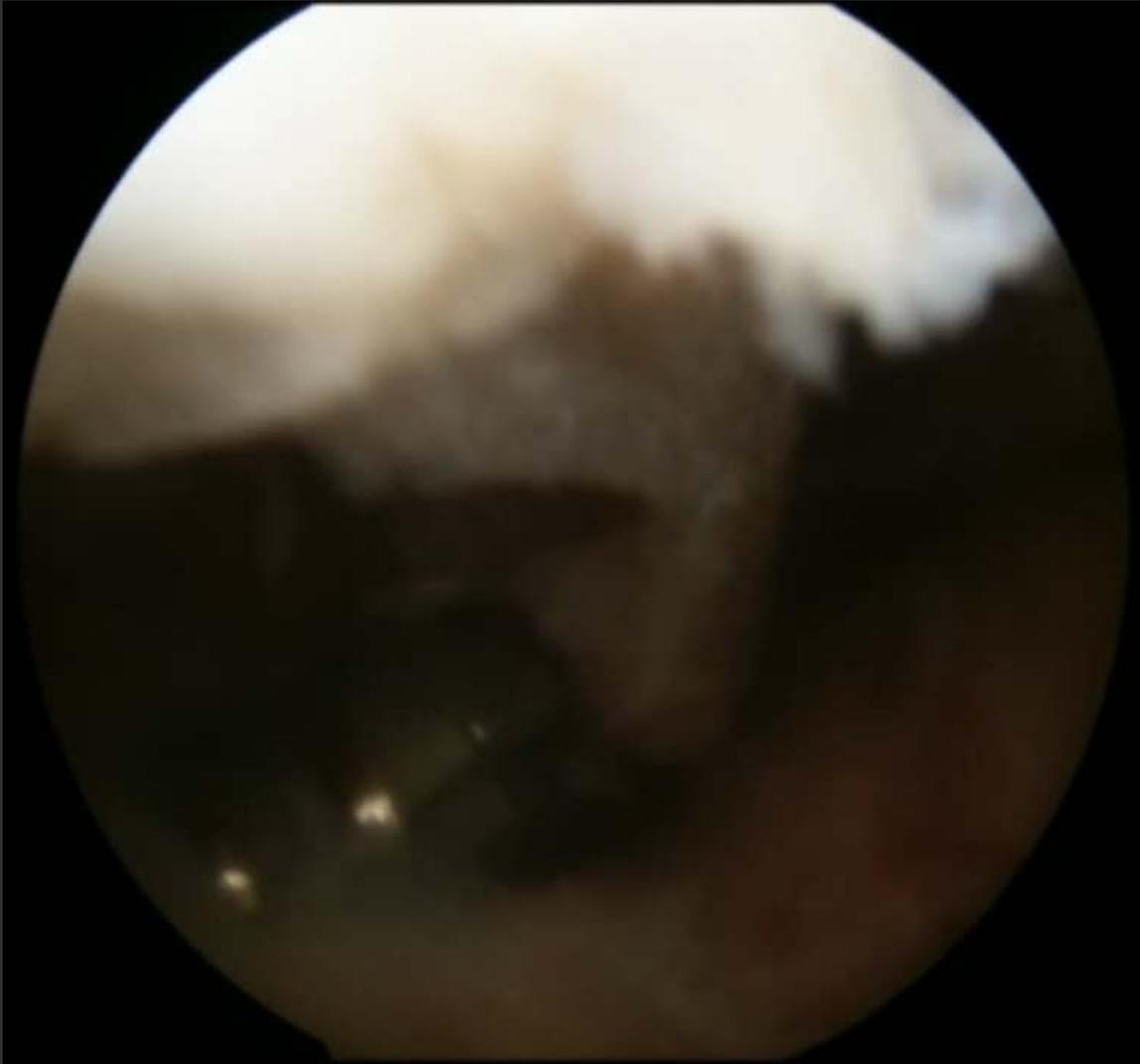


FAI post-traumatico

- Uomo 51 anni, altezza 169, peso 72 kg
- Politrauma da Incidente stradale 01/2010
- Frattura femore e piatto tibiale a sinistra
- Dismetria in accorciamento > 1 cm.





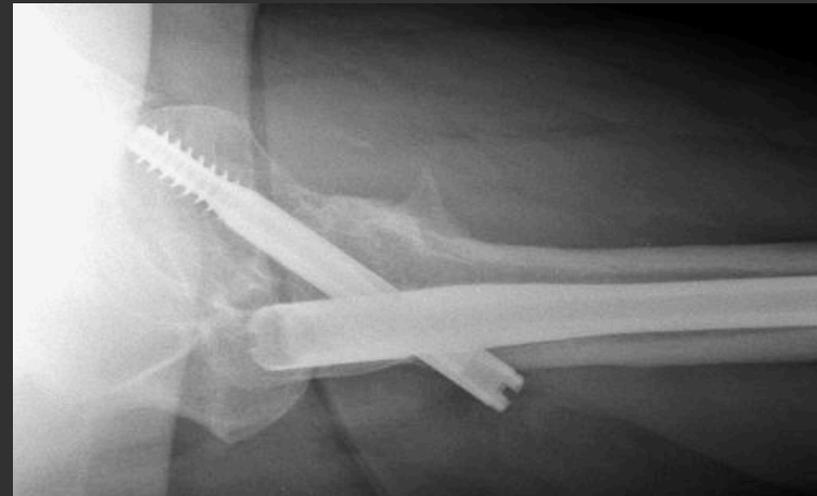


VIDEO 6





1 mese post-op



1 mese post-op



Pre-op

Test dinamico





VIDEO 7



VIDEO 8

Dynamic Hip Examination for Assessment of Impingement During Hip Arthroscopy



Renato Locks, M.D., Jorge Chahla, M.D., Justin J. Mitchell, M.D., Eduardo Soares, M.D.,
and Marc J. Philippon, M.D.

Arthroscopy Techniques, Vol 5, No 6 (December), 2016: pp e1367-e1372

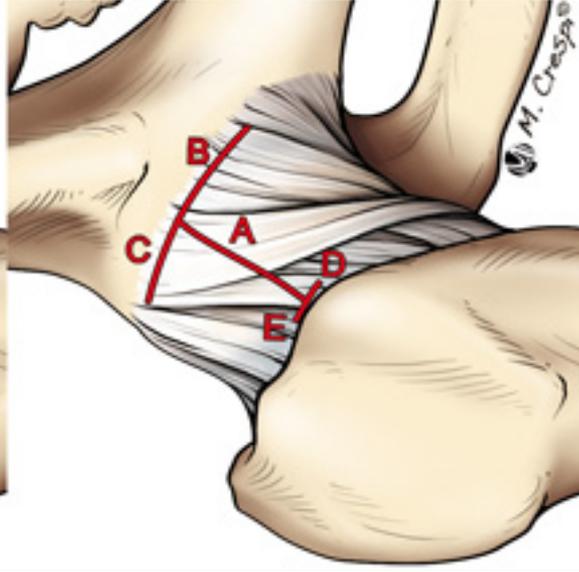
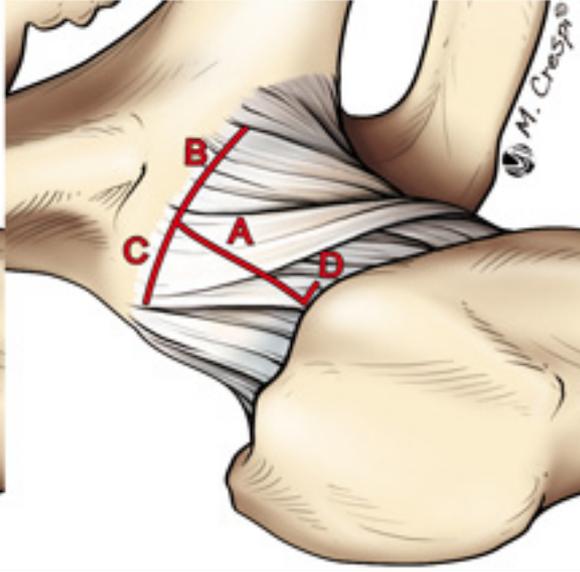
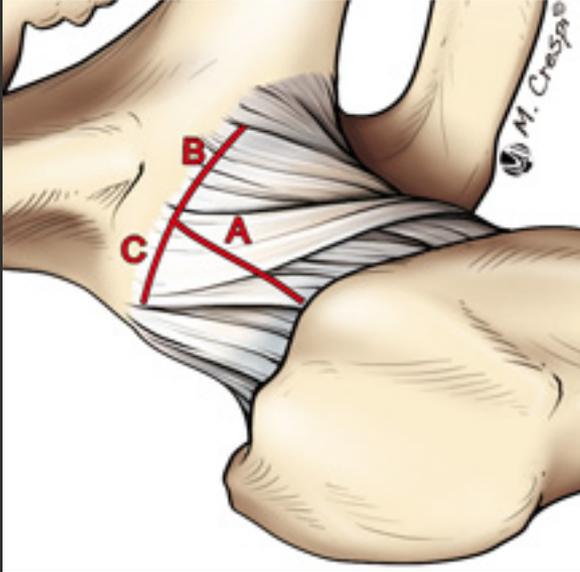
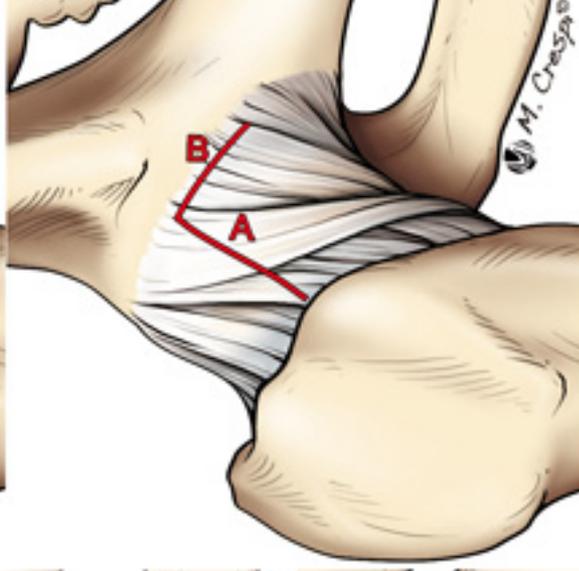
... an intraoperative assessment technique capable of revealing in real time the effect of the resection is vital for a successful procedure.

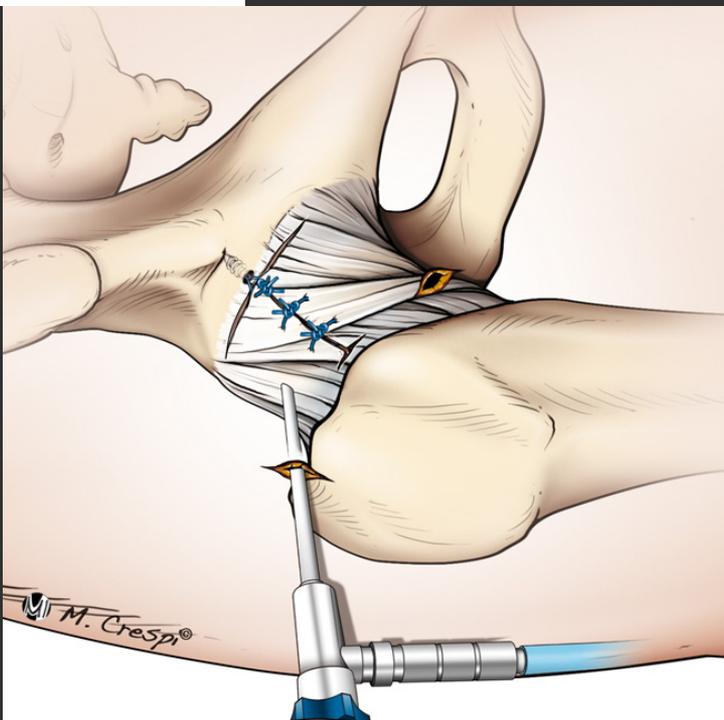
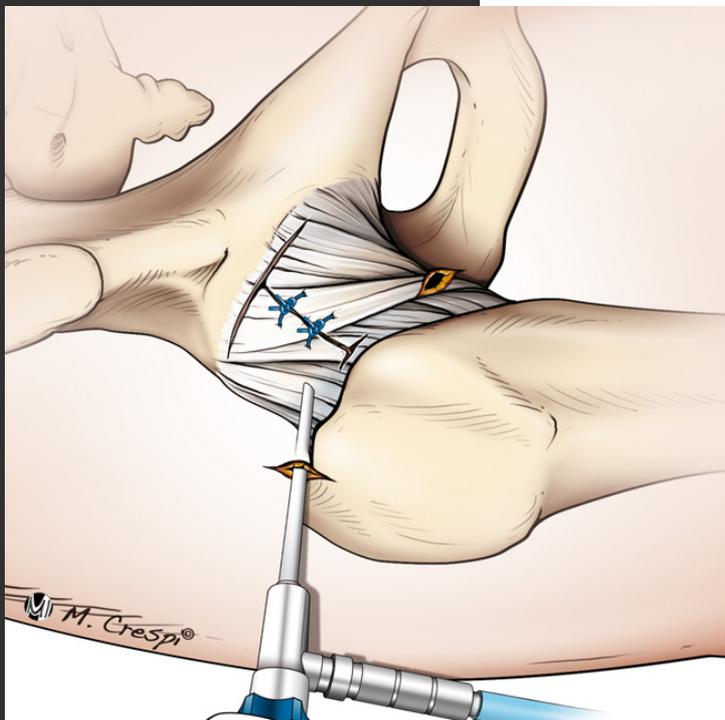
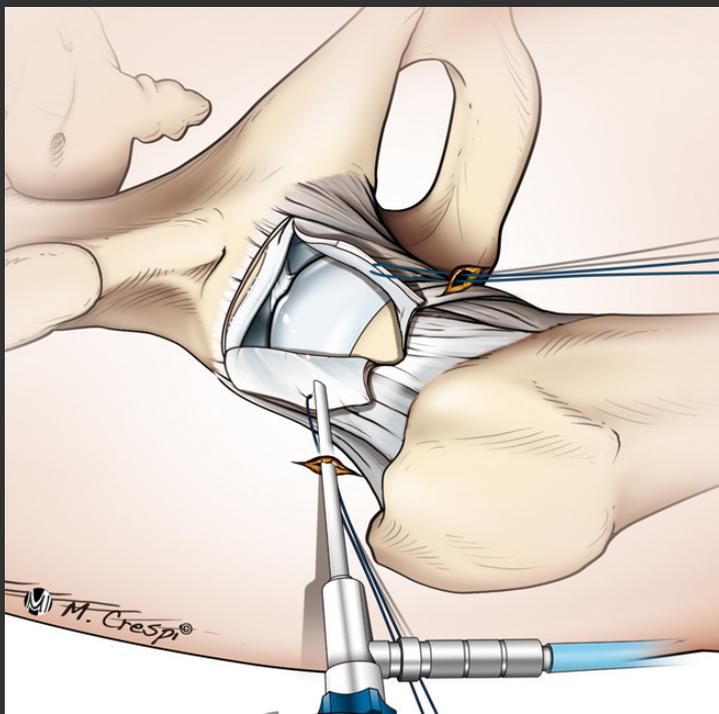
VISIONE AMPIA = CAPSULOTOMIA AMPIA



SUTURA CAPSULARE

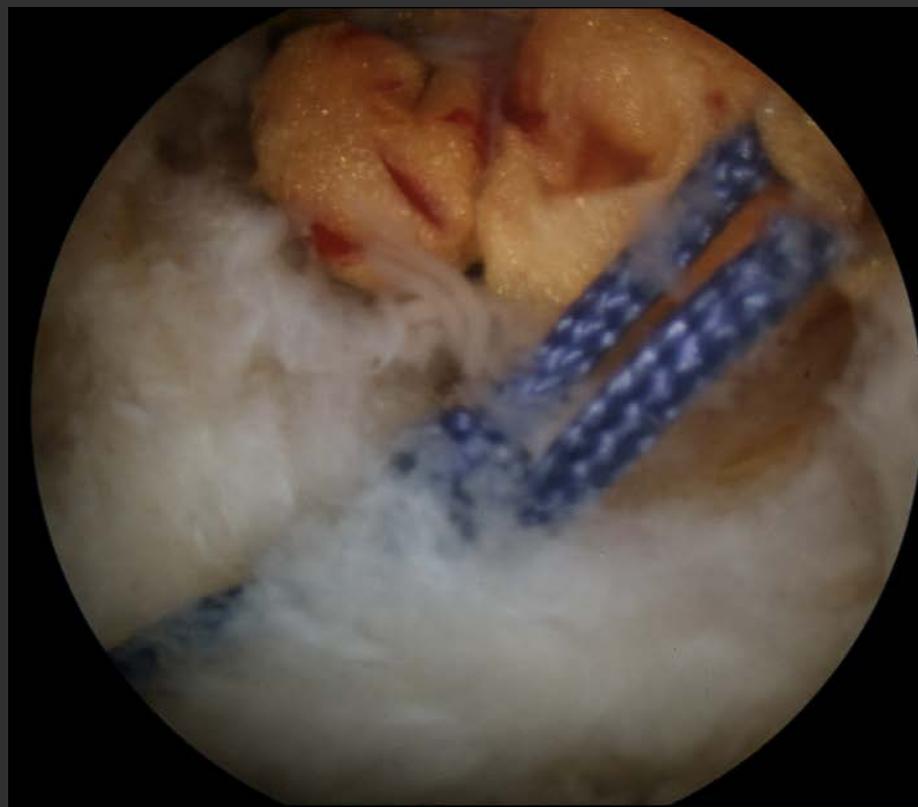
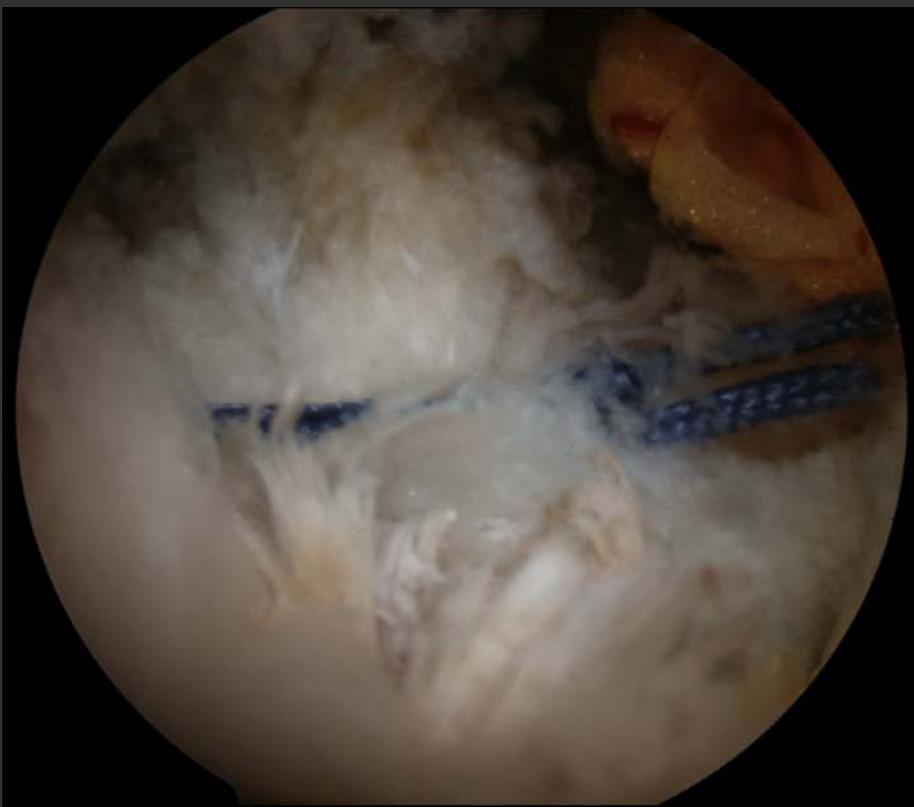
La sutura capsulare è possibile solo se è stata fatta una capsulotomia e non una capsulectomia

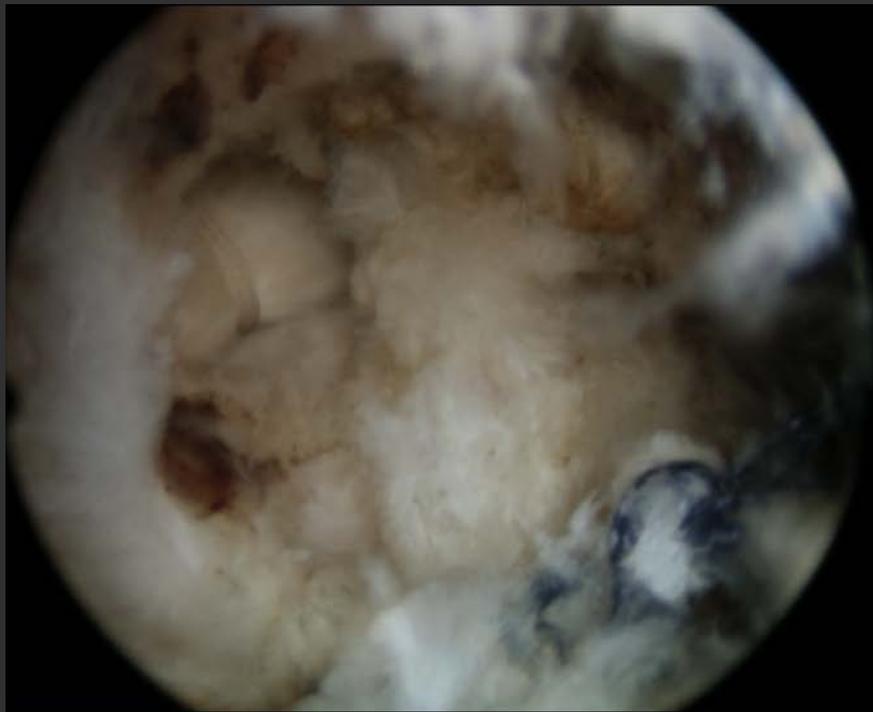






VIDEO 9





Biomechanical Evaluation of Capsulotomy, Capsulectomy, and Capsular Repair on Hip Rotation

Geoffrey D. Abrams, M.D., Michael A. Hart, B.S., Kaosu Takami, B.S.,
Christopher O. Bayne, M.D., Bryan T. Kelly, M.D.,
Alejandro A. Espinoza Orías, Ph.D., and Shane J. Nho, M.D., M.S.

Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 31, No 8 (August), 2015: pp 1511-1517

Discussion

This study showed that the interportal capsulotomy,* as well as the repaired T-capsulotomy, did not allow significantly more external rotation of the femur on the acetabulum as compared with the intact state. In contrast, the unrepaired T-capsulotomy and capsulectomy states allowed significantly more external rotation versus all other conditions.

* Capsulotomia interportale \leq 2 cm

CONCLUSIONI

SUCCESSO TRATTAMENTO ARTROSCOPICO DEL F.A.I.

- Precisa definizione pre-op del FAI con RX, TAC 3D dinamica.
- Reperi intra-operatori.
- Adeguata visione artroscopica (capsulotomia ampia)
- Manovre dinamiche intraoperatorie
- Sutura capsulare

GRAZIE

www.ettoresabetta.it