Surgical Reconstruction of Type IVB Septic Hip Sequelae with Deformed Proximal Femur

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Case

- M / 6 years
- Limping gait
- LOM of hip & knee
- Transferred from other hospital after multiple surgeries
Past History

- Infantile sepsis
- Detect sequelae of septic hip arthritis at his age of 10 months
- 4~5 surgeries for septic hip sequelae during 5 yrs.
Past History

10 Mos.

15 Mos.

20 Mos.

2 Yrs.

5 Yrs.
P/E

- Abductor lurch
- Abd. IR limitation
- Peroneal N palsy
- SMD : 62 / 60.5 cm
Femoral length
Rt > Lt 1cm
Choi Type IVB Hip with deformed proximal femur

Treatment options:
- PSO (Ilizarov’s hip reconstruction osteotomy)
- Greater trochanteric arthroplasty w/ FVO
- FH reconstruction w/ vasc. iliac crest graft
- Arthrodesis
- Observation
Two-stage trochanteric arthroplasty

First stage
Two-stage trochanteric arthroplasty

POD 6 months
Open Reduction

Second stage
Capsular repair w/ mitek®

Second stage
Discussion

- Ilizarov’s hip reconstruction osteotomy (*Choi et al. CORR 2005*)
  - Failed previous reconstructive surgery
  - Older age w/ severe abductor lurch & LLD

- Variable results have been obtained with all forms of trochanteric arthroplasty (*Dobbs et al. JPO 2003*)
  - Staged operation by a few months the FVO & trochanteric arthroplasty to lessen the risk of AVN
Conclusions

- Although the satisfactory results in this case may well degenerate over time, it does provide the child with stable, painless hip, improved gait.

- Staged trochanteric arthroplasty could provide better anatomic conditions for later prosthetic replacement.
Thank you for your attention!

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