

CustoMize OF PATIENT ORIENTED

CUSTOMIZED CUP IMPLANT WITHOUT REMOVING THE FEMORAL STEM FOR A COMPLEX HIP PROSTHESIS REVISION (THE THIRD) WITH MIGRATION OF THE ACETABULAR IMPLANT IN THE PELVIS

Hospital: Clinique du Parc, Castelnau-le-Lez (France)

Surgeon: Dr. Olivier FONTES Date: September 2024

Patient: woman, 78 years old, complaining for several months of pain, with inability to walk without crutches, shortening and

external rotation of the left lower limb.



Pre-operative study of the failed implant, implanted 2 year ago





Pre-operative planning with bone defect: the challenge was to reconstruct the acetabulum and find out how to securely anchor a prosthetic acetabulum into this destroyed acetabulum

Bone defect reconstruction: the safest option in the short to medium term is the Customized acetabulum with solid anchorage in the upper and posterior part combined with an allograft filling in the anterior and posterior part.

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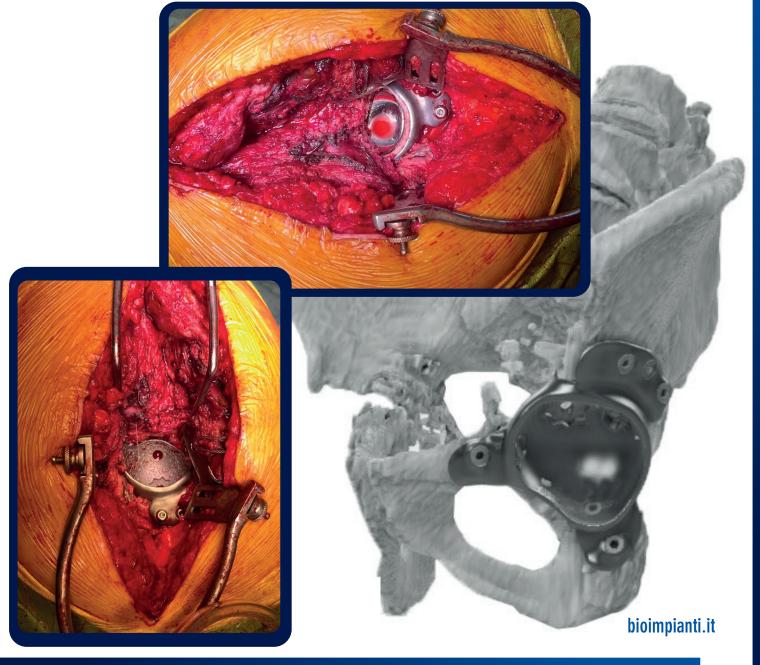


Pre-op XRAY of migrated cup into the pelvis.

A vascular evaluation was requested and a CT angiography localized the external iliac artery.

Once extracted the failed implant, the damage in the back and front was very significant:

- the top and the back of the acetabulum has been reamed
- allograft have been implanted anteriorly
- CustoMized implant has been positioned and implanted without any problem



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Post-op xrays

Postoperative course simple, with partial support protected by a walker for 4 weeks then total support





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