Institute of Medical & Biological Engineering

Locking plates verses long stem fixation to restore pre-fracture mechanics of a B1 periprosthetic femoral fracture UNIVERSITY OF LEEDS

+¹Mak, J H; ¹Etchels, E W; ¹Moazen, M;¹Jones, A C;¹Wilcox, R K; ¹Jin, Z; ^{1,2,3}Tsiridis, E

+¹Institute of Medical and Biological Engineering, School of Mechanical Engineering, University of Leeds, Leeds, UK, ²Department of Surgery and Cancer, Division of Surgery, Imperial College London, UK, ³Academic Orthopaedic Unit, Aristotle University of Thessaloniki, Thessaloniki, Greece

³Academic Orthopaedic Unit, Aristotle University of Thessaloniki, Thessaloniki, Greece mnjm@leeds.ac.uk **Methods** Introduction Results **Results** Strain The mechanical behaviour of n=5 specimens in four Moving from 0° loading to the more anatomically **EFined** with the a Buthledifization AAneexampheoof aappeiriprostikeitic bbonepplate, iti**tselifnmaav(dali)** groups shown below were evaluated under 500N axial realistic 10° causes all cases to show higher overall -350 loading at angles of 0° and 10° of adduction in the stiffness and lower strain, however the patterns frontal plane and aligned vertically in the sagittal plane. -300 observed remain the same. Strain gauges were attached at predetermined sites -250 Conclusions along the length of one femur from each test group. -200 · Load against displacement data was used to calculate -150 This study demonstrates that long stem revision the stiffness of each specimen. Intact results in a more stable construct compared to locking -100 Plate THA plate fixation.) e stabilised e 1- A: a typical) osthetic fracture Long stem Long stem revision may therefore provide a reduced re immediately a e initial fracture f i, C: the same patient after 4 months following a domestic fall, with a fractured Intact Femur THA Plate risk of non-union in transverse B1 fracture cases and 120 180 200 plate. Adapted from [1]. Position of gauges from Lesser Trochanter (mm be a good option in cases where the surgeon can afford · Periprosthetic fractures have a reported occurrence Figure 4: Stain (microstrain) along the length of the femur on the rate between 0.1-2.3% after primary arthroplasty, and medial side, measured distally from the Lesser Trochanter, for the to revise. intact specimens and all instrumentation cases at 0° adduction. The results of this study will be used going forwards to 2.8-7.8% after revision arthroplasty [2-4]. Stiffness validate finite element models which will then enable With an ageing population and the rate of total hip 40 several more fixation configurations to be evaluated and arthroplasty in the UK increasing to over 77,000 in 3.5 optimised for different types of PFF. recent years, the occurrence of periprosthetic fractures 30 is expected to rise accordingly [5]. 2.5 Long stem Figure 3 ¥ 2.0 Significance Experimental Aim test sample 1.5 under to 1.0 compressive This comparison of two periprosthetic femoral fracture loading in 0.5 • To investigate the ability of locking plate fixation in its materials fixation techniques currently used, provides information testing machine 00 standard mode of application to restore pre-fracture on their relative stability, moving towards clearer clinical (Instron, Instron Long sten _td, UK) biomechanics when compared to long stem revision. recommendations and fewer fixation failures. Figure 5: Stiffness of the specimens calculated from loading at 0º. Significant differences shown with * (ANOVA P<0.01, Tukey post-

hoc

Financial Disclosure

This work was funded by the British Orthopaedic Association through the Latta Fellowship and the National Institute for Health Research

ugh the Leeds Musculoskeletal Biomedical Research Unit. The components were provided by Stryker SA, Switze

British

Orthopaedic

Association

References

Tsiridis, E., F.S. Haddad, and G.A. Gie, Dall-Miles plates for periprosthetic femoral fractures - A critical review of 16 cases. Injury-International Journal of the Care of the Injured, 2003. 34(2): p. 107-110.
Fink, B., M. Fuerst, and J. Singer, Periprosthetic fractures of the femur associated with hip arthroplasty. Archives of Orthopaedic and Trauma Surgery, 2005. 125(7): p. 433-442.
Skavanagh, B., F., FEMORAL, FRACTURES ASSOCIATED WITH TOTAL IHP-ARTIHROPLASTY. Orthopedic Clinics of North America, 1992. 33(2): p. 249-257.
Massi, B.A., R.M.D. Meek, and C.P. Duncan, Periprosthetic fractures evaluation and treatment. Clinical Orthopaedics and Related Research, 2004(420): p. 80-95
Stemsley, D.C. Nevell, M., Pickord, M. Rovall, and M. Swanson, National Joint Research Research, 2004(420): p. 80-95