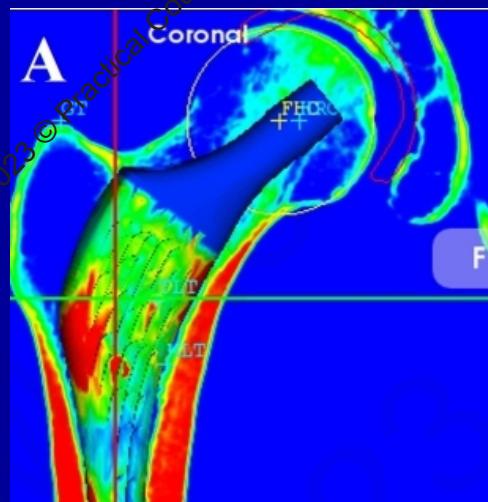


The scope and accuracy of HIP-PLAN Software in the reconstruction of the young adult hip

Low dose calibrated CT-scan
Based 3D planning



Professor SARIALI
La Pitié Teaching Hospital
Paris, France



Goals

- Restore hip function
- Restore biomechanics as close as possible :normal

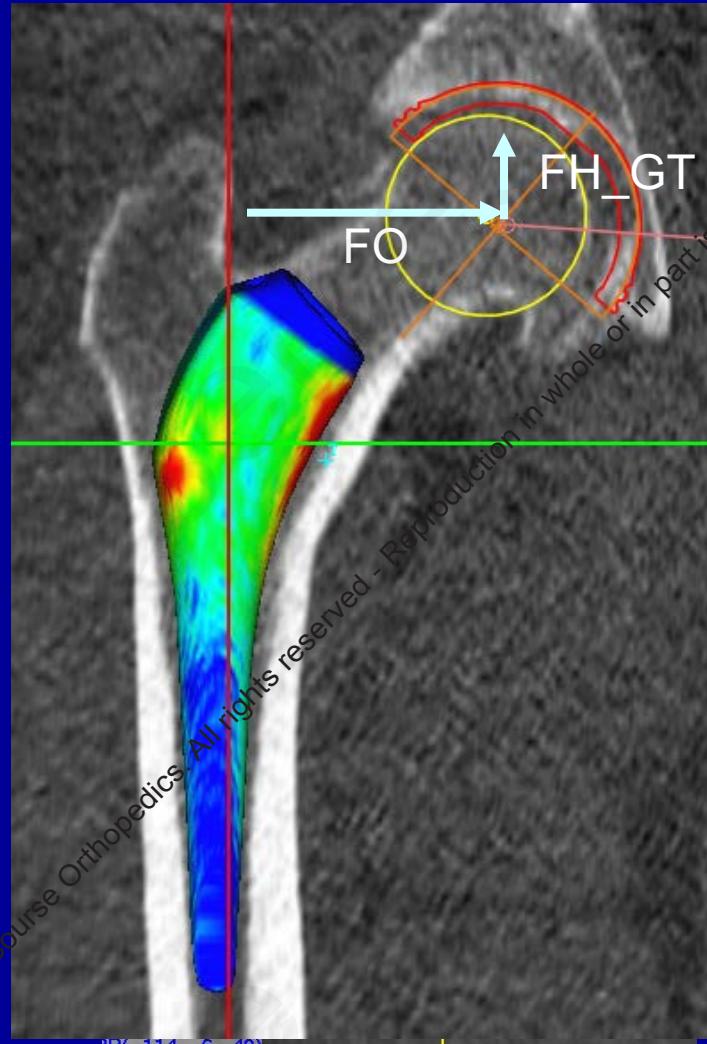
Accurate 3D Planning

- Analyse 3D hip anatomy
- Anticipate difficulties

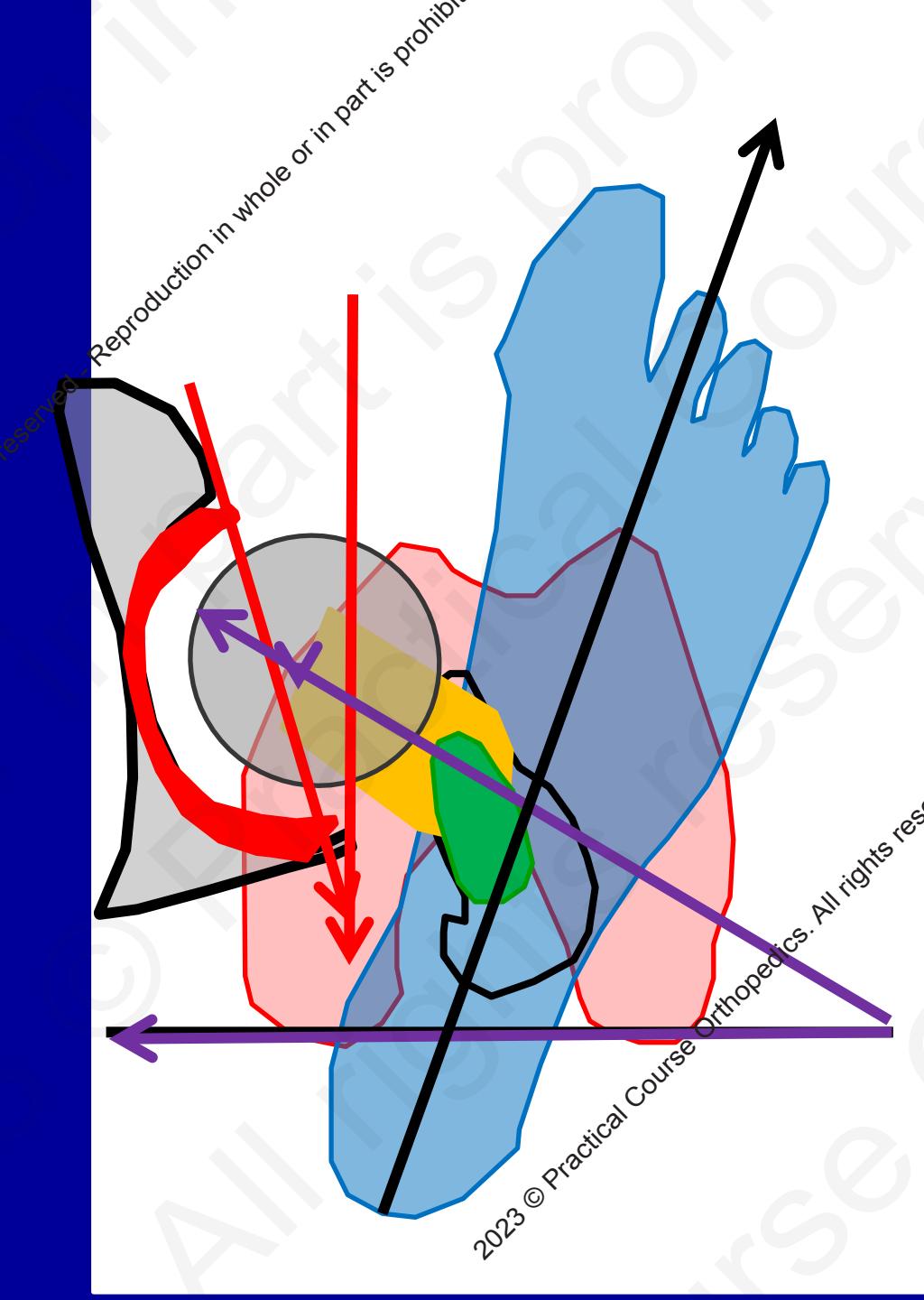


What are the anatomic parameters influencing the hip biomechanics?

- Hip Rotation Centre
 - Medial lateral position
 - Cranio-caudal: 10 mm
- Head femoral Centre
 - Leg length: LLD 10mm: Legal Action
 - Asymmetric increase in muscle group activity
 - Lateral imbalance
 - Femoral Offset
 - Decrease 12%: decrease in abd muscle strength
 - 20%: Limping
- Acetabular/ Femoral anteversion
 - Alteration of the global anteversion →
 - dislocation



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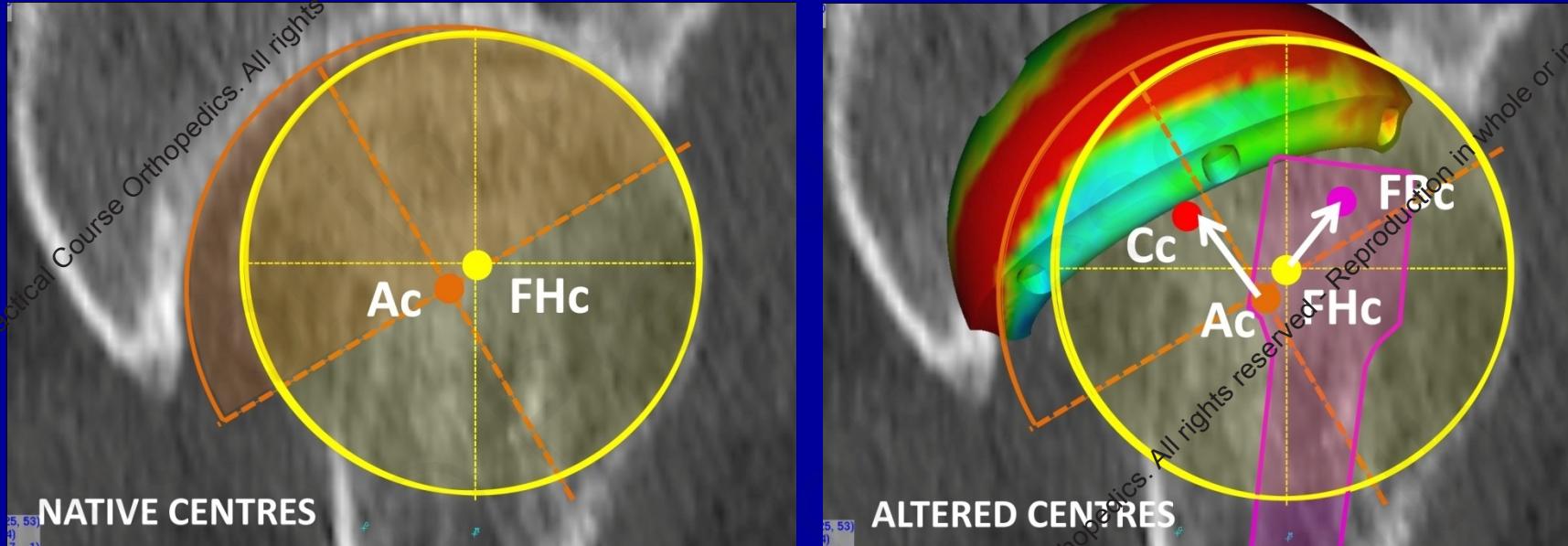


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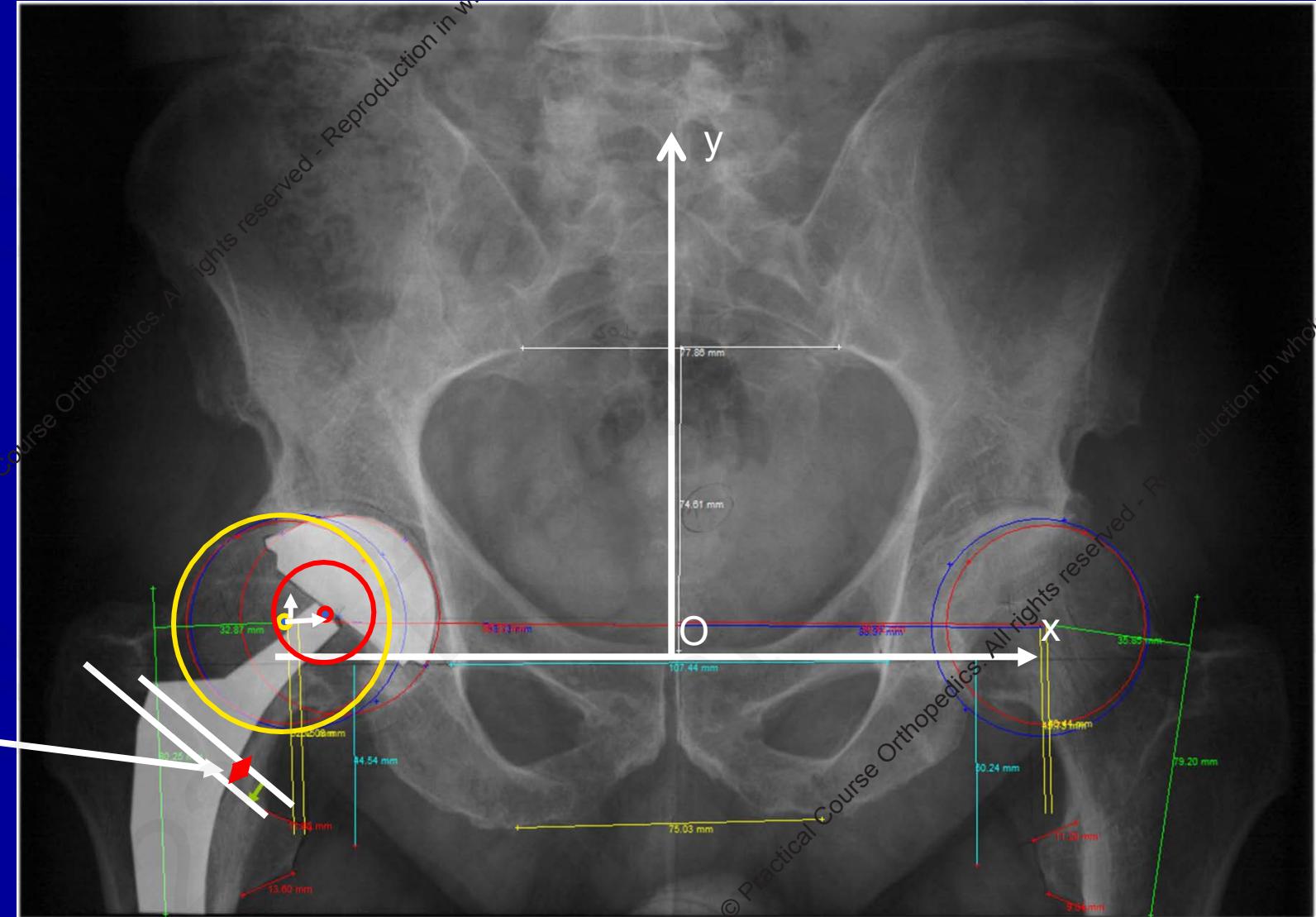
Kinematical Alignment

3D assessment of Biomechanical alteration induced by arthroplasty

Global vectorial alteration = 0



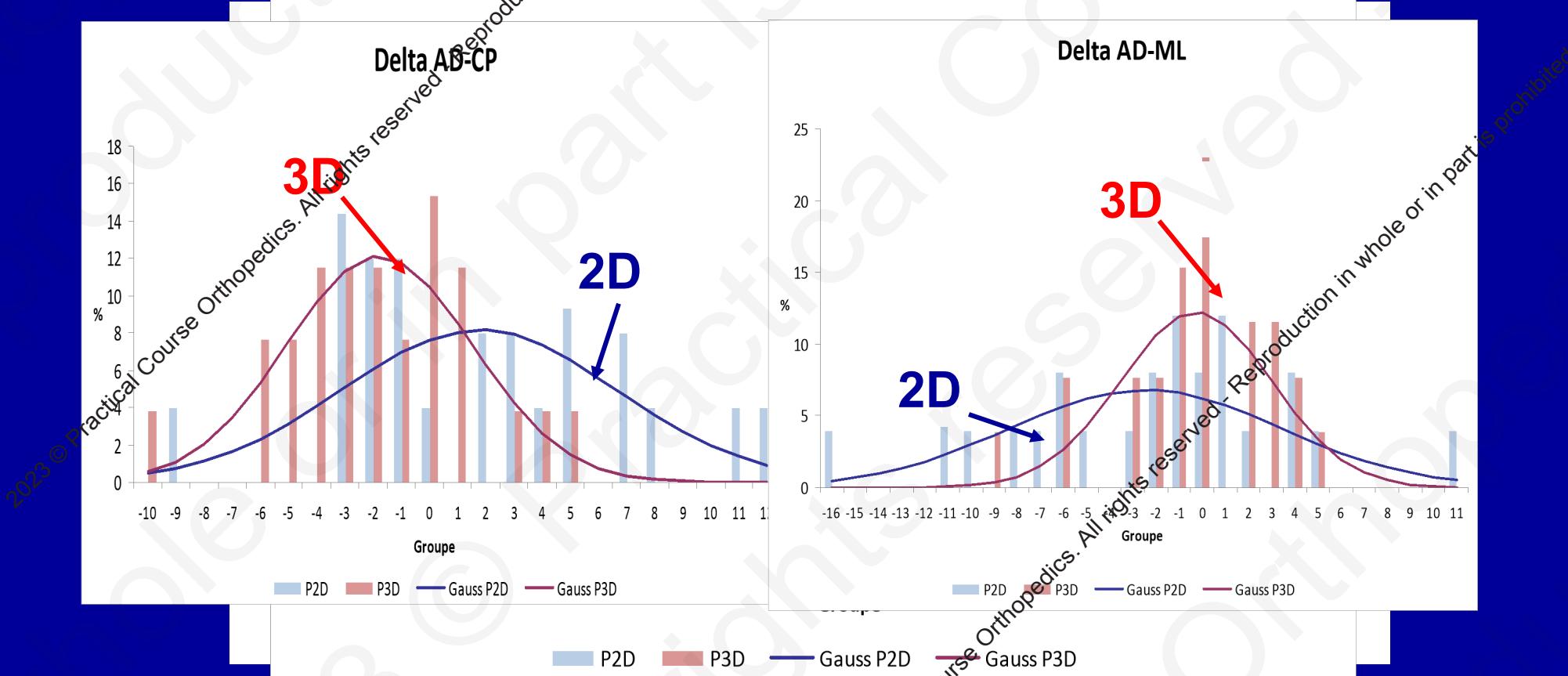
Reference Technique: 2D



- Templates magnification coefficient of: 1.15

Limits of 2D planning: Low accuracy: Length/ FO/ COR

Sariali et al: JBJS 2009 et OTSR 2012

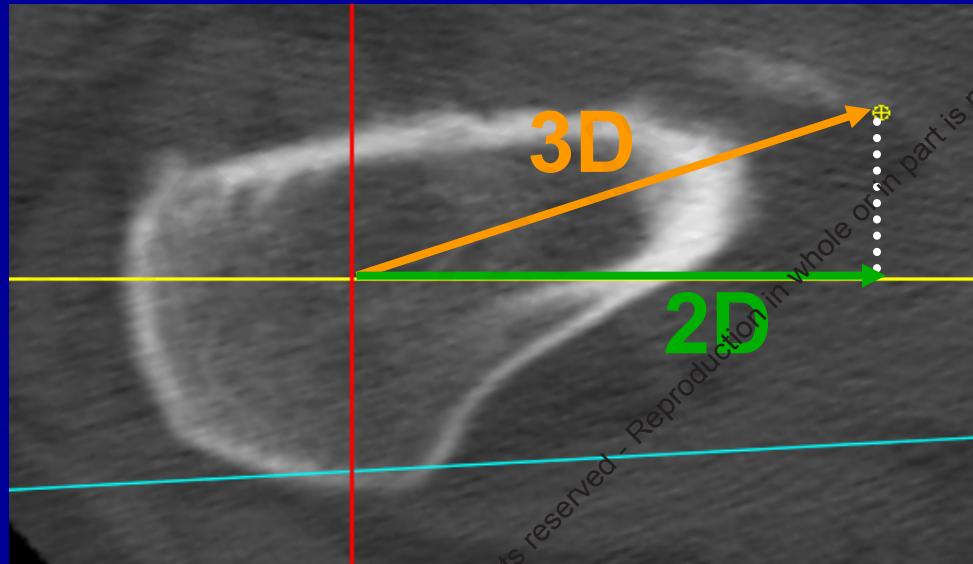


- 25 to 75% versus 94 to 10% for 3D
- Length and offset: +/- 6mm → outliers

Limits of 2D planning

Under estimation FO

Sariali et al JOA 2008

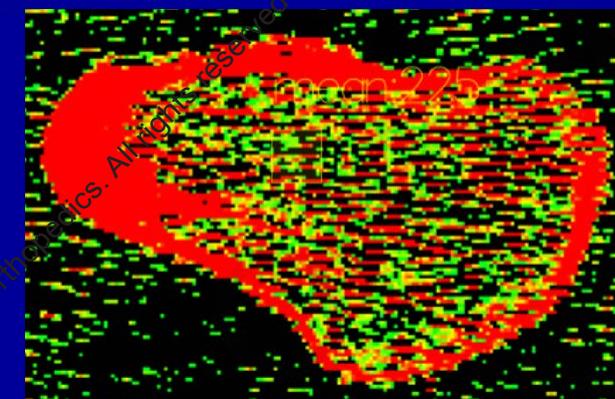
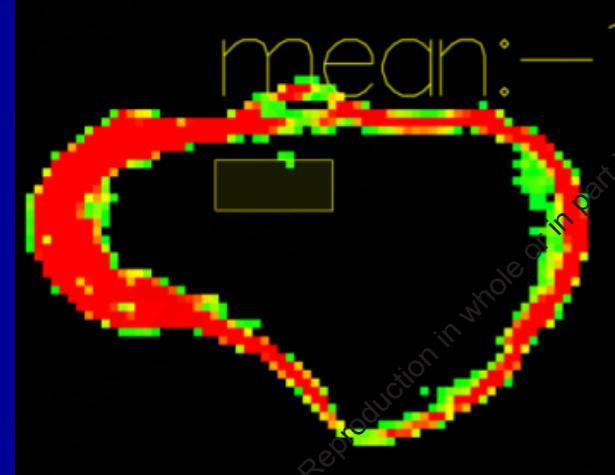
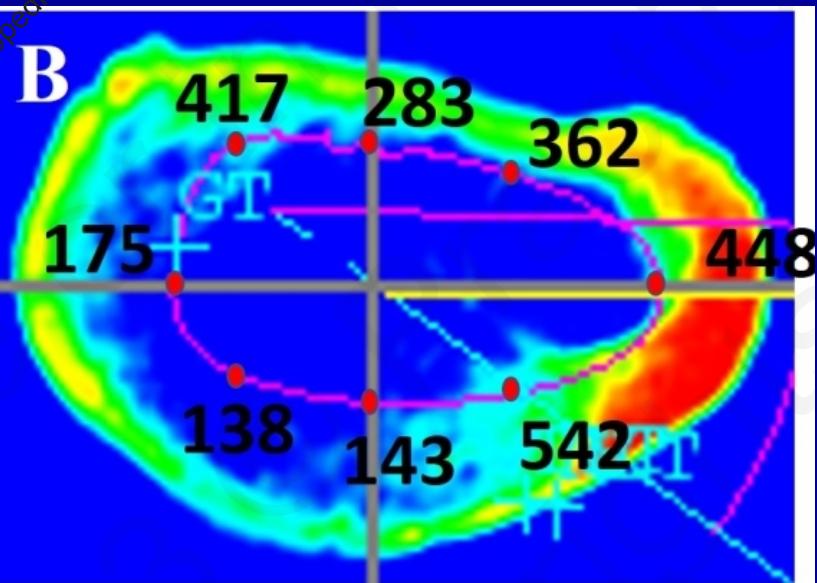


$3.5 +/− 2.6 \text{ mm}$

Max 13 mm

Limits of the 2D Templating unavailable date : bone Density

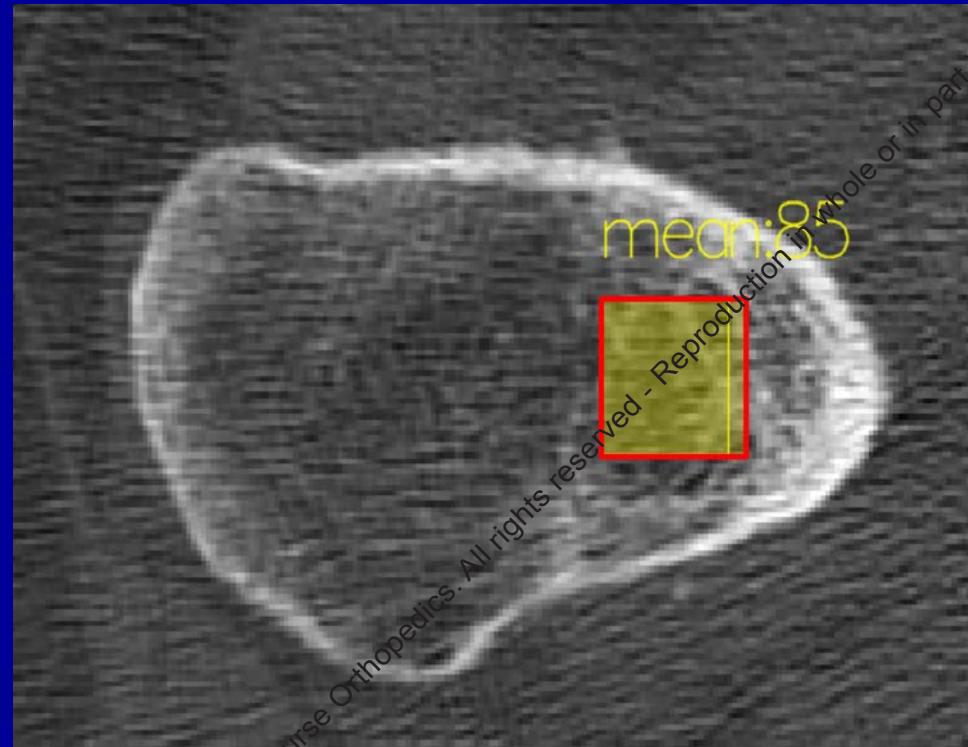
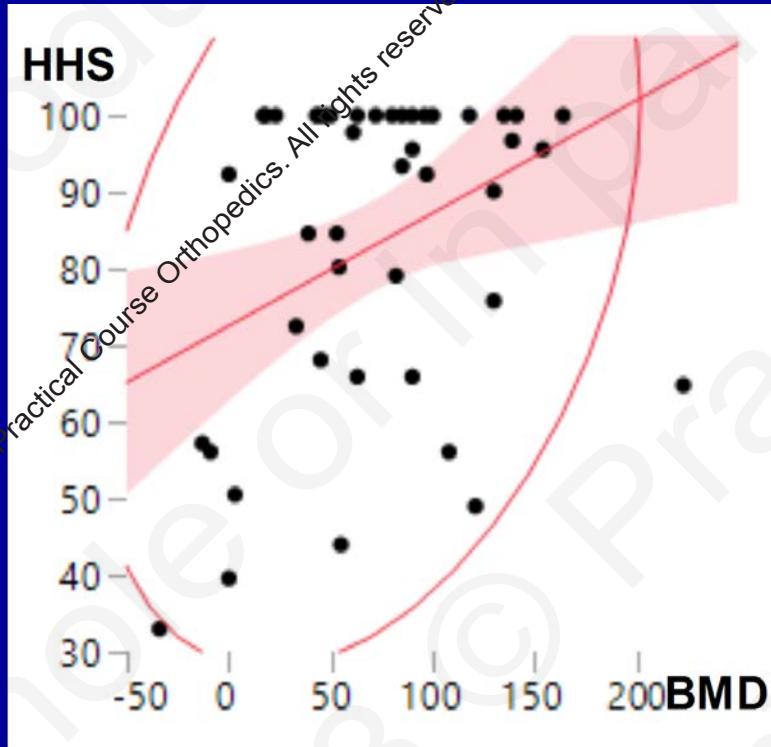
- impose →
 - Fixation mode
 - where stem will be seated

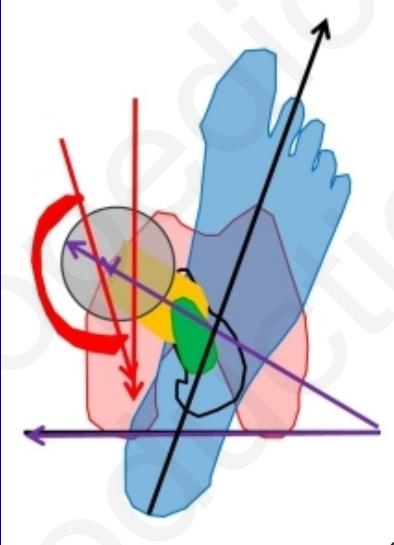


Preop BMD correlates with clinical outcomes

Sariali et al Int Ortho 2020

Cut-off: 72 g/cm³

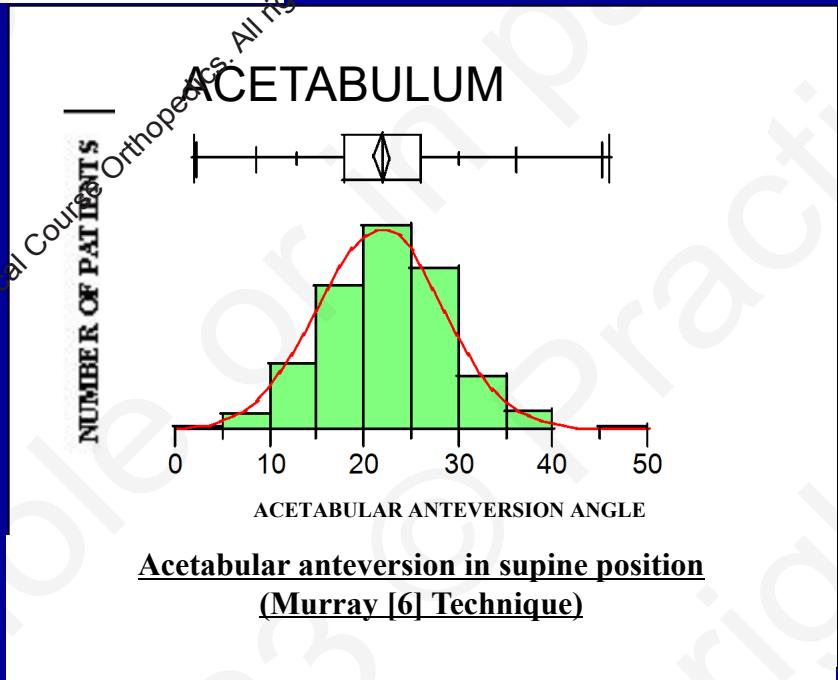




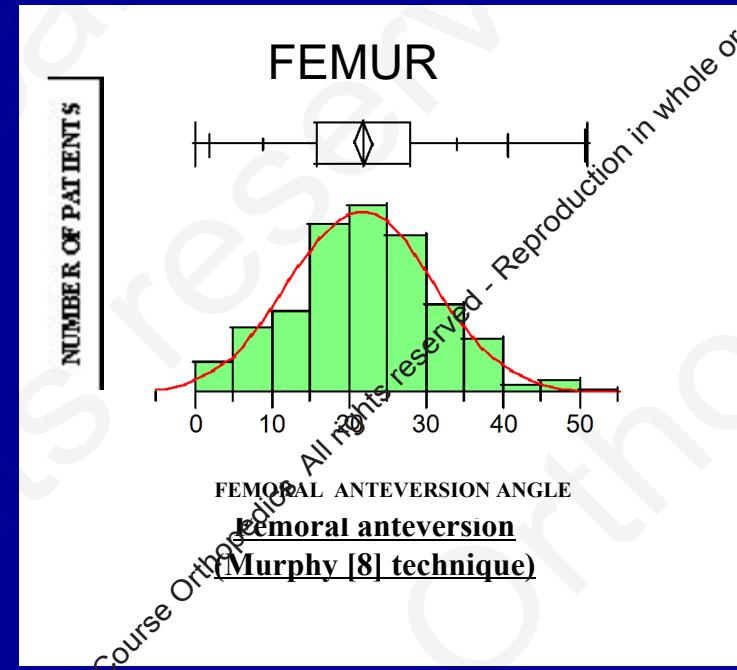
Limits of the 2D Templating

unavailable date :Torsions

Sariali et JBJS 2009

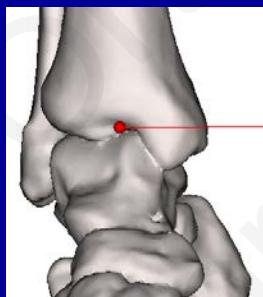
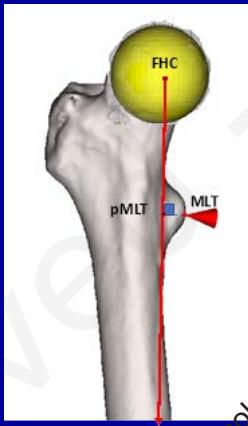
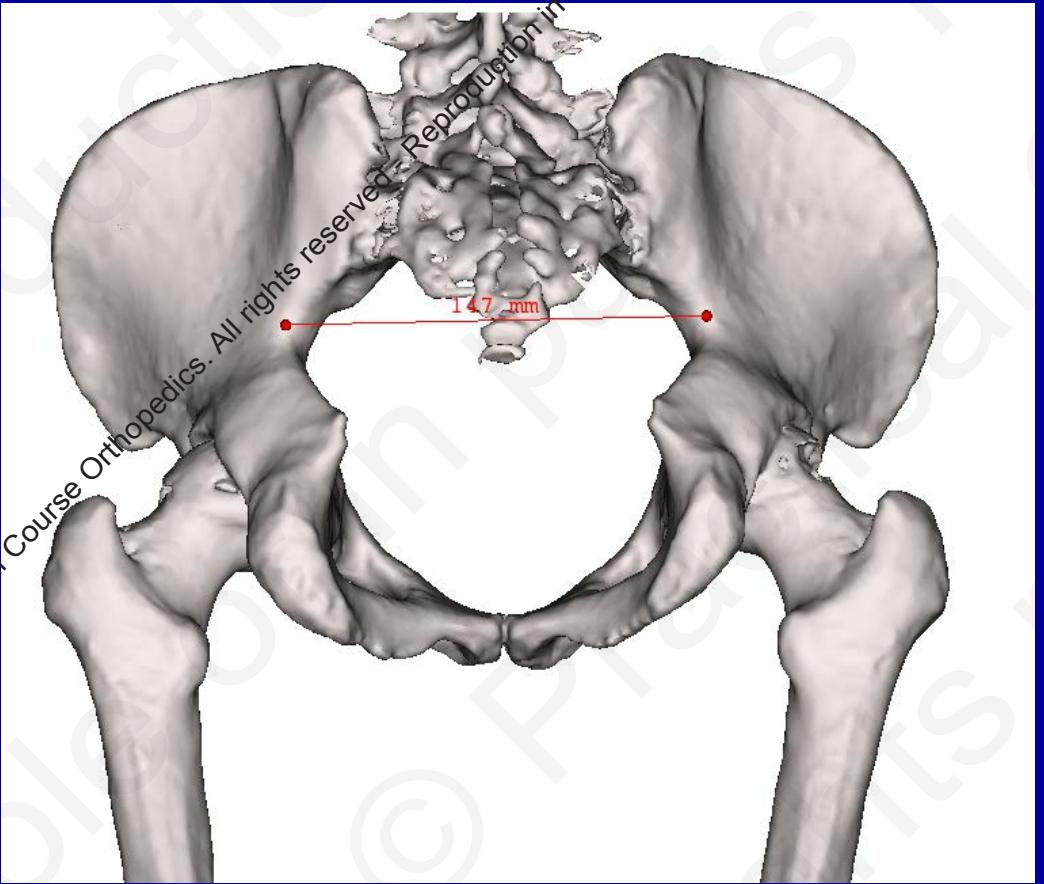


$21.9^\circ \pm 6.6^\circ$



$21.9^\circ \pm 9.4^\circ$

3D Models for LLD ANALYSIS



Higher Reliability for 3D measurements

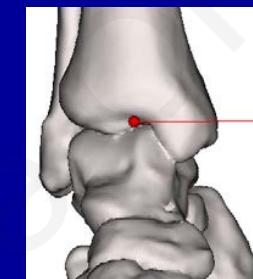
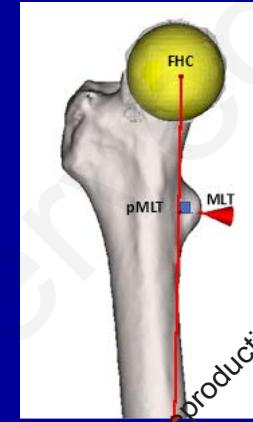
Sariali et al Int Orthop 2021

- Intra-articular LLD

2D

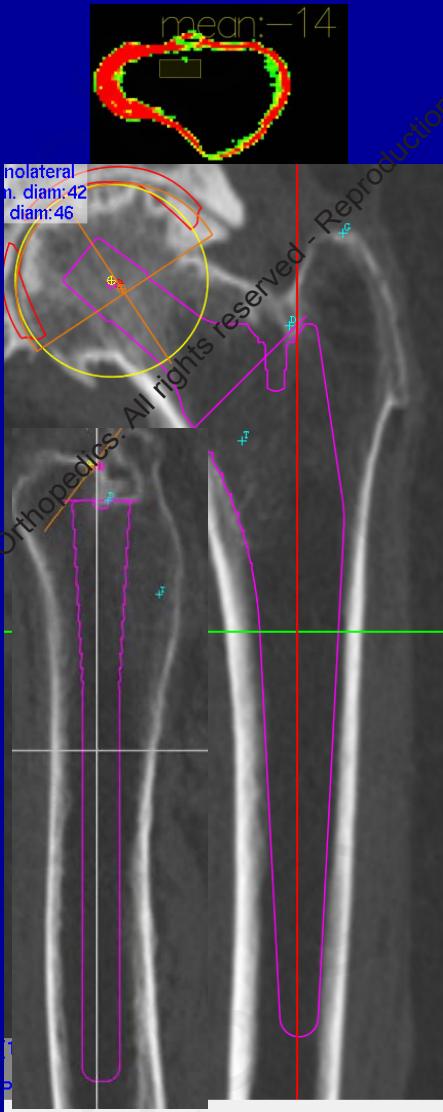


3D

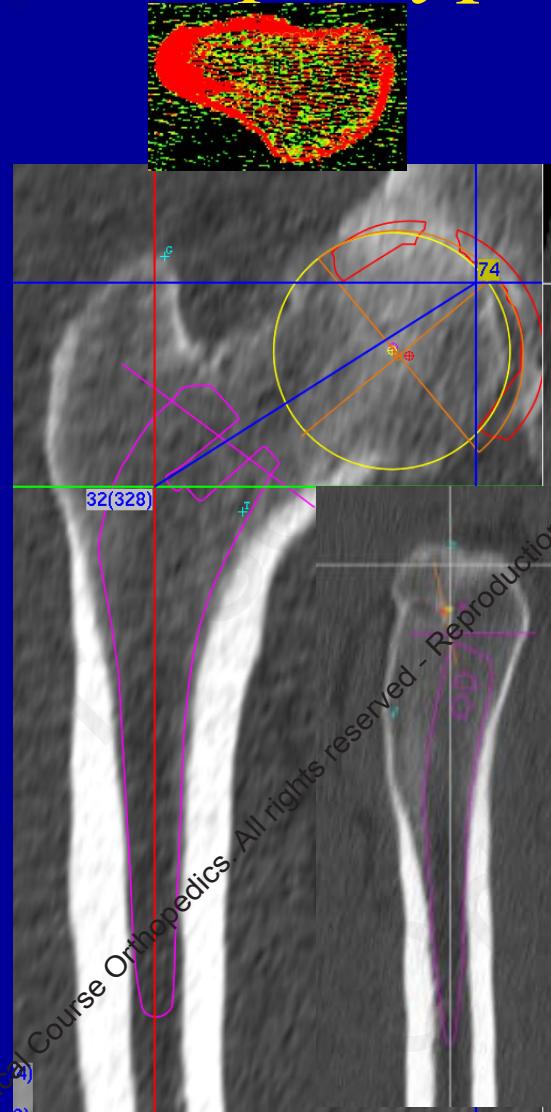


- Intra class correlation
 - 0.8 for 2D
 - 0.95 for 3D

Bone Density/Femoral Morphotype



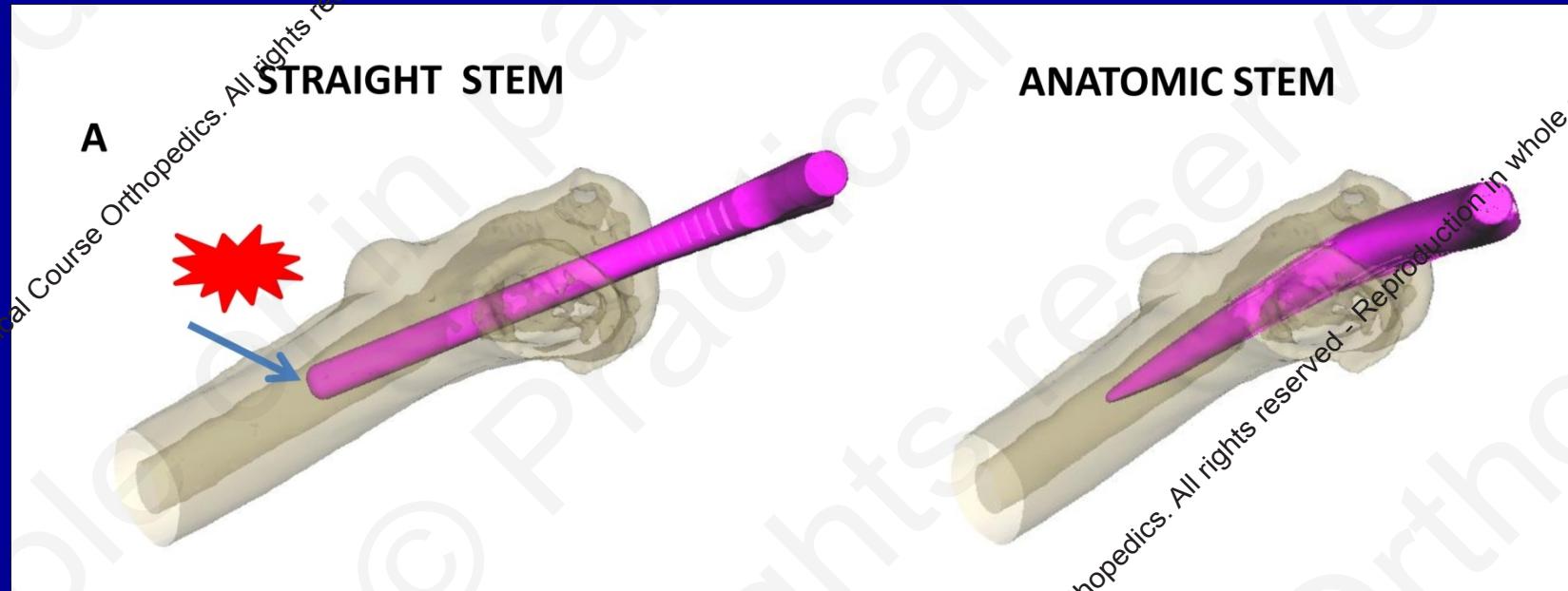
STOVE PIPE/ EMPTY FEMURS



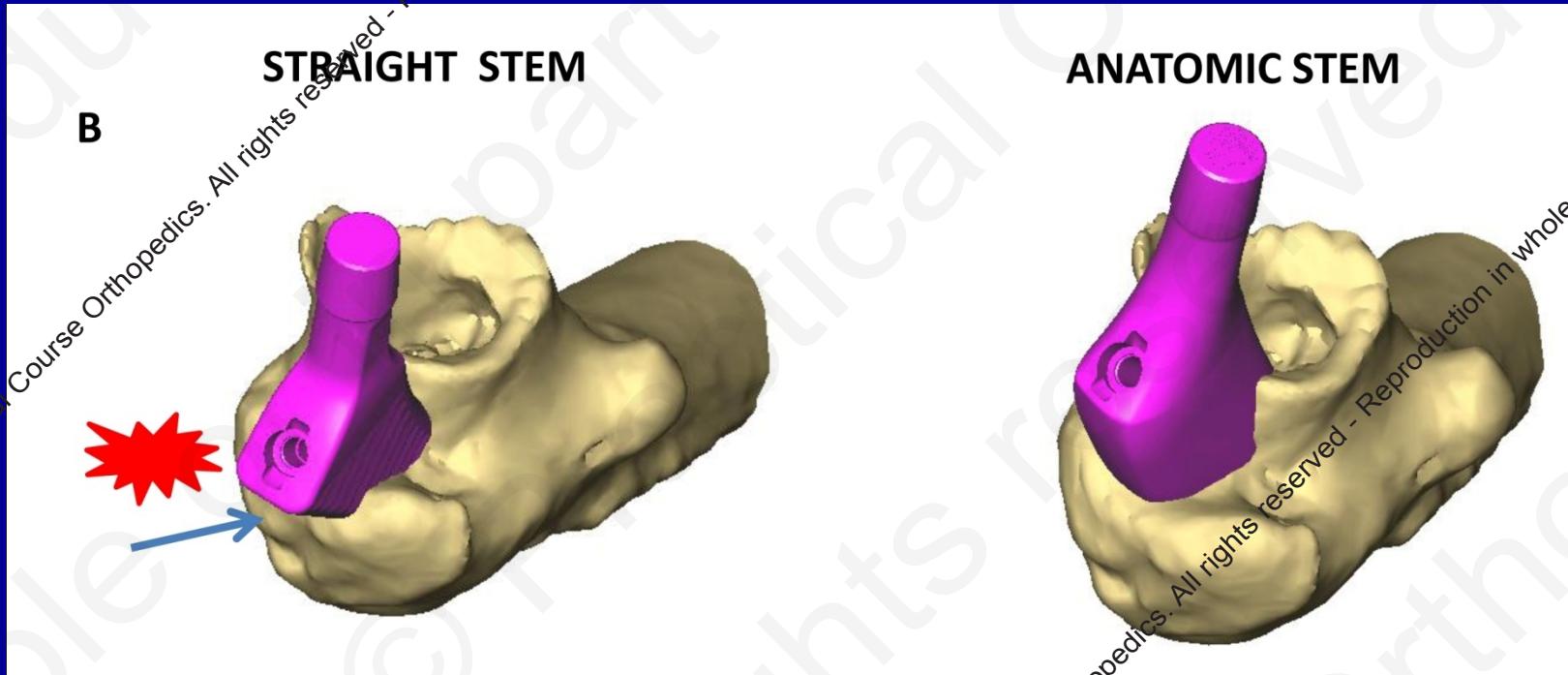
CHAMPAGNE FLUT/ HARD BONE

Adapt the stem design according to the femur morphotype

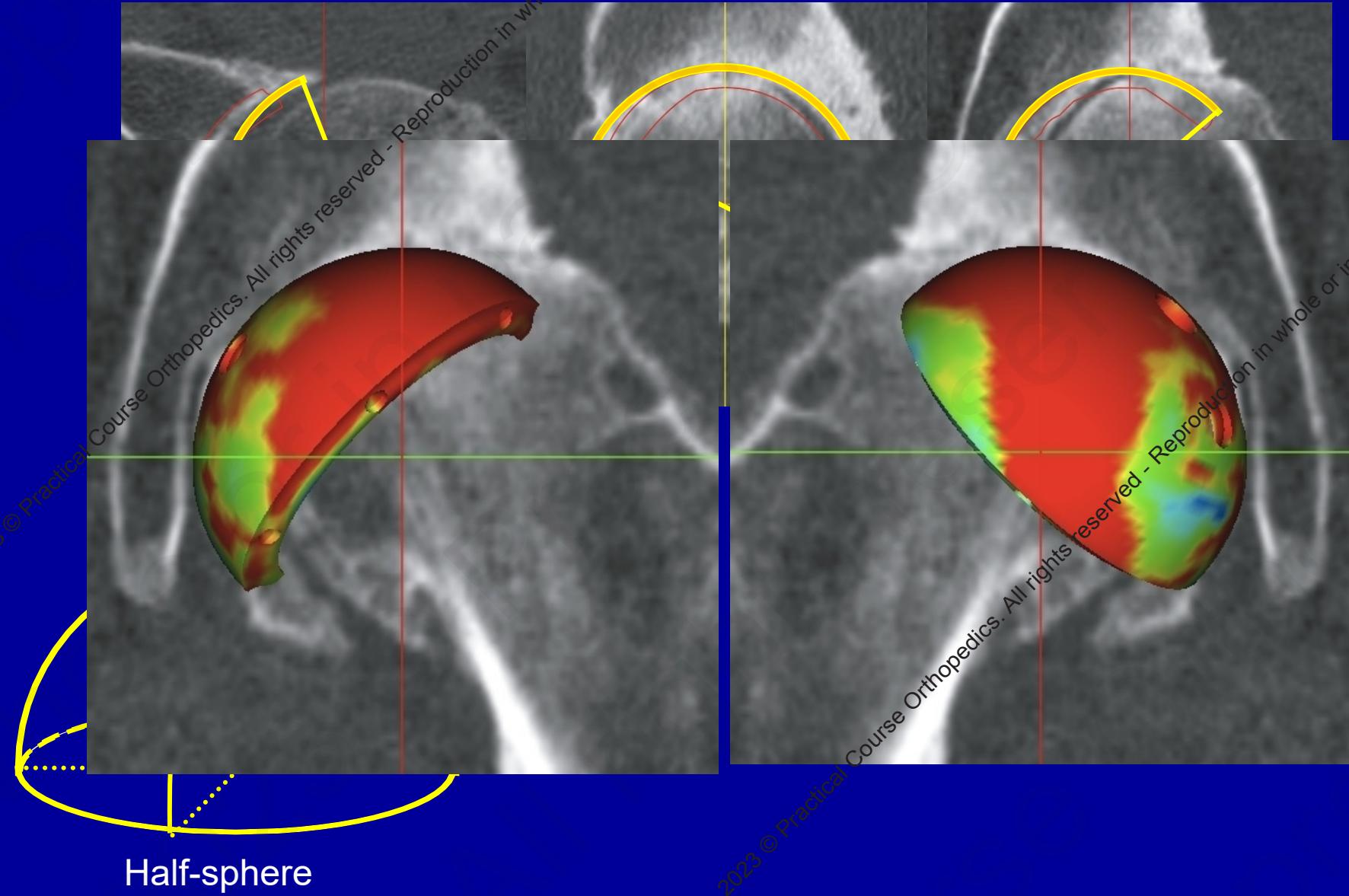
Anatomic stem in case of a high anterior proximal femur flare



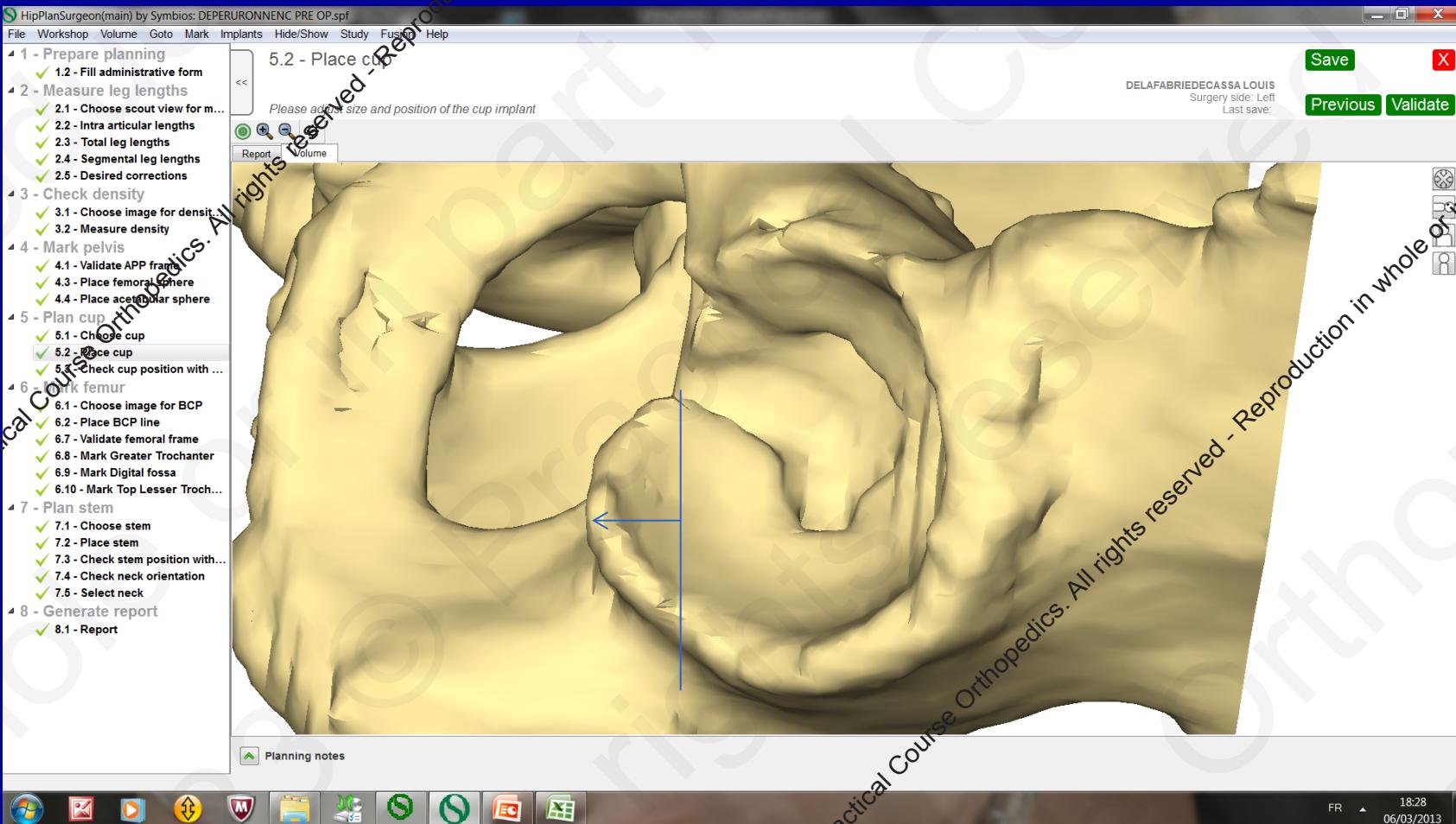
The value of anatomic stem in medially deformed greater trochanter



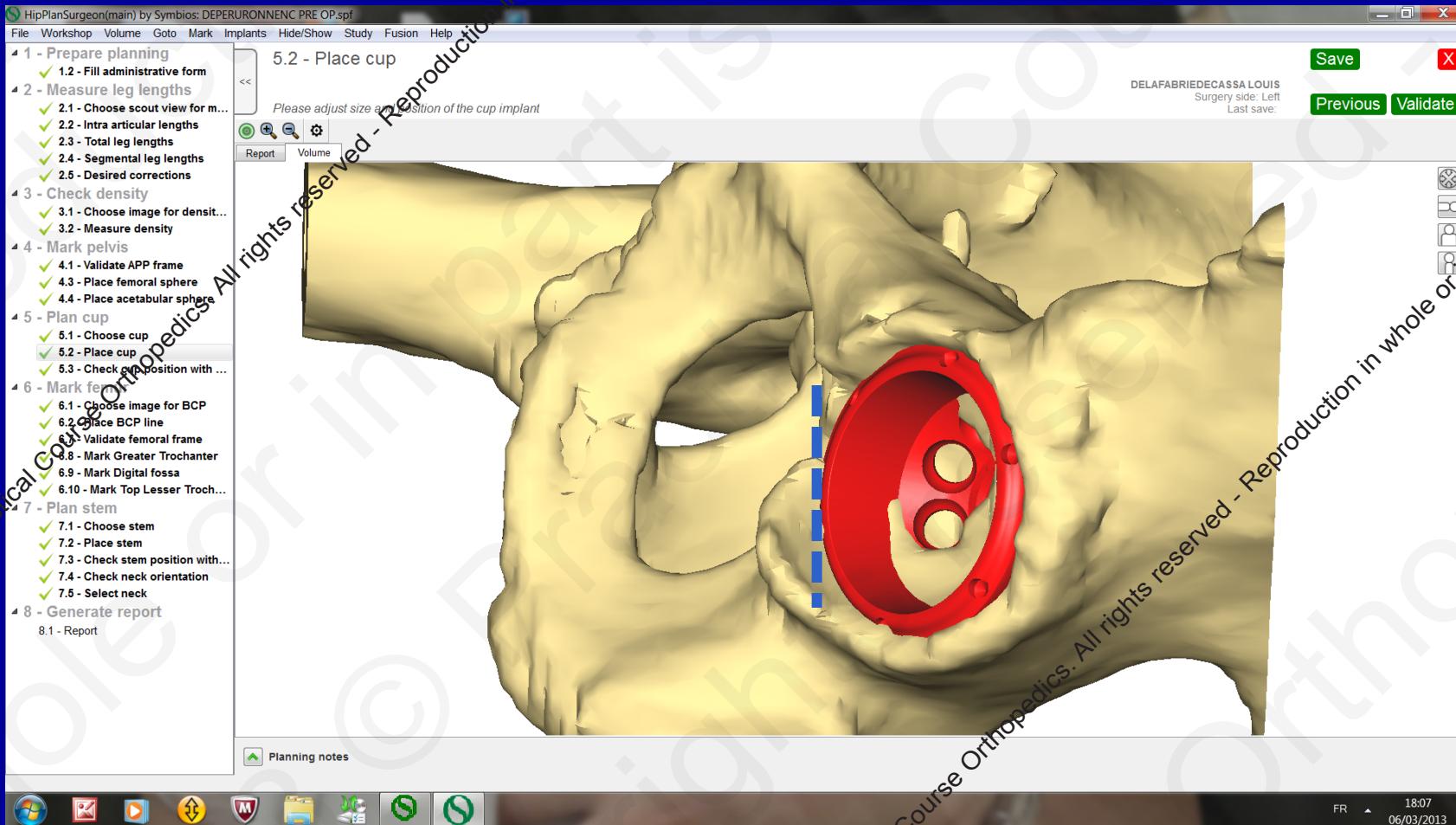
3D Cup Planning



Preoperative Visualization tool

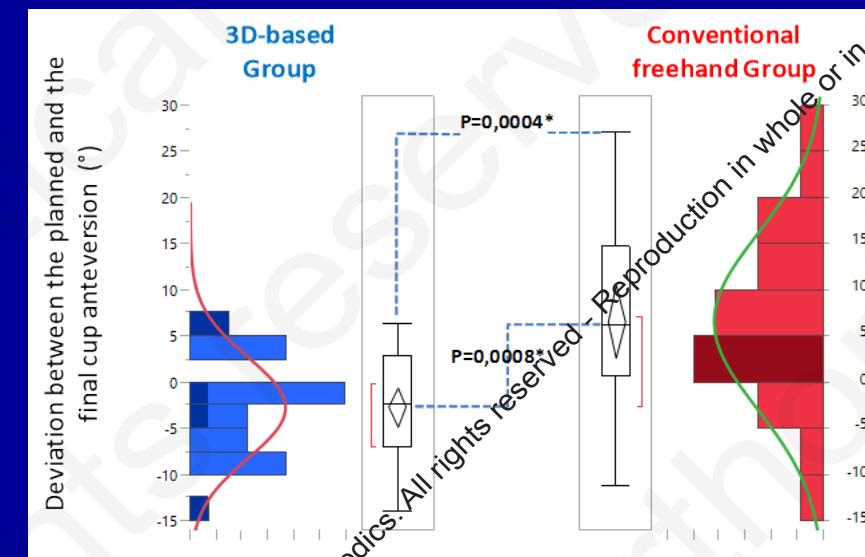
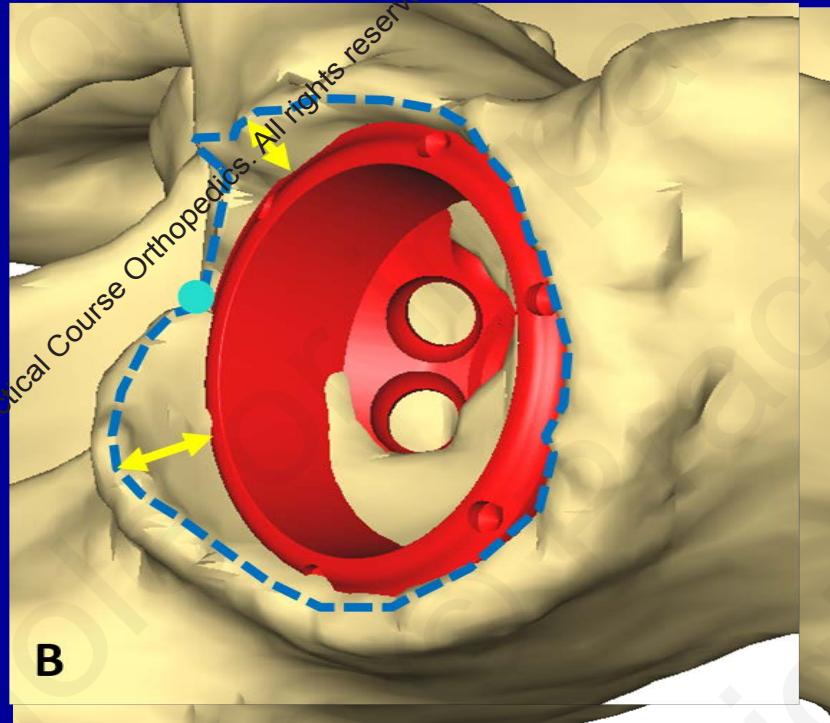


Preoperative Visualization tool

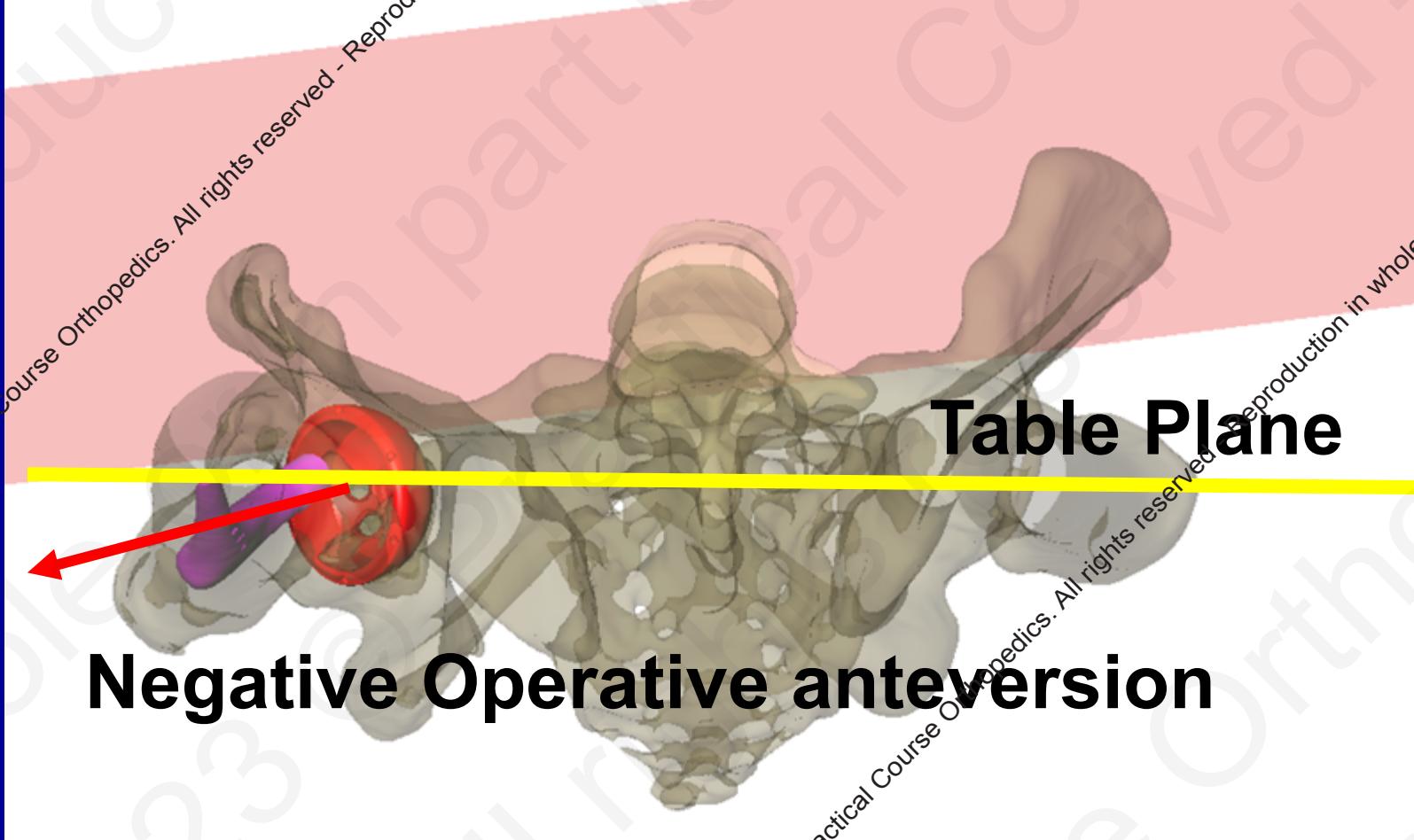


The value of 3DP visualisation tools for cup positionning

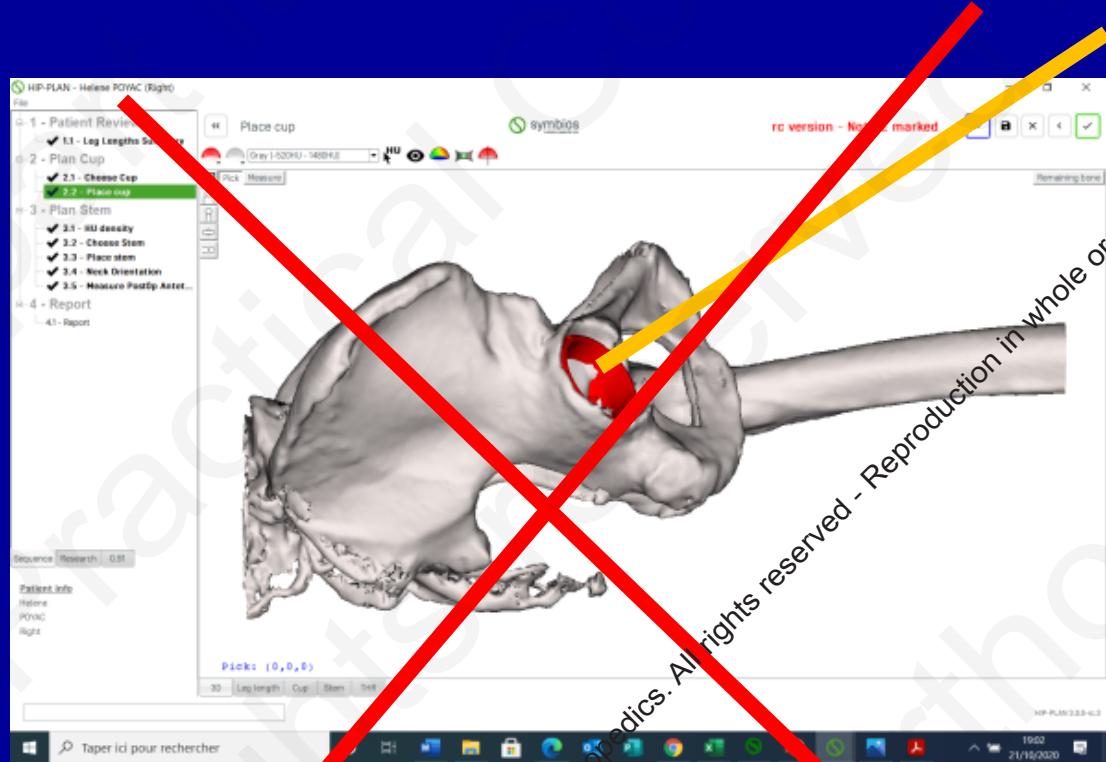
Sariali et al JBJS Am 2016



Pelvis fixed anterior flexion



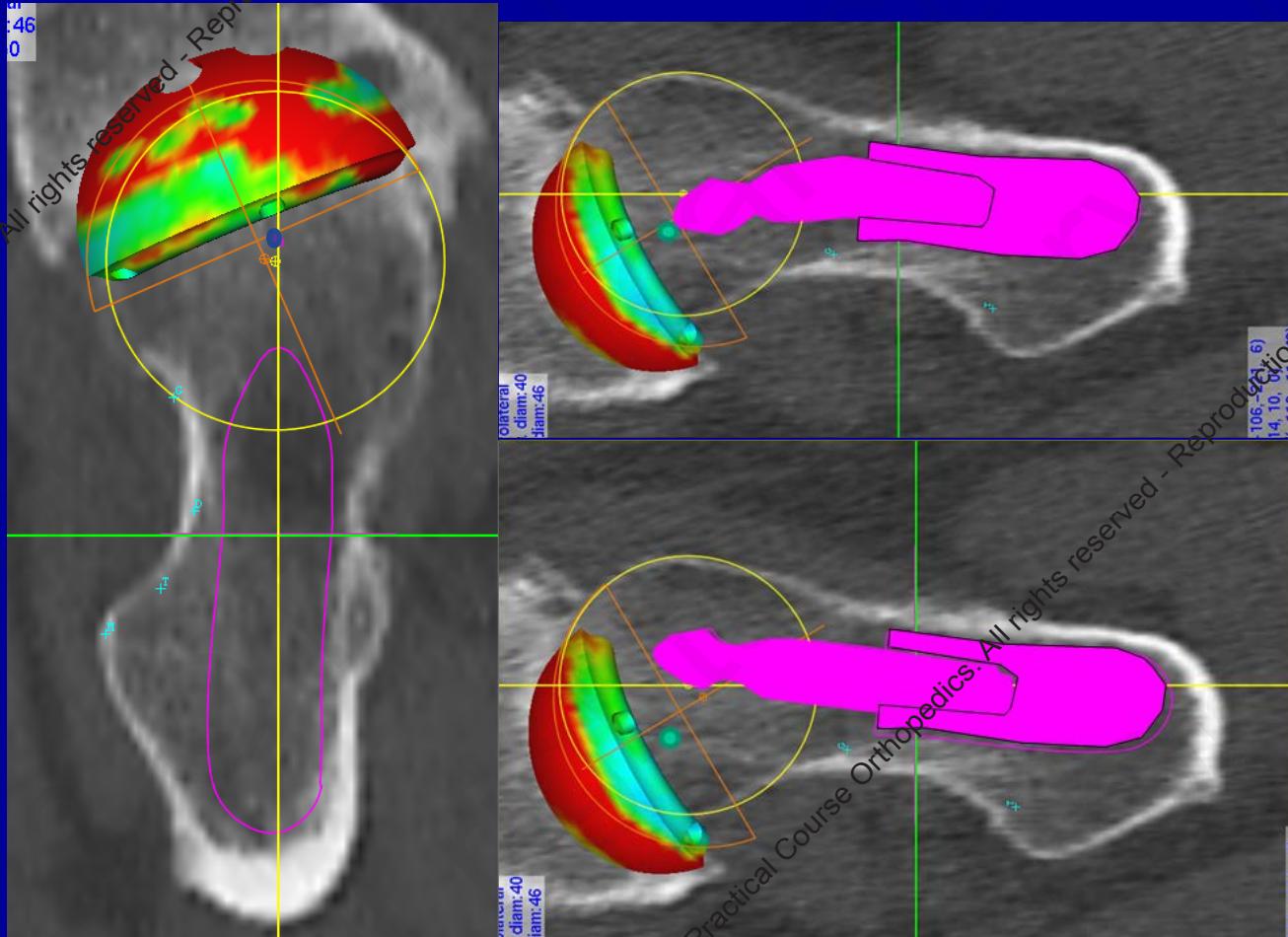
Fixed Spine deformity: no adaptation avoid increased operative cup anteversion



don't follow bone
landmarks

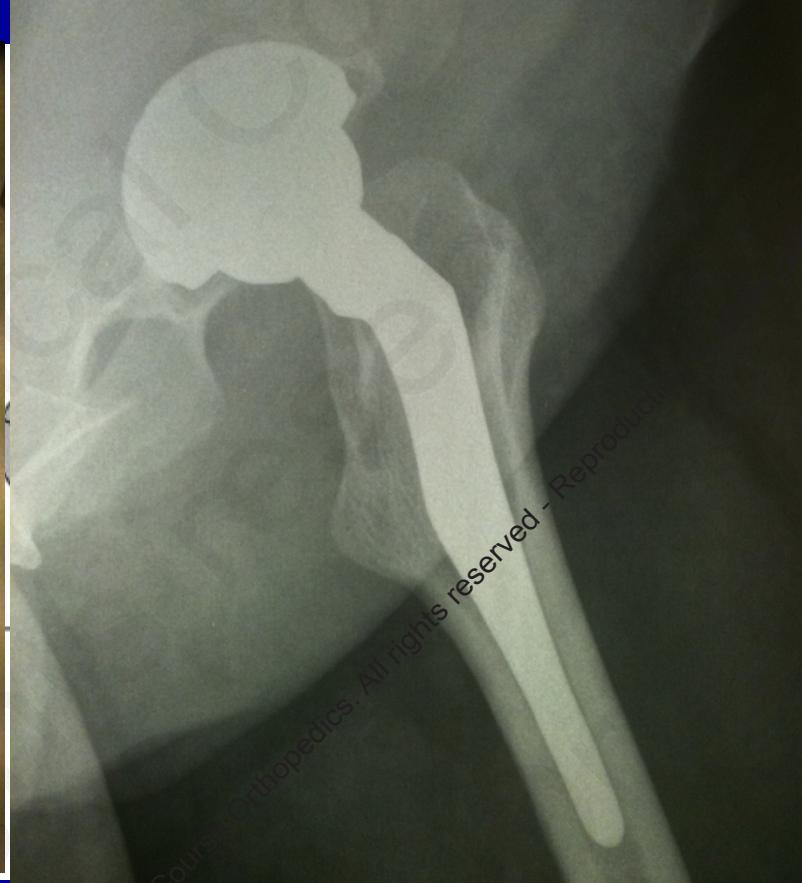
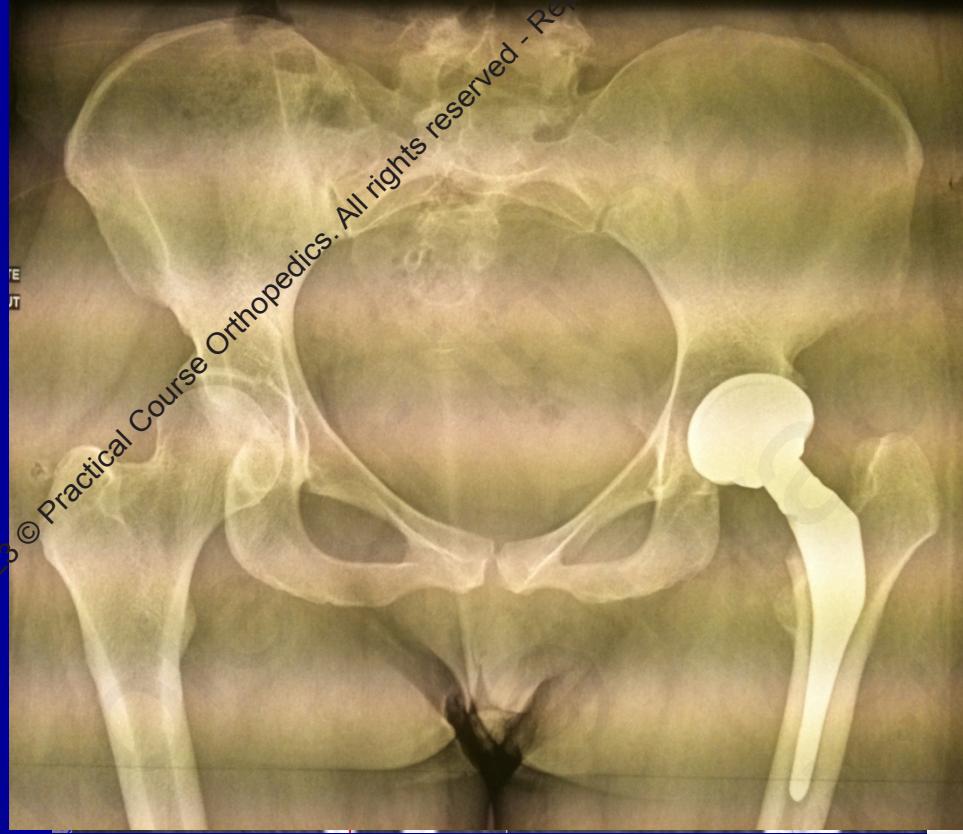
Adapt femoral anteversion

- Mismatch between the acetabulum center Femoral ball center



Custom designed stems based on CT scan

- Torsional abnormality of the femur



A 20-year follow-up evaluation of total hip arthroplasty in patients younger than 50 using a custom cementless stem.

Dessyn [✉]¹, et al

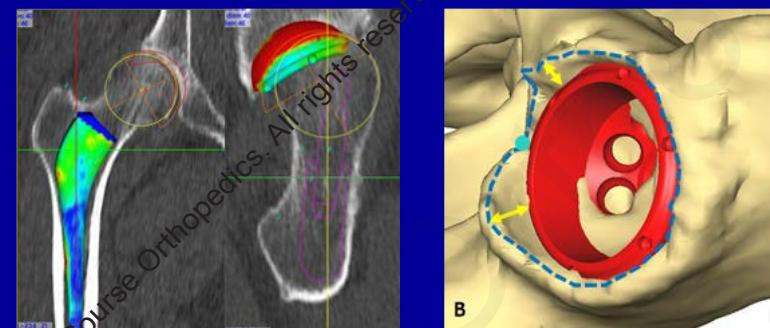
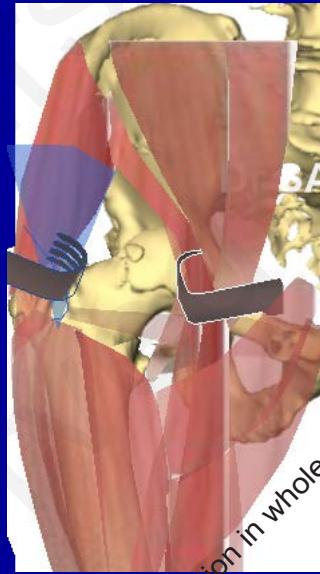
Accuracy and clinical results

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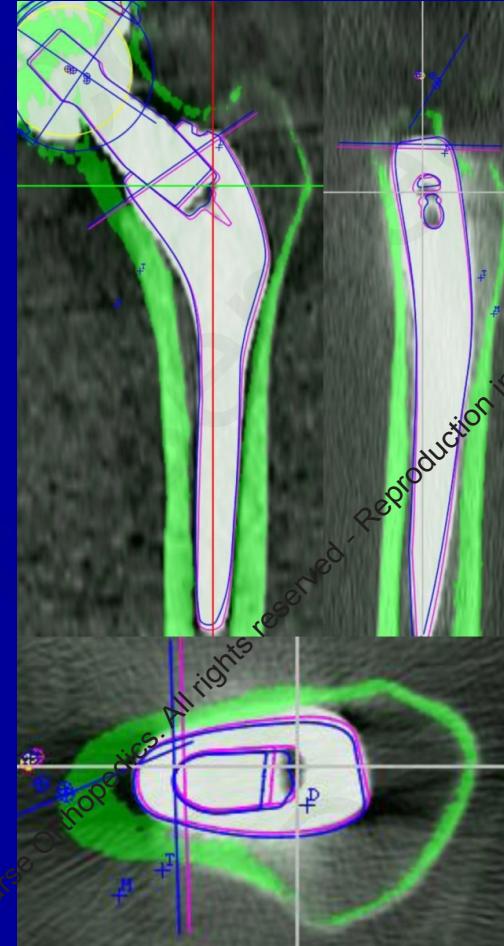
Material and methods

- Study data collected prospectively : Orthowave v7
 - 1210 consecutive patients
 - 603 F 607 M
 - Aged: 60 ans \pm 14;
 - Operated 2009 - 2015: 1 senior surgeon
 - Direct anterior approach
- Preop CT-Scan
 - 3D Planning(Hip Plan)
 - Taille position implants

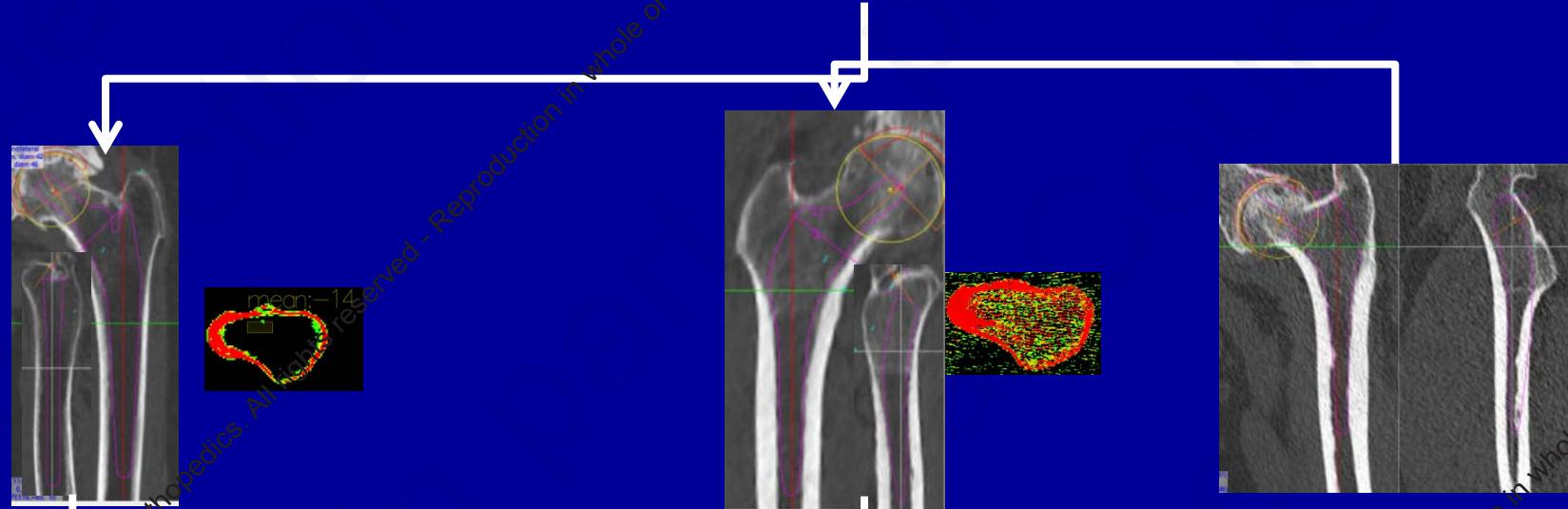


Material and methods

- Patients assessed at the last Follow-up with PROMS:
 - OHS: either by e-mail or phone
 - HHS:
 - Less than 5% of lost patients
- 256 patients had: PostOP CT-scan and a matching Preop-PostOp



3D Computerised planning HIP-PLAN

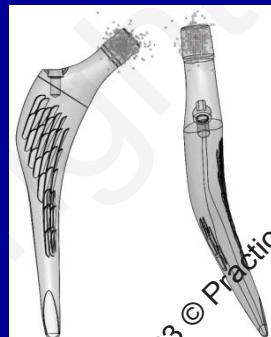


HARMONY

26%



SPS Evol
63%



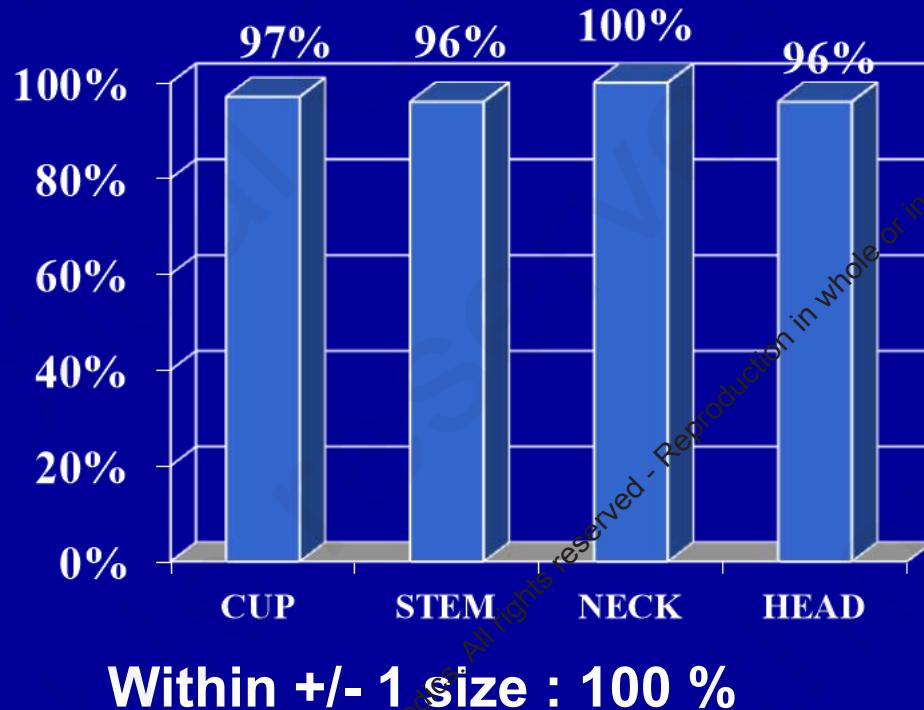
Custom Patient specific
11%



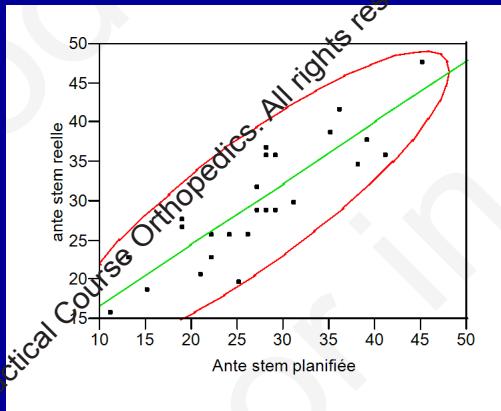
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High Accuracy reconstruction

- Anticipation surgical difficulties
- High accuracy for hip reconstruction



Accuracy of anteversion angles restoration 256 patients



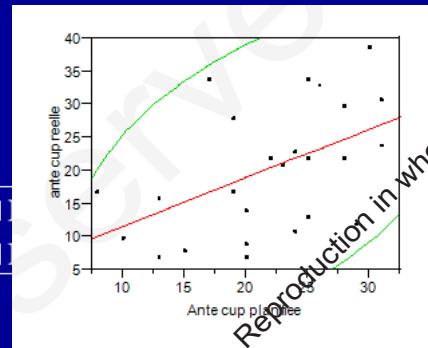
1- No significative difference (p=0.1)

2- Excellente correlation
0.87 (p<0.000001)



1- No significative difference (p=0.24)

2- good correlation 0.5 (p<0.000001)



Accuracy of reconstruction

Centre of Rotation, Length, Off-set

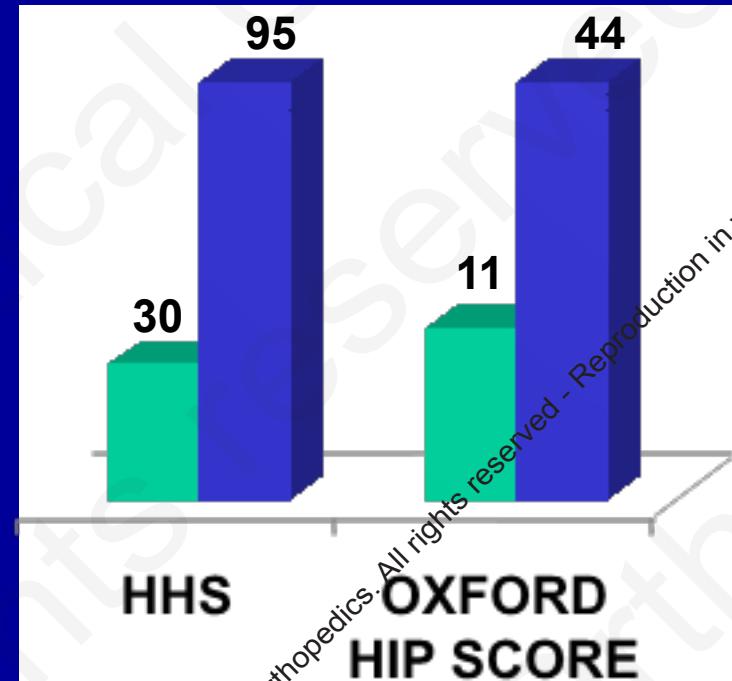
256 patients

	<u>Hip Rotation center</u>			<u>Femoral Off-set</u>	<u>Lower limb lenght</u>
	<u>Cranio Caudal</u>	<u>Medial lateral</u>	<u>Antero posterior</u>	<u>Medial lateral</u>	<u>Cranio Caudal</u>
<u>Mean</u>	-0.7	-0.4	-0.0	0,7	-1.3
<u>Stdev</u>	3	3	2.6	2.5	3.5
<u>p</u>	0,002	0,00001	0,62	0,008	0,40

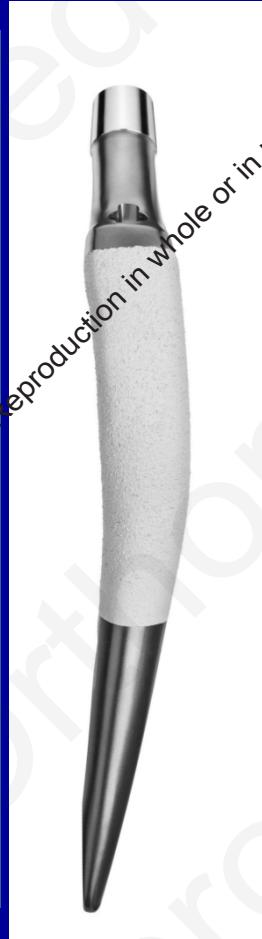
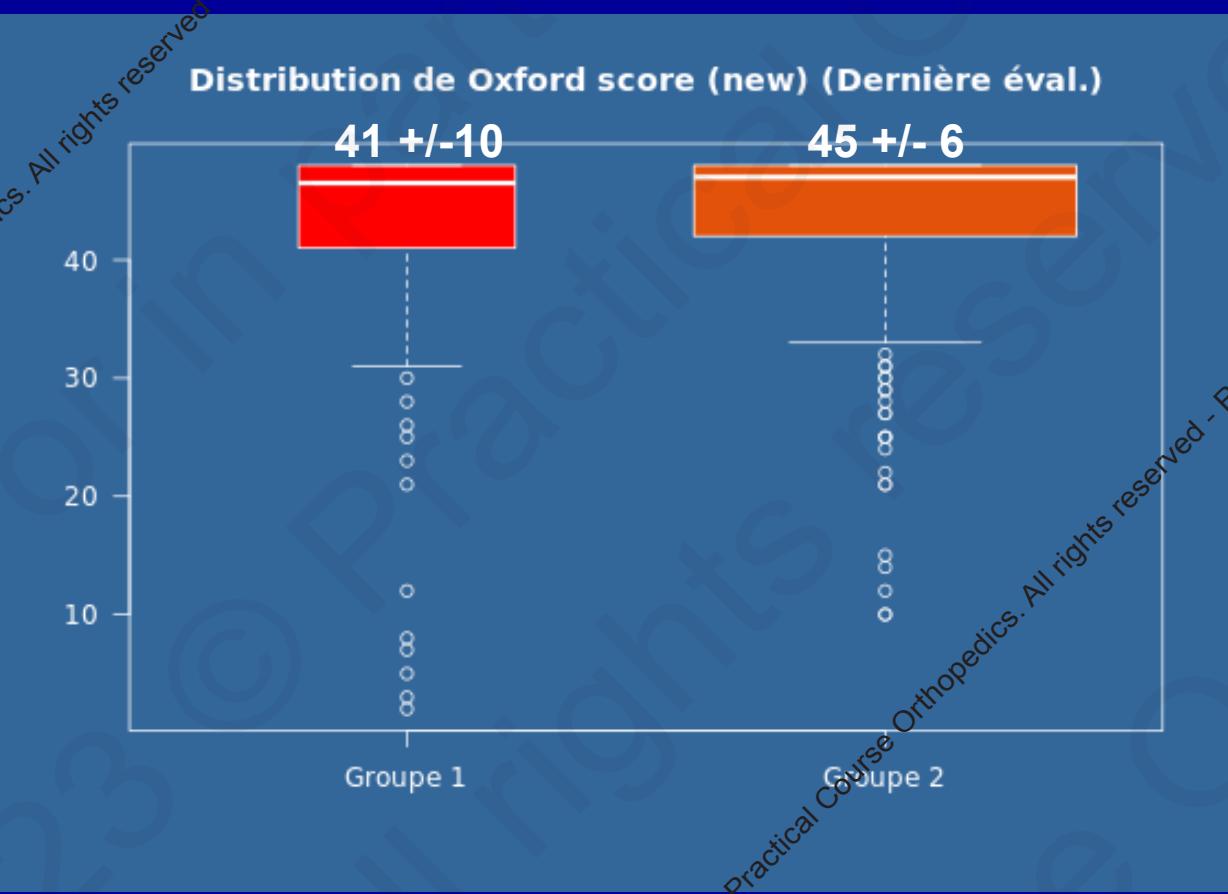
0.8 mm +/- 2.7

Excellent clinical outcomes

- At 10 ± 3 years follow up
- Excellent clinical results
 - 95 ± 12
 - 44 ± 6
- 63% Forgotten hip joint



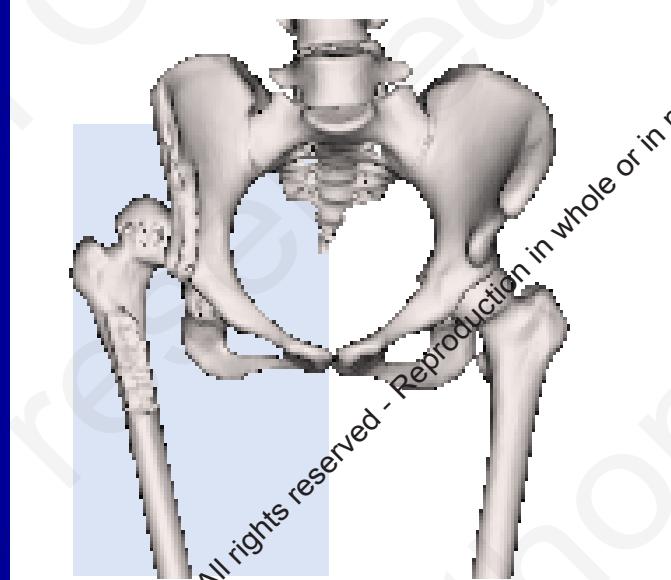
Better outcomes PROMS with SPS anatomic stem/Straight Stem



Dislocation 7: 0.5%

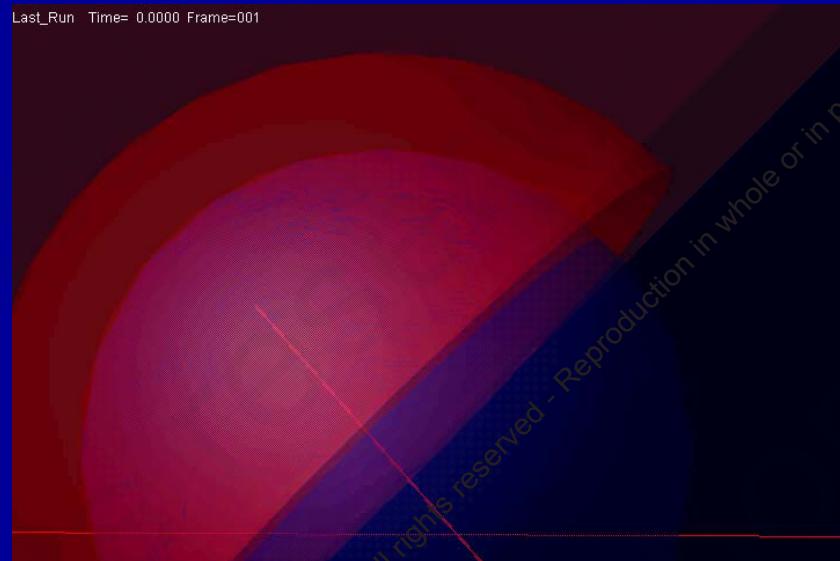
Taux de reprise d'implants 0% Associated Factors

- Severe dysplasia
 - Crowe IV
- Head diameter
 - 28 mm: 4
 - 32 mm : 3
 - 36 mm: 0

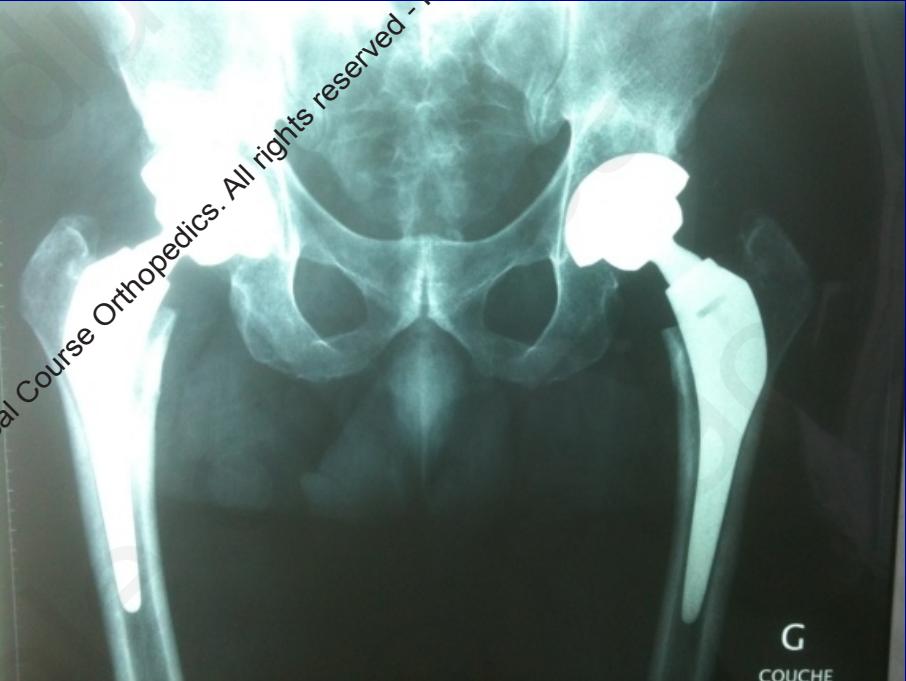


Reproducible Squeaking 7: 0.5%

- Younger: 51 years
- More active :sports
- No 3D alteration of the anatomy
- Higher Range of motion??
Impingement??

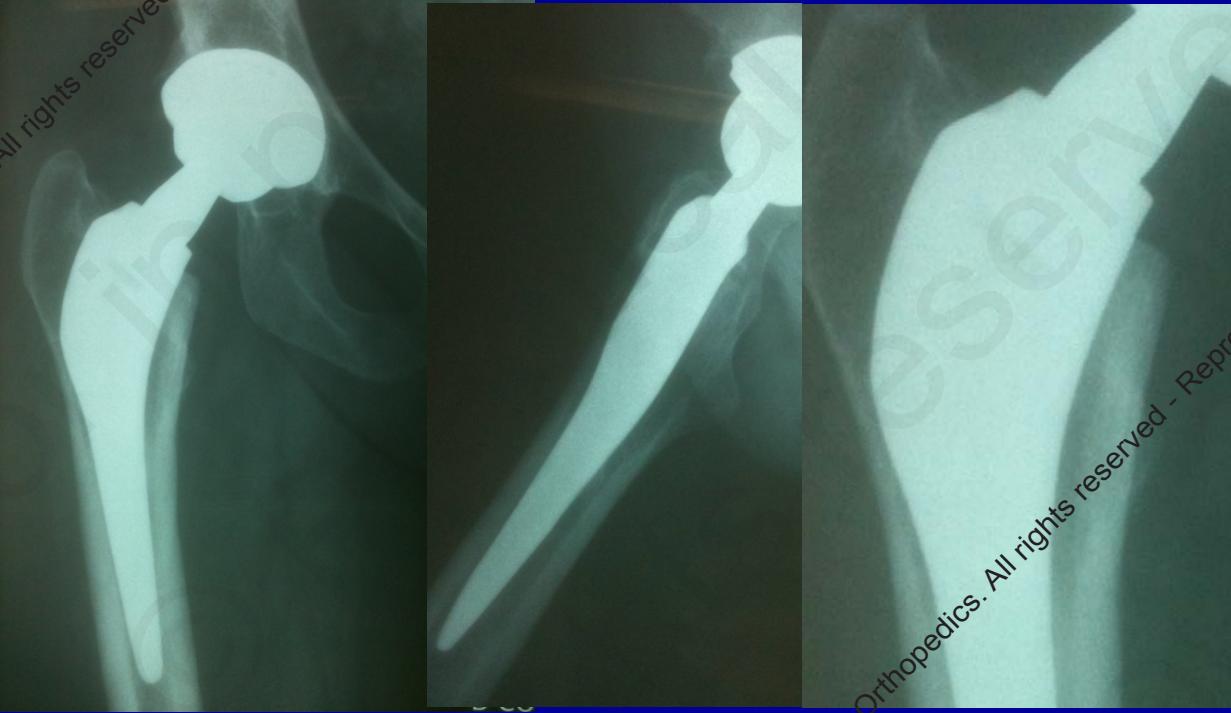


10 years Follow-up



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Nice bone remodelling at 10 years Fup



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Results: gait analysis: 24 patients



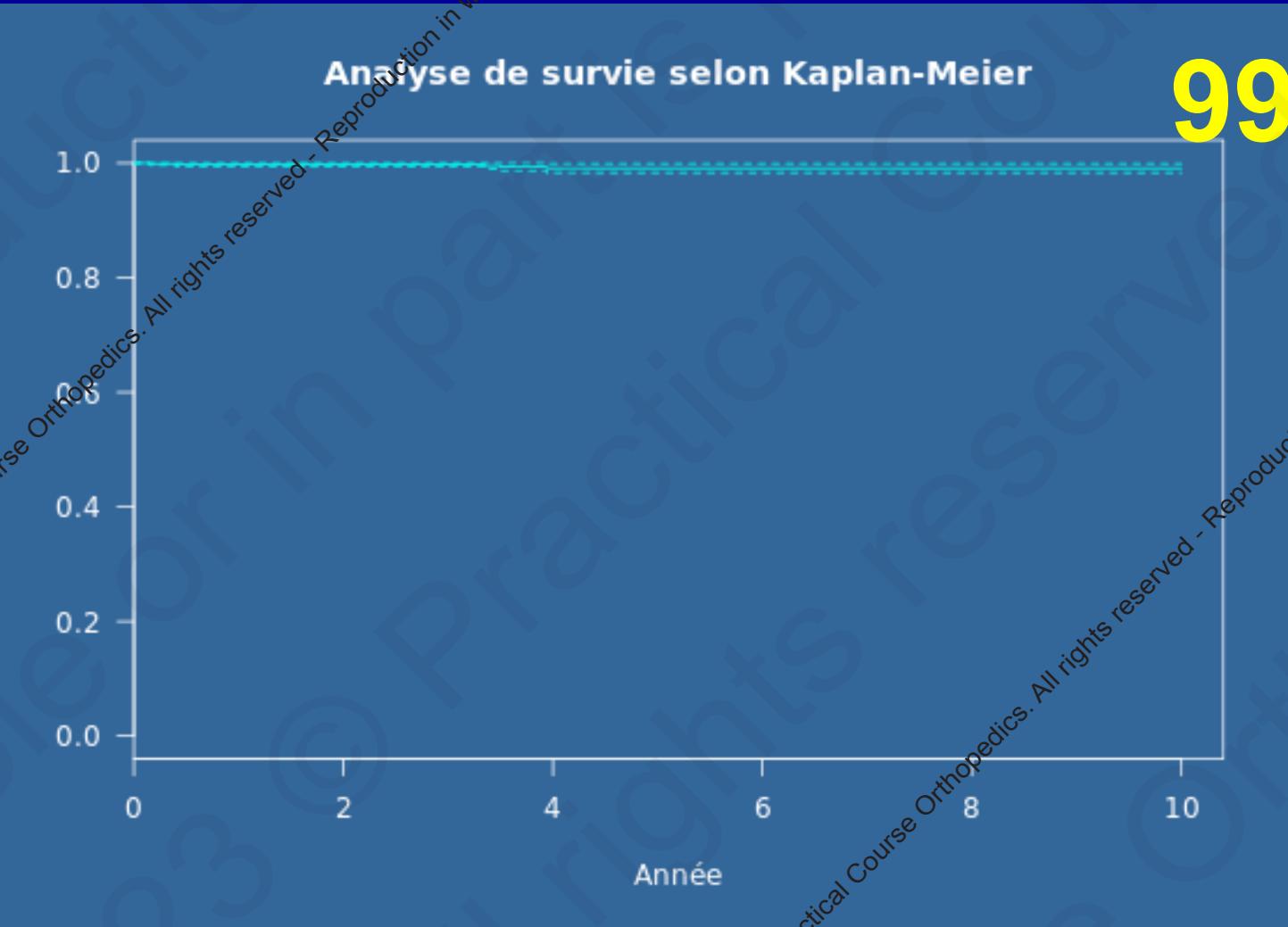
- No significant difference
significative: THA/ healthy hip

PTH
SAIN
CONTROLE

A legend consisting of three horizontal bars. The first bar is blue and labeled 'PTH'. The second bar is red and labeled 'SAIN'. The third bar is black and labeled 'CONTROLE'.

All patients were within the envelopp of normality as defined by the control group; for all the parameters

End Point: Mechanical Failure



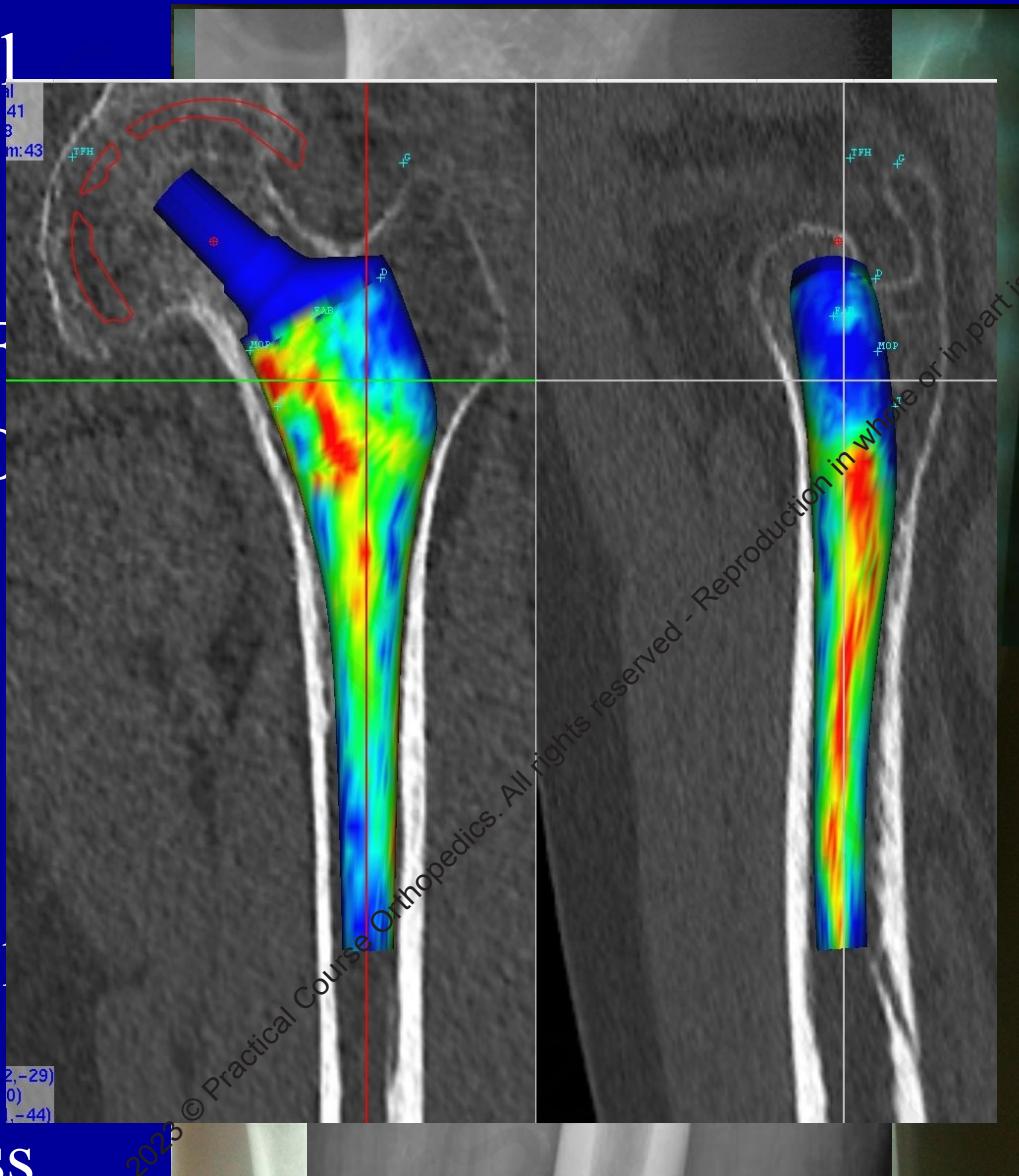
**For Whom?
Usefull for Everyone!!
Mandatory in 12%**

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Screening to detect the 12%

- Severe femoral torsional abnormality
- Coxa valga: to avoid a fracture/don't increase FC
- Coxa vara: to restore FC lower limb
 - Long necks
 - Very small femurs
 - Achieve a correct fit :
 - to increase primary stability
 - Avoid a fracture
- Pelvis abnormal stiffness



Future technology:

- Resonant frequency analysis based on CT-scan
- To assess: implants stability and bone remodeling
- Computing the constraints at the stem/ bone Interface

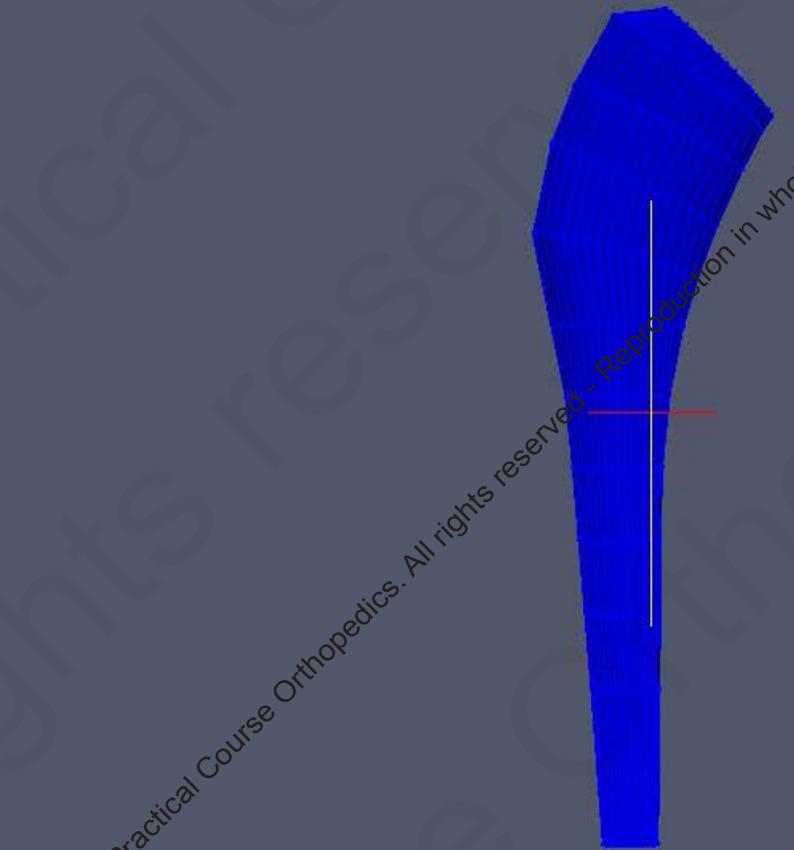
Modal analysis for the assessment of cementless hip stem primary stability

Orthopaedic Research Society, New Orleans 2017

Stable Stem



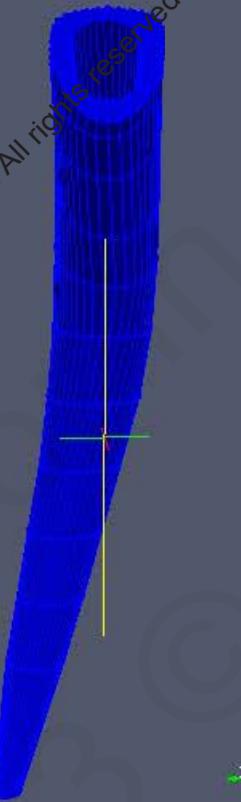
Unstable stem



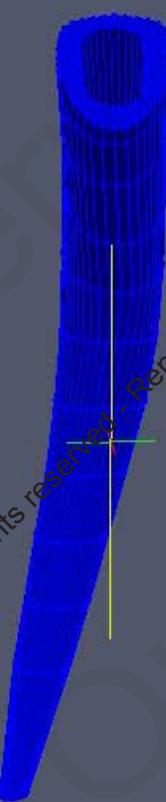
Modal analysis for the assessment of cementless hip stem primary stability

Orthopaedic Research Society, New Orleans 2017

Stable Stem



Unstable Stem



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THANK YOU



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