Seconda Università degli Studi di Napoli
Facoltà di Medicina e Chirurgia
I Clinica Ortopedica e Traumatologica

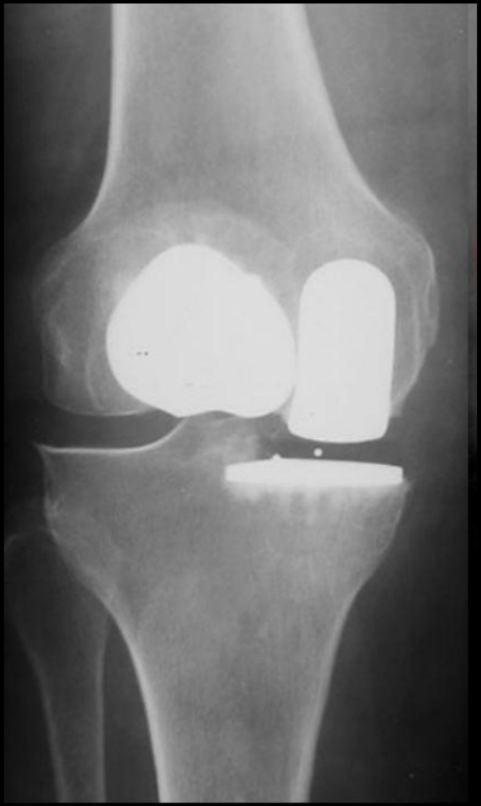
POLICLINICO

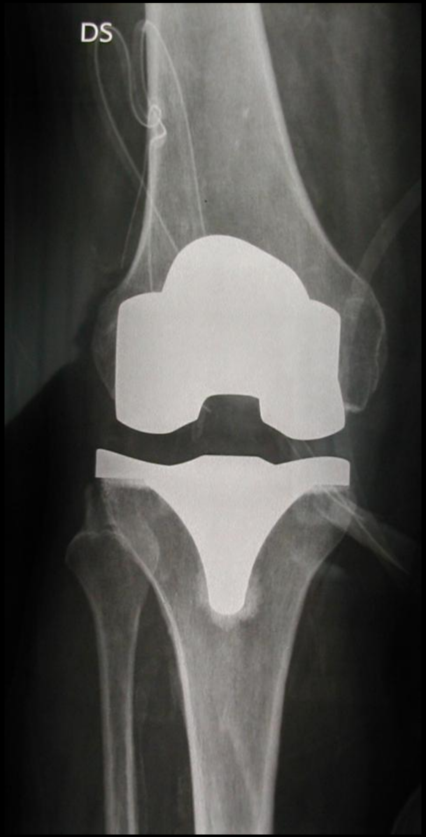
L'impianto combinato di protesi femoro-rotulea e monocompartimentale nel trattamento della gonartrosi

Prof. F. Zanchini

Congresso SOTIMI
La mininvasività
nella
Chirurgia Protesica del Ginocchio

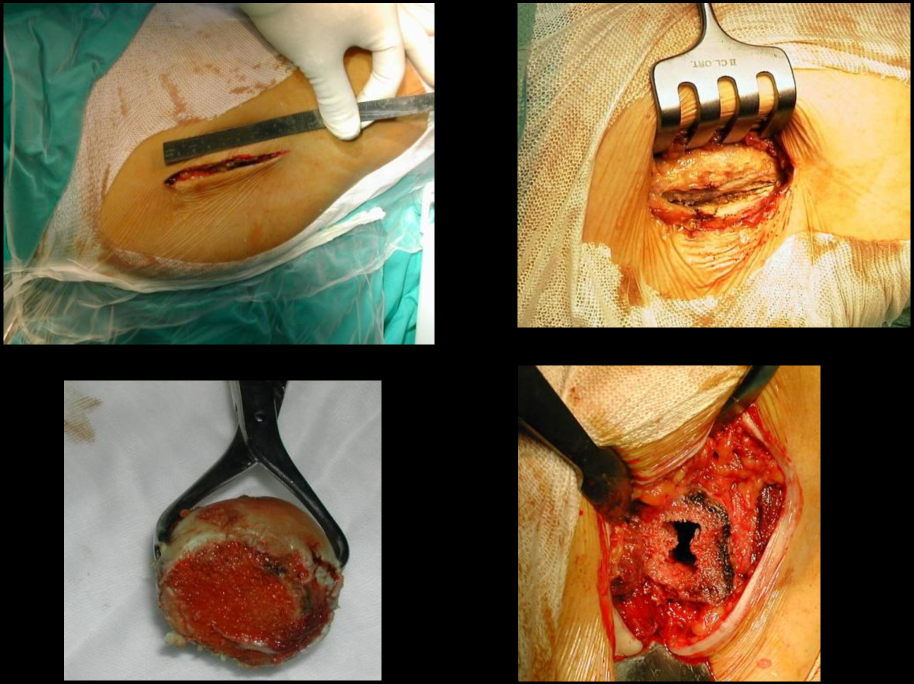
“perché impiantare una protesi F-R + MC e non una protesi totale..?



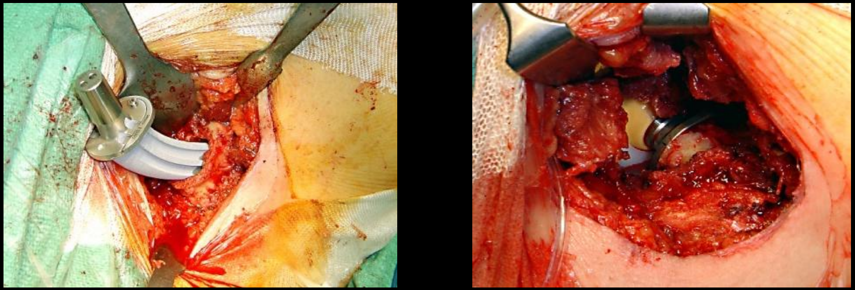


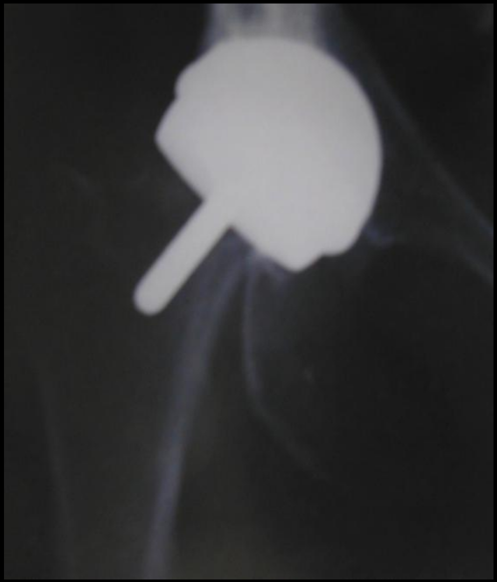
..e quando” ?

Mininvasività nella PTA

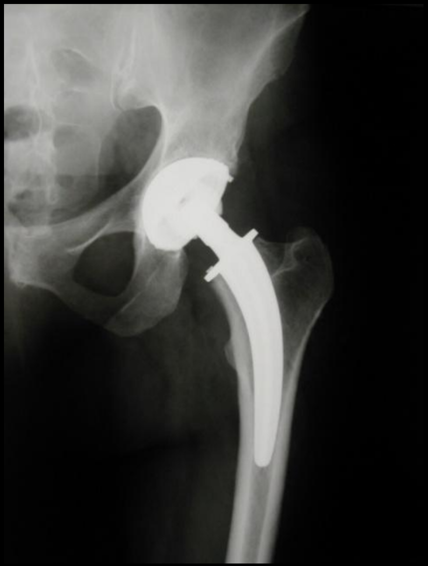


maggiore rispetto dei tessuti molli

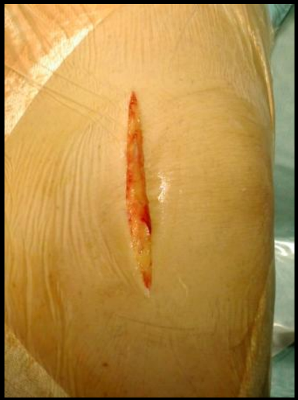
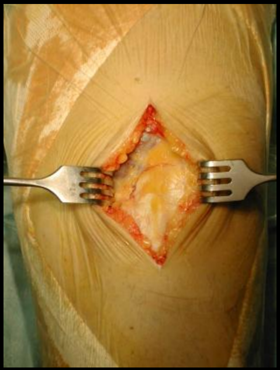
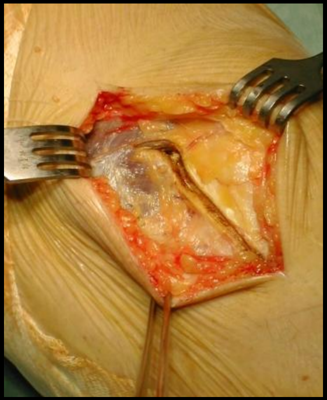
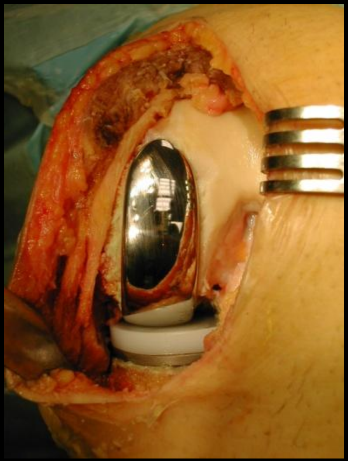
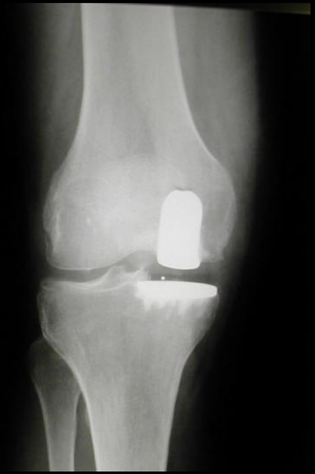
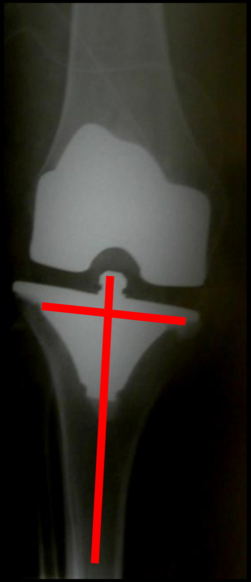
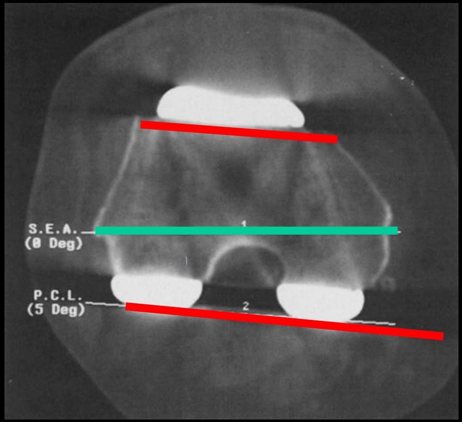


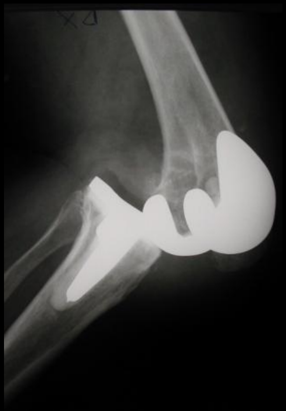


risparmio di patrimonio osseo



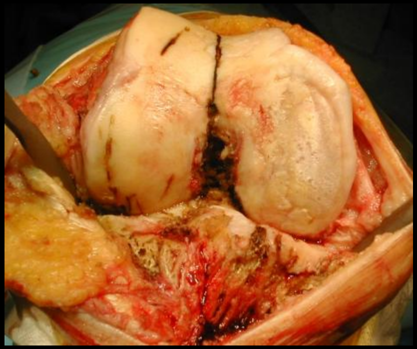
Mininvasività del ginocchio

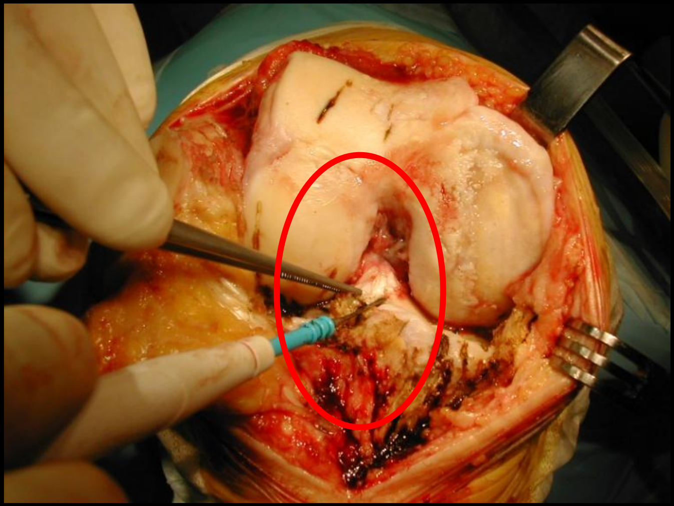







S.E.A.
(0 Deg)
1
P.C.L.
(5 Deg)
2

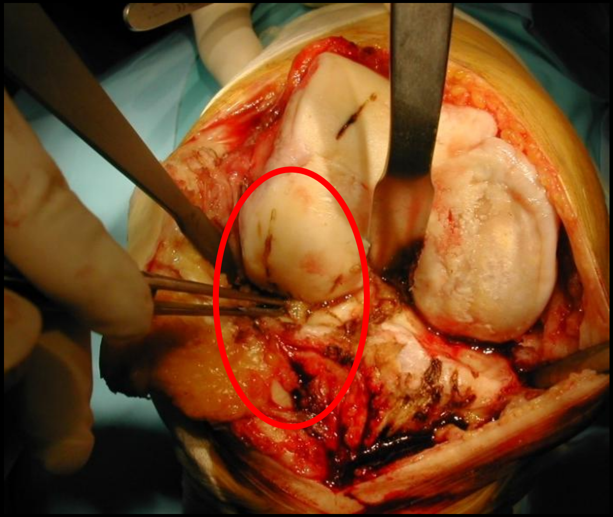


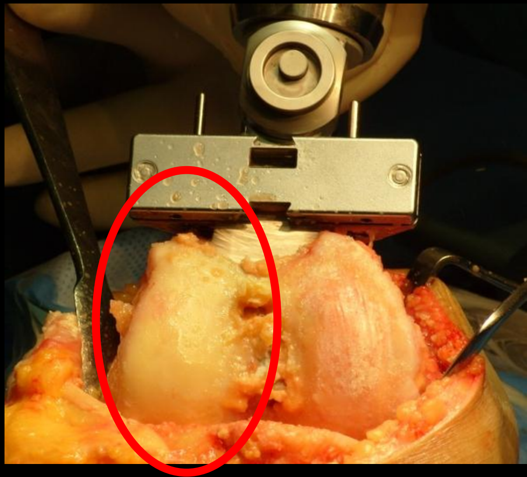
malposizionamento - difetti rotazionali – instabilità - ecc.

Trattamento chirurgico limitato all'effettiva patologia









"… Excision of intact femoral and tibial articular condyles, the menisci and the cruciate ligaments may, in the future, be looked back on as being akin to vandalism…"

"…la resezione dei condili femorali e tibiali sani, dei legamenti crociati e dei menischi, potrebbe, in futuro, essere visto come un atto di vandalismo…"

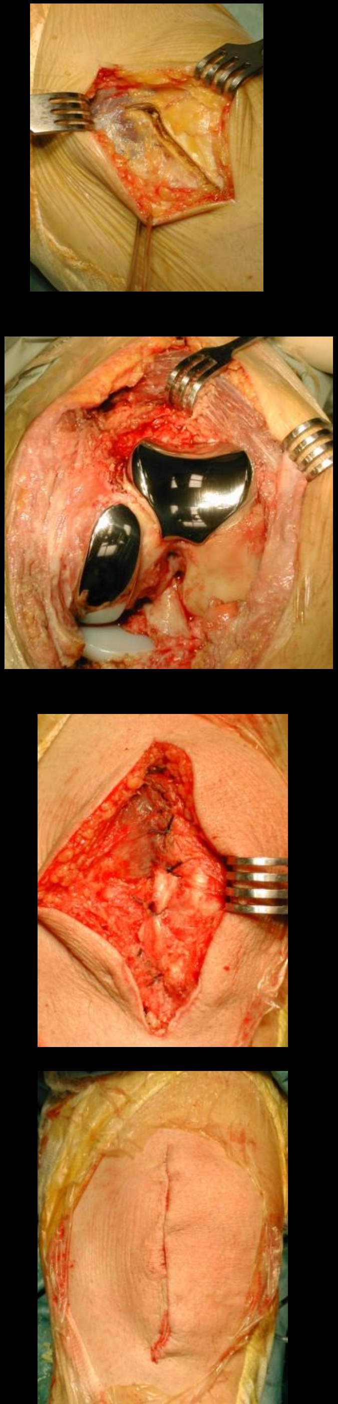
Amis A. *Clin Orthop 2005*

VANTAGGI

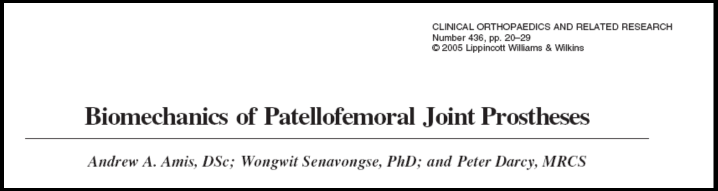
- CONSERVAZIONE LCA LCP
- RISPARMIO DEL COMPARTIMENTO F-T SANO
- RISPETTO DELLA FISIOLOGIA ARTICOLARE
- CHIRURGIA MININVASIVA SENZA RISCHIARE MALP. E INS.
- MINORI PERDITE EMATICHE
- MINORE DOLORE POST-OPERATORIO
- ROM COMPLETO
- MINORI RISCHI DI INFEZIONE E TROMBOEMBOLIA
- SENSAZIONE SOGGETTIVA DI GINOCCHIO PROPRIO
- FUTURA REVISIONE CON PTG PRIMARIA

SVANTAGGI

- *strumentari ancora poco affidabili per la riproducibilità*
- *maggiori difficoltà di tecnica chirurgica*
- *mancanza di follow-up a medio e lungo termine*



letteratura



CLINICAL ORTHOPAEDICS AND RELATED RESEARCH
Number 436, pp. 20–29
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Biomechanics of Patellofemoral Joint Prostheses

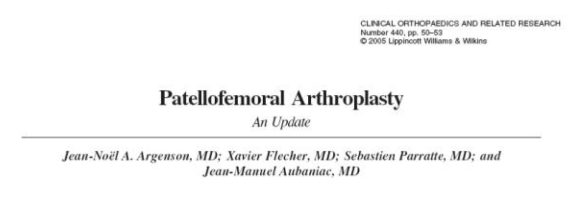
Andrew A. Amis, DSc; Wongwit Senavongse, PhD; and Peter Darcy, MRCS

Follow-up 5-17 anni

Buoni risultati 58-86 %

	PFA	follow-up	Buoni risultati	PTG
Arciero	36	5.3	72 %	?
Argenson	66	5.2	84 ,8 %	15 , 9 %
Arnbjornsson	113	7	75 %	?
Aubriot/Witvoet	98	5	81, 6 %	11 ,.2 %
Blanzina	53	2	81%	9,4 %
Cartier	75	4	90 %	0%
Krajca	18	5.8	94 %	0%
Kooijman H.J.	56	17	86 %	14%
Tauro B	62	7.5	45%	28%
Argenson	66	16,2	58 %	20%

cause degli insuccessi



CLINICAL ORTHOPAEDICS AND RELATED RESEARCH
Number 440, pp. 50–53
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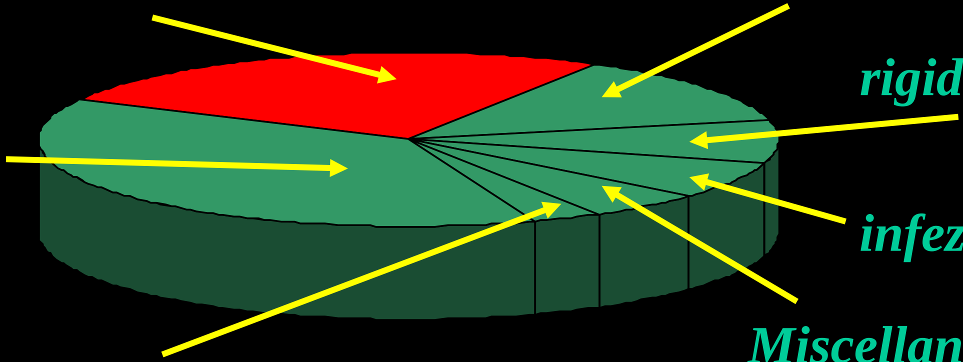
Patellofemoral Arthroplasty

An Update

Jean-Noël A. Argenson, MD; Xavier Flecher, MD; Sebastien Parratte, MD; and Jean-Manuel Aubaniac, MD

RICHARDS II-III – LUBINUS - CFS WRIGHT
MEDINOV AUTOCENTRIC - DE PUY WARSHAW → **(inlay)**

- INSTABILITA’ FEMORO-ROTULEA
- EVOLUZIONE DELL’ARTROSI F-T
- ERRORI DI TECNICA
- RIGIDITA’
- LOOSENING
- INFEZIONE



Instabilità femoro-rotulea

Errori di tecnica

rigidità

Evoluzione artrosi f-t

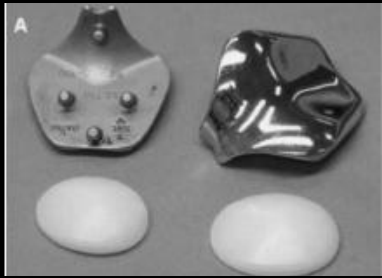
infezione

Miscellaneous

Aseptic loosening

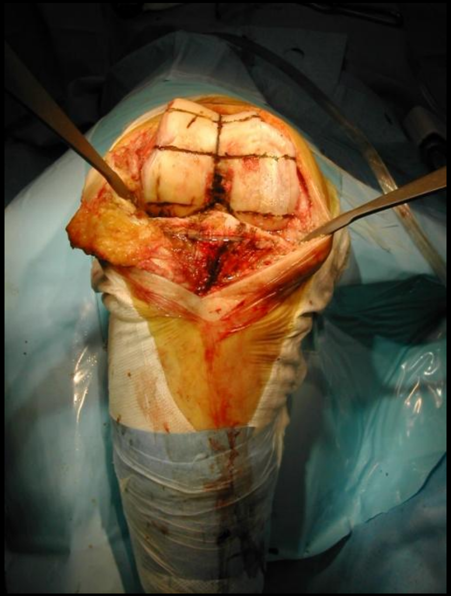
Instabilità femoro-rotulea

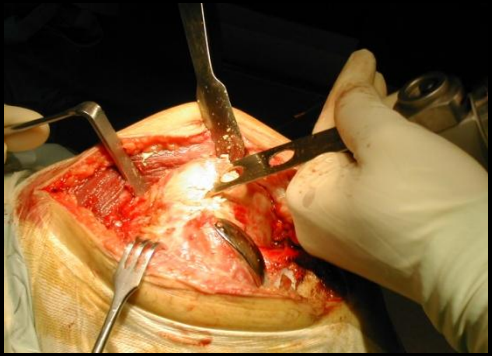
AVON - HERMES - VANGARD **(onlay)** →

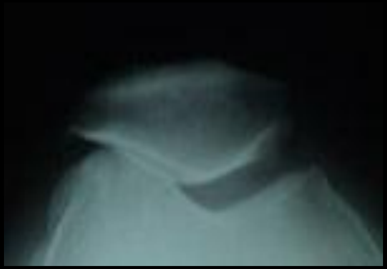


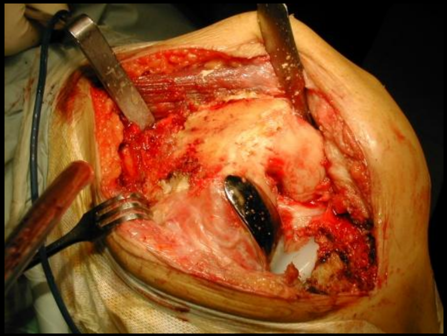
"..un corretto orientamento della troclea protesica è sufficiente, nella maggior parte dei casi, a ricentrare l'apparato estensore, richiedendo raramente tempi chirurgici accessori, essendo sufficiente un lateral release.."

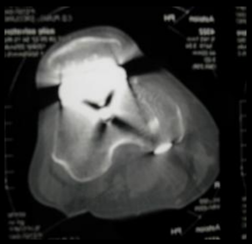
Romagnoli S *Arch Ortop e Reum 2006*

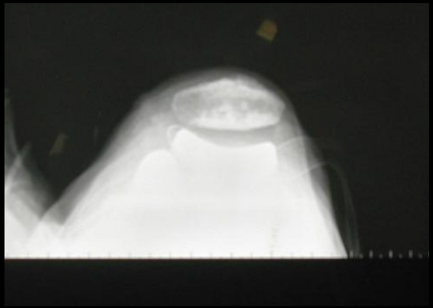








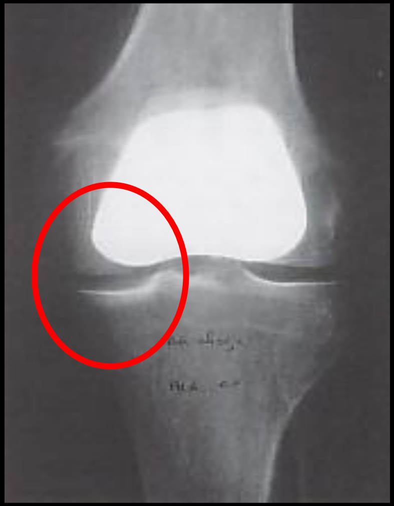


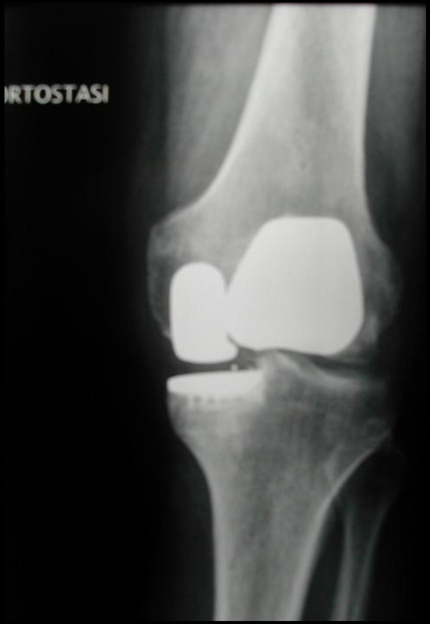


Evoluzione dell'OA

"..l'artrosi femoro-tibiale influenza
i cattivi risultati della PFA.."

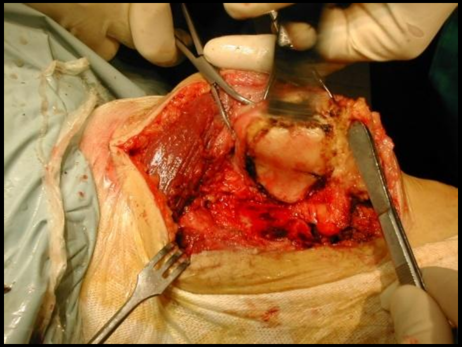
Insall J - Aglietti P *JBJS Am 1980*



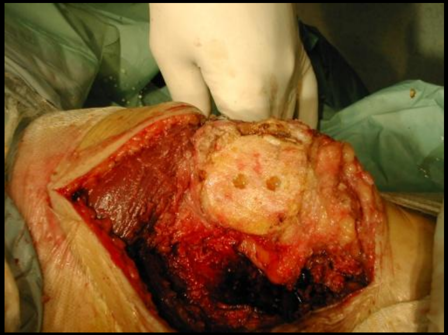


Asoociciazione protesi femoro-rotulea
e protesi monocompartimentale m/l

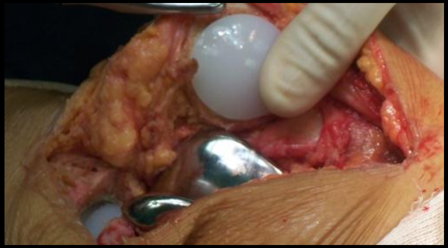
ERRRORI DI TECNICA



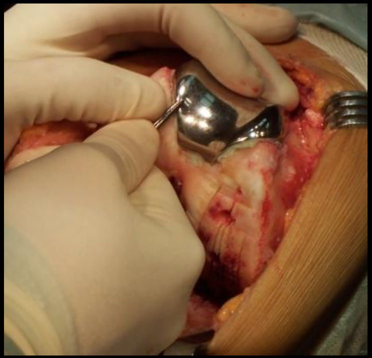
spessore della rotula
ed inclinazione della resezione



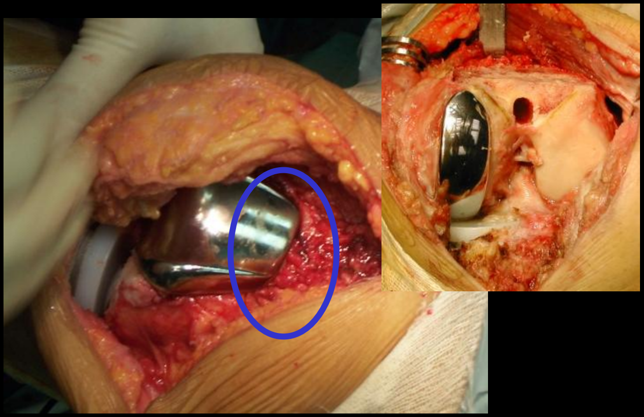
medializzazione del polietilene



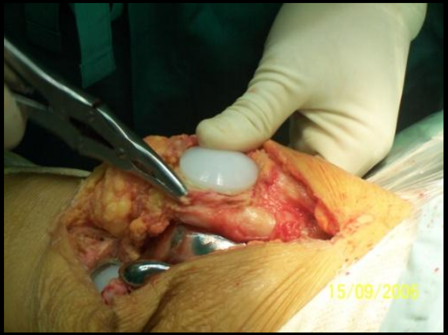
"no-thumb"



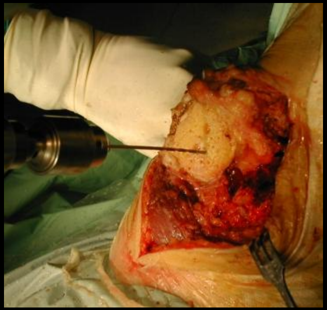
evitare il gradino con i condili



evitare il "notching"
ed il "catching"



acccurata rimozione
degli osteofiti lateali

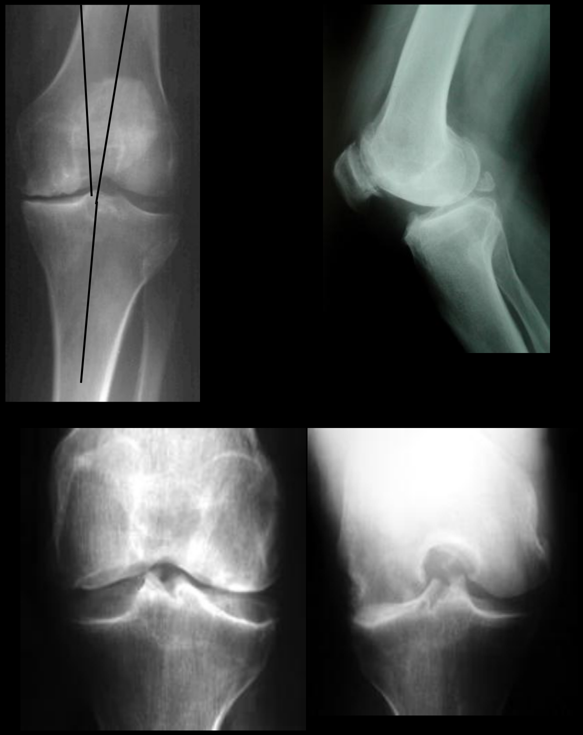


scrupolosa tecnica
di cementazione

FILMATO

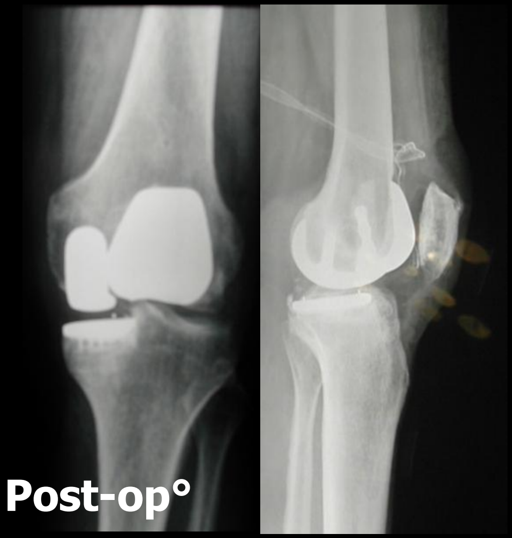
INDICAZIONI

- INTEGRITA' DEL COMPARTIMENTO LATERALE
- DEVIAZIONI ASSIALI VARO-VALGO < 15°
- INTEGRITA' DEI LEGAMENTI CROCIATI
- CONTRATTURA IN FLESSIONE < 10°

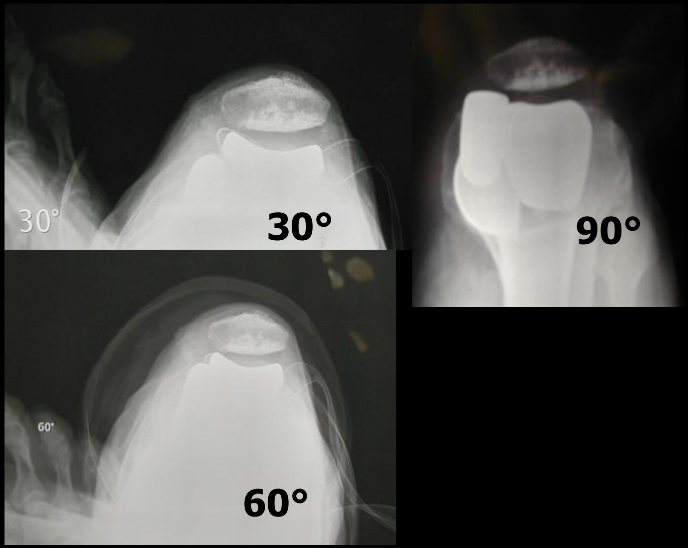


CONTROINDICAZIONI

- ARTRITE REUMATOIDE
- ROTULA BASSA
- DEGENERAZIONE DEL COMARTIMENTO LATERALE
- DOLORE ANTERIORE IN ASSENZA DI EVIDENTI SEGNI DEGENERATIVI
- OBESITA'
- VARISMO EPIFISARIO > 10°



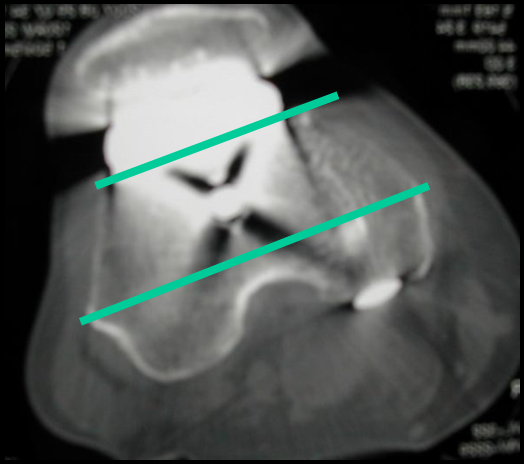
Post-op°

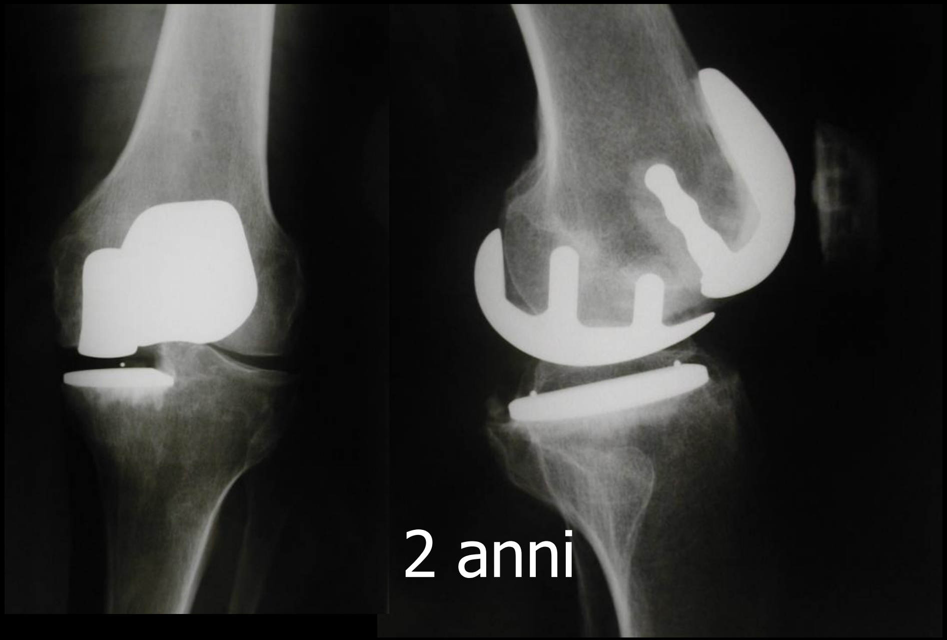


30°

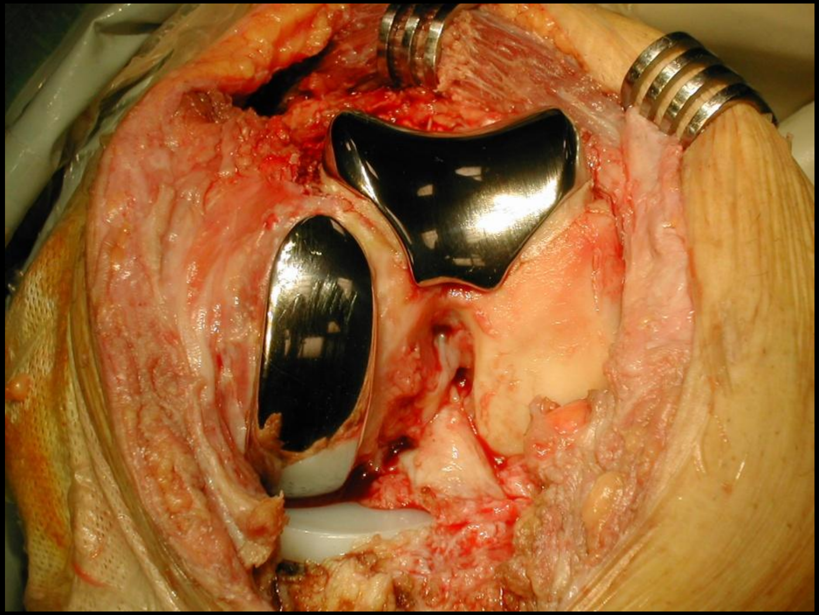
90°

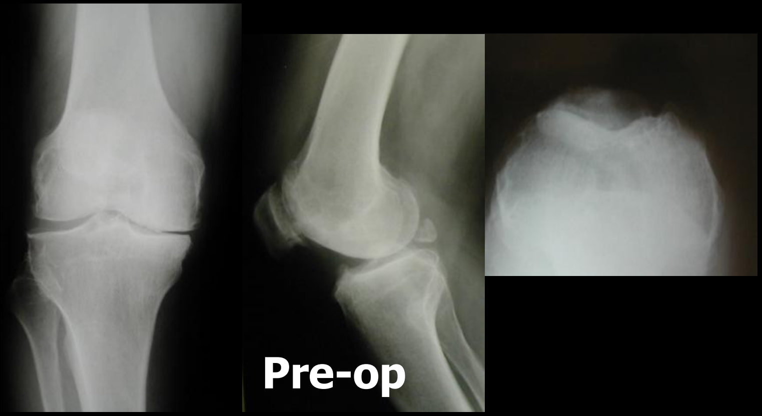
60°



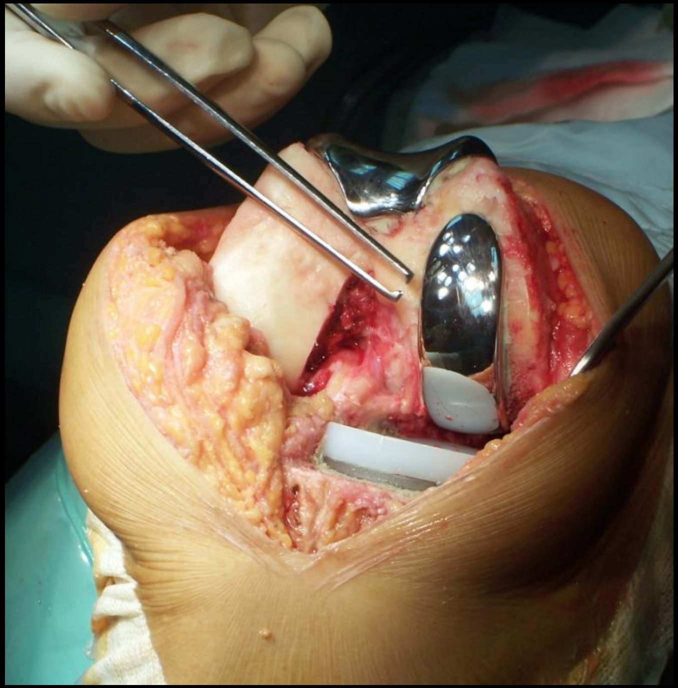


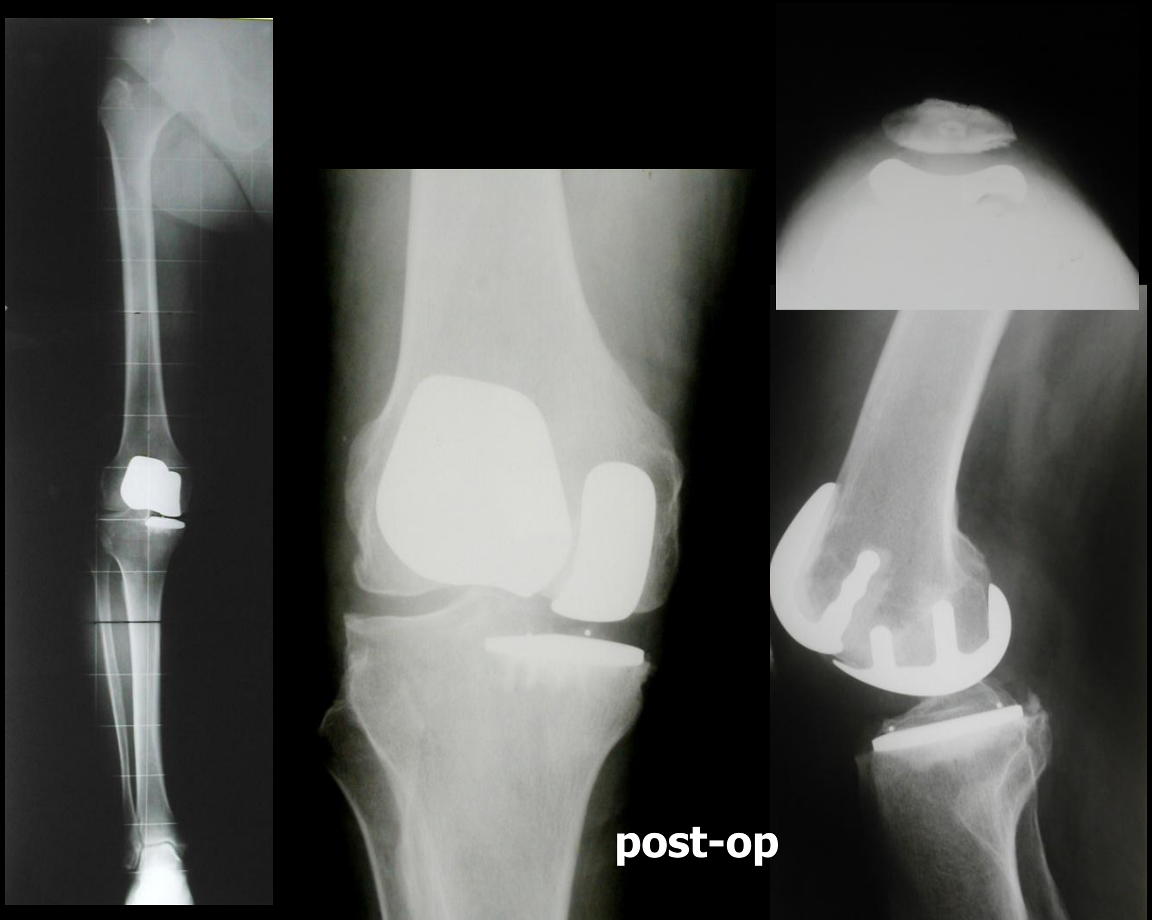
2 anni



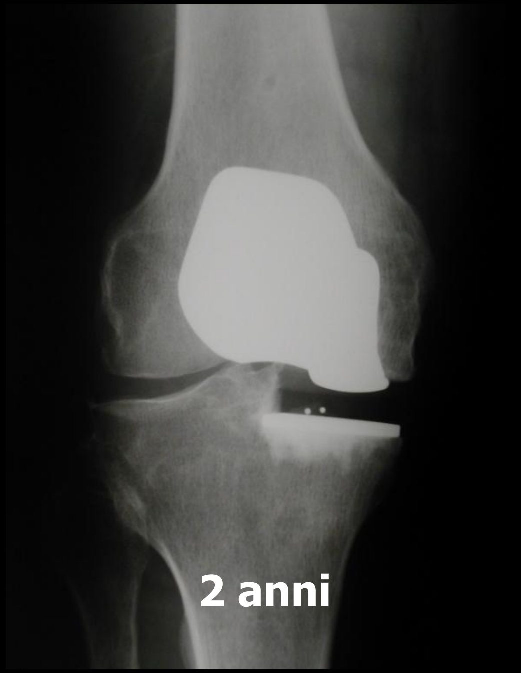


Pre-op





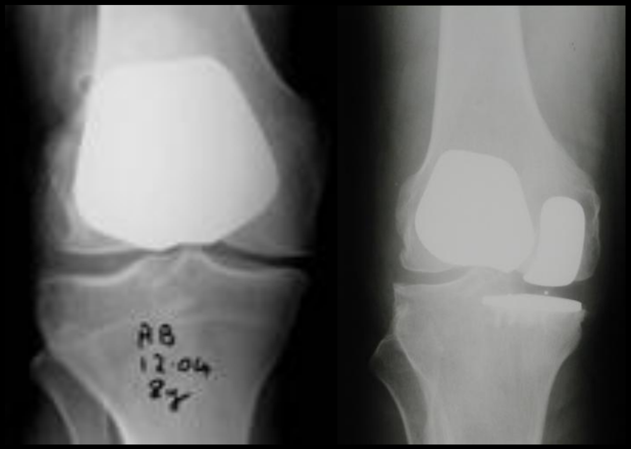
post-op

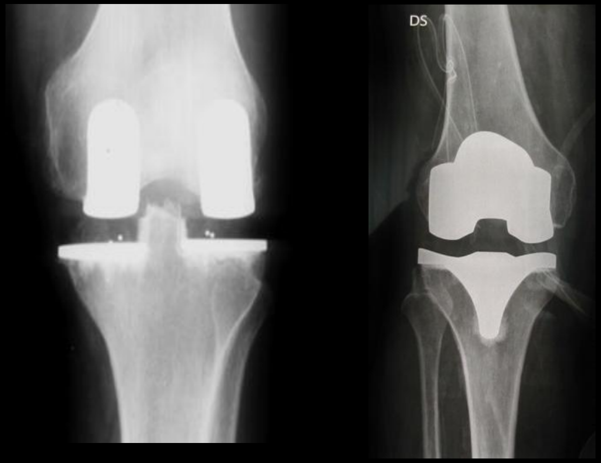


2 anni

CONCLUSIONI

L'associazione dei due impianti può anche essere effettuata in tempi successivi





147 PFA
AVON F.U. 4 anni
96 % soddisfacente

Ackroyd CE *JBJS Br 2003*

studi a lungo termine che ne dimostrino la affidabilità

POLICLINICO

grazie dell'attenzione