MEETINGS ROUNDUP360

P. York MD
Orthopaedic Resident
Denver Health Medical Center, Colorado, USA
e-mail: philip.york@ucdenver.edu

C. Mauffrey MD, FACS, FRCS
Director of Orthopaedic Trauma
Denver Health Medical Center, Colorado, USA
e-mail: cyril.mauffrey@dhha.org

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Amid the lights and sounds of the Vegas Strip, this year's American Academy of Orthopaedic Surgeons (AAOS) meeting provided an energy-filled opportunity to gather and share the latest techniques, research and exciting technologies in orthopaedic surgery. For most, the days started with a cup of coffee in hand, heading to CME lectures or specialty-specific paper presentations which were then defended during collegial question-and-answer sessions, leading into the lunch hour with countless gourmet restaurants within sight of the convention hall. And of course, after the afternoon sessions there was the opportunity to reunite over dinner and drinks with old colleagues and previous co-residents. The occasional walk through the technological expo revealed a hall packed with the latest and greatest implants and techniques from some familiar names, and some new startup companies hoping to pique some interest.

A clear highlight of the week was the changing of the guards as previous Academy president Dr Frederick M. Azar handed over the reins to newly elected president, Dr David Teuscher, before a conference hall packed wall to wall with Academy members. Dr Teuscher expressed his concerns about the direction that our current healthcare system is taking and challenged the AAOS members to get involved and to "put [their] money where [their] mouth[s are]." This was followed by an excellent address to the AAOS by Dr Ben Carson with his echo that we need to get involved in order to control our own destiny in the changing climate in health care.

Although it is impossible to provide a complete summary, there were certainly some highlights from our experiences over the week.

ARTHROPLASTY

In the arthroplasty realm, patient-specific implants in total knee arthroplasty (TKA) remained a hot topic this year. A randomised control trial comparing kinematic versus mechanically aligned TKA revealed that all measured outcomes were better in the kinematic group.[1] A popular topic in hip arthroplasty (THA) was primary THA and conversion to THA in the setting of proximal femoral fractures and in failed hardware, respectively.[2,3] Intra-operative and post-operative fractures were suggested to be the most common complications in conversion of failed intertrochanteric, intracapsular and proximal femoral fixation, followed then by dislocation and infection.[4]

Additionally, several papers defined the utility of THA in the setting of either acute or previous acetabular fractures. Morison et al[5] reported overall poorer outcomes in patients who undergo THA in the setting of a previous acetabular fracture, while Lin and Schmidt[6] reported similarly excellent results with primary THA in acetabular fractures that involve the posterior wall, compared with open reduction and internal fixation (ORIF) alone, and suggested that in the setting of femoral head involvement, articular comminution or marginal impaction primary THA is preferable in patients under 65 years of age.

One topic becoming increasingly prevalent was in the foot and ankle realm regarding total ankle arthroplasty (TAA), specifically in comparison with ankle fusion (AF). Younger et al[12,13] presented a prospective comparison between these cohorts with the conclusion that TAA still carries a significantly higher re-operation rate and that there is still plenty of room for improvement for design and techniques. Jastifer et al[14] presented a comparison which suggested that TAA patients performed better on upstairs, downstairs and uphill activities, with no difference between downhill, flat surfaces and uneven surfaces.

PAIN MANAGEMENT

Peri-operative pain management was a common discussion this year, specifically in rotator cuff repair[7,8], joint arthroplasty[9,10] and spine surgery.[11] Additionally, scattered throughout the week were countless opportunities to hear discussion of how to manage your practice in the changing healthcare environment.

Lastly, of specific interest in trauma practice, there were several presentations addressing outcomes in management of tibial fractures, particularly in relation to infection and union rates between those that require fasciotomies for compartment syndrome and those that do not. Doarn et al[15] presented a paper comparing tibial plateau and tibial shaft fractures between cohorts of patients that required fasciotomies and those that did not, and suggested that while time to union, as well as nonunion, rates were greater in fasciotomised patients, the infection rates were not. Conversely, Lowe et al[16] in their paper, suggested that infection rate is higher in fasciotomised patients and found that use of a separate incision for fixation, rather than using the fasciotomies, was a treatment-specific factor that could significantly decrease risk of infection.

Regardless of your specific interests within the field, there was plenty of information presented to challenge previous ways of practice, sharpen your existing skills, and to open discussion for the overall improvement of our specialty. With Vegas in our rearview mirror, we are excited to set our sights on Orlando for next year's gathering which promises to be another memorable reunion.

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