Correspondence

We welcome letters to the Editor concerning articles which have recently been published. Such letters will be subject to the usual stages of selection and editing; where appropriate the authors of the original article will be offered the opportunity to reply.

Letters should normally be under 300 words in length, double-spaced throughout, signed by all authors and fully referenced. The edited version will be returned for approval before publication.

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In-cement technique for revision hip arthroplasty

Sir,

We read with interest the article by Quinlan et al \(^1\) in the June 2006 issue entitled ‘In-cement technique for revision hip arthroplasty’. Although by and large I agree with their results and conclusions, I do have certain concerns.

First, the authors have not commented on the radiological evaluation of revision hip replacement in terms of component alignment. Because one of the indications mentioned by the authors for using this technique is faulty alignment/version of the femoral component, it would be interesting to know whether the in-cement technique predisposes the new component to be inserted in the same faulty alignment/version. This could only be evaluated if the pre- and post-operative results of femoral component alignment had been given.

Secondly the authors state in the discussion section that “the shortened operative time may minimise the incidence of peri-operative complications” without giving the details of the operative time or peri-operative complications! I feel this statement is an assumption and should not have been included.

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Authors’ reply:

Sir,

We thank Dr. Pankaj for his interest in our article and his comments.

In relation to the first point, we routinely perform anteroposterior and lateral plain radiographs pre- and post-operatively in order to assess component positioning. Only three of our 54 cases were for recurrent dislocation related to original component positioning. In situations such as these, gross malalignment of a femoral prosthesis precludes the in-cement technique as there is insufficient cement mantle into which a new prosthesis can be placed. In situations of lesser malalignment, removal of the loose cement in zone 1, as described, allows good visualisation of the distal cement mantle. This permits accurate preparation of the distal mantle using a high speed burr in order to create a neo-cavity within the existing mantle to optimise the placement of the new femoral prosthesis.

Within our study cohort, no peri-operative complications were recorded. One of the advantages of this technique is that it obviates the need for full femoral revision. A full revision increases the time and blood loss involved in the procedure. The shortened operative time and attendant benefits of the in-cement technique have been well described in a previous review of revision arthroplasty, similar to our own, by Nabors et al.\(^1\)

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