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## Metal-on-metal hip resurfacing in patients younger than 50 years

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recent report from the Nordic arthroplasty register showed patients under 50-years old receiving traditional total hip arthroplasty Aare present only in 83% with 10-year implant survivorship in 14,600 cases. These poor clinical results do not meet the National Institute for Health and Care Excellence of Great Britain's guideline of 95% 10-year implant survivorship. The purpose of this study is in two-fold: First, we evaluate the ability of metal-on-metal hip resurfacing arthroplasty to meet these strict standards in young patients; second, we compare outcomes between younger and older patient cohorts to evaluate the validity of the long-standing hypothesis that young patients are at higher risk for revisions and complications. From January 2001 to August 2013, a single surgeon performed 1285 metal-on-metal HRA in patients younger than 50-years old. Approximately 40% of patients reported a UCLA activity level of 9 or 10 postoperatively, equal to regular participation in impact sports. There were 48 (3.7%) failures. Kaplan-Meier survivorship was 96.5% at 10 years and 96.3% at 12 years for the entire group, which did not vary from older patient 12-year implant survivorship at 97% (logrank and Wilcoxon p=0.2). While a disparity exists in overall implant survivorship between young men and women (98% vs. 93%, respectively, p<0.0001), this margin was considerably smaller in the uncemented ReCap™ group, which had an 8-year survivorship of 99% in men and 97.3% in women (p=0.01). Hip resurfacing arthroplasty in young patients exceeds the National Institute for Health and Care Excellence's criteria for 10-year implant survivorship. As resurfacing technology and experience advance, results continually improve. We allow our resurfacing patients to participate in unrestricted activity, with 40% choosing to engage in high impact sports postoperatively, while total hip patients are typically more restricted. In sum, hip resurfacing in young patients provides excellent survival and superior functional results compared to total hip arthroplasty.

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## Proximal femoral nail versus dynamic hip screw for unstable intertrochanteric fractures: A comparative clinical study

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Intertrochanteric fractures constitute more than 50% hip fractures in elder people. The incidence of fragility intertrochanteric fractures is increasing as the life span is increasing and as the number of high velocity road traffic accidents are increasing. Dynamic hip screw has been gold standard for the treatment of intertrochanteric fractures and has stood the test of time, against which proximal femoral nail; the newer intramedullary device has been designed keeping in mind, the theoretical advantages of placing the implant in the anatomical axis. 45 cases were recruited for the study during the study period of April 2013 to March 2014 and were divided into two groups for undergoing surgery with proximal femoral nail (PFN) for one group and dynamic hip screw (DHS) for the other group by randomization. Short term functional outcome was analyzed using the Harris hip scoring system.

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