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Amniofix in treatment of osteoarthritis of knee

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Amniotic membrane has been used extensively in management of non-healing ulcers and has been reported to be successful in 85% of the cases. In recent years, there have been several studies using rat models which support the use of amniotic membranes and chorion in the regeneration and repair of soft tissues. These findings have led to interest in their use in OA. The potential for chorion and amnion to moderate osteoarthritis, as of yet, has not been explored in length; however indirect evidence suggests they may have advantageous effects on cartilage. The use of amniotic membrane (AM) in the form of HAMCs and dHACM is an appealing therapeutic option for the repair of articular cartilage damage caused by OA. We report our case series of 10 patients of variable age group who had failed all conservative treatment options and were unwilling for surgery. Patients were injected with Amniofix injection and were followed at 4 weeks and 8 weeks and 6 months. Patients reported improvement in their VAS pain levels of more than 65 percent as well as an improvement in their functional capacity measured with regards to walking distance. No failures were reported at short term follow up of 6 months and there were no side effects. Our short case series suggests that Amniofix can be used in treatment of arthritic pain and thereby delaying the need for Knee Arthroplasty. To the best of our knowledge there is no other study described in English Literature elucidating the benefits of Amniofix in osteoarthritis and ours is the first one.

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Successful management of femoral trauma in a through knee amputee with a previous mal-united fracture: Implications and functional outcome

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Background: After amputation, patients are more likely to injure their residual limb. An injury of a previously amputated limb, especially if the residuum is not anatomically normal, poses a dilemma for management.

Case Description & Methods: This case report discusses a femoral fracture sustained proximal to a through knee amputation.

Findings: The fracture was at the site of a mal-united fracture. A shortening osteotomy with bone graft was undertaken to improve alignment and prosthetic fit and remove poor quality bone. This was stabilised using an intramedullary nail, supplemented with an anti-rotation plate.

Outcomes: This fracture went on to uneventful union and the patient was able to comfortably use a prosthesis with increased functionality compared with prior to the recent injury.

Conclusion: In these unusual cases, careful planning is necessary to ensure all aspects of the problem is dealt with. Each case should be treated on its own merits.

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