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Retroperitoneal fibrosis: A clinical and outcome analysis of 81 cases and review of literature

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Objective: To investigate the clinical features and outcomes of retroperitoneal fibrosis (RPF).

Methods: 81 RPF treatment cases in the First Affiliated Hospital of China Medical University were retrospectively analyzed, including clinical characteristics and laboratory data.

Results: RPF was found predominantly in elderly men with a typical clinical manifestation of back pain, abdominal pain and lower limb edemas. In laboratory examinations, the acute-phase reactants such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels increased significantly. Renal function failure was frequently found in patients with urethral obstruction. All patients had retroperitoneal soft tissue shadows or urethral obstructions on computed tomography or magnetic resonance imaging, 8 of which had histological diagnosis of idiopathic RPF. 46 patients received surgical interventions; 50 patients received medication treatment alone including corticosteroids, immunosuppressants and tamoxifen; 21 patients received corticosteroids after surgical intervention. Surgery followed by medication was most effective for RPF.

Conclusion: Computed tomography and magnetic resonance imaging helps to exclude secondary causes, but biopsy remains the gold standard for diagnosis. Long-term low dose corticosteroids and immunosuppressants may prevent relapse of RPF.

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The effect of patella eversion on clinical outcome measures in simultaneous bilateral total knee arthroplasty, a prospective randomized controlled trial

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Background: During total knee arthroplasty (TKA), surgical exposure requires mobilization technique of the patella. With this trial, we intended to investigate the effect of patella eversion on clinical outcome measures in simultaneous bilateral TKA.

Methods: We prospectively enrolled 44 patients (88 knees) from April 2008 to June 2014. One knee was operated with patella eversion (group A) and the other with patella lateral retraction (group B) randomly. Follow-up results, including the operation time, complications, the time of achieving strait leg raise (SLR) and 90° knee flexion, were recorded. The data of range of motion (ROM) and Visual Analogue Scale (VAS) score were collected separately at seven days, three months, six months and one year postoperatively.

Results: The time of achieving SLR was (2.7 ± 0.8) days in Group A and (2.1 ± 0.7) days in Group B, which were significantly different (P=0.032). Significant difference was found on active and passive ROM during the follow-up times between Group A and B, except the passive ROM at 6 month postoperatively. No significant difference was found on operation time, complications, patella baja or tilt, time of achieving 90° knee flexion and VAS score during the follow-up times.

Conclusions: Patellar eversion was adverse to the early knee function recovery after TKA, it would delay the time of achieving SLR, decrease the passive and active ROM. Additionally, more carefully and scientifically designed randomized controlled trials are still required to further prove the claim.

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