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CERAMIC ARTHROPLASTY FOR ADVANCED 1ST METATARSOPHALANGEAL JOINT ARTHRITIS

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Background: Ceramic arthroplasty for advanced 1st metatarsophalangeal joint arthritis is advocated for symptomatic relief, while maintaining the mobility of the joint.

Materials and methods: In this prospective study we analysed the outcome of the procedure, which was carried out in 13 patients (14 feet) after a mean follow up of 25.5 months. All patients were female with a mean age of 51.1 years (range 28 to 61 years) at the time of surgery. The indication for the procedure was painful arthrosis causing functional limitations in patients who are keen to preserve the mobility of the joint.

All patients were interviewed and asked to answer a questionnaire regarding pain level (none, mild, moderate, severe), shoe wear (any type, wide fitting/inserts, modified shoe/brace), time to return to work, time to return to sporting activities and overall satisfaction (very satisfied, satisfied, fairly satisfied and unsatisfied). Patients were also assessed using AOFAS clinical scoring system, radiological assessment and pedobarographic analysis at 6 and 12 months.

Results: All patients had a post operative AOFAS score greater than 85. The results were satisfactory or very satisfactory in 11 patients (12 feet) while two patients had their implant removed following complications. Increased range of motion allowed return to sports activities and wearing of desired footwear. There was good osseointegration in all cases.

Conclusions: By maintaining mobility and normal biomechanics of 1st metatarsophalangeal joint and the length of the hallux, it provides better cosmesis and avoids problems secondary to altered biomechanics. Infection is the main cause of early failure.

Mr Sripada presented the outcome of a prospective study which was carried out at 13 patients (14 feet) with a mean follow-up of 25.5 months.

The patients received a questionnaire, went through an AOFAS score and were receiving radiological assessment and pedobarographic analysis.

The ROM (= range of motion) improved from 12° to 51° dorsal flexion and from 11° to 33° plantar flexion. Good osteo-integration was seen without loosening and 11 patients were satisfied. From 2 patients the implants had to be removed due to complications. One patient received epidermis infection and one patient had persistant pain which led to removal.

In total 9 patients were very satisfied, 3 were satisfied and only one patient was not satisfied due to the persistant pain experience.

The overall conclusion was that excellent ROM and maintaining mobility was achieved and good osteo-integration was seen without loosening.