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PRESSFIT CERAMIC FIRST METATARSOPHALANGEAL JOINT ARTHROPLASTY

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Arthrodesis and resection arthroplasty as treatment modality for degenerative disease of the first metatarsophalangeal joint may not be the optimum in the future. Several prosthesis are available for replacement of the first metatarsophalangeal joint. Moje pressfit ceramic implants have been proposed as a reasonable option. The original implant was screw fit but complications of osteolysis and metaflosis led to the replacement of the design with the pressfit one.

Our study includes six patients with seven first metatarsophalangeal joint replacement followed up for a mean of 24 months (range 12-31 months). All of the patients had Moje Pressfit Ceramic toe implants. The patients were assessed on the basis of subjective, clinical and radiological criteria. We found a mean improvement of Visual Analogue Score from 7-8 to 1-2 after the procedure. There was no pain at rest or during weight bearing in any of the patients. There was no restriction in load bearing in any of them. There was no swelling or tenderness in any of the joints and all the toes were stable. We recorded a mean dorsiflexion of 29.2° and plantarflexion of 12.1°. Radiological review showed no evidence of loosening, bone resorption, collapse, osteopenia or lytic lesion in five patients. In one patient with bilateral toe replacement a radiolnment line could be identified around the prosthesis probably related to overuse. No major complication has been found in any of the patients. It has been tolerated well by all the patients. The pressfit design seems to have overcome the disadvantages of the previous screw fit prosthesis which had been reported to have complications related to metallosis around the titanium screw.

The study included seven metatarsophalangeal joint replacements by using Moje implants with a mean follow-up of 24 months. The patients were assessed on the basis of subjective, clinical and radiological criteria. No pain was scored during weight bearing, no swellingness and all implants were stable.

The results were a mean dorsiflexion of 29.2° and a plantar flexion of 12.1°. No sign of loosening, bone resorption, collapse, osteopenia or lytic lession was seen. No major complication was found in any of the patients.

The conclusion was that the Moje press-fit design was an improvement over the latest design of Moje screw-fit and that the Moje implants were tolerated very well.