9 Congreso AEA SEROD 2022 MURCIA

Reconstrucción ligamento redondo cadera

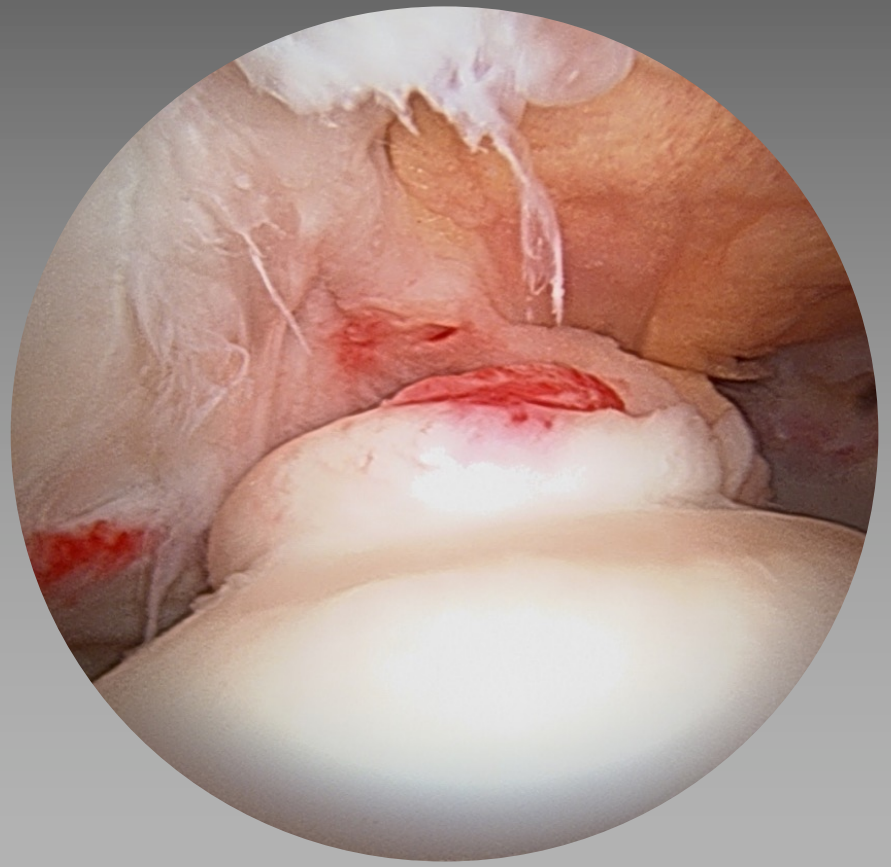
Dr. Luis Pérez Carro

Dr. Jose Antonio Fernandez Divar

Santander. Spain

lpcarro@gmail.com

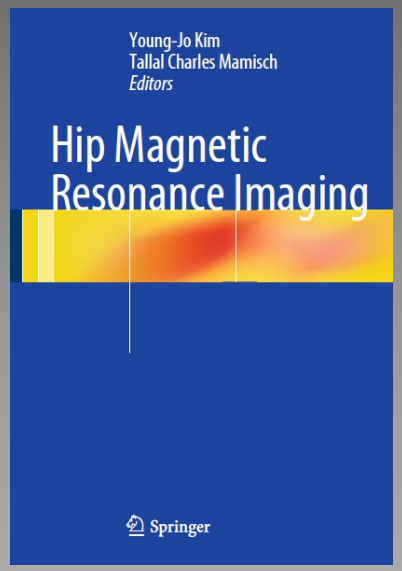
www.artroscopiaycadera.es

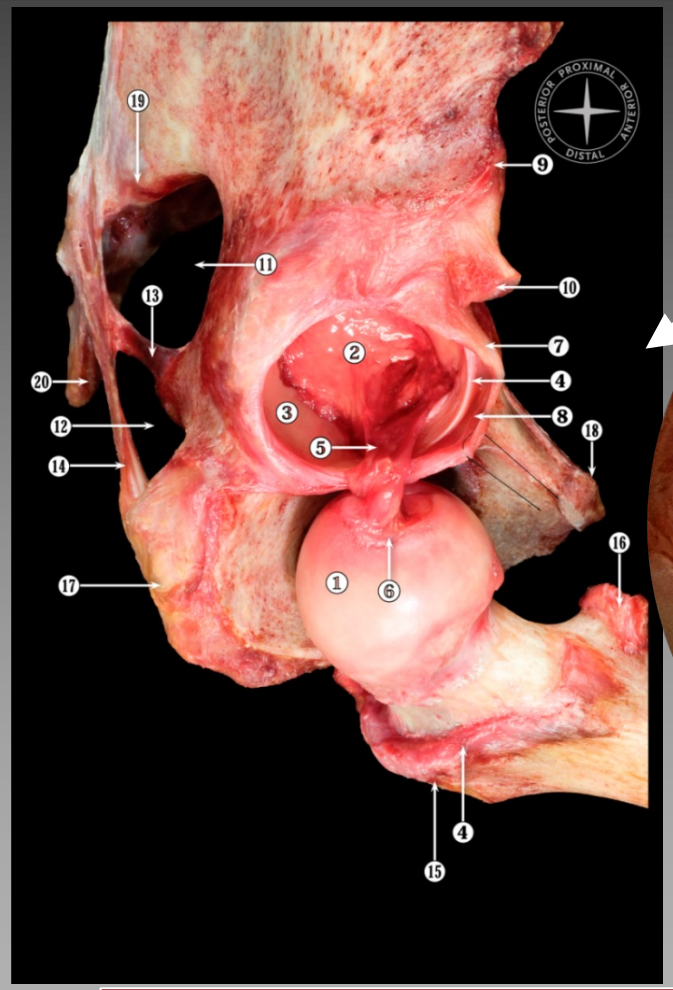


ISHA BOARD MEMBER
ISHA RESEARCH COMMITTEE
ISHA MEMBER AND FACULTY
ESKKA MEMBER AND FACULTY
ISAKOS MEMBER AND FACULTY
EDITORIAL BOARD CUADERNOS ARTROSCOPIA

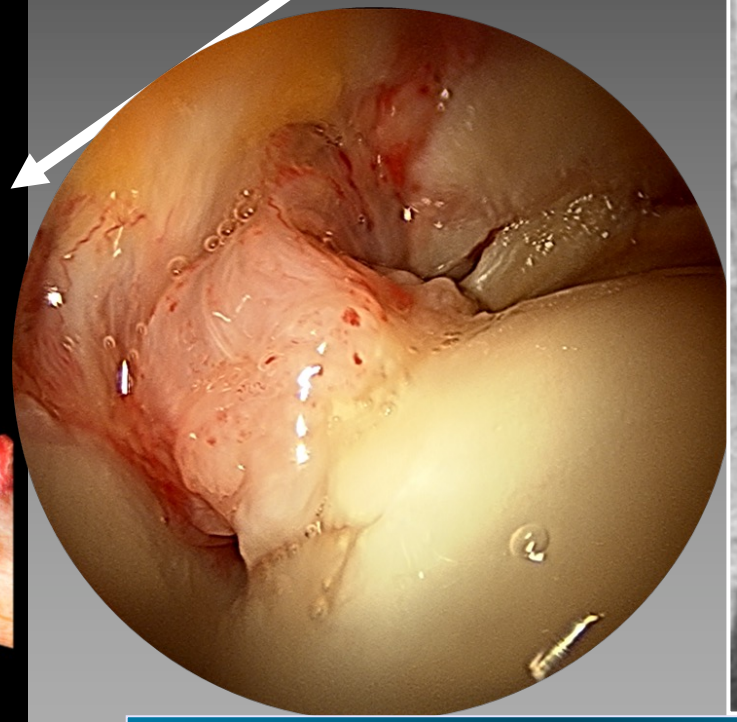
Disclosed no conflict of interest

Anatomy

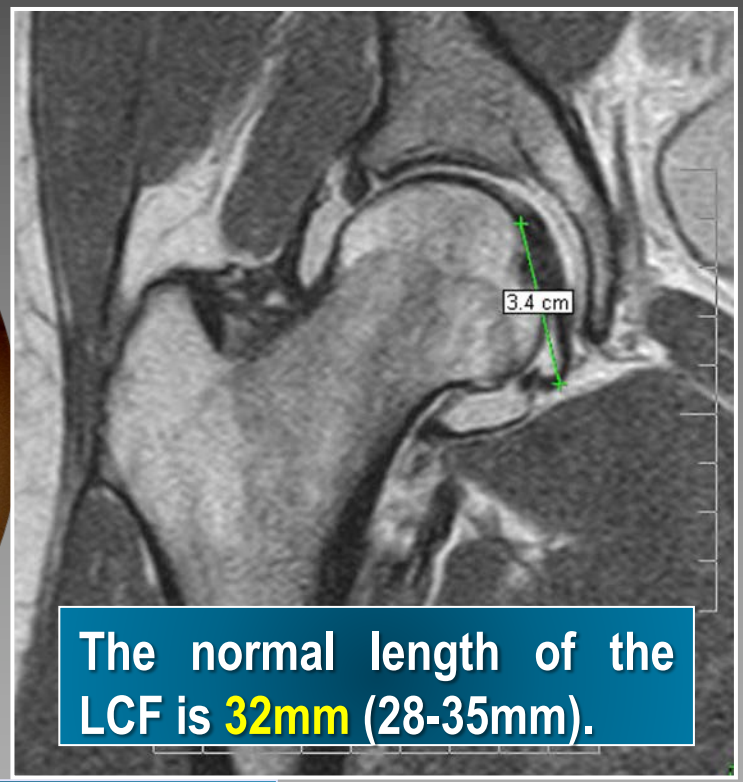




Central compartment



(1) Ischiatic fascicle. (2) Pubic fascicle.

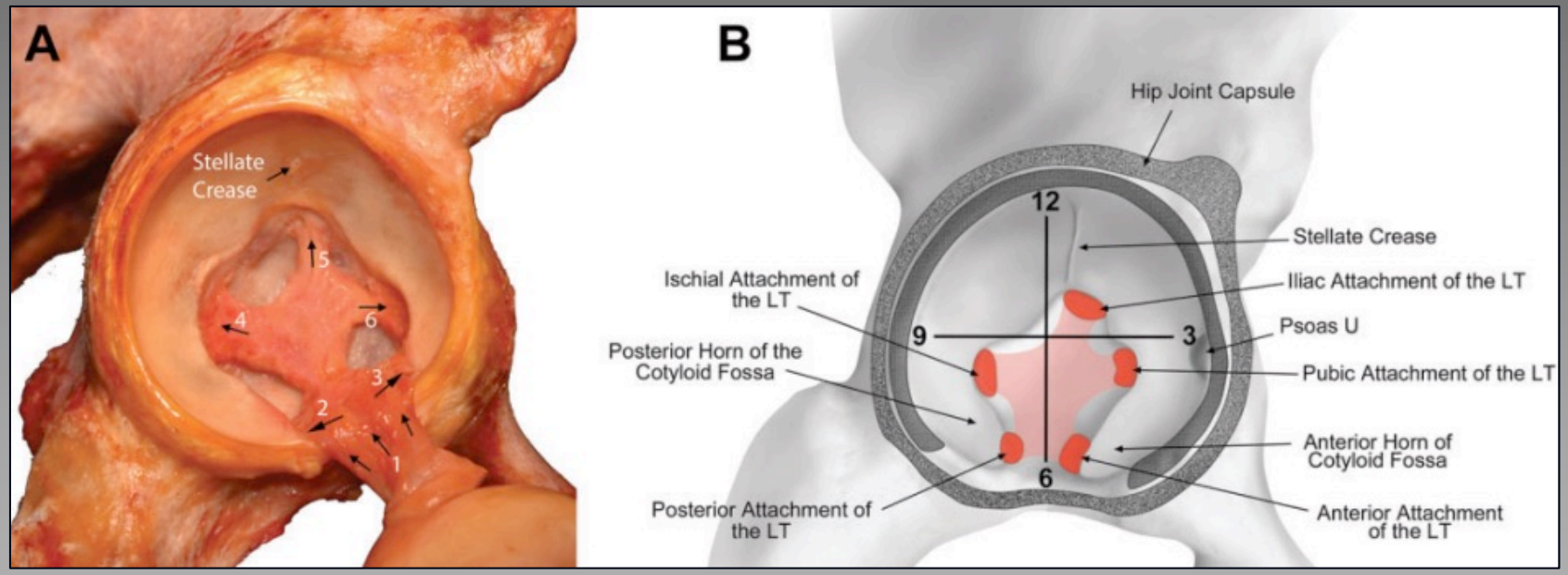


The normal length of the LCF is 32mm (28-35mm).

L. Perez Carro et al : Normal Arthroscopic Anatomy . In Hip MR Imaging. 2014 Ed. Joung-Jo Kim Springer

Anatomy

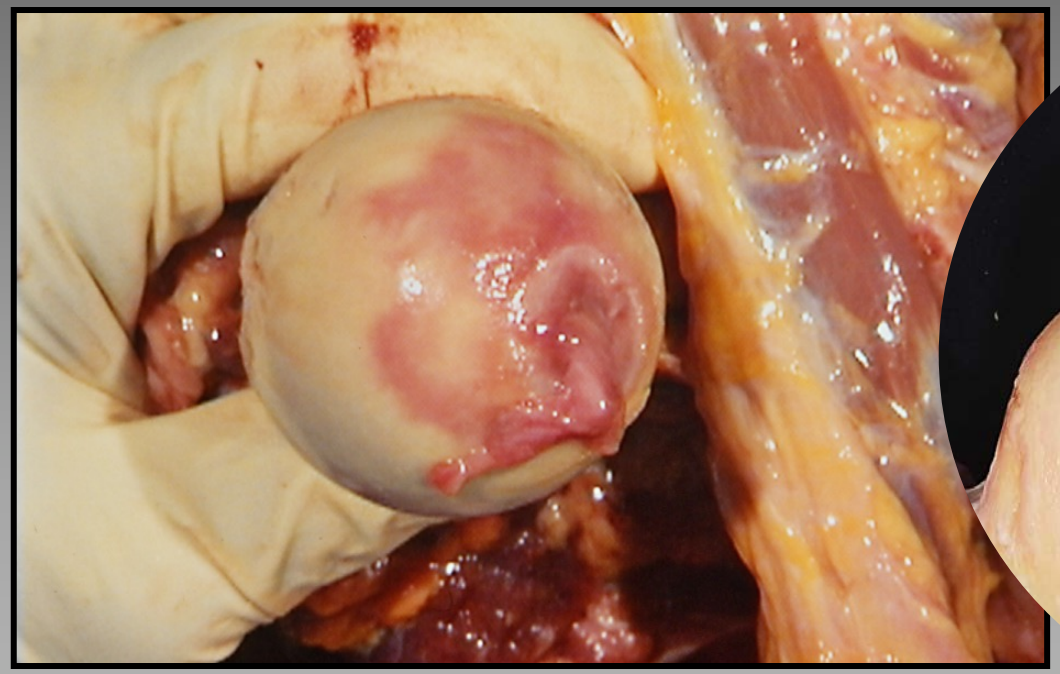
- 6 distinct points of attachment on the acetabulum (transverse, anterior, and posterior margins of the acetabular notch and cotyloid fossa attachments: ilium, ischium,and pubis) and 1 on the femur.
- On the acetabulum, the anterior attachment was substantially larger than the posterior attachment and was located at a mean clock face position of 4:53 o'clock.

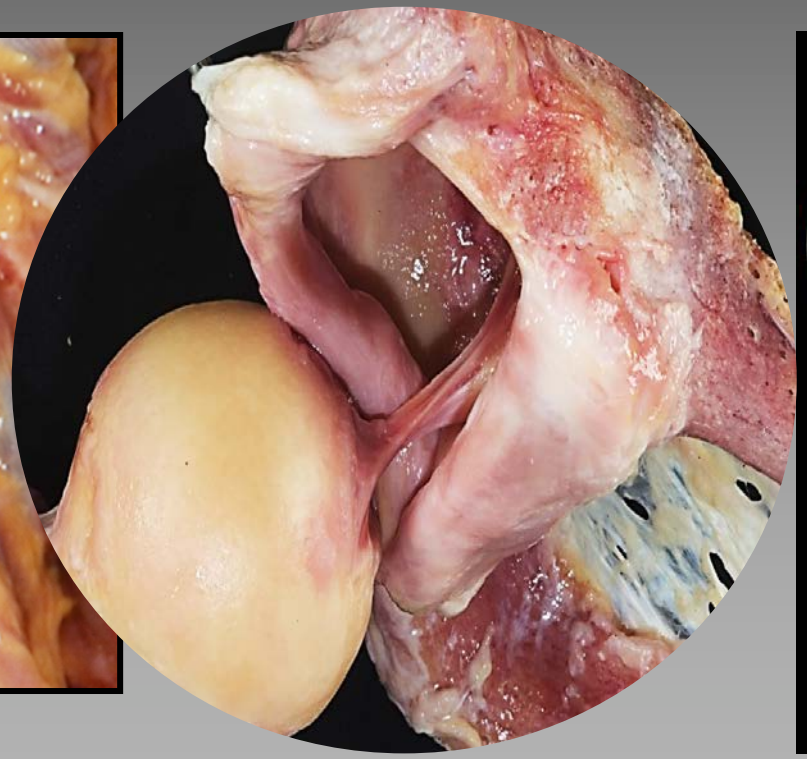


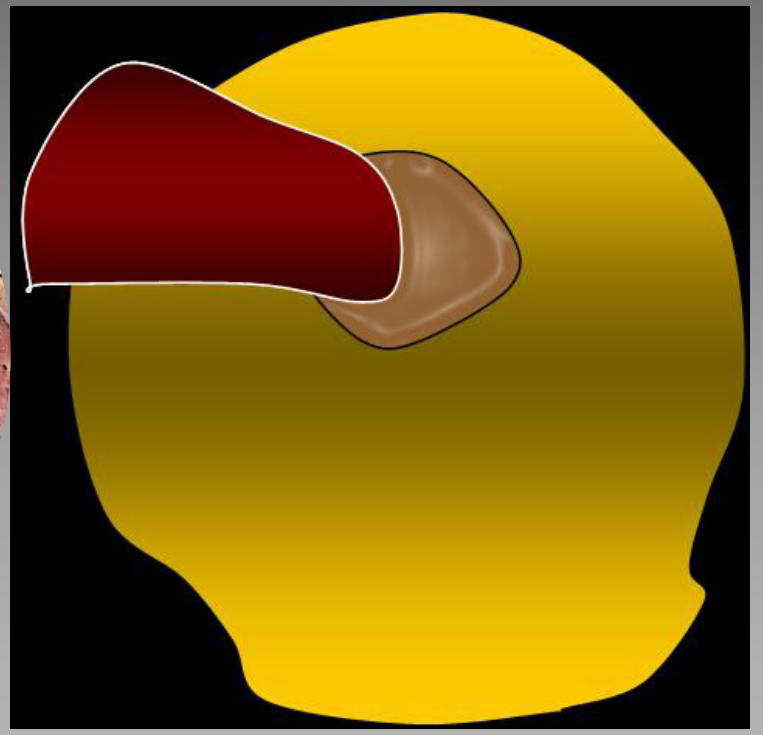
Jacob D. Mikula and Mark Philippon. Quantitative Anatomic Analysis of the Native Ligamentum Teres. The Orthopaedic Journal of Sports Medicine March 2017

Anatomy

The fovea of the femoral head is an area devoid of cartilage that is located slightly posterior and inferior to its center. The fovea has an oblong morphology and it is oriented obliquely from superior to posteroinferior to accommodate the proximal part of the ligament when it is tensed.







Biomechanics: function

The ligament of the head of the femur may have a **secondary stabilizing effect** on the hip joint, especially in the presence of a deficient labrum or a displastic hip

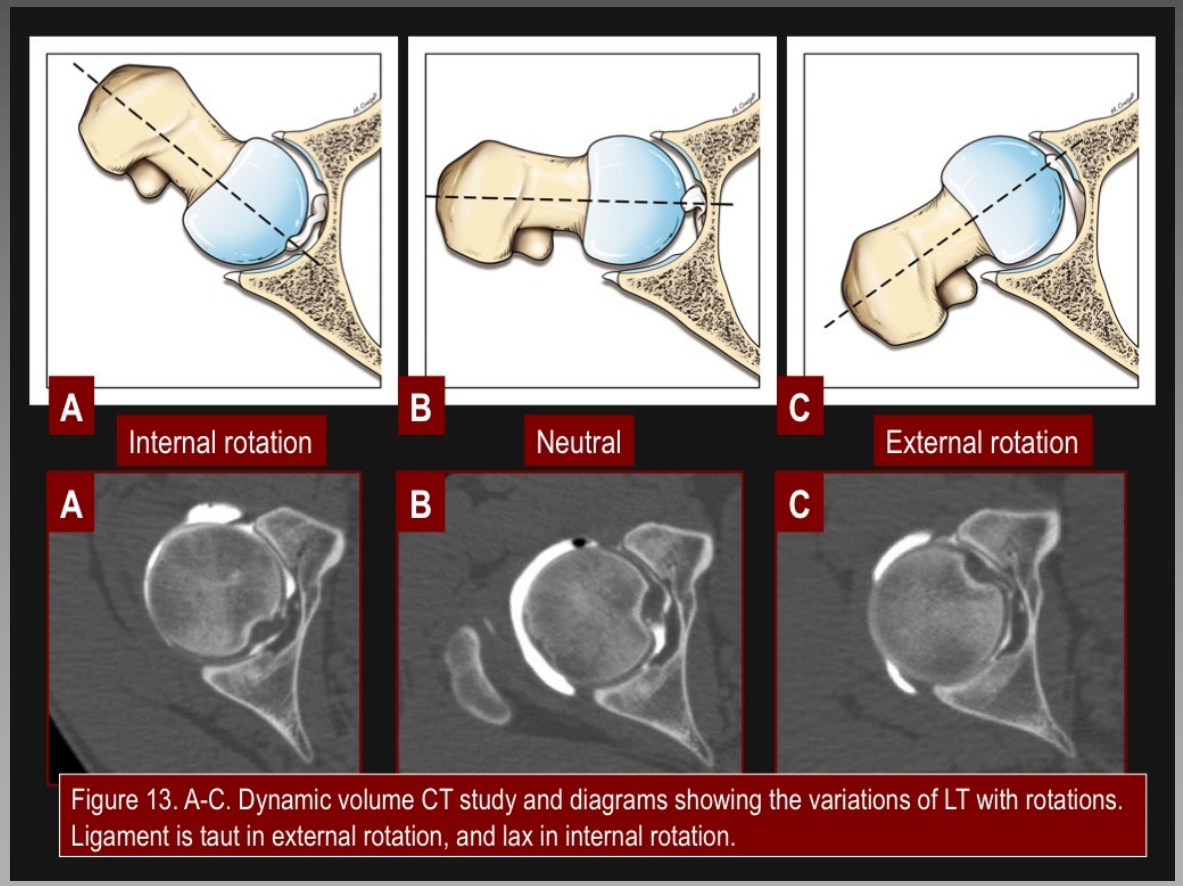
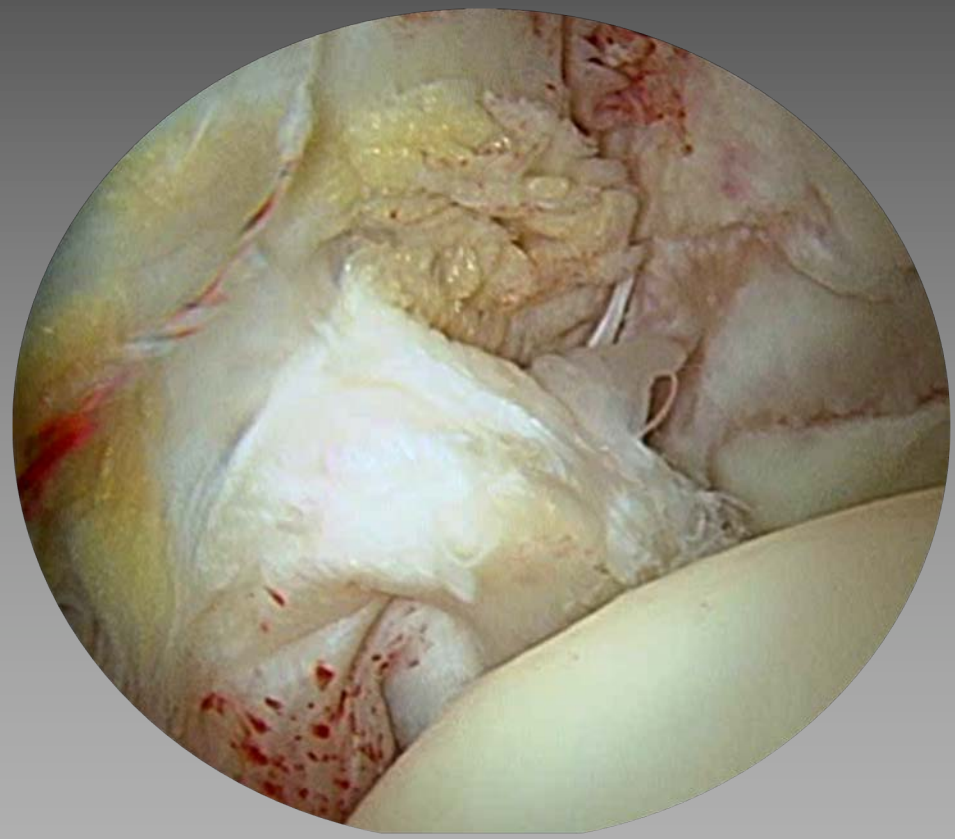
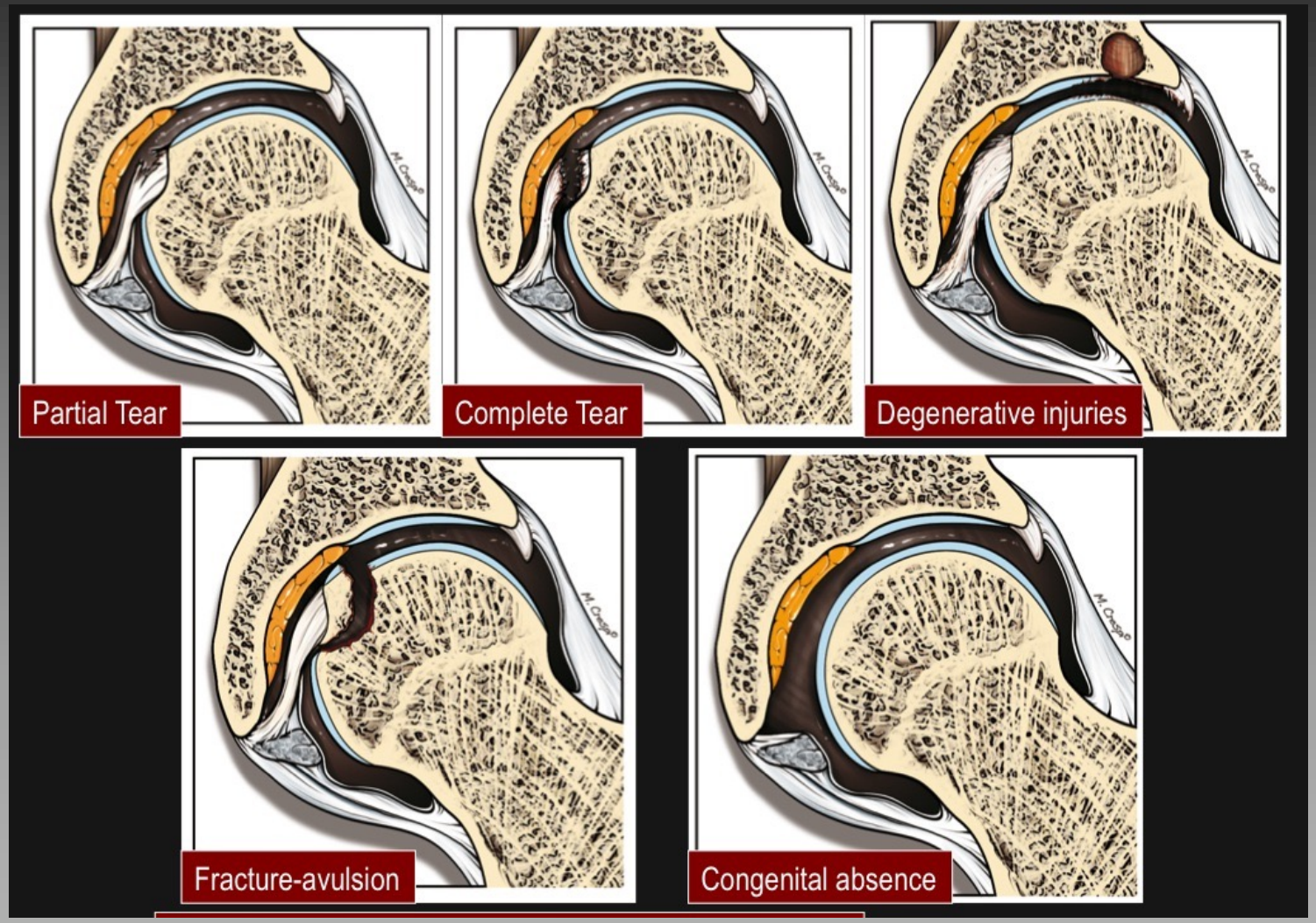


Figure 13. A-C. Dynamic volume CT study and diagrams showing the variations of LT with rotations. Ligament is taut in external rotation, and lax in internal rotation.



L. Cerezal, A. Canga L. Pérez-Carro: Anatomy, biomechanics, imaging and management of ligamentum teres injuries:. Radiographics 2010.

Classification of ligamentum Teres Injuries



L. Cerezal, L. Pérez-Carro: Anatomy, biomechanics, imaging and management of ligamentum teres injuries:. Radiographics 2010.

Diagnosis MRI

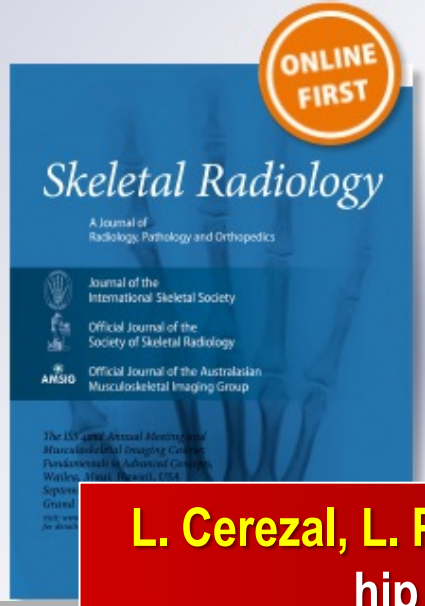
Usefulness of MR arthrography of the hip with leg traction in the evaluation of ligamentum teres injuries

Luis Cerezal, Luis Pérez Carro, Javier Llorca, Moisés Fernández-Hernando, Eva Llopis, Juan Antonio Montero & Ana Canga

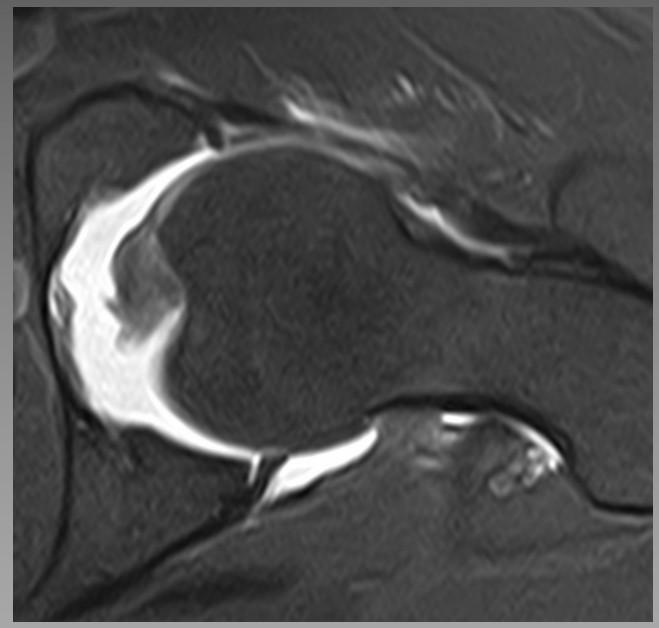
Skeletal Radiology
Journal of the International Skeletal Society A Journal of Radiology, Pathology and Orthopedics

ISSN 0364-2348

Skeletal Radiol
DOI 10.1007/s00256-015-2210-9



Conclusion: MR arthrography with leg traction offers accurate diagnosis of ligamentum teres injuries. Patients with complete tears of the ligamentum teres exhibit increased articular distraction that may indicate secondary hip instability.

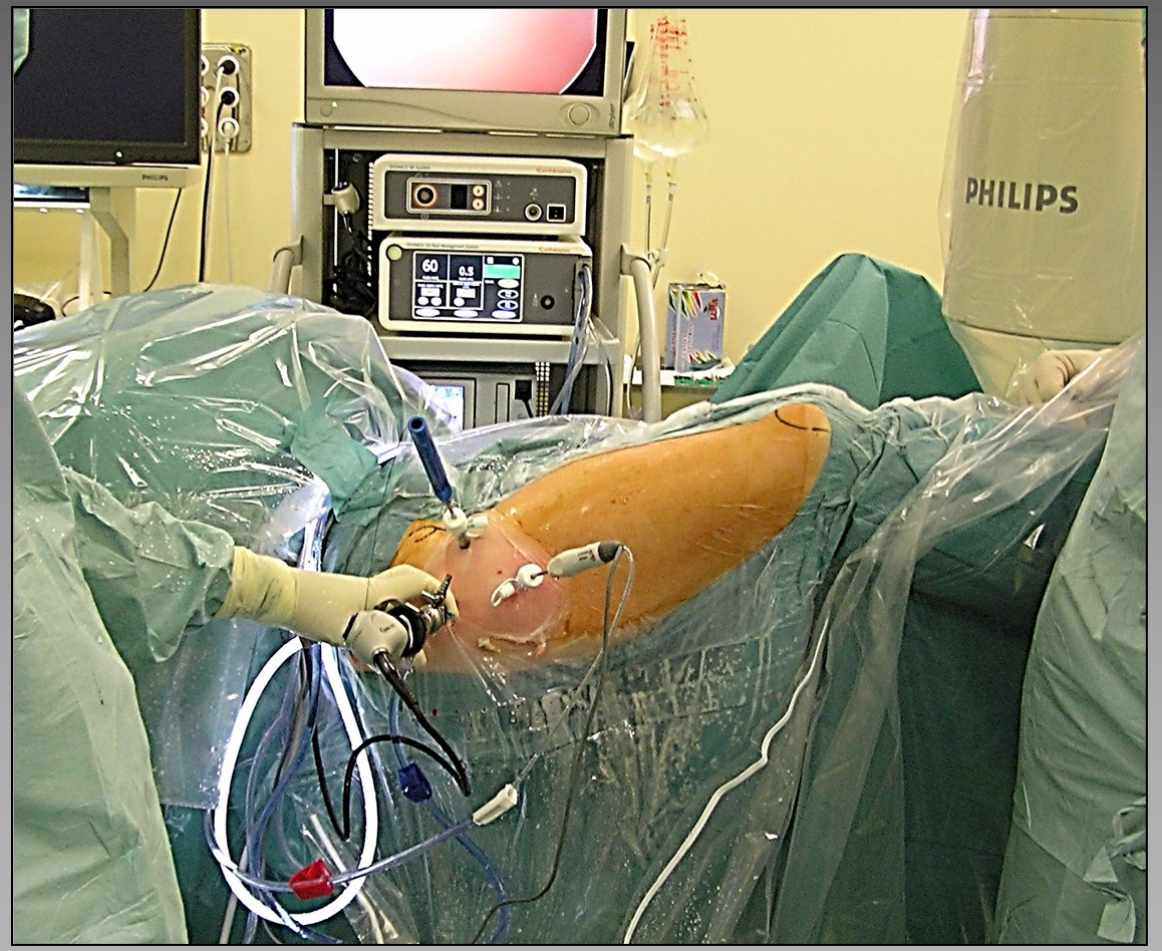


L. Cerezal, L. Pérez-Carro: Emerging topics on the hip: Ligamentum teres and hip microinstability . Europan Journal of Radiology 2011

L. Cerezal, L. Pérez-Carro : Usefulness of MR arthrography of the hip with leg traction in the evaluation of ligamentum teres injuries:.Skeletal Radiology 2015.

Arthroscopic treatment

a) Debridement: Standard technique
b)Reconstruction: ??



Arthroscopic treatment:Reconstruction

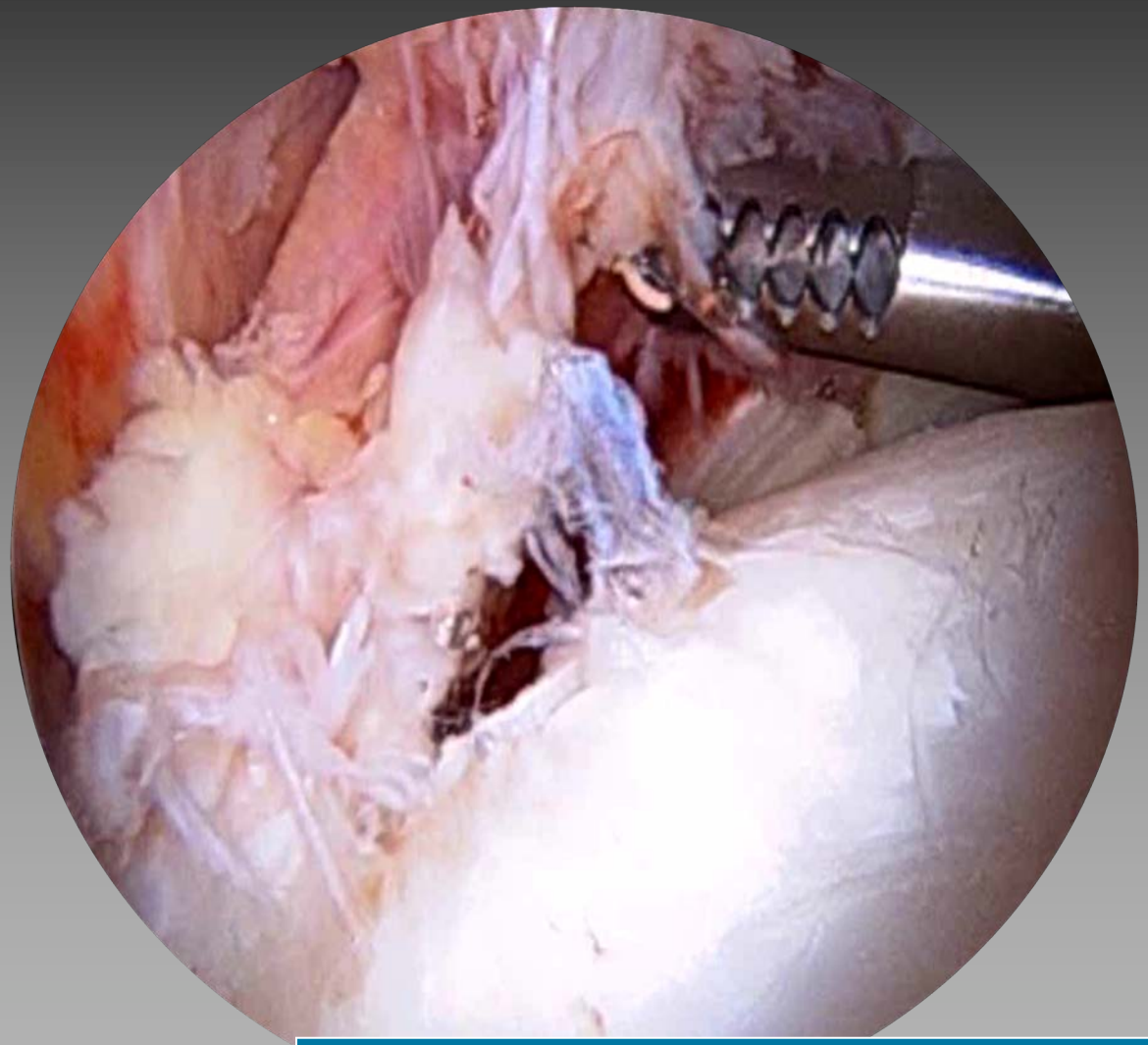
- Techniques are being developed for **ligamentum teres reconstruction** in an attempt to decrease the chance of microinstability

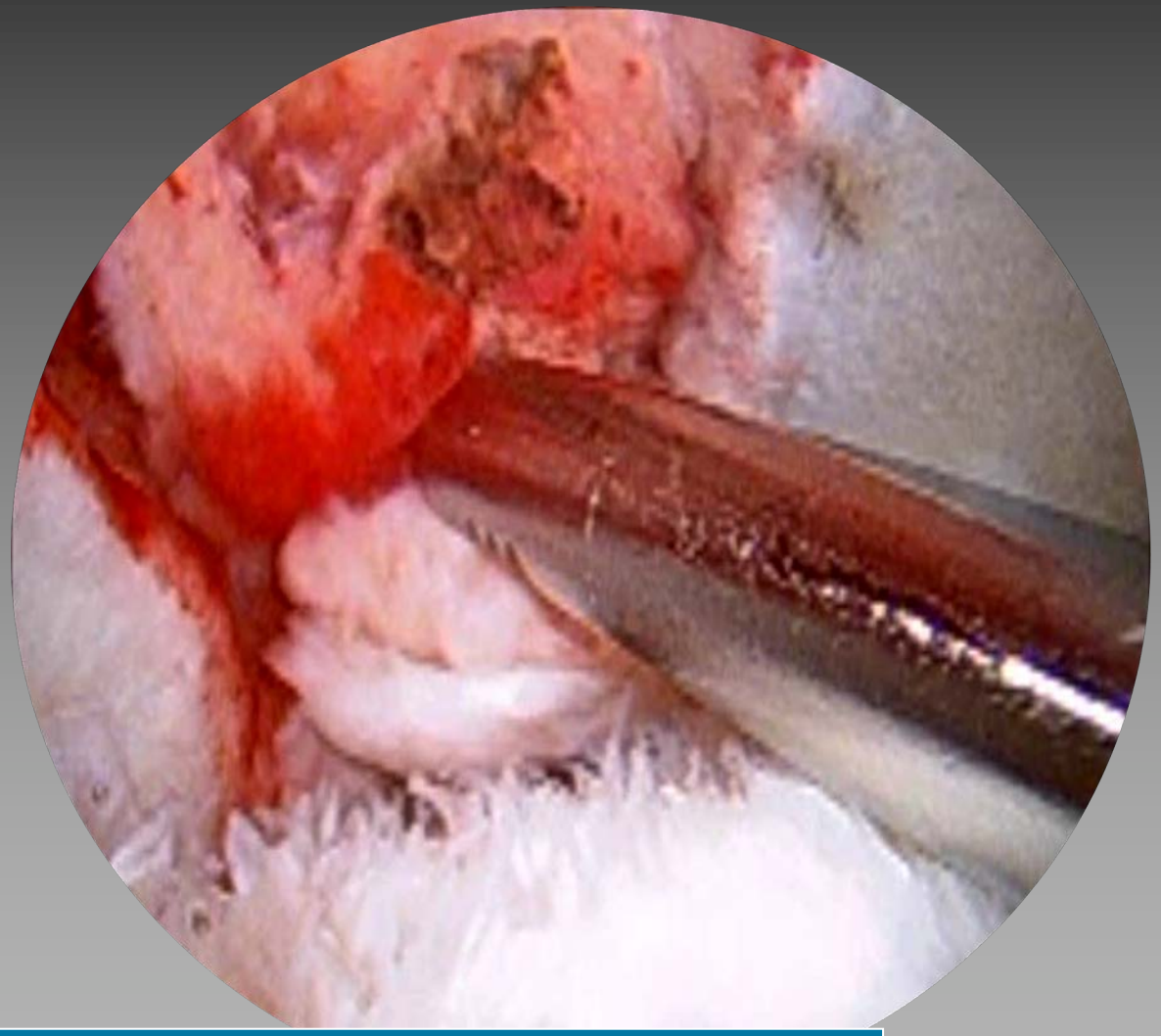
Ligamentum Teres Reconstruction May Lead to Improvement in Outcomes Following a Secondary Hip Arthroscopy for Symptomatic Microinstability: A Systematic Review

Jacob Shapira, M.D., Mitchell J. Yelton, B.S., Philip J. Rosinsky, M.D., David R. Maldonado, M.D., Mitchell B. Meghpara, M.D., Hari K. Ankem, M.D., Ajay C. Lall, M.D., M.S., and Benjamin G. Domb, M.D.

Arthroscopy 2021

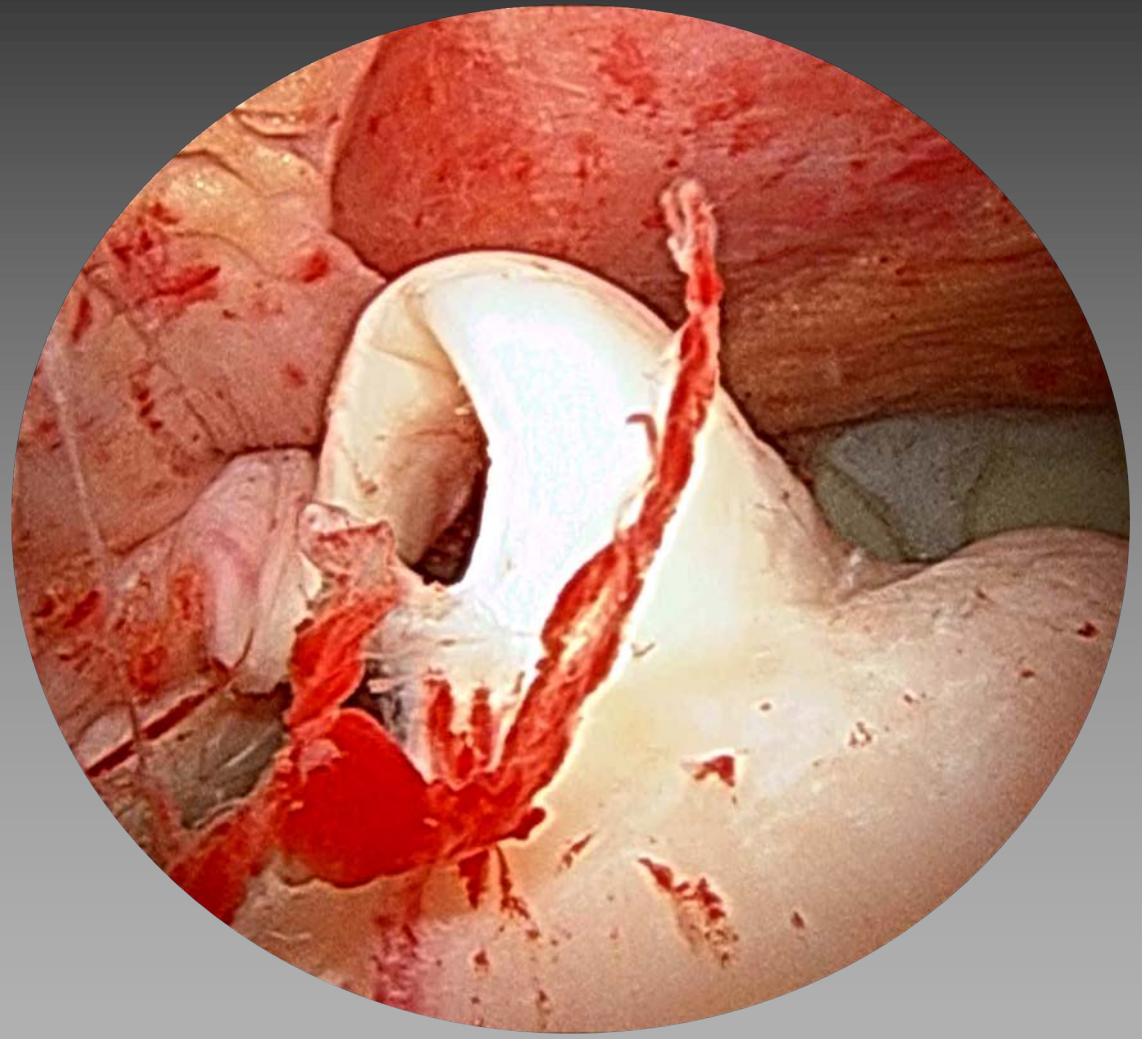
Arthroscopic treatment: Debridement





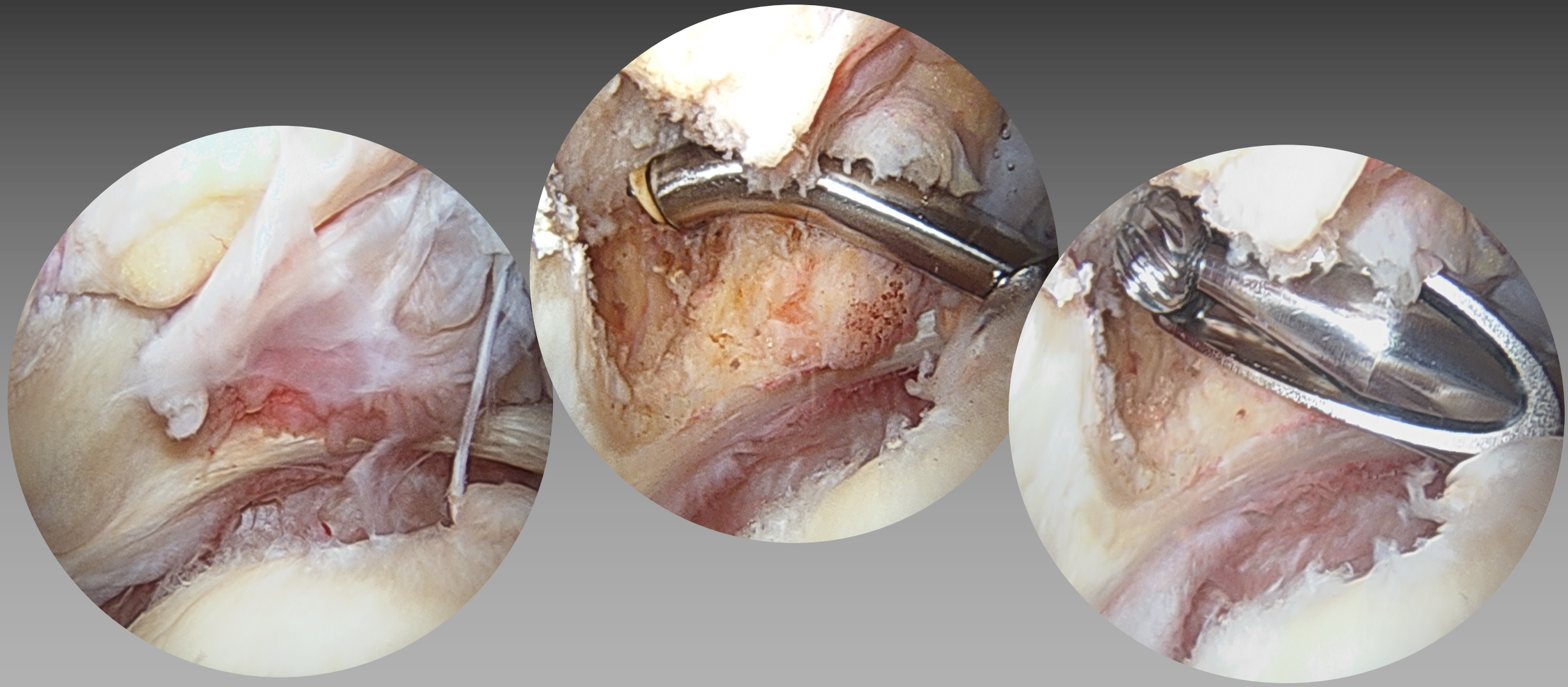
- Debridement is best performed with the hip in external rotation, which tenses the ligamentum and delivers it anteriorly

Arthroscopic treatment: Shrinkage

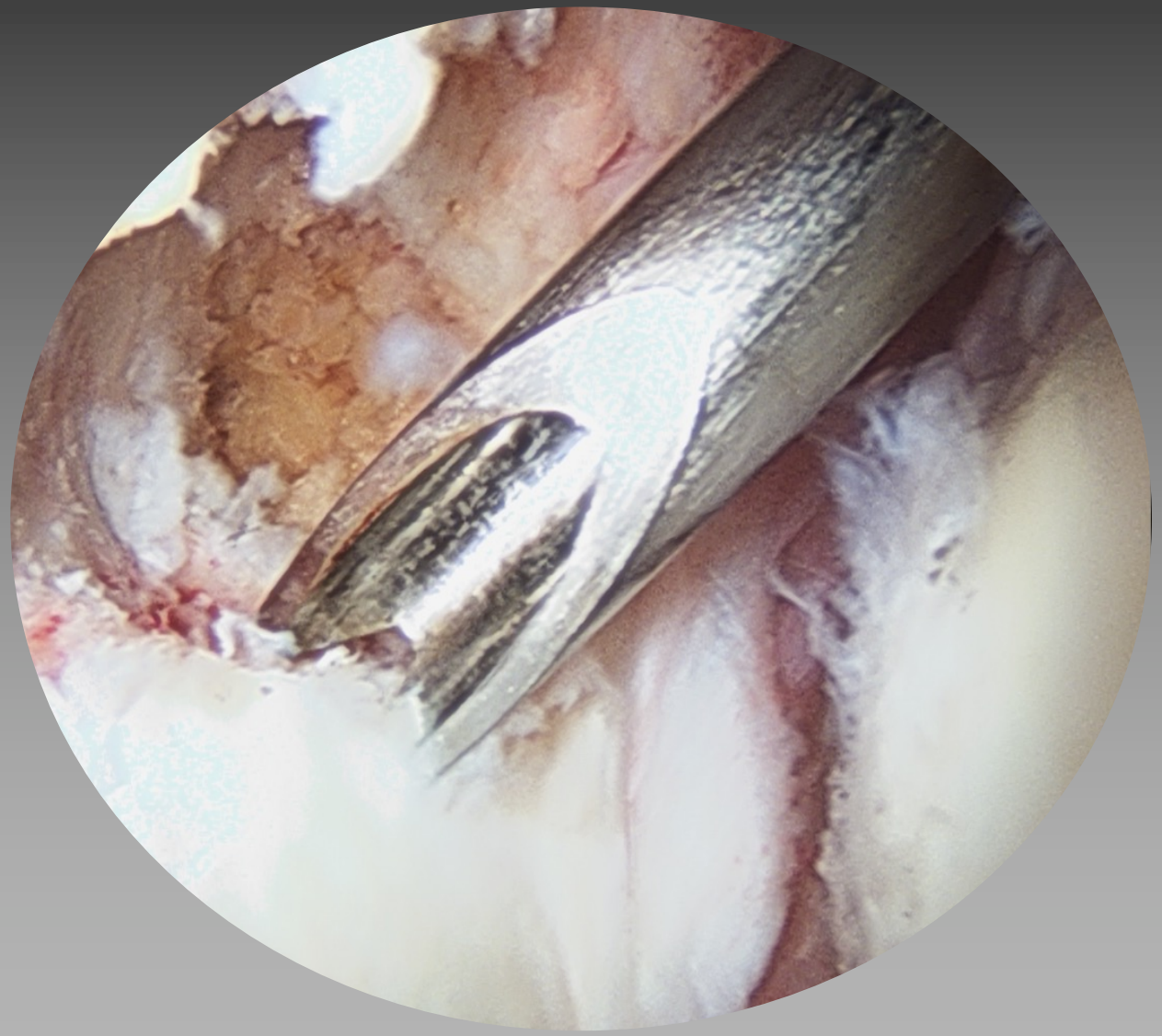


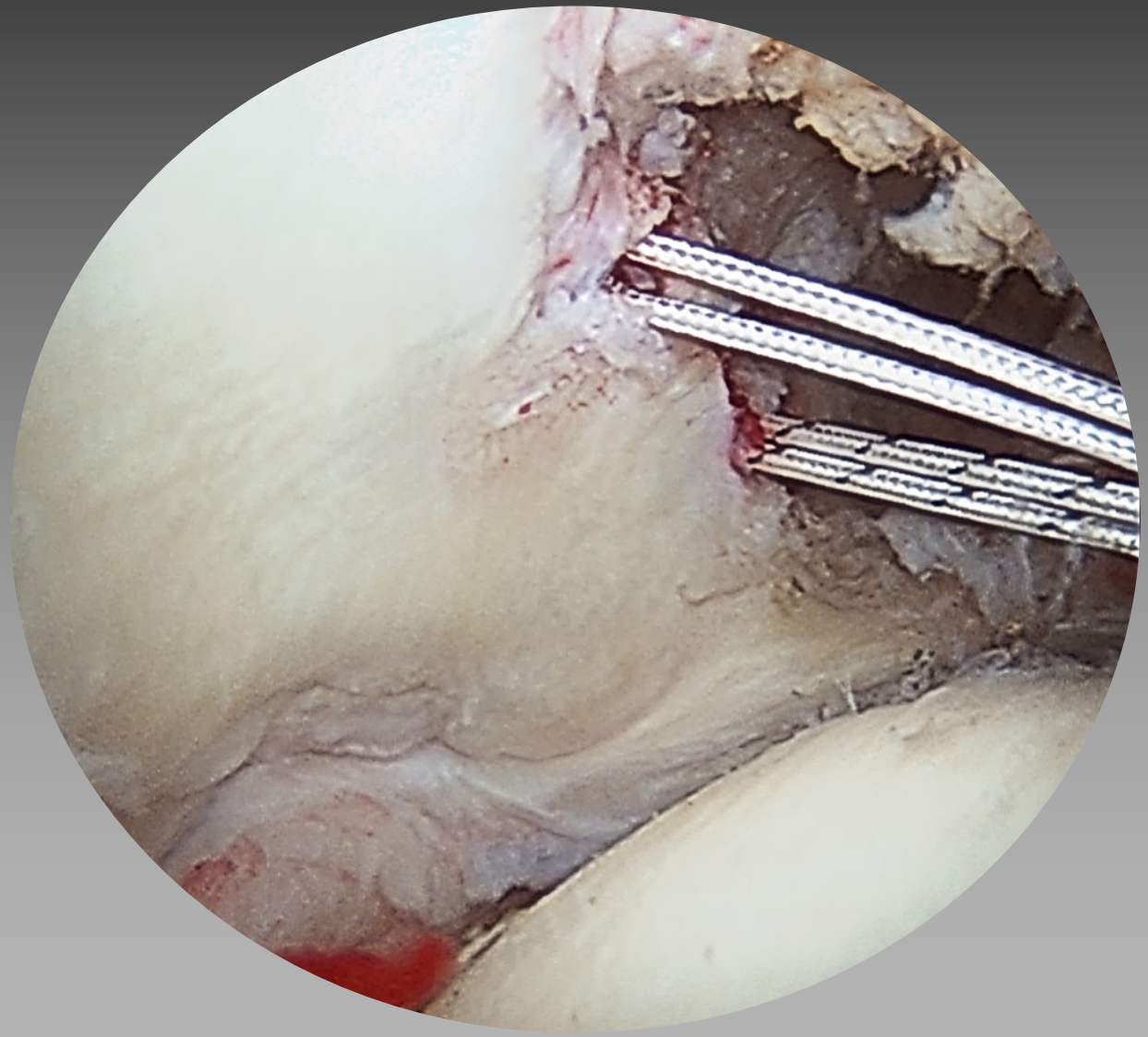
- Shrinkage is performed in neutral rotation and should not be excessive, as it may lead to restricted external rotation of the hip.

Arthroscopic treatment:Reconstruction

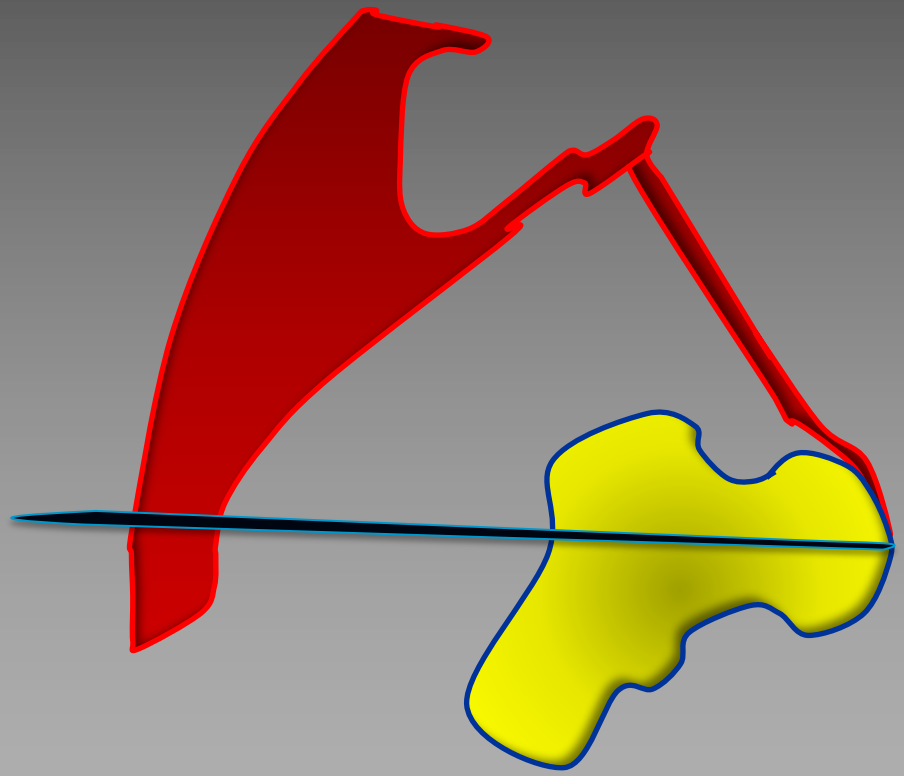


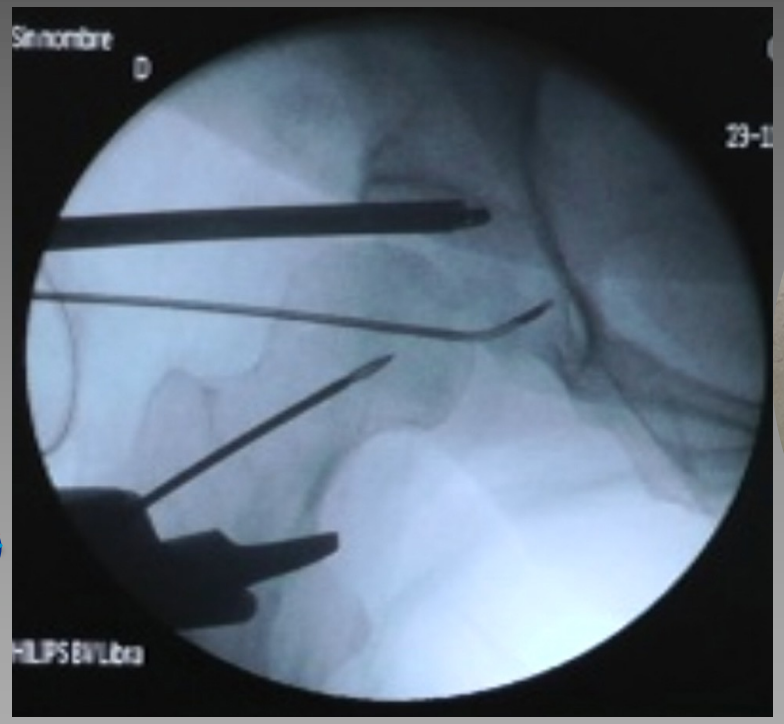
Arthroscopic treatment:Reconstruction

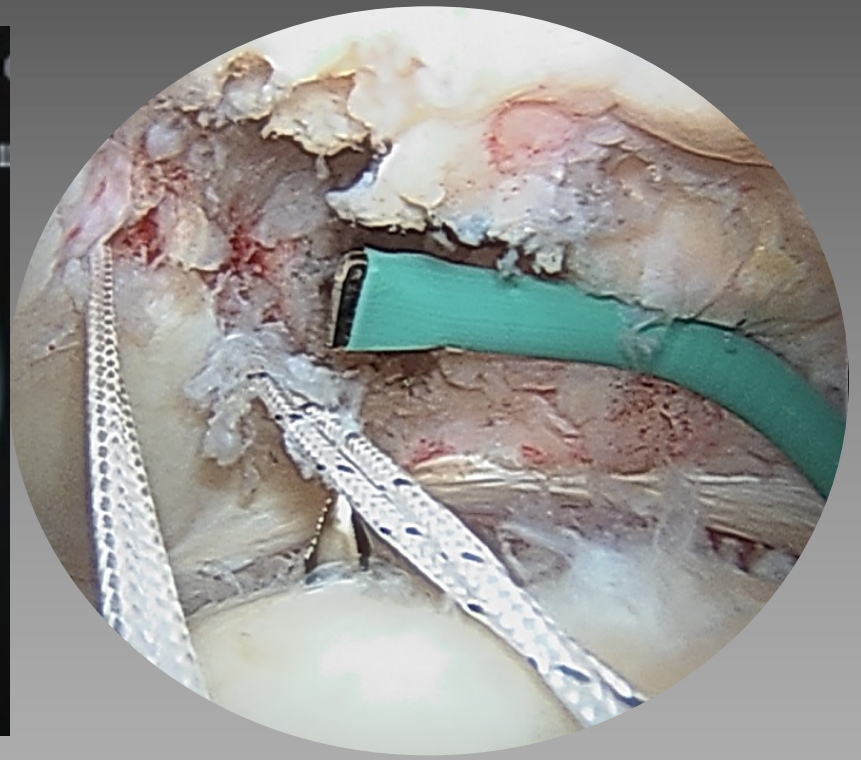




Arthroscopic treatment:Reconstruction

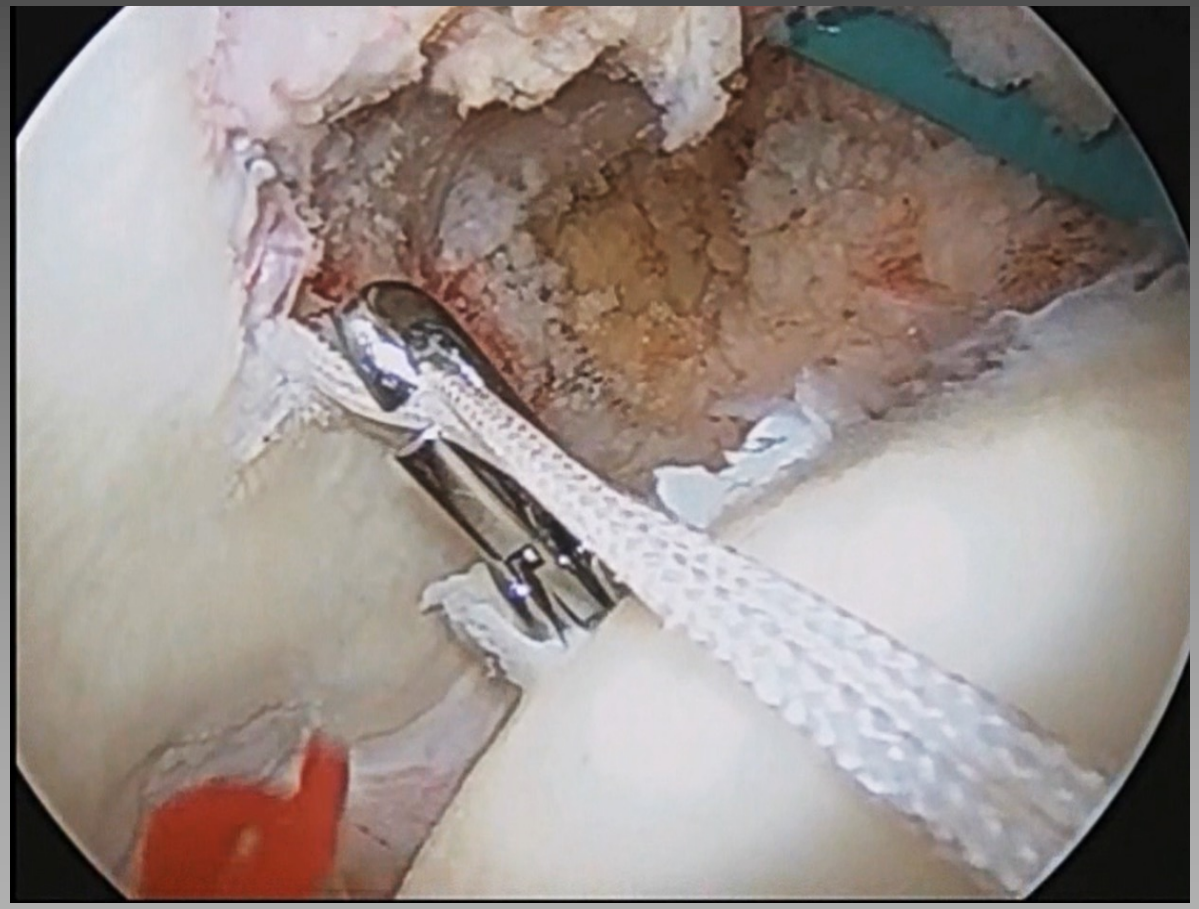




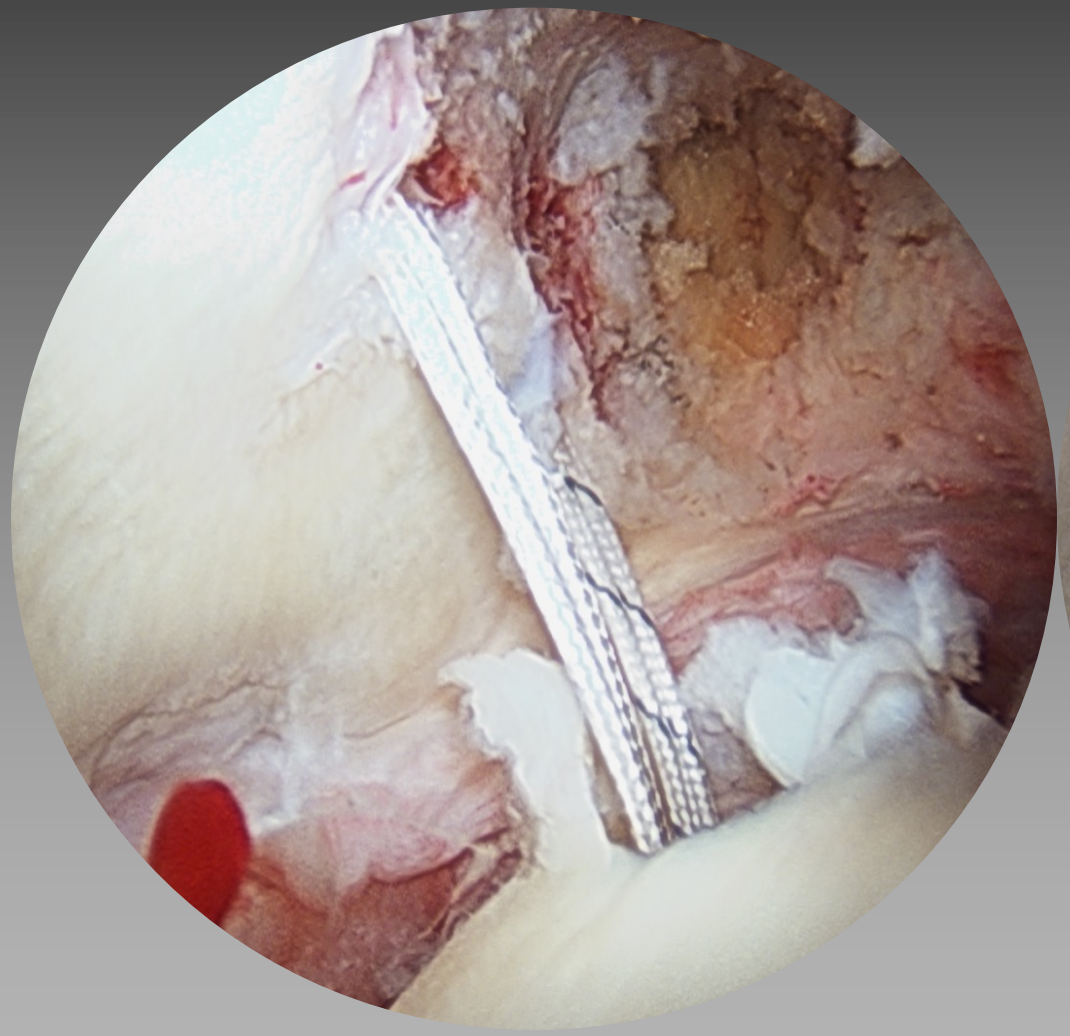


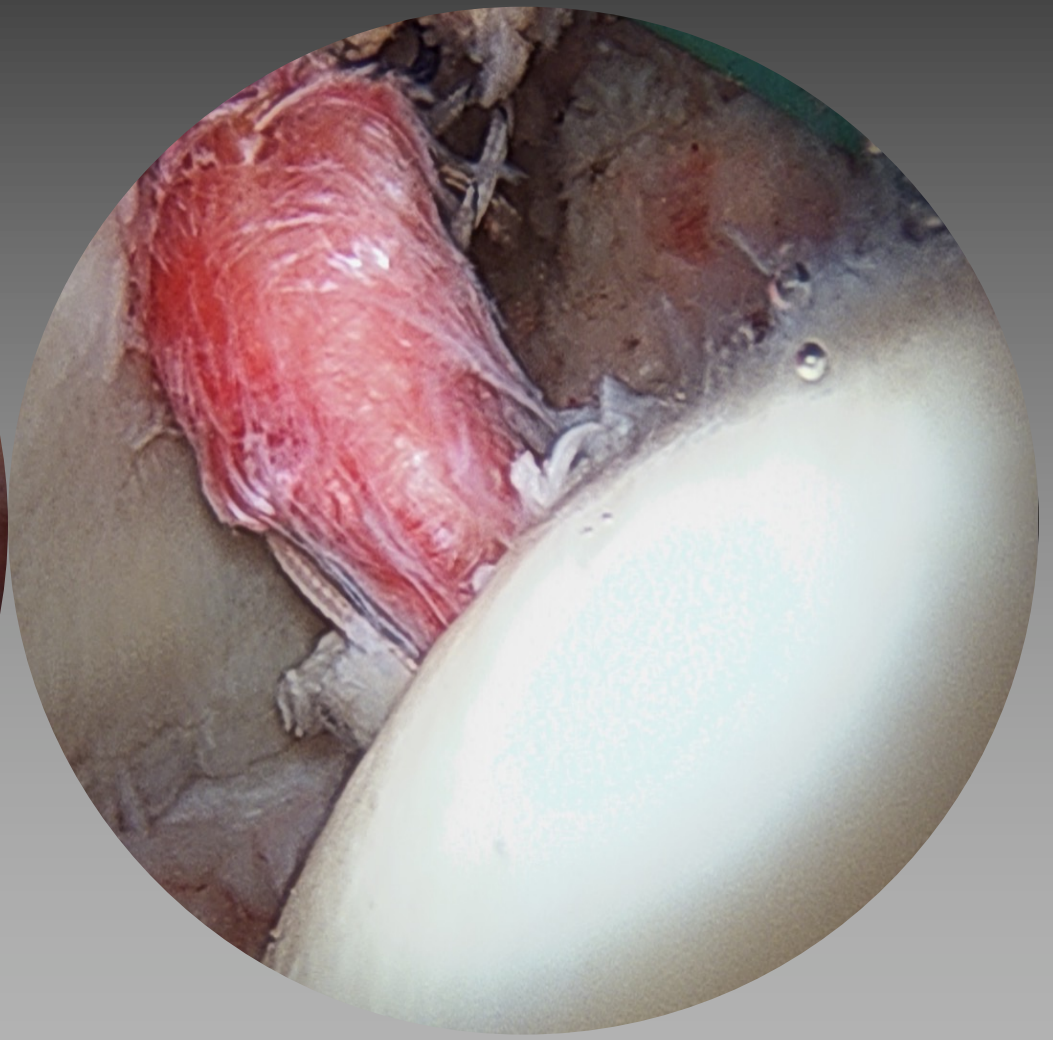
L Perez Carro, L Cerezal et al: The ligamentum capitis femoris: anatomic, magnetic resonance and computed tomography study. Hip International 2011; 21(3): 367 - 372

Arthroscopic treatment:Reconstruction

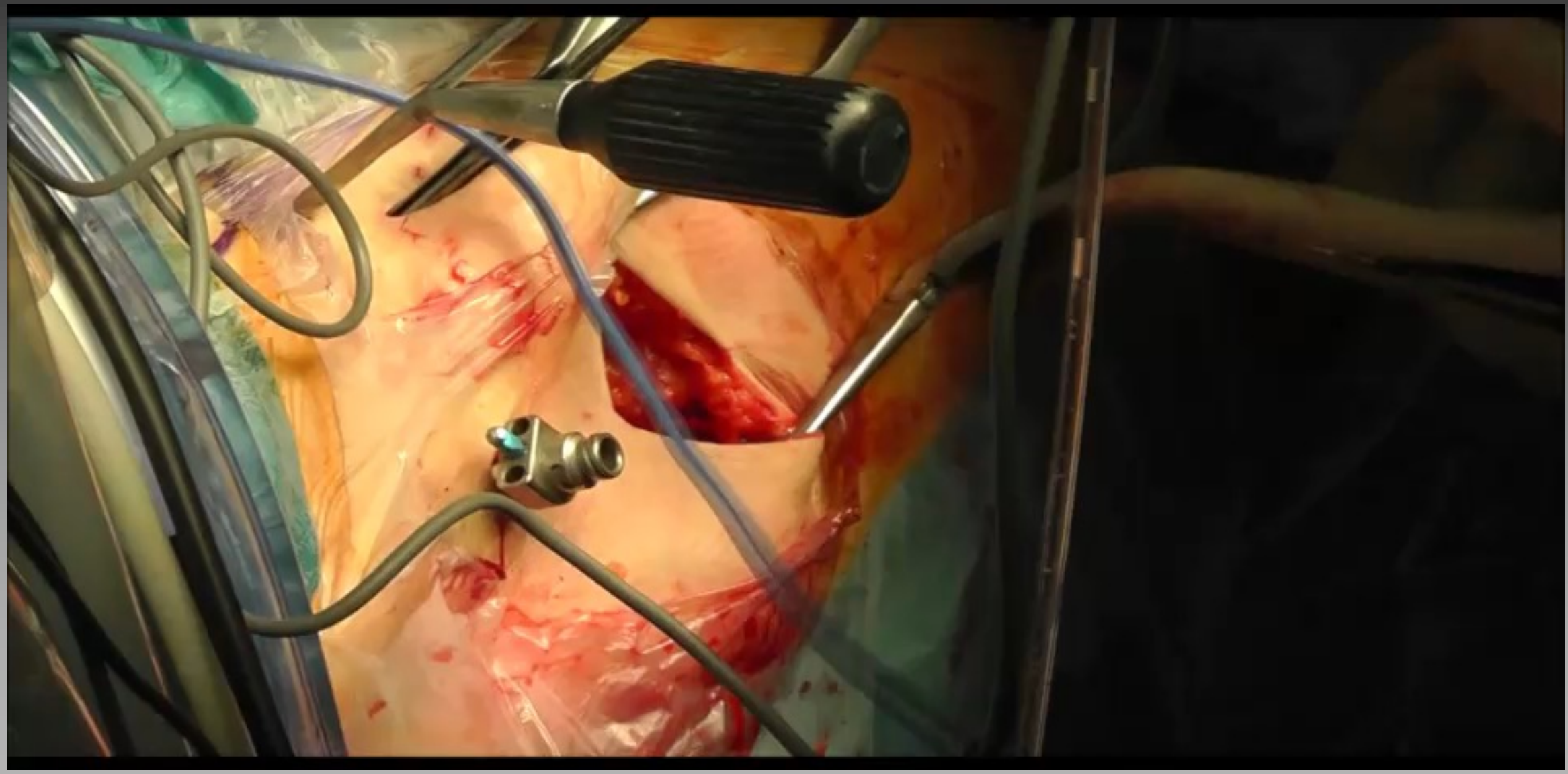


Arthroscopic treatment:Reconstruction





Arthroscopic treatment:Reconstruction



Arthroscopic treatment:Reconstruction

Longitud del injerto dentro de la articulación: 2.8 cm- 3.5 cm
Fijación en rotación externa y extensión.
Fijación en túnel femoral con tornillo interferencial de 9 por 30 mm.
Rehabilitación: Evitar rotación externa postoperatoria. Resto igual.

ISHA 2022
Annual Scientific Meeting

ISHA
ANNUAL SCIENTIFIC MEETING

13 - 15 OCTOBER, 2022
GLASGOW, UK

ISHA
The Hip Preservation Society