

9

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MURCIA

1, 2, 3 DE JUNIO | 2022



IAC
Trauma INCARO

CASOS CLÍNICOS: CÓMO SALIR DE UNA CADERA INESTABLE POSTQUIRÚRGICA **¡Y al tercer día se luxó !**



Dr. Boris García Benítez
TRAUMAINCARO

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Hospital VITHAS NISA , Sevilla, España.

Nuevo Hospital San Juan de Dios Eduardo Dato, Sevilla. España.

CASO 1 : Y al tercer día se luxó

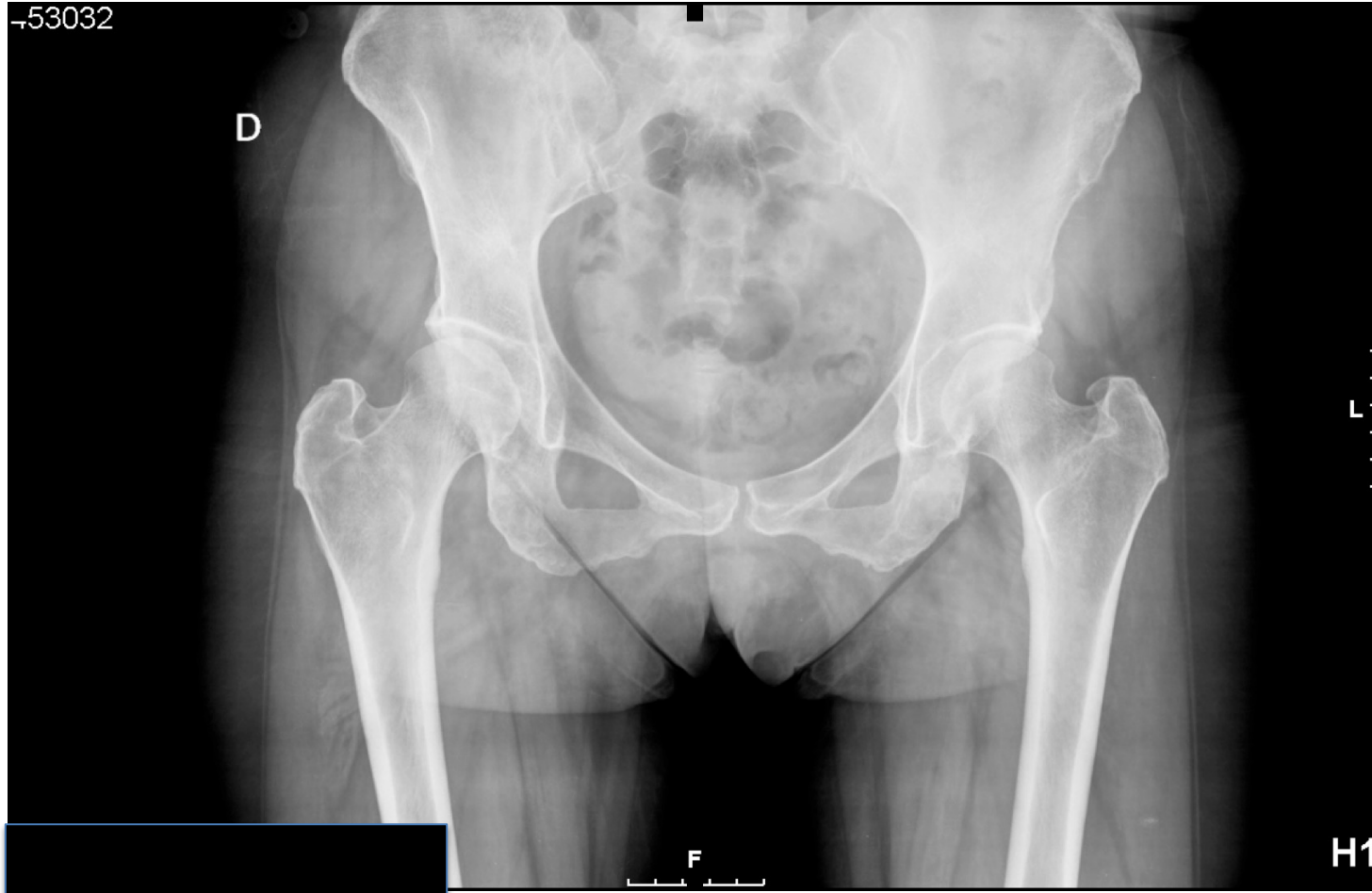
2010 MPH Paciente MUJER de 52 años
Coxalgia derecha de 1 año de evolución
Hiperlaxitud
RESALTE EXTERNO DOLOROSO
Harris modif 45 Womac 53



CASO 1 : Y al tercer día se luxó

-53032

D



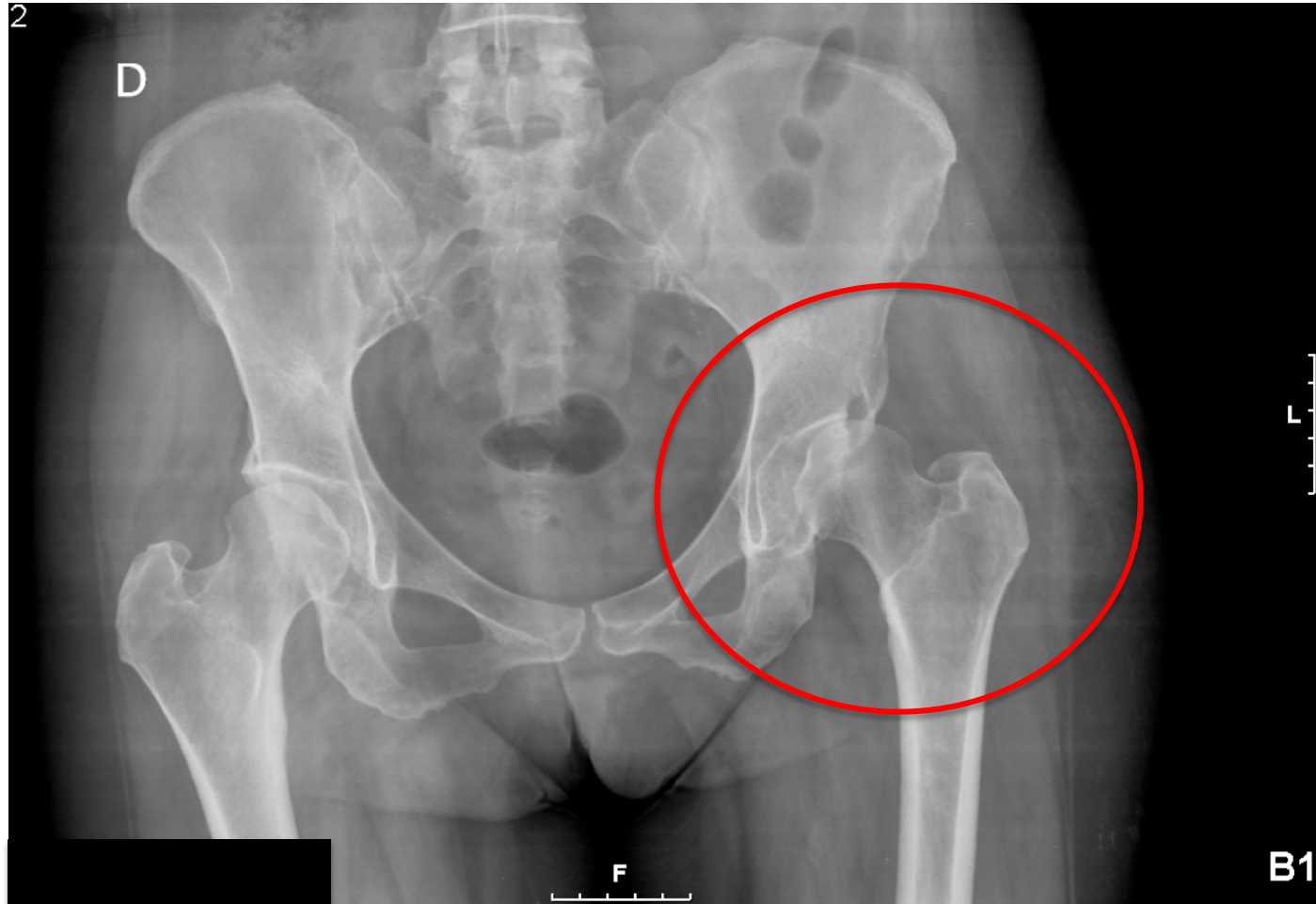
H1

CASO 1 : Y al tercer dia se luxó

INTERVENCION 1 AGOSTO 2010
TRATAMIENTO DE RESALTE EXTERNO
APERTURA CAPSULAR
DESBRIDAMIENTO LABRUM
OSTEOCONDROPLASTIA ACETABULAR



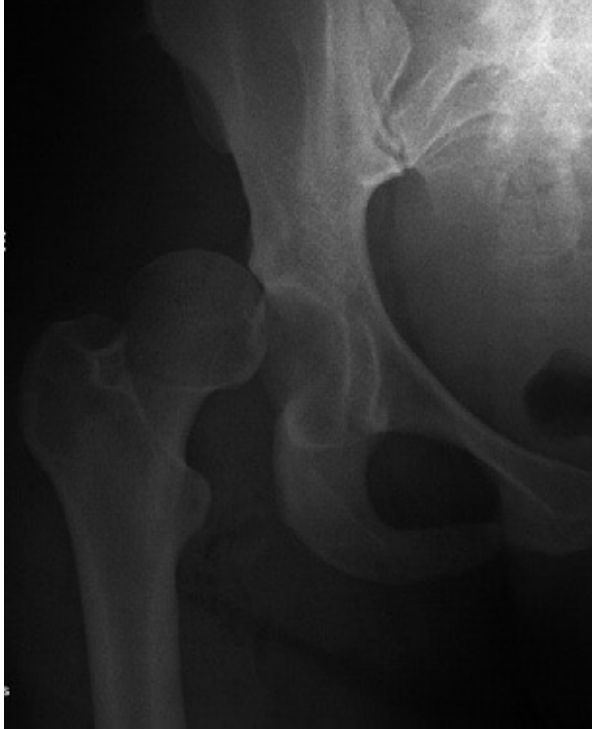
CASO 1 : Y al tercer día se luxó



CASO 1 : Y al tercer día se luxó

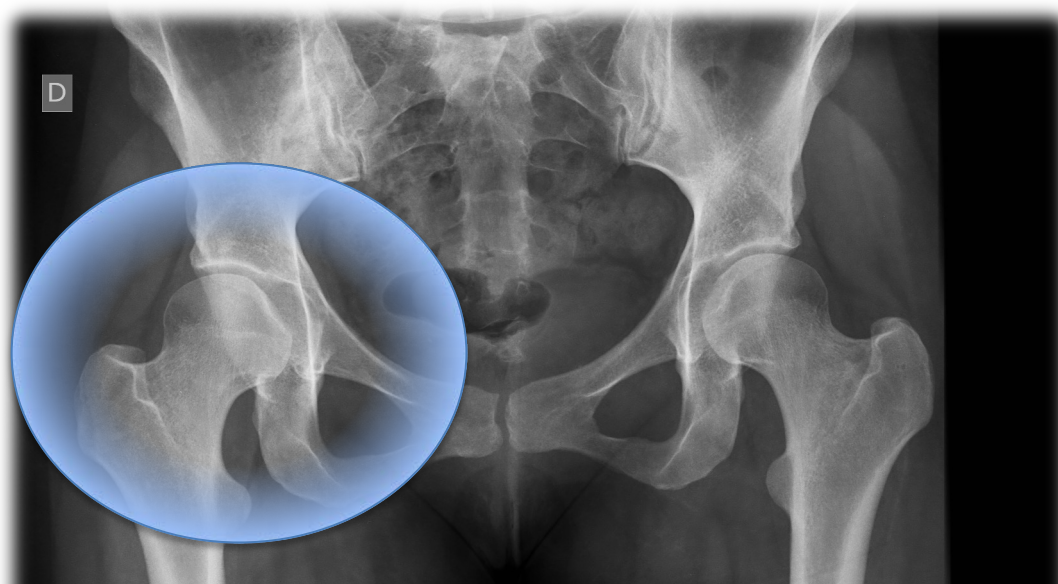


LUXACION DE CADERA TRAS ARTROSCOPIA



Dean K. Matsuda, M.D. Acute Iatrogenic Dislocation Following Hip Impingement Arthroscopic Surgery *Arthroscopy: The Journal of Arthroscopic and Related Surgery*, Vol 25, No 4 (April), 2009: pp 400-404

- Micro inestabilidad es dolor en la movilidad supra fisiológica de la cadera



Orthopaedics & Traumatology: Surgery & Research 102 (2016) S301–S309



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Review article

Microinstability of the hip: A review

A. Dangin^{a,*}, N. Tardy^b, M. Wettstein^{c,d,1}, O. May^{e,2}, N. Bonin^{f,3}

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^b Centre ostéo-articulaire des Cédres, parc Sud Galaxie, 5, rue des Tropiques, 38130 Echirrolles, France

^c Chirurgie orthopédique et de traumatologie, institut de traumatologie et d'orthopédie du Léman, chemin des Allinges 10, 1006 Lausanne, Switzerland

^d Clinique de Genolier, route du Muids, 3, 1272 Genolier, Switzerland

^e Centre de chirurgie de la hanche, 45, rue de Gironis, 31100 Toulouse, France

^f Lyon-Ortho-Clinic, 29B, avenue des Sources, 69009 Lyon, France

- Déficit de cobertura CF
- Funcionamiento anormal. Lesión labrum, cápsula, lig redondo
- DOLOR Y DEGENERACION PRECOZ
- Mujeres jóvenes y activas
- Aparición Síntomas insidiosa 3^o-4^o década
- Dolor inguinal y lateral. Marcha y actividad física
- DEMORA DIAGNOSTICO



- No limitación de BA
- **Microinestabilidad** –
Hiperlaxitud -
Inestabilidad traumática
- Mujer Joven
- Requerimientos // Balet



Orthopaedics & Traumatology: Surgery & Research 102 (2016) S301–S309



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Microinstability of the hip: A review

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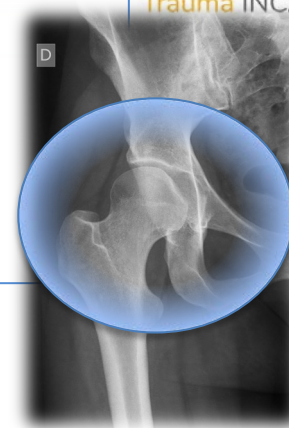
^d Clinique de Genolier, route du Muids, 3, 1272 Genolier, Switzerland

^e Centre de chirurgie de la hanche, 45, rue de Gironis, 31100 Toulouse, France

^f Lyon-Ortho-Clinic, 29B, avenue des Sources, 69009 Lyon, France

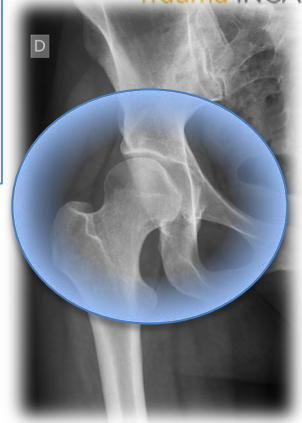
EVALUACION CLÍNICA

- No limitación de BA
- Maniobras de Choque + : FADIR , FABER, Rolling Test



EVALUACION CLÍNICA

- Test de Aprehension (rot ext-ext)
- Fuerza Abductora. Trendelenburg + 38%



- Hiperlaxitud: **Beighton score**

Left _____

Right _____



Pull little finger back beyond 90°
(One point for each side)

Left _____

Right _____



Pull thumb back to touch forearm
(One point for each side)

Left _____

Right _____



Bend elbow backwards beyond 10°
(One point for each side)

Left _____

Right _____



Bend knee backwards beyond 10°
(One point for each side)

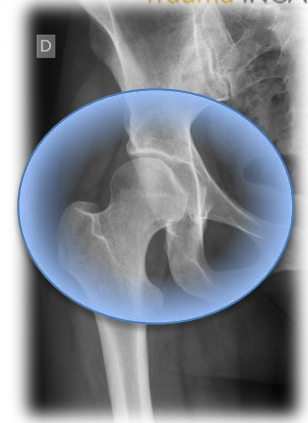
Left _____

Right _____



Lie hands on the floor while keeping knees straight and bending forward at waist

TOTAL _____



A positive Beighton score for adults is 5 out of the 9 possible points; for children, a positive score is at least 6 out of 9 points.

As joint mobility is known to decrease by age for adults, include historical information by asking, "Can you now or have you previously been able to..."

The management of the painful borderline dysplastic hip

Michael C. Wvatt* and Martin Beck

EVALUACION CLÍNICA.

Pruebas específicas

Original Research

Diagnostic Accuracy of 3 Physical Examination Tests in the Assessment of Hip Microinstability



Daniel J. Hoppe,* MD, MEd, FRCSC, Jeremy N. Truntzer,* MD, Lauren M. Shapiro,* MD, Geoffrey D. Abrams,* MD, and Marc R. Safran,*† MD

Investigation performed at the Stanford Sports Medicine Clinic, Redwood City, California, USA

The Orthopaedic Journal of Sports Medicine, 5(11), 2325967117740121

DOI: 10.1177/2325967117740121

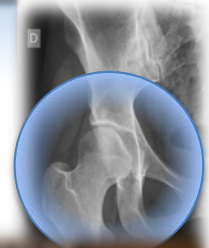
© The Author(s) 2017

Results: A total of 109 patients were included in the analysis. The AB-HEER test was most accurate, with a sensitivity of 80.6% (95% CI, 70.8%-90.5%) and a specificity of 89.4% (95% CI, 80.5%-98.2%). The prone instability test had a low sensitivity (33.9%) but a very high specificity (97.9%). The HEER test performed second in both sensitivity (71.0%) and specificity (85.1%). The combination of multiple tests with positive findings did not yield significantly greater accuracy. All tests had high positive predictive values (range, 86.3%-95.5%) and moderate negative predictive values (range, 52.9%-77.8%). **When all 3 tests had positive findings, there was a 95.0% (95% CI, 90.1%-99.9%) chance that the patient had microinstability.**

Conclusion: The AB-HEER test most accurately predicted hip instability, followed by the HEER test and the prone instability test. However, the high specificity of the prone instability test makes it a useful test to “rule in” abnormalities. **A positive result from any test predicted hip instability in 86.3% to 90.9% of patients, but a negative test result did not conclusively rule out hip instability,** and other measures should be considered in making the diagnosis. The use of these tests may aid the clinician in diagnosing hip instability, which has been considered a difficult diagnosis to make because of its dynamic nature.

EVALUACION CLÍNICA. Pruebas específicas

Pruebas específicas



- **AB-HEER TEST**



EVALUACION CLÍNICA. Pruebas específicas



- Test inestabilidad en Prono
- HEER TEST



EVALUACION CLÍNICA. Pruebas específicas en Quirófano

ΠΡΟΒΕΣ ΕΙΔΙΚΕΣ ΣΤΟ ΘΕΑΤΡΟ

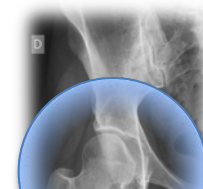
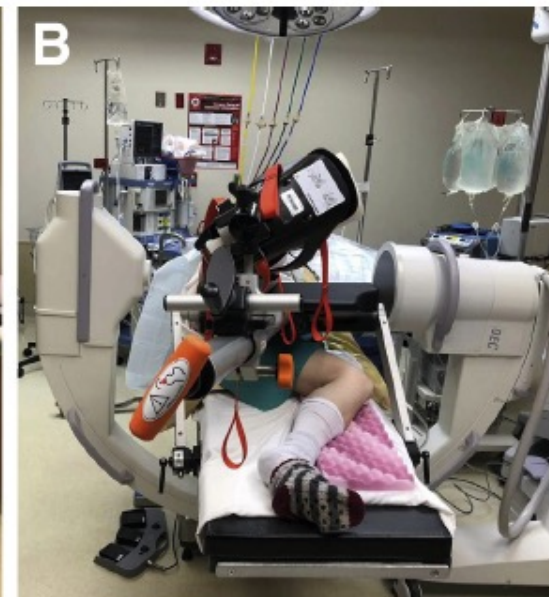


Fig 1. The Pull Test. (A) The Pull-Out Test is performed with the patient in the lateral decubitus position in this example. Under general anesthesia with full relaxation, the right leg is abducted 30°. A C-arm is placed in the anteroposterior position. (B) The leg is placed in 30° of extension and the foot is externally rotated 30° to put maximum tension on the anterior capsule.



The Pull Test: A Dynamic Test to Confirm Hip Microinstability

Kostas J. Economopoulos, M.D., Christopher Y. Kweon, M.D., Albert O. Gee, M.D., Suzanne T. Morris, N.P.-C., Jeffrey D. Hassebrock, M.D., and Anikar Chhabra, M.D.

EVALUACION CLÍNICA.

Pruebas específicas en Quirófano



Fig 2. The Pull-Out Test is completed with the examiner placing an axial pull on the right leg using gross traction until a firm end-point is reached. A fluoroscopic image is obtained at this point and the distraction distance is measured.

EVALUACION CLÍNICA.

Pruebas específicas en Quirófano

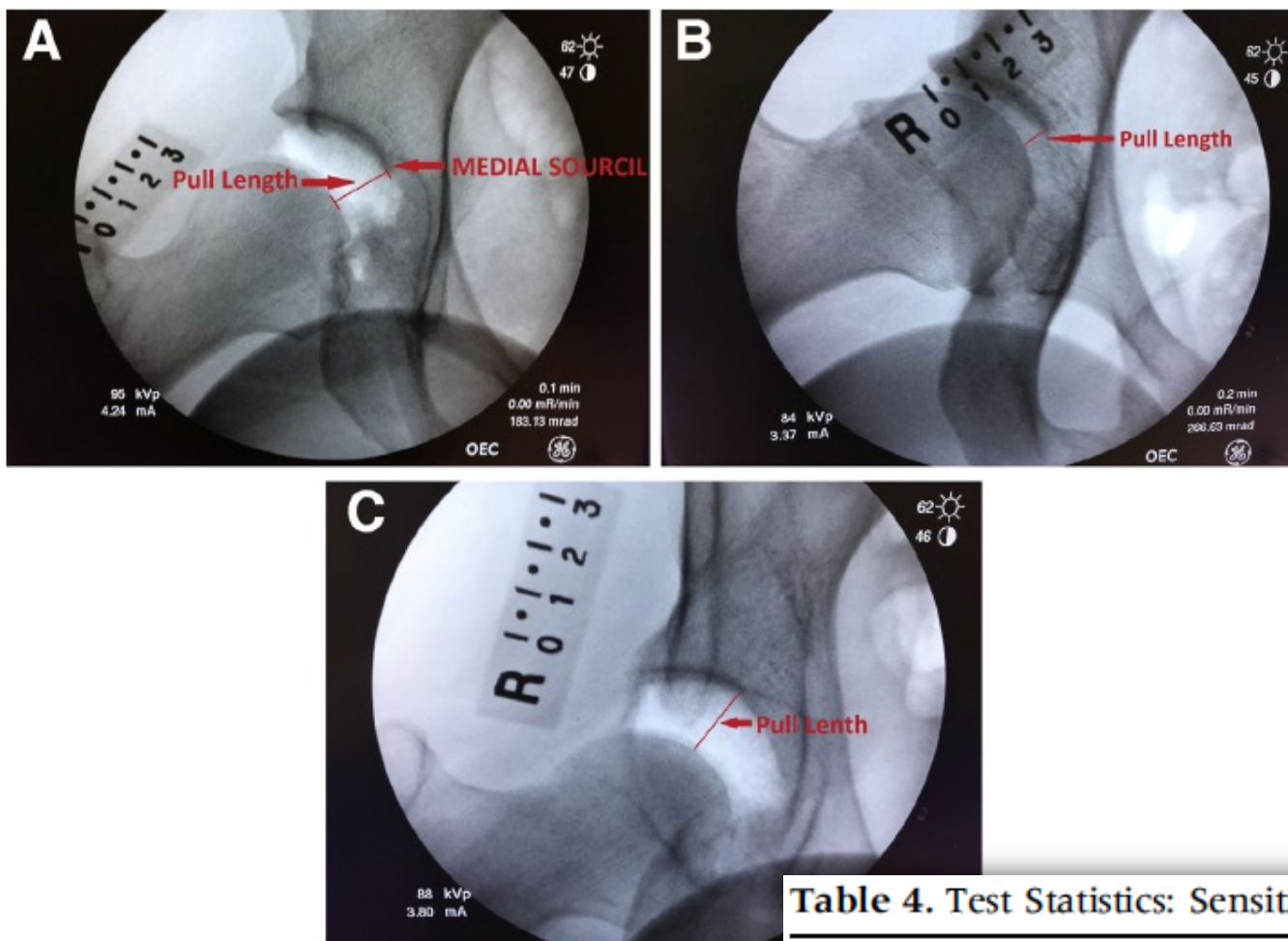


Fig 3. (A) Anteroposterior fluoroscopic image of the right hip during the Pull-Out Test. The pull length is measured from the medial source down to the femoral head. (B) A Pull Test image in a patient without hip microinstability. The distance measures 0.6 cm. (C) A Pull-Out Test that is positive with a pull length of 1.7 cm, which exceeds the cut off found in the study of 1.3 cm.

Table 4. Test Statistics: Sensitivity, Specificity, PPV, and NPV

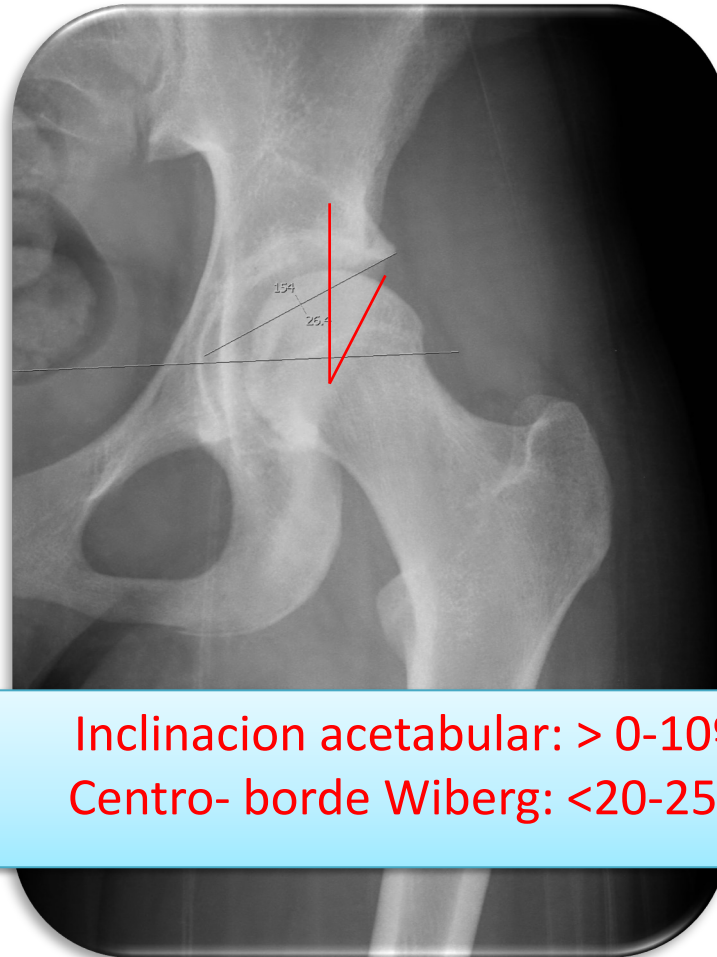
Sensitivity	0.94
Specificity	0.96
PPV	0.91
NPV	0.97

NPV, negative predictive value; PPV, positive predictive value.

PRUEBAS DE IMAGEN

DIAGNOSTICO POR IMAGEN INESTABILIDAD CADERA

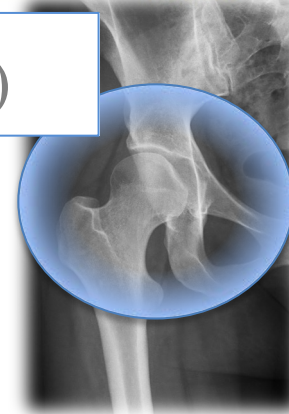
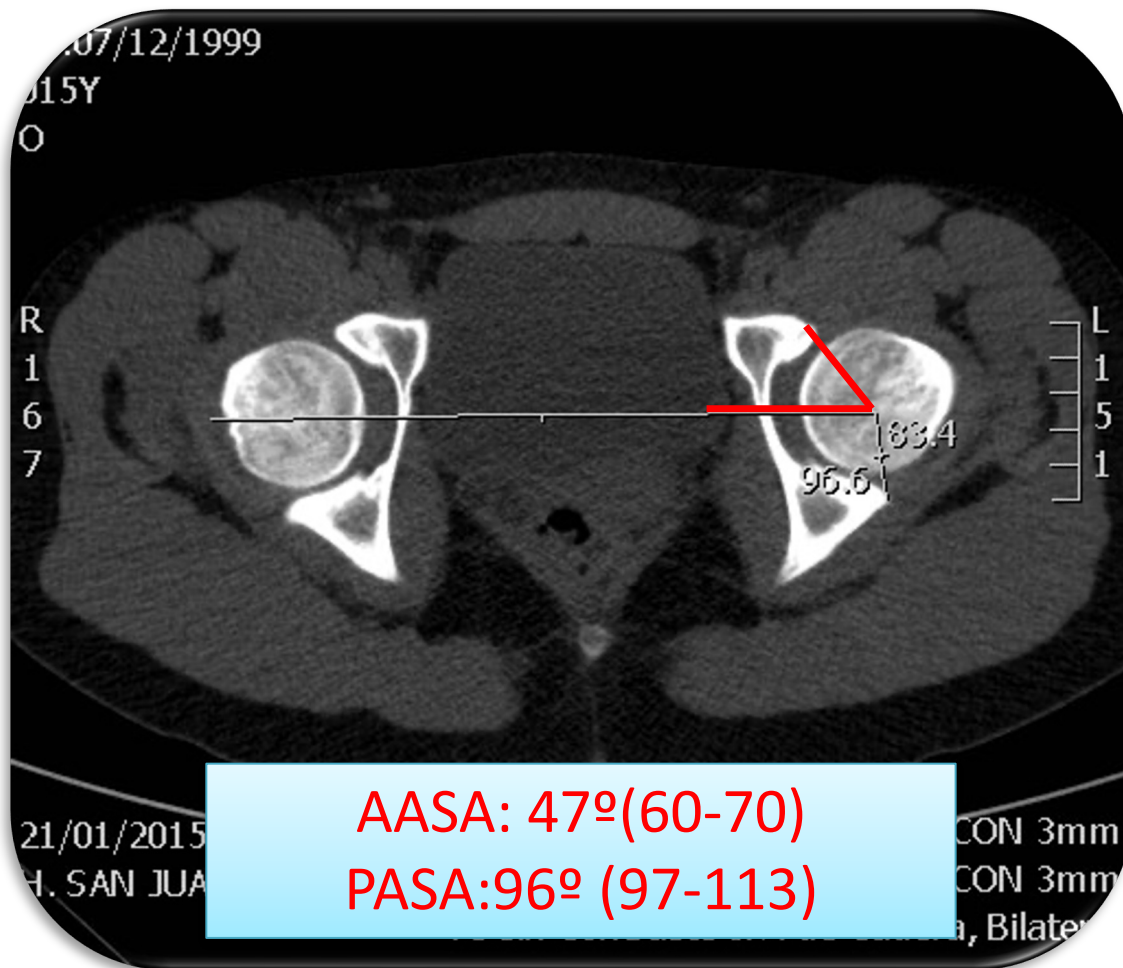
- Rx AP:
 - Centro –borde lateral Wiberg // inclinación acetabular



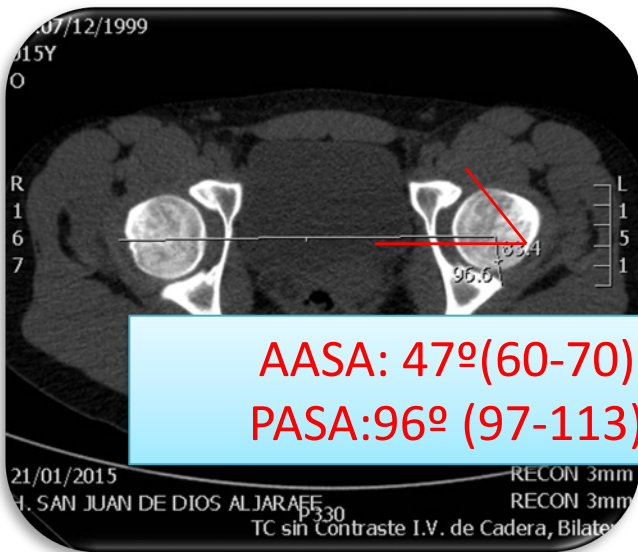
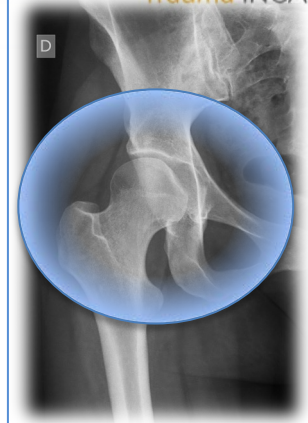
Inclinacion acetabular: $> 0-10^{\circ}$
Centro- borde Wiberg: $< 20-25^{\circ}$

PRUEBAS DE IMAGEN

- TAC: ángulos de cobertura acetabular (AASA // PASA)



¿ES ESTO SUFICIENTE ?
¿PREDICE
COMPORTAMIENTO TRAS
CAC ?



AASA: 47°(60-70)
PASA:96° (97-113)

Inclinacion
acetabular: > 0-10°
Centro- borde
Wiberg: <20-25°

- Rx AP:
 - **FEAR Index** : relación techo femoro-epifisario acetabular

Clin Orthop Relat Res (2017) 475:861–869
DOI 10.1007/s11999-016-5137-0

Clinical Orthopaedics
and Related Research®
A Publication of The Association of Bone and Joint Surgeons®



CLINICAL RESEARCH

The Femoro-Epiphyseal Acetabular Roof (FEAR) Index: A New Measurement Associated With Instability in Borderline Hip Dysplasia?

Michael Wyatt FRACS, Jan Wei
Martin Beck PD, MD

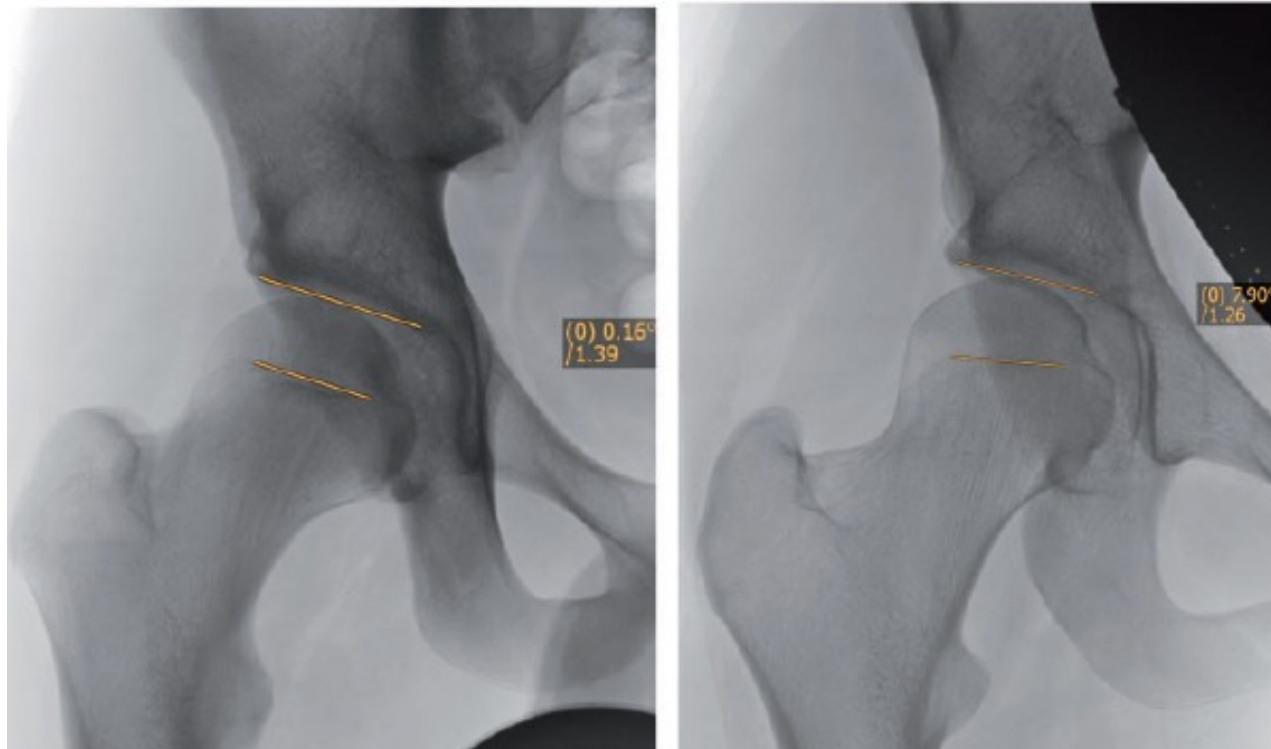
MICHAEL WYATT FRACS, JAN WEI
MARTIN BECK PD, MD

Measurement of the FEAR Index

The physcal scar of the femoral head normally has a slightly irregular but consistent shape. The central third radiographically is a straight line that then curves distal-medially and distal-laterally to the femoral neck. **The most lateral and medial points of the straight section** were identified and connected with the first inflection of this line. The second part of the angle is defined by the **most medial and lateral points of the sclerosis of the sourcil**. We defined a positive FEAR index as a laterally directed angle, with the apex formed by the femoral epiphysis and the AI pointing medially. A negative index was a medially directed angle, with the apex formed by the femoral epiphysis and the AI pointing laterally.



- FEAR Index : relación techo femoro-epifisario acetabular



Journal of Hip Preservation Surgery Vol 5, No. 2, pp. 105–112
doi: 10.1093/jhps/hny012
Advance Access Publication 5 April 2018
Review article

OXFORD

The management of the painful borderline dysplastic hip

Michael C. Wyatt* and Martin Beck

**CASO ARTROSCOPIA DE CADERA EN
ADOLESCENTE MICROINESTABILIDAD**

CASO 2

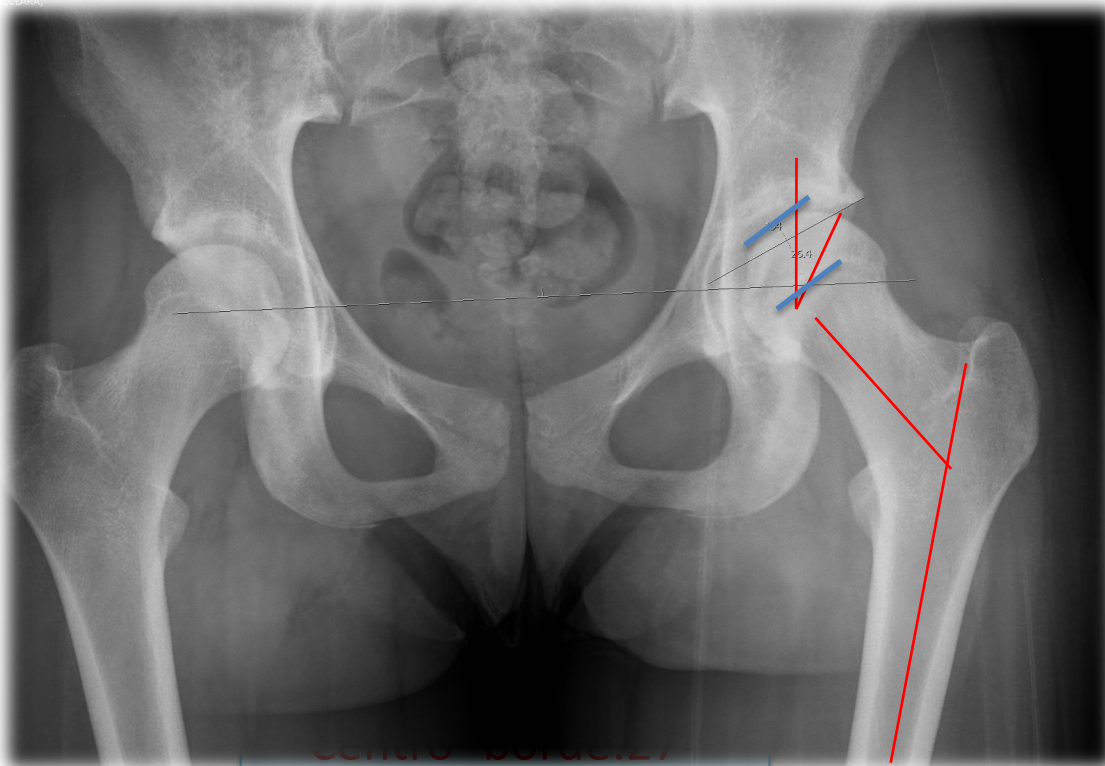
Paciente de 15 años
Bailarina de clásico desde los 4
años / 4 horas diarias
Dolor **1 año de evolucion**

Exploración .:

- Maniobras de Choque:
 - Fadir ++
 - Faber Test ++
 - Dial Test +
 - Rolling test +
- Especificas:
 - Test aprehensión ++

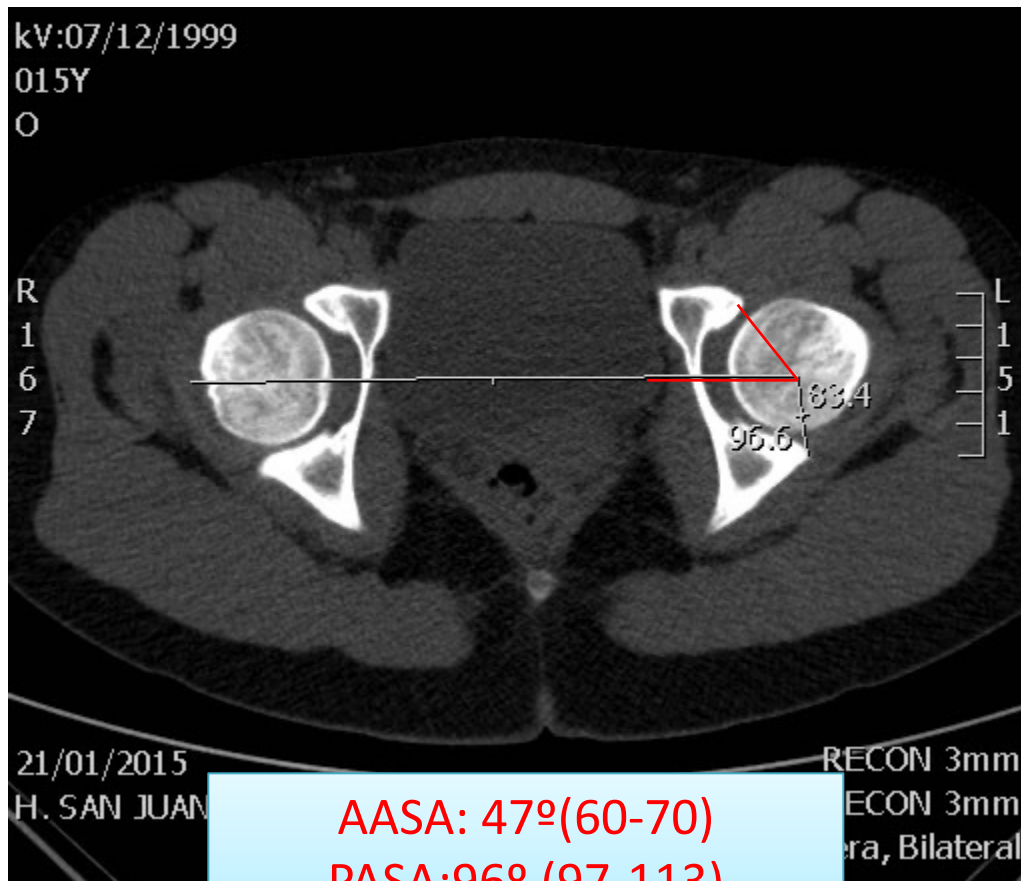


CASO 2. PRUEBAS DE IMAGEN



Wiberg: 25°
Alfa: <50 °
Tönnis :0
FEAR index : 0°

CASO 2. PRUEBAS DE IMAGEN



AASA: 47°(60-70)
PASA:96° (97-113)
HAASA: 143°



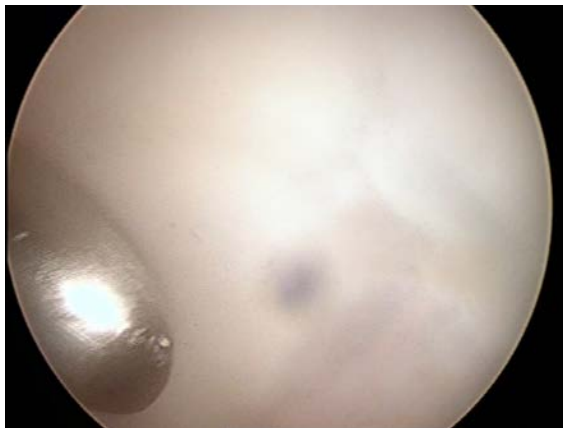
CROWE 1

CASO 2. PRUEBAS DE IMAGEN



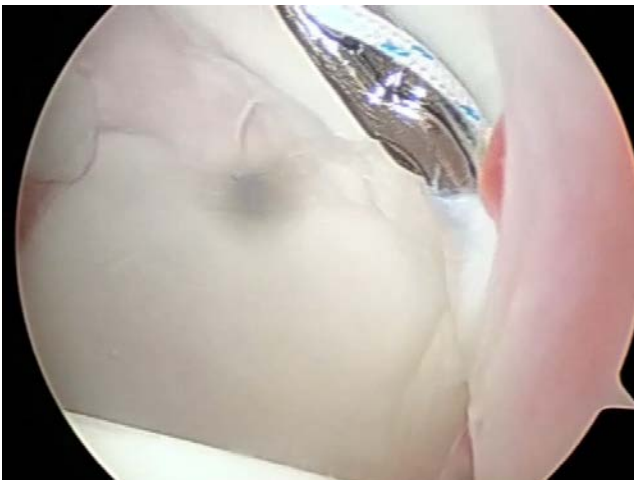
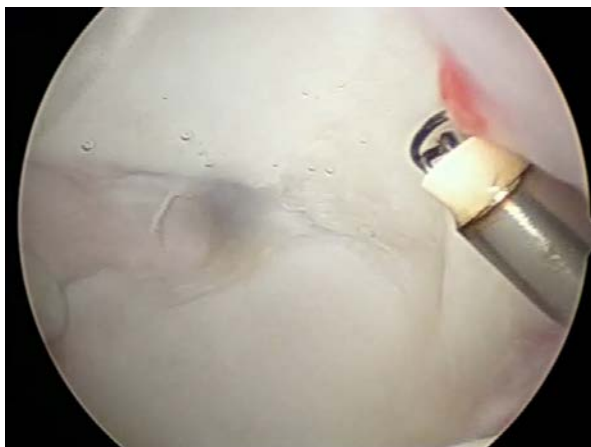
CASO 2

El día 25-MAR-15 el paciente es intervenido quirúrgicamente realizándose: ARTROSCOPIA CADERA IZQ: ROTURA DE LABRUM A LAS 12-13 Y LESION EN ALFOMBRA 10-15



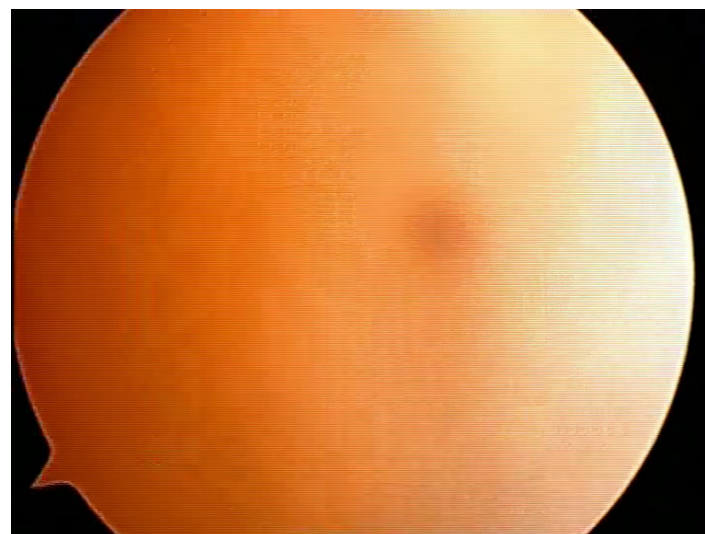
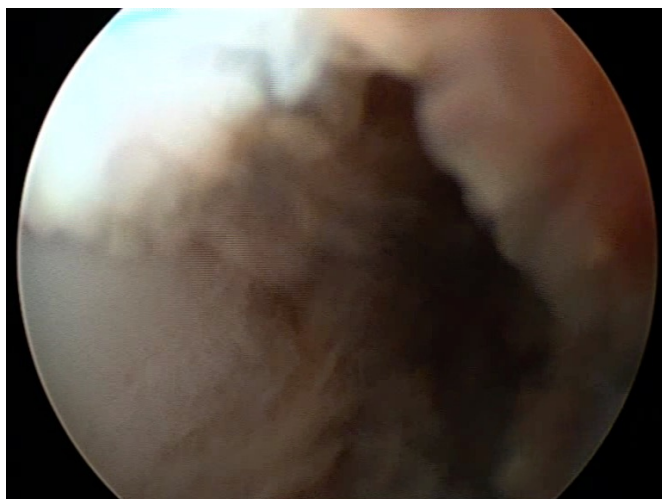
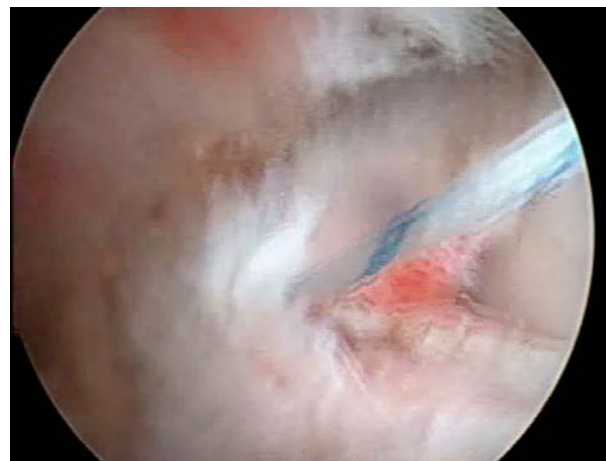
CASO 2

DESINSERCION DE LABRUM OSTEOCONDROPLASTIA MINIMA
ACETABULAR Y SUTURA LABRUM 4 ANCLAJES.



CASO 2

SUTURA CAPSULAR



Review

HIP | HIP
International

Repaired or unrepaired capsulotomy after hip arthroscopy: a systematic review and meta-analysis of comparative studies

Yipeng Lin, Tao Li, Xinghao Deng, Xihao Huang,
KaiBo Zhang, Qi Li, Jian Li and Weili Fu

HIP International

1-11

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DOI: 10.1177/1120700019880818

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Repaired or unrepaired capsulotomy after hip arthroscopy: a systematic review and meta-analysis of comparative studies

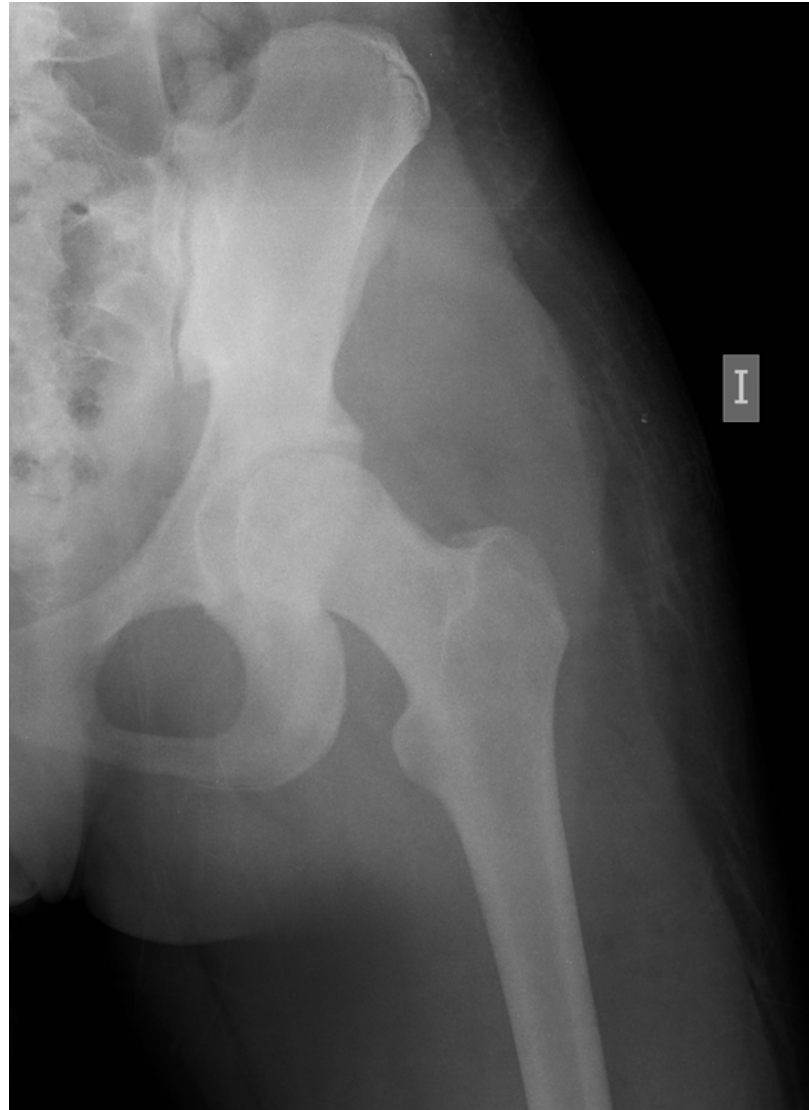
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Trauma INCARO

Conclusion

Currently, we still lack the evidence needed to determine whether capsule repair yields better outcomes than an unrepaired capsulotomy. For the future direction, a subgroup analysis with a larger population is needed and could possibly reach significance. In addition, future studies should report the indications, surgical techniques and postoperative outcomes and complications in greater detail. Currently, strategies of capsule management depend more on the specific patient situation. Surgeons should make decisions and design their operative procedures based on the specific situation of individual patients.

RESULTADO RADIOGRAFICO



PACIENTE RESULTADO FINAL POSOP



6 meses

Paciente bien. No dolor

BA:

Flex: 120° / Abd: >40 / Add: >40 / Rot int: 40° / Rot ext: 40°

Harris modificado 100. WOMAC 100

VUELTO A BAILAR

CASO 1 : Y al tercer día se luxó

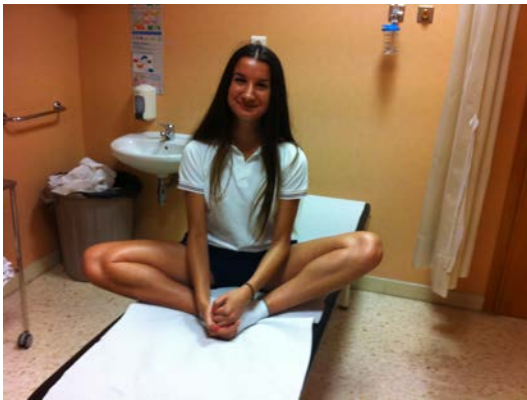


CASO 1 : Y al tercer día se luxó



INESTABILIDAD DE CADERA

- APRENDER LO QUE NO HAY HACER
- CORREGIR ERRORES



REV ESP ARTROSC CIR ARTICUL. 2016;23(1): 63-67

Revista Española de
Artroscopia y Cirugía Articular

www.elsevier.es/artroscopia



Artículo de revisión

Papel de la artroscopia de cadera en la displasia leve sintomática. ¿Dónde está el límite?

Boris García Benítez* y Libertad Cáceres Sánchez

Servicio de Cirugía Ortopédica y Traumatología, Hospital San Juan de Dios del Aljarafe, Bormujos, Sevilla, España

INESTABILIDAD DE CADERA

- **SIGUIR DUDANDO**



A recordar

1. Importancia **Diag Correcto**

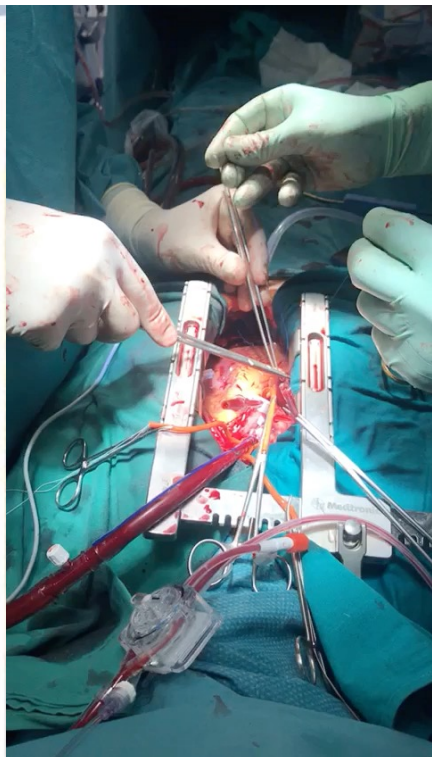
2. Exploracion clínica :

- **Hipermovilidad**
- **Tradicionales**
- **Especificas : AB- HEER , HEER, Prono**

3. Radiología

- **Basicos : LCE , AI**
- **FEAR Index**

4. Ante la duda ... **NO DAÑAR**



MUCHAS GRACIAS