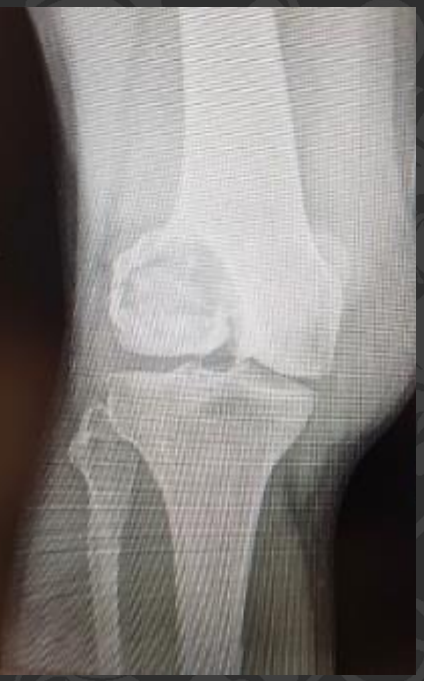
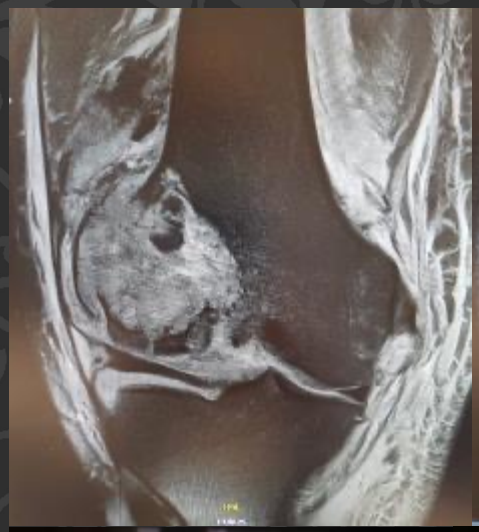
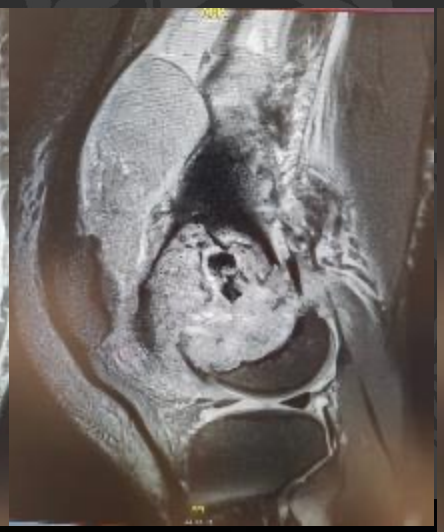
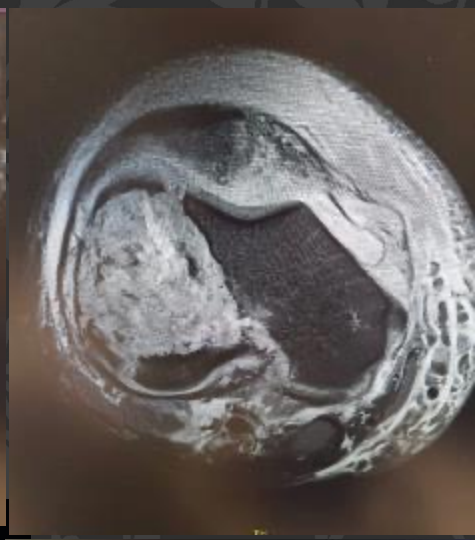
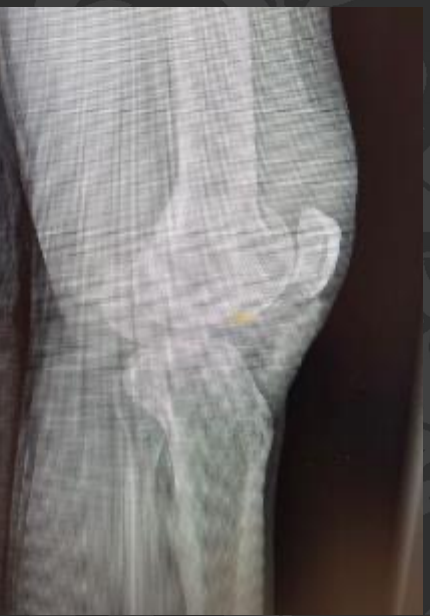
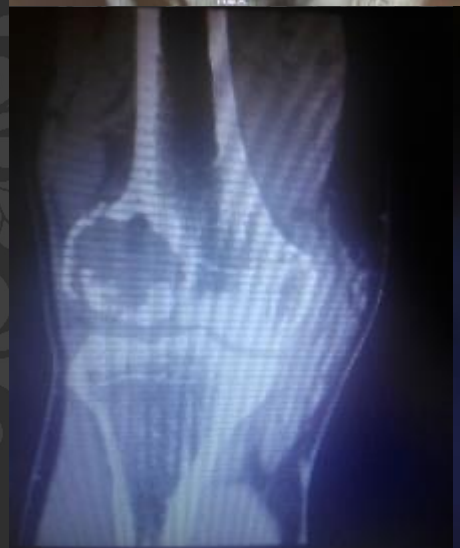
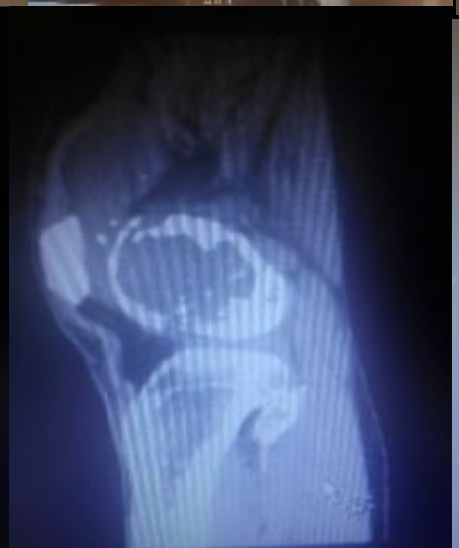
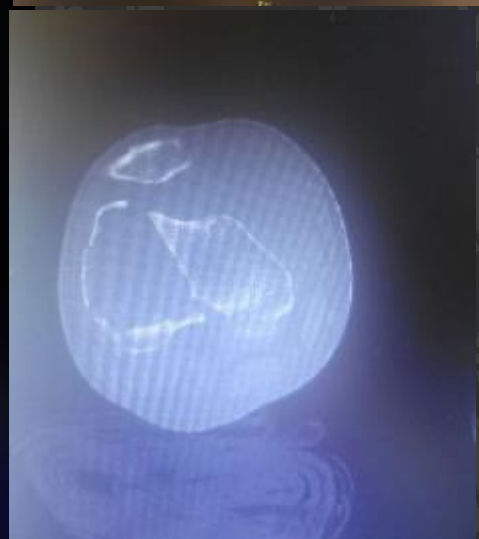
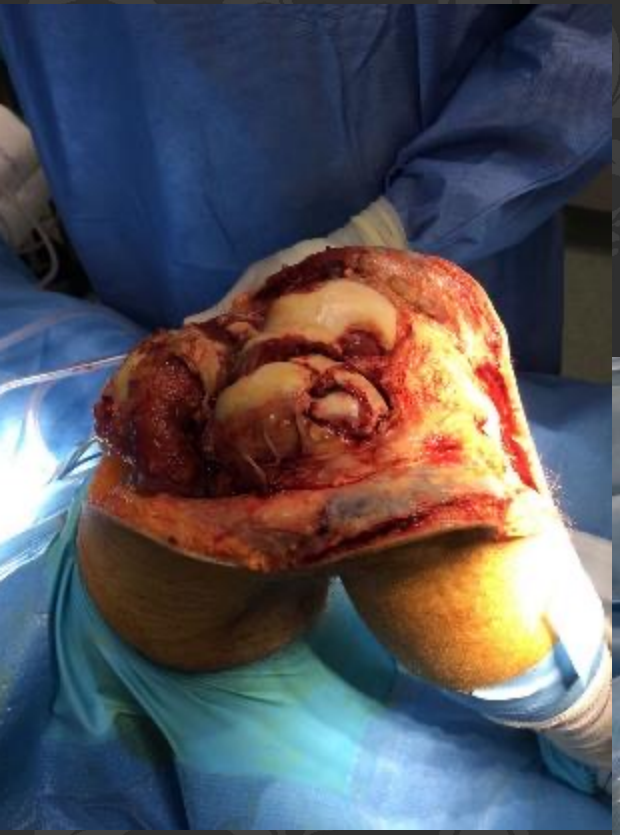
UTILIDAD DE ALOINJERTOS ESTRUCTURALES EN LESIONES TRAUMATICAS DE LA RODILLA . CASOS CLINICOS .

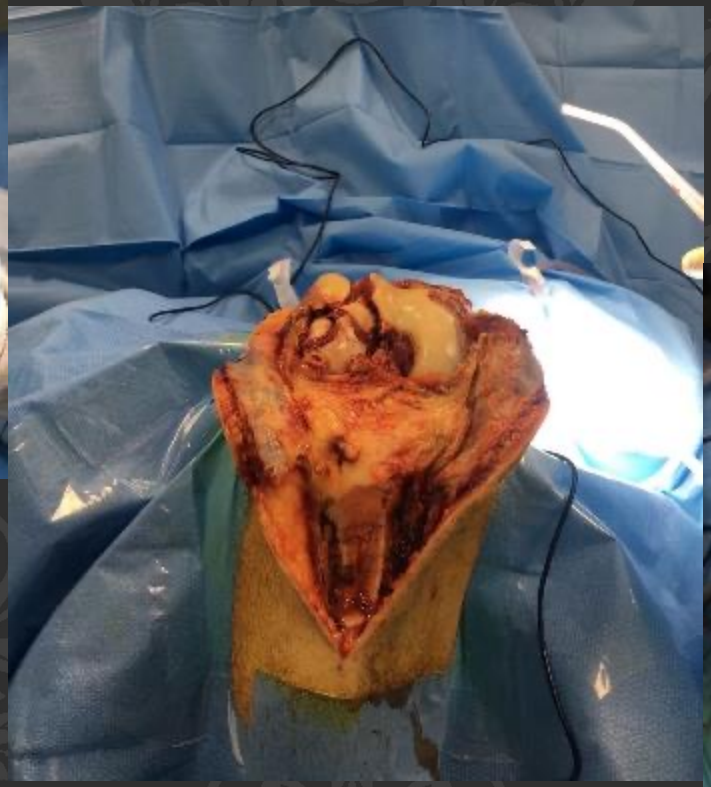
DR MARTIN BUENADICHA.

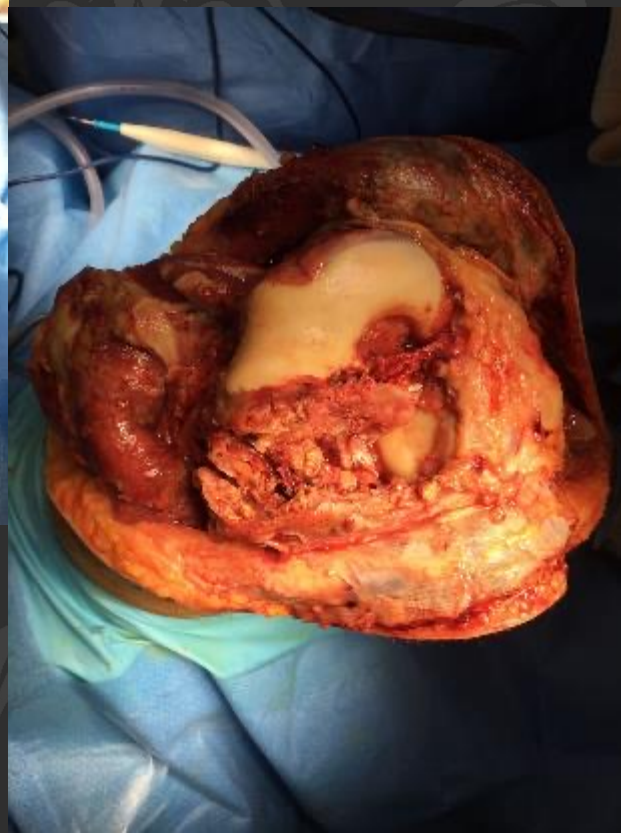
OLYMPIA .

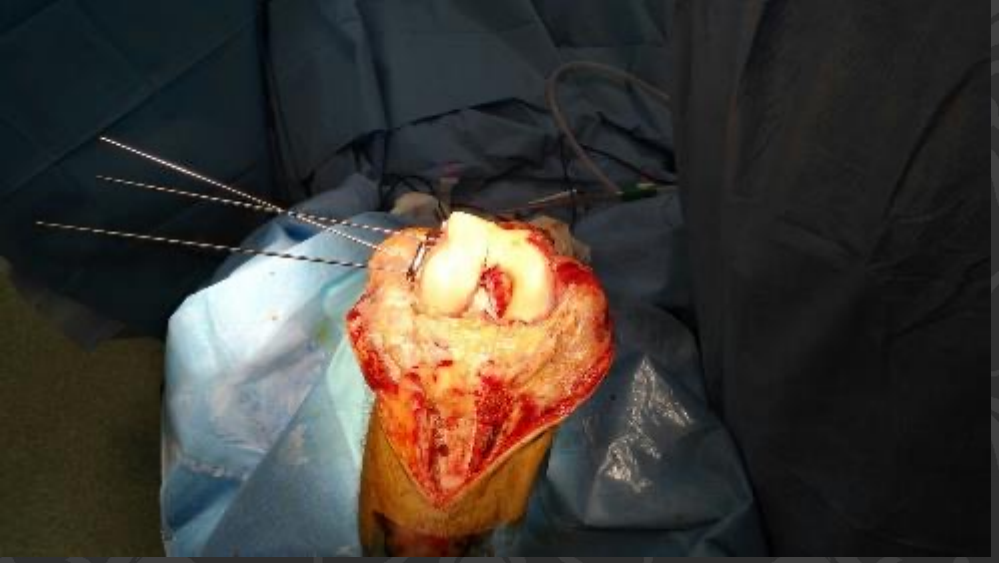
- ✓ Varón de 38 años.
- ✓ Intervenido hace 1 año tumor de células gigantes .
- ✓ Acude por fractura a nivel de la lesión .

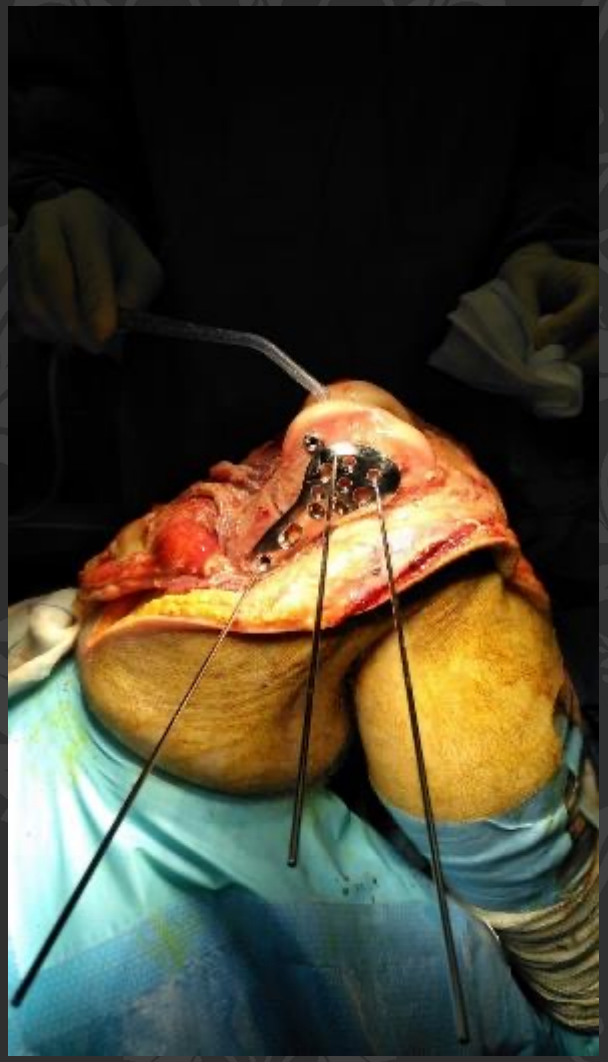









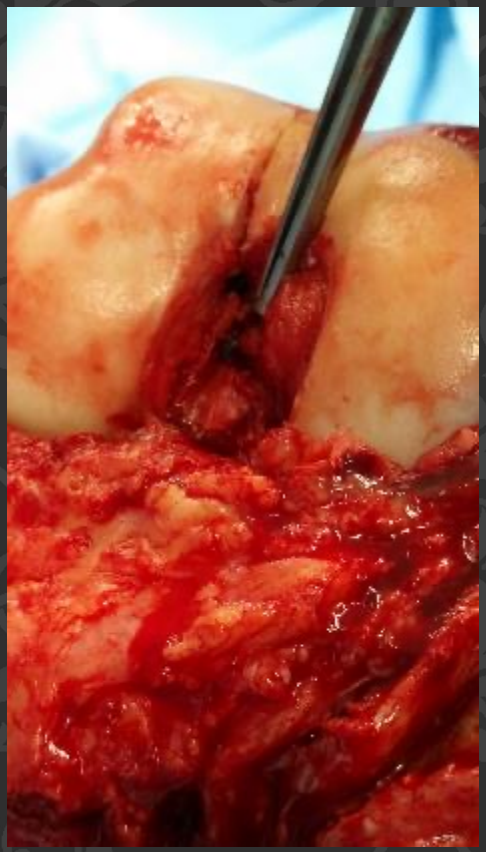


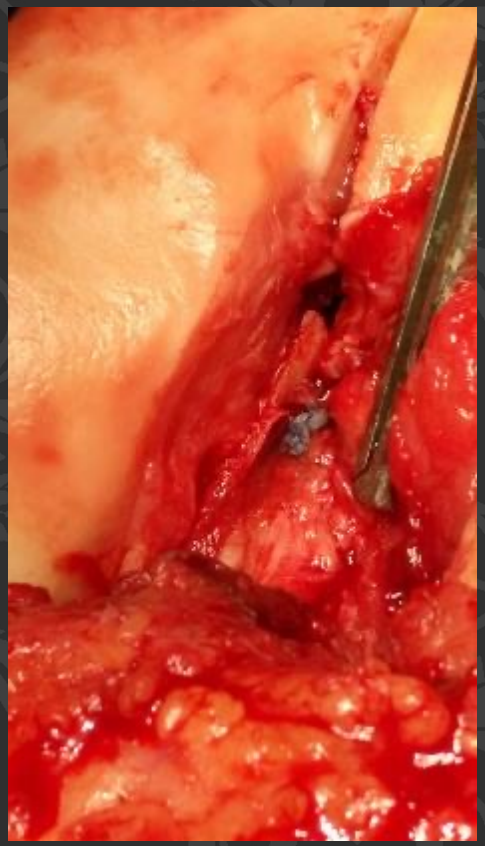


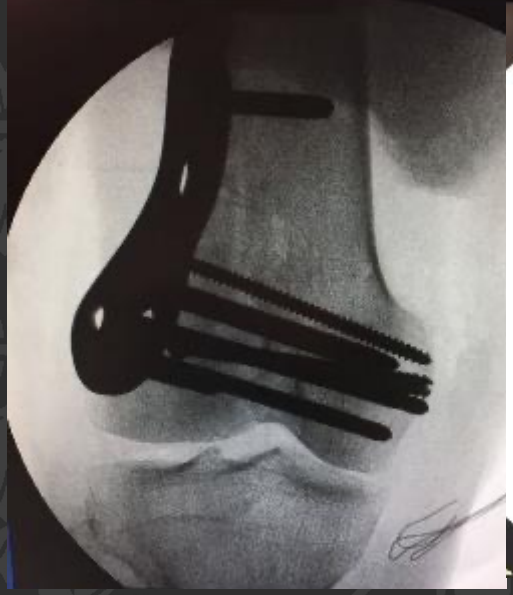
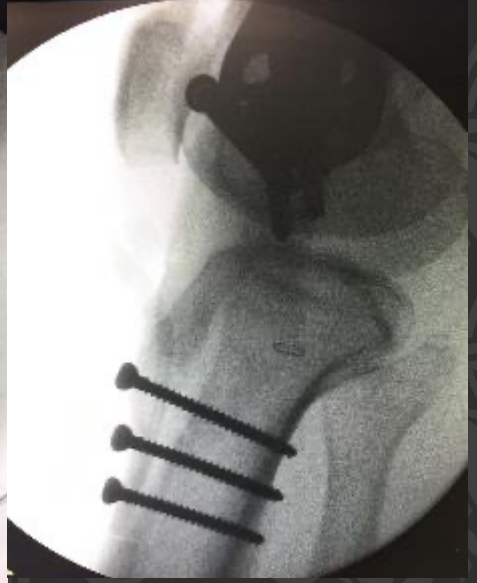
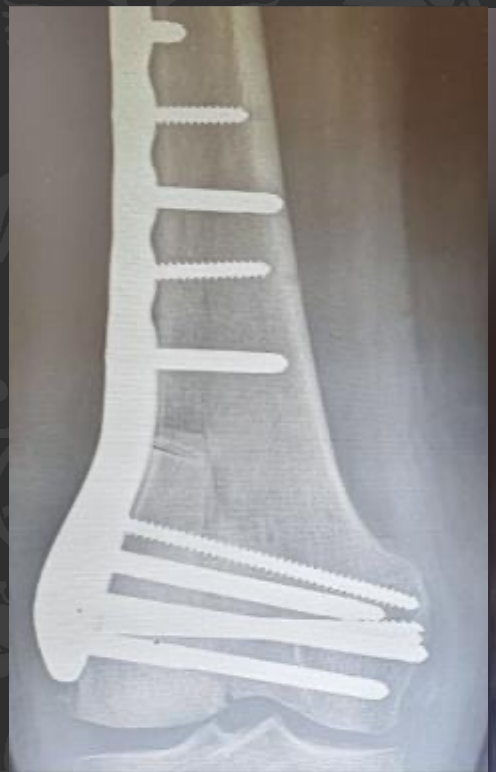
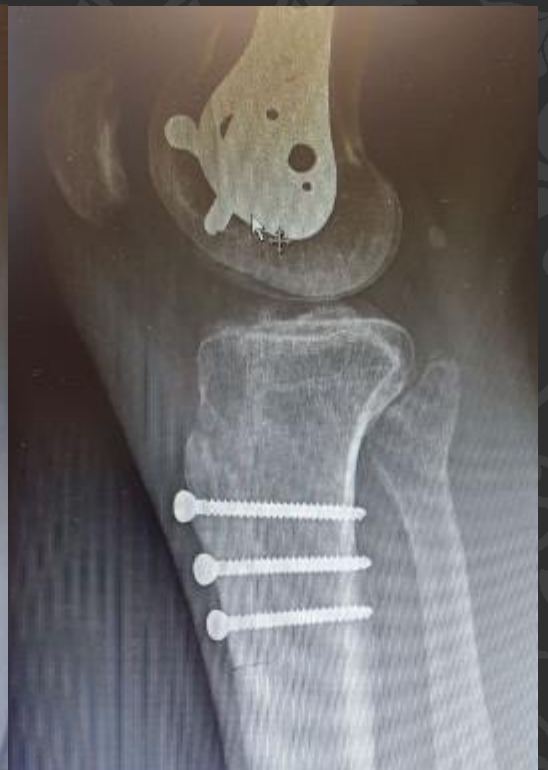






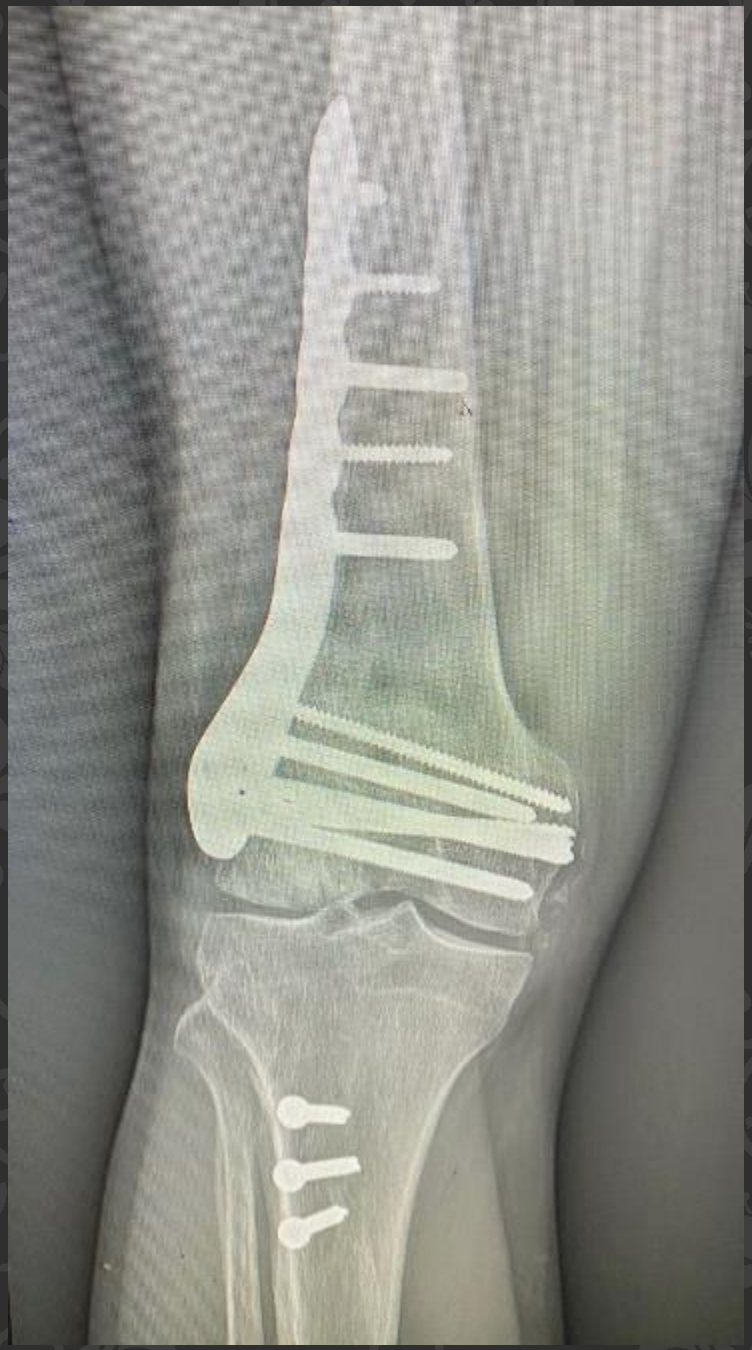


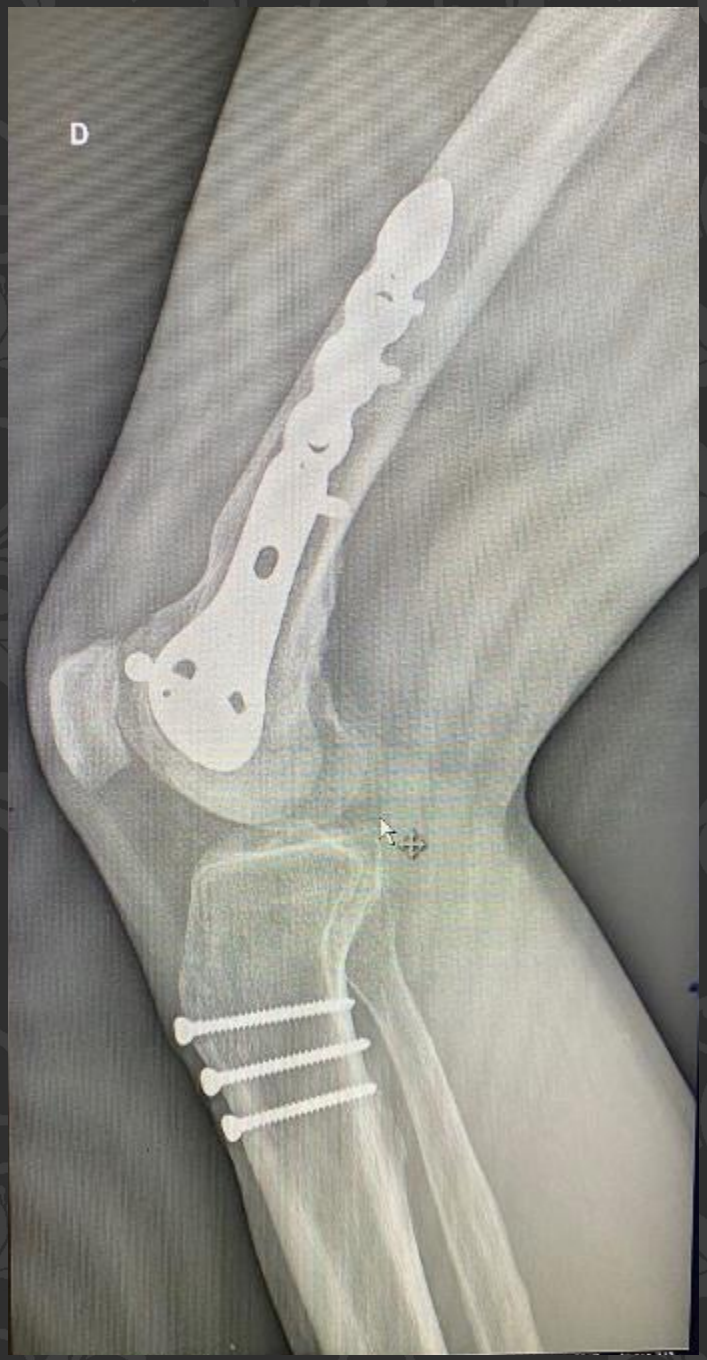


RESULTADO.

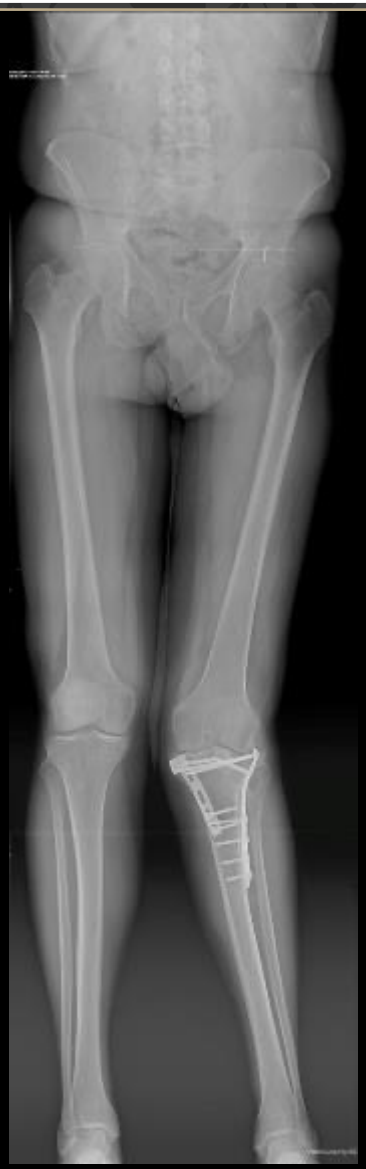
RESULTADO.



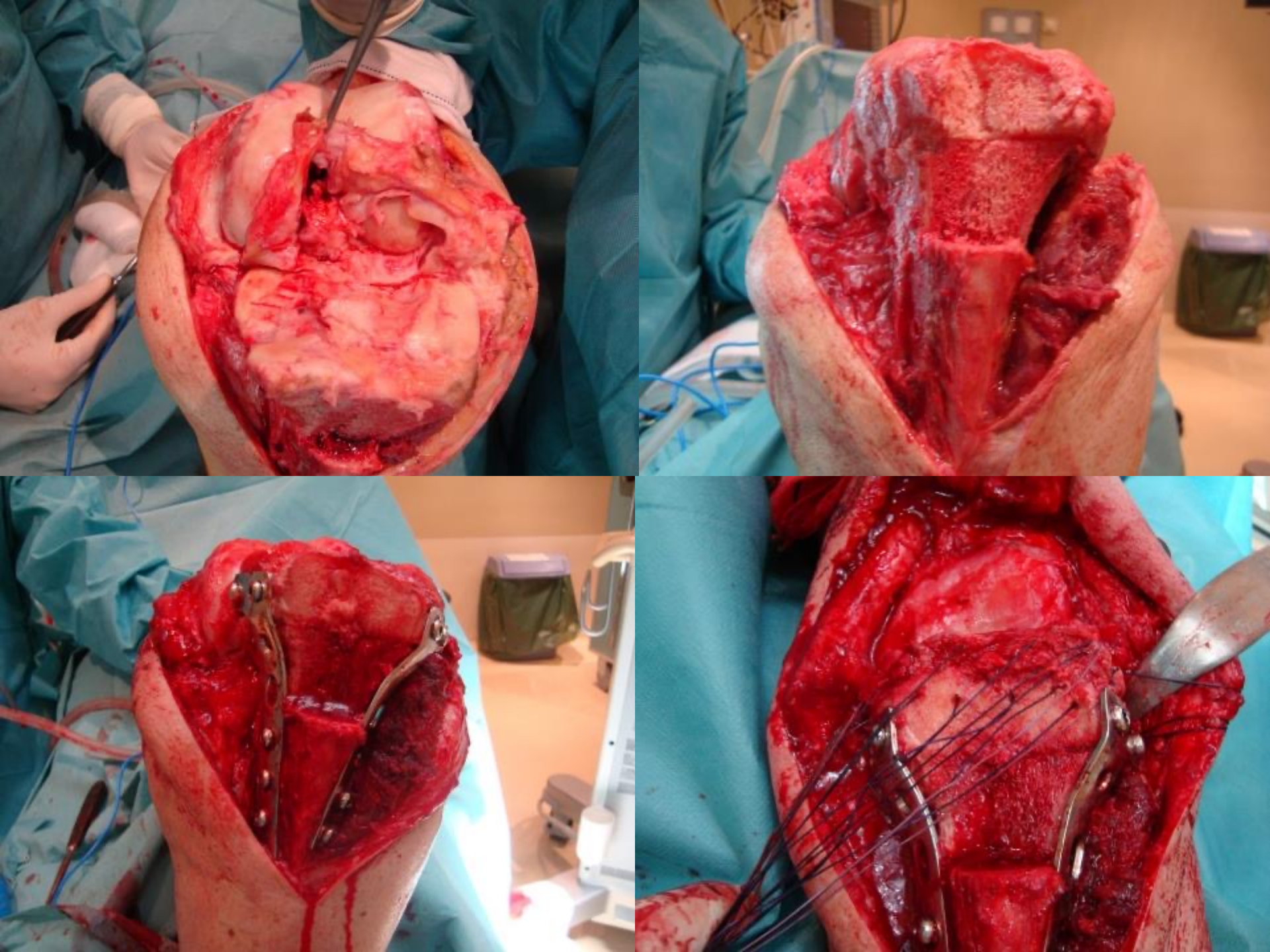

D

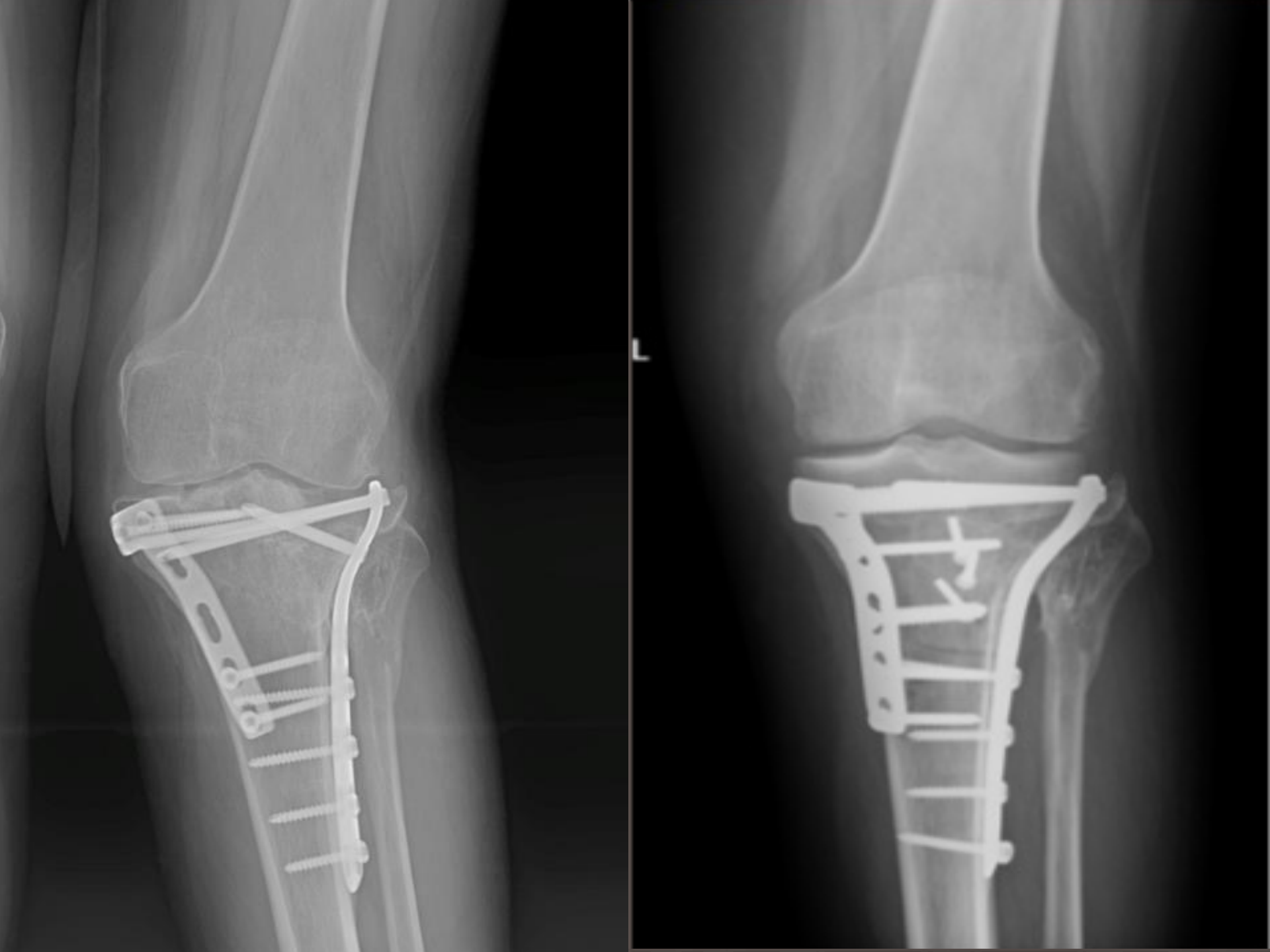

SALIDA

SECUELA POR FRACTURA CONMINUTA DE AMBAS MESTAS TIBIALES.



- Varon, 42 años, accidente de tráfico en abril 2009.
- Fractura de **ambas mesetas tibiales** en rodilla izquierda.
- Tratamiento: osteosíntesis con 2 placas y tornillos.
- Evolucion: Artrosis en valgo con dolor e inestabilidad .





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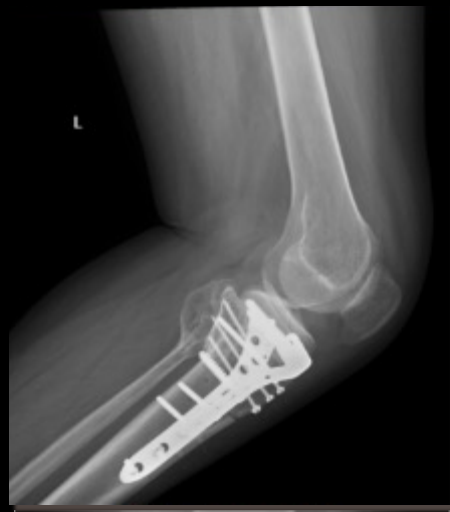
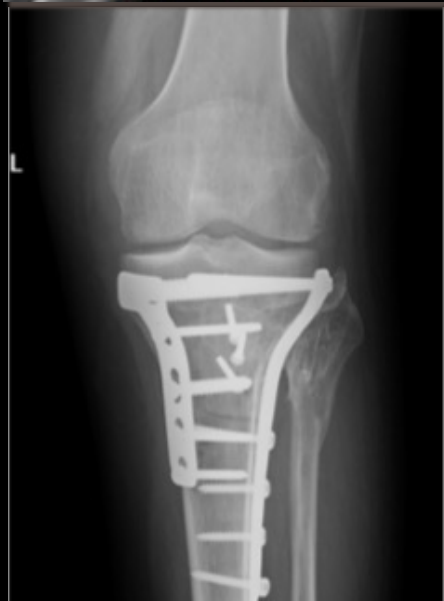
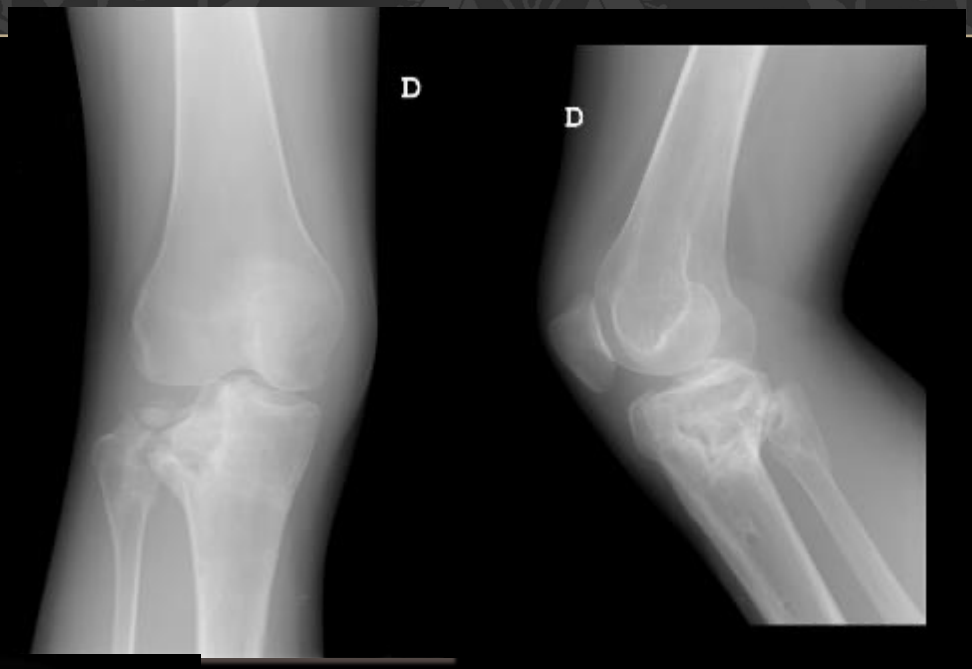
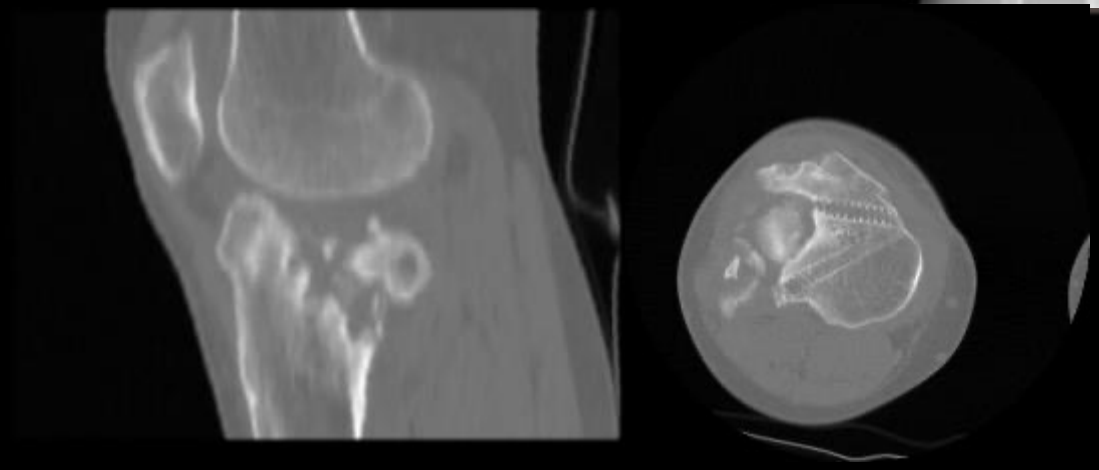




FRACTURA CONMINUTA MESETA TIBIAL EXTERNA.

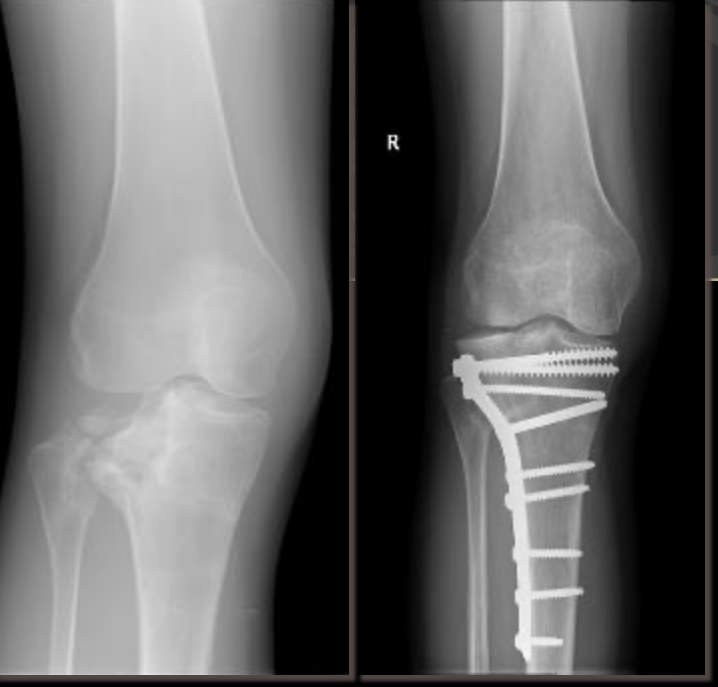
- ✓ *Mujer de 26 años.*
- ✓ *Accidente por atropello.*
- ✓ *Secuela de fractura de meseta externa.*

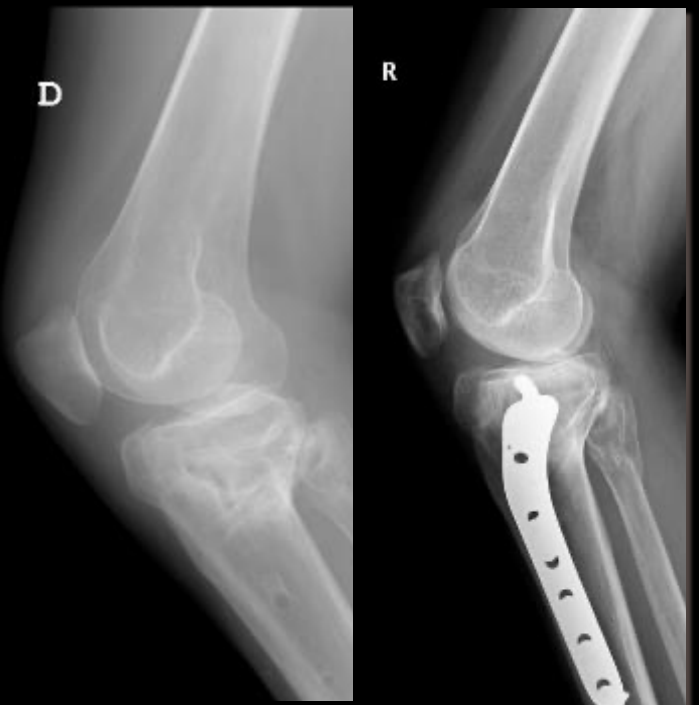


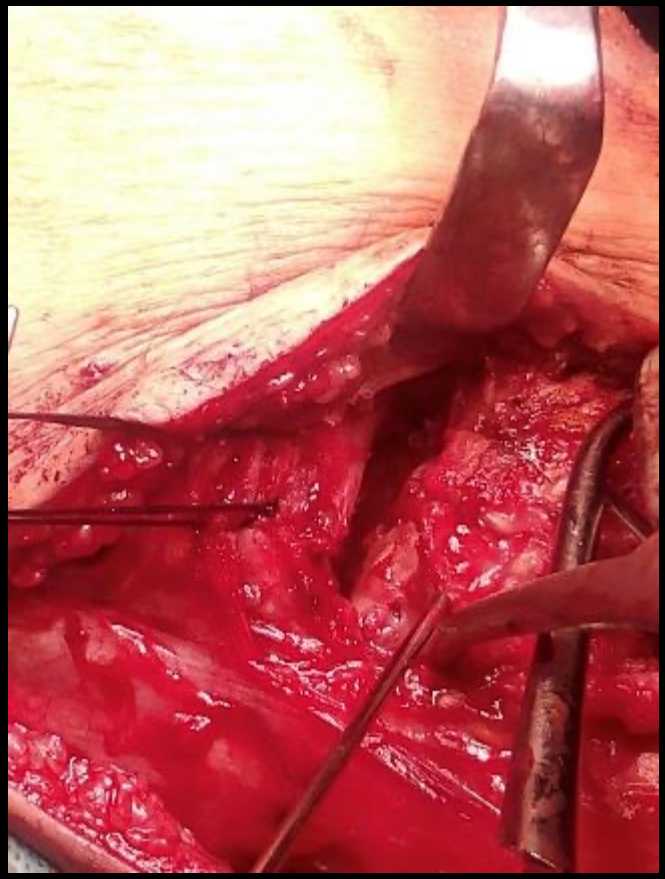


RESULTADO RX

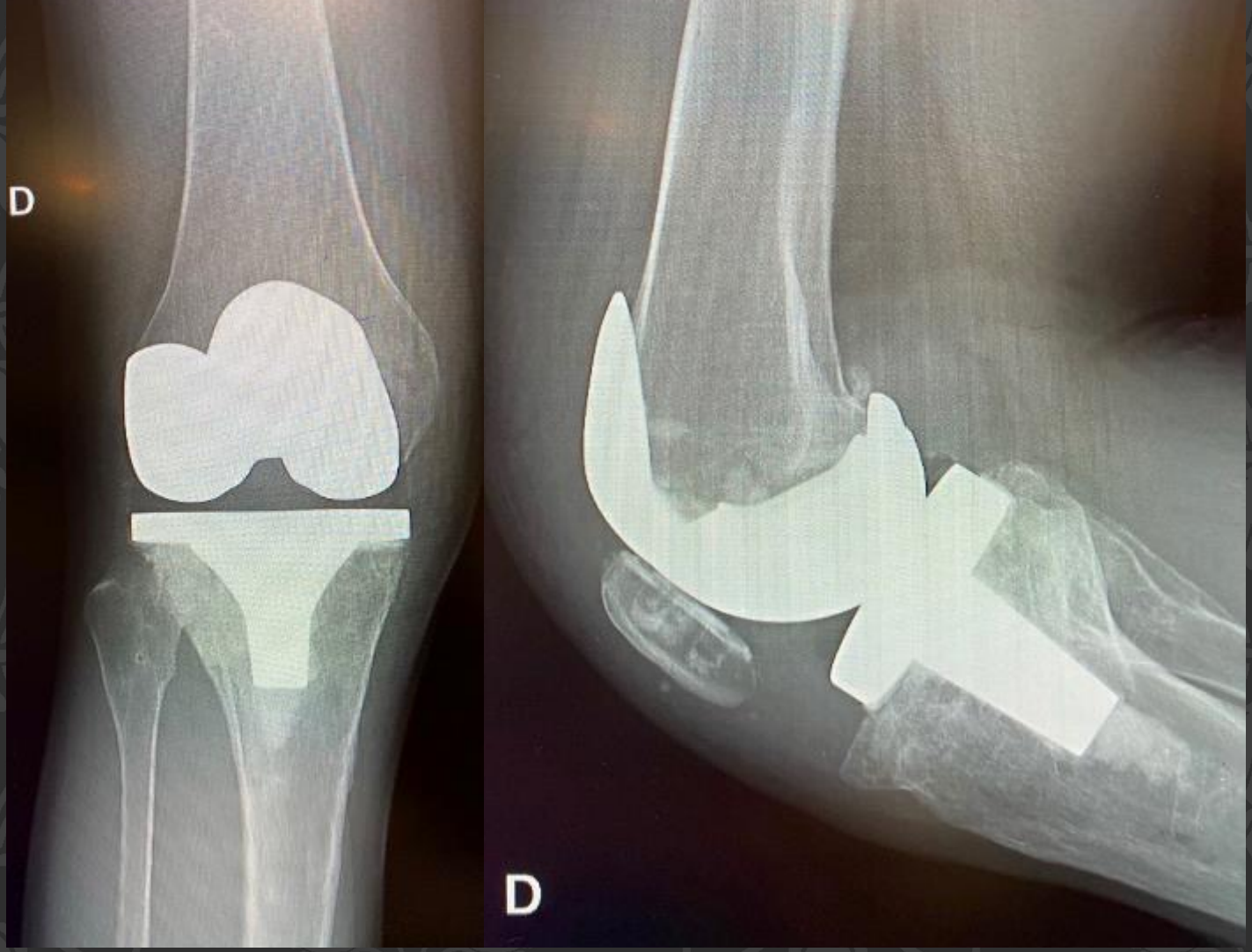
trasplante de meseta tibial externa.
Reinserción del Menisco externo





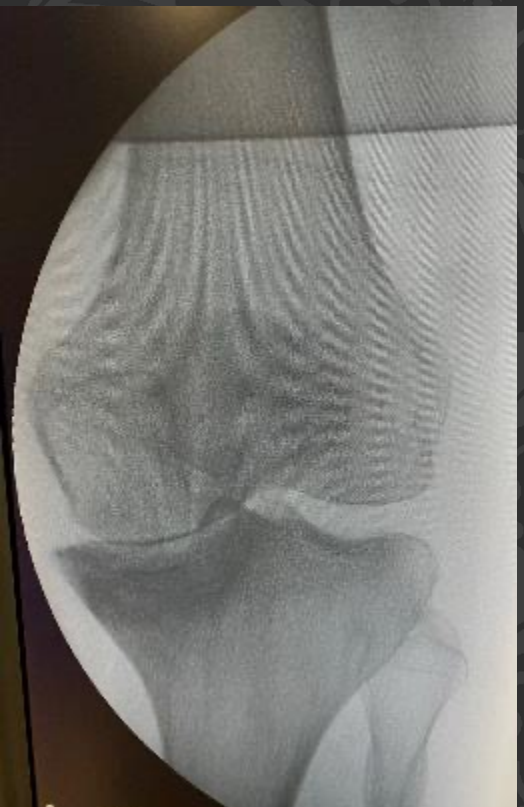


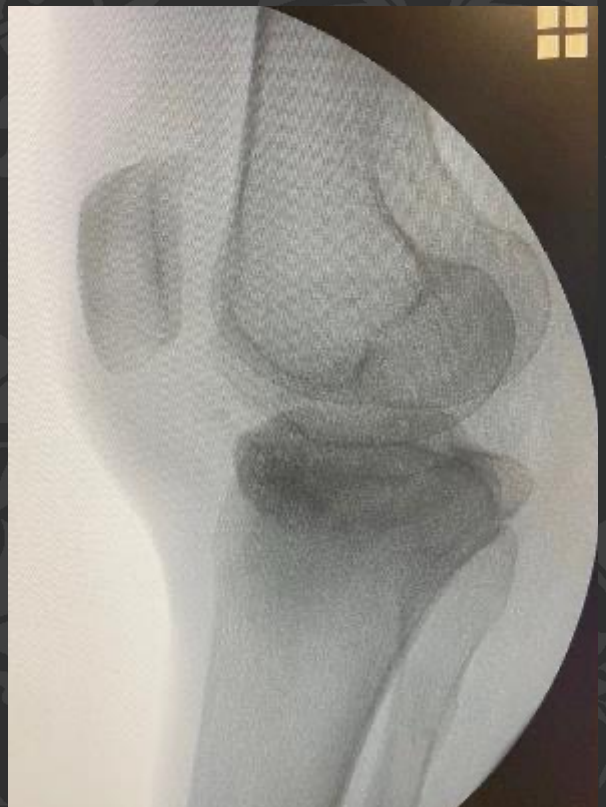
RESULTADO CLÍNICO.

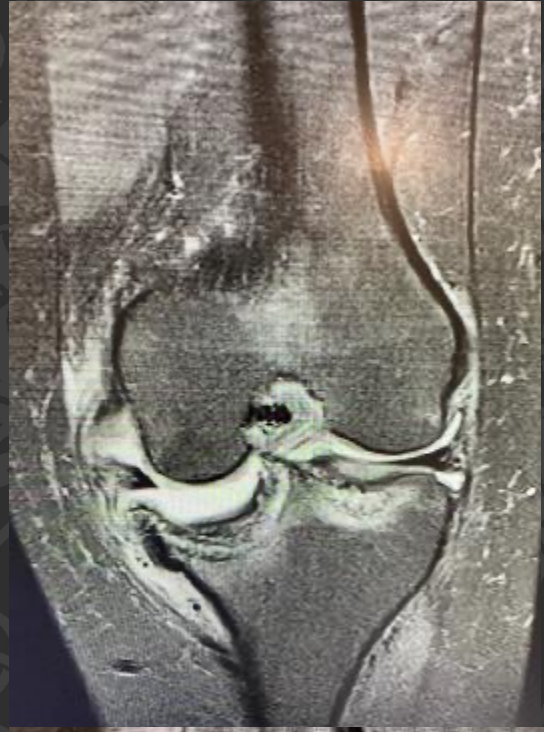


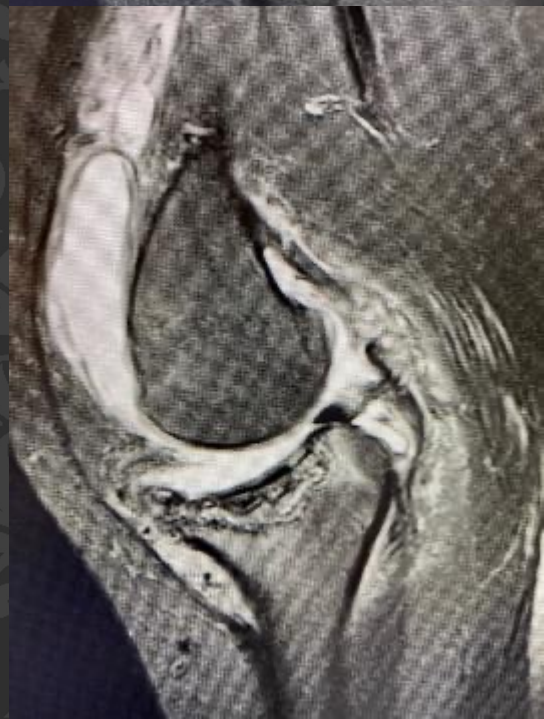
ACTUALMENTE PTR

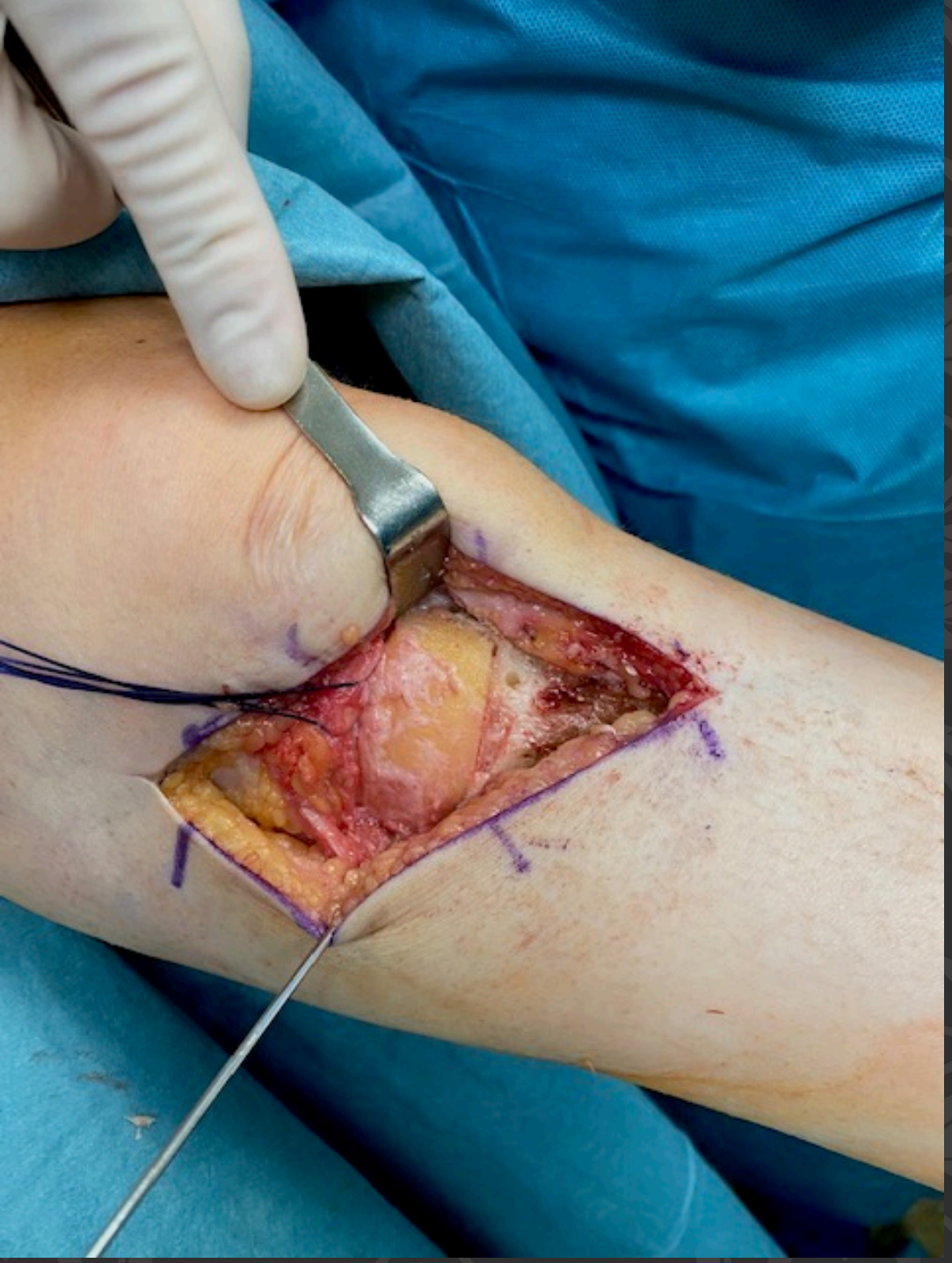
MUJER DE 26 AÑOS.
ENFERMEDAD DE CHARCOT.
CAIDA DURANTE EMBARAZO.
FRACTURA CON COLAPSO MEDIAL .

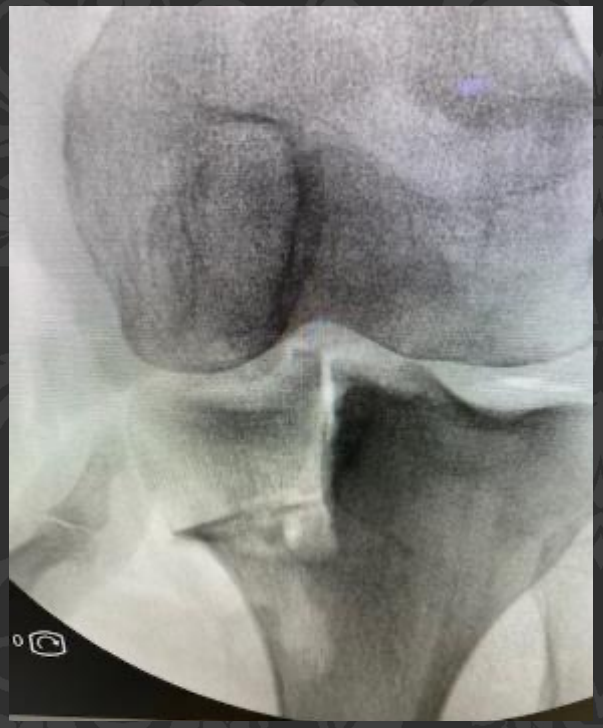


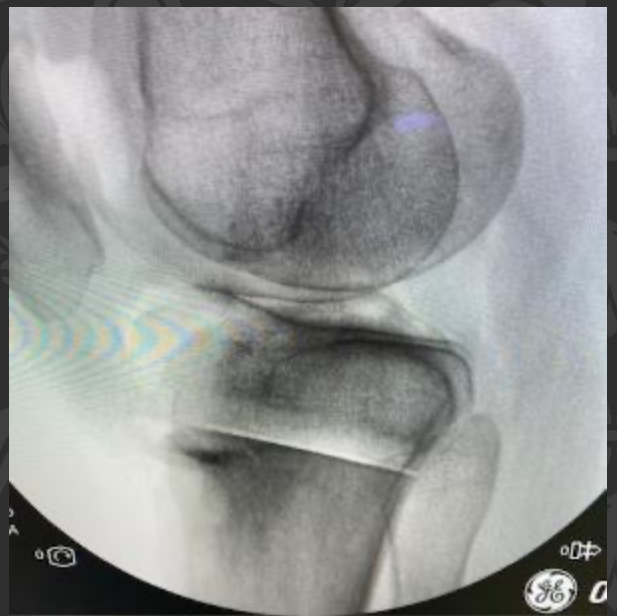


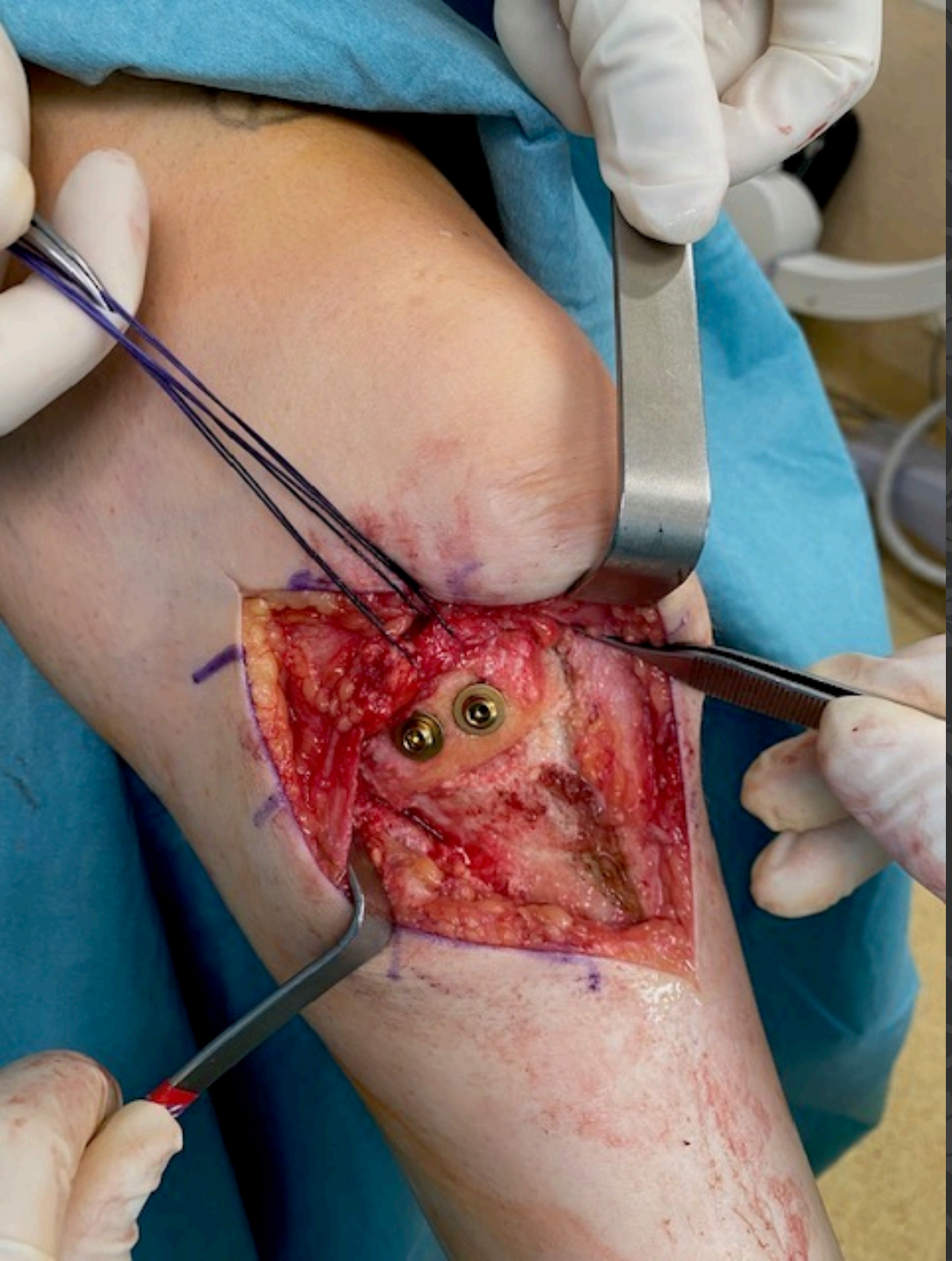


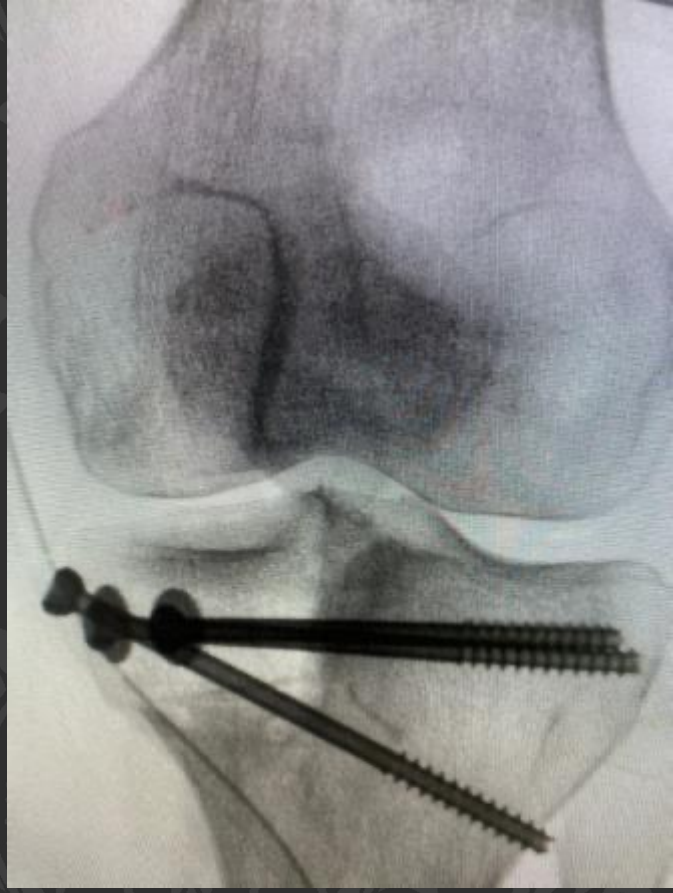


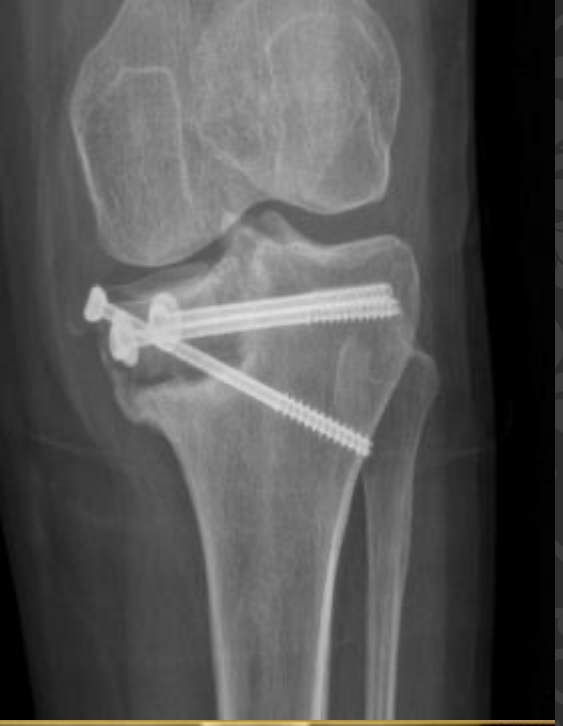


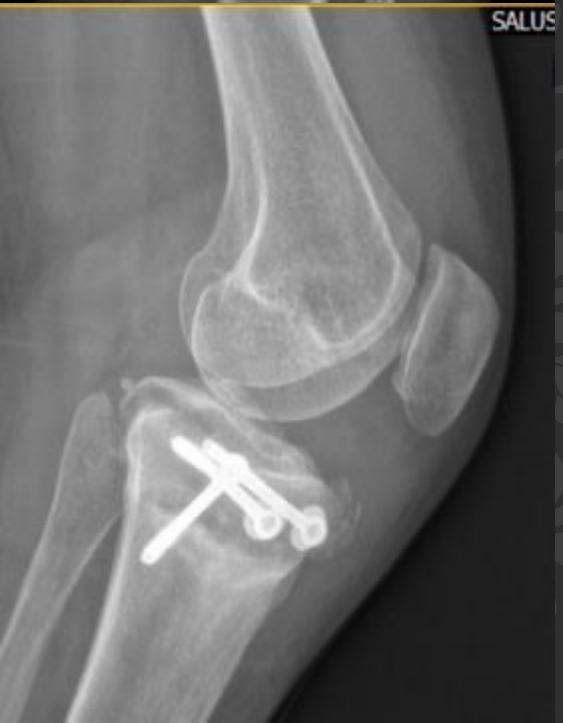











SALUS

DO MASSIVE ALLOGRAFT RECONSTRUCTIONS FOR TUMORS OF THE FEMUR AND TIBIA SURVIVE 10 OR MORE YEARS AFTER IMPLANTATION?

LUIS A. APONTE-TINAO MD, MIGUEL A. AYERZA MD, JOSE I. ALBERGO MD, GERMAN L. FARFALLI MD

The study was thus performed in 198 patients treated with segmental massive allografts in the long bones of the lower extremity (132 femurs and 66 tibias)

In conclusion, infections were the most common com- plication associated with allograft removal in the first 2 to 3 years after reconstruction and were more frequently asso- ciated with tibial allograft removal; fractures were more commonly associated with graft removal with longer term followup and were more frequently associated with fem- oral allograft removal

We found there was a higher incidence of graft removal in patients with proximal tibia osteoarticular allografts; as a result, we currently use this reconstruction type only in pediatric patients. In our practice, we use endoprostheses for secondary reconstructions due to allograft removal after 10 years of followup. We do not perform a second allograft, but we do not have evidence support this preference.

INFECCIÓN Y FRACTURA .

LONG-TERM RESULTS OF TREATING LARGE POSTTRAUMATIC TIBIAL PLATEAU LESIONS WITH FRESH OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION

MANSOUR ABOLGHASEMIAN, MD, SEBASTIA´N LEO´N, MD, PAUL T.H. LEE, MA, FRCS(T&O), OLEG SAFIR, MD, FRCSC, DAVID BACKSTEIN, MD, FRCSC, ALLAN E. GROSS, MD, FRCSC, AND PAUL R.T. KUZYK, MD, FRCSC

Cartilage transplantation is facilitated by its intrinsic biol- ogy. Cartilage is aneural, nourished by synovial fluid through diffusion, and avascular6. It is an immunologically privileged tissue7, where matrix surrounding the chondrocytes hides them from the host immune system. Thus, transplanted chondrocytes can survive many years without tissue matching, freezing, or immunosuppressive therapy8-10.

survival function analysis showed a graft survivorship of 90% at 5 years after transplantation (95% confidence interval [CI], 83% to 94%), 79% at 10 years (95% CI, 70% to 86%), 64% at 15 years (95% CI, 53% to 73%), and 47% at 20 years (95% CI, 34% to 59%)

Older age at the time of surgery, involvement of the medial tibial plateau, and a higher number of previous surgeries adversely affected graft survivorship.

EDAD AVANZADA , CIRUGIAS PREVIAS Y AFECTACIÓN DE PLATILLO MEDIAL SON FACTORES DE PEOR PRONÓSTICO .

THE USE OF UNICONDYLAR OSTEOARTICULAR ALLOGRAFTS IN RECONSTRUCTIONS AROUND THE KNEE

GIUSEPPE BIANCHI *, ERIC L. STAALS, DAVIDE DONATI, MARIO MERCURI

Radiographically, degenerative changes presented initially as joint narrowing and later as alteration to the subchondral region of the graft, ranging from increased bone density to partial fracture and osteophytes. Degen- erative changes were usually painless or mildly symptomatic because of the graft has no sensory nerve endings.

Both knee alignment and site of the reconstructed compartment influenced radiographical outcome. Varus knees and medial UOA were at greater risk of developing “severe” arthritis.

VARO + ALO MESETA MEDIAL , MAS RIEGO DE ARTROSIS 2º.

PROXIMAL TIBIA RECONSTRUCTION AFTER BONE TUMOR RESECTION: ARE SURVIVORSHIP AND OUTCOMES OF ENDOPROSTHETIC REPLACEMENT AND OSTEOARTICULAR ALLOGRAFT SIMILAR?

JOSE I. ALBERGO MD, CZAR L. GASTON MD, LUIS A. APONTE-TINAO MD, MIGUEL A. AYERZA MD, D. LUIS MUSCOLO MD, GERMA´N L. FARFALLI MD, LEE M. JEYS FRCS, SIMON R. CARTER FRCS, ROGER M. TILLMAN FRCS, ADESEGUN T. ABUDU FRCS, ROBERT J. GRIMER FRCS

A total of 88 patients were included in the endo- prosthetic group and 45 patients in the osteoarticular allograft group. Followup was at a mean of 9.5 (SD 6.72) years (range, 2–24 years) for patients with endoprosthetic reconstructions, and 7.4 (SD 5.94) years for patients treated with allografts (range, 2–21 years).

the probability of failure for endoprosthetic replacement of the proximal tibia was 18% (95% confidence interval [CI], 10.75–7.46) at 5 years and 44% (95% CI, 31.67–55.62) at 10 years and for osteoarticular allograft reconstructions was 27% (95% CI, 14.73–40.16) at 5 years and 32% (95% CI, 18.65–46.18) at 10 years.

might consider an allograft in a younger patient to achieve restoration of the bone stock and better extensor mechanism function, whereas in an older patient or one with a poorer prognosis where return to function and ambulation quickly is desired, an endoprosthetic recon- struction may be advantageous.

SUPERVIVENCIA SIMILAR ALOINJERTO-MEGAPROTESIS.
FUNCIONALMENTE MEJOR RESUTADO ALOINJERTOS.

PROXIMAL TIBIA RECONSTRUCTION AFTER BONE TUMOR RESECTION: ARE SURVIVORSHIP AND OUTCOMES OF ENDOPROSTHETIC REPLACEMENT AND OSTEOARTICULAR ALLOGRAFT SIMILAR?

JOSE I. ALBERGO MD, CZAR L. GASTON MD, LUIS A. APONTE-TINAO MD, MIGUEL A. AYERZA MD, D. LUIS MUSCOLO MD, GERMA´N L. FARFALLI MD, LEE M. JEYS FRCS, SIMON R. CARTER FRCS, ROGER M. TILLMAN FRCS, ADESEGUN T. ABUDU FRCS, ROBERT J. GRIMER FRCS

reconstruction of the proximal tibia with either endoprosthetic replacements or osteoarticular allo- grafts appears to offer similar reconstruction failure rates. The primary cause of failure for osteoarticular allograft was infection and for endoprosthetic reconstruction was mechanical complications. We believe that the treating surgeon should have both options available for treatment of patients with malignant or aggressive tumors of the prox- imal tibia. (S)he might consider an allograft in a younger patient to achieve restoration of the bone stock and better extensor mechanism function, whereas in an older patient or one with a poorer prognosis where return to function and ambulation quickly is desired, an endoprosthetic recon- struction may be advantageous.

LOS ALOINJERTOS SUELEN FALLAR POR INFECCIÓN .
LAS PROTESIS FALLO MECÁNICO .

THE KNEE
IS UNICONDYLAR OSTEOARTICULAR ALLOGRAFT STILL A VIABLE OPTION FOR RECONSTRUCTIONS AROUND THE KNEE?

GIUSEPPE BIANCHI, ANDREA SAMBRI *, ELISA SEBASTIANI, EMILIA CALDARI, DAVIDE DONATI

In the case of UOA, symptomatic and functional worsening is not correlated with the degree of knee osteoarthritis. All of the patients in the present series were able to tolerate pain even if affected by high- grade osteoarthritis.

Despite the low number of patients and the short-term follow-up of knee prosthesis in the present study, data suggest similar results in knee prostheses after UOA failure and primary TKA.

we observed a significantly better survival rate of UOA in the femur (85%) compared to the tibia (40%) at 150 months

DISOCIACIÓN CLINICA-RADIOLÓGICA CON LOS SIGNOS DEGENERATIVOS DEL INJERTO.

BUENOS RESULTADOS DE PTR DE RESCATE DESPUÉS DE ALOINJERTO.

CONCLUSIONES .

- DEBEMOS TENER ESTA OPCIÓN EN NUESTRO ARSENAL DE TRATAMIENTOS PARA ESTE TIPO DE LESIONES .
- ESPECIALMETE INDICADO EN JOVENES .
- DEBEMOS ESPERAR MEJORES RESULTADOS A NIVEL FEMORAL .
- BUENOS RESULTADOS EN CUANTO A SUPERVIVENCIA DEL INJERTO .
- PERMITE EL RESCATE CON UNA PROTESIS DE RODILLA PRIMARIA CON RESULTADOS SIMILARES A UN PRIMER IMPLANTE.

MUCHAS GRACIAS .