

# Current concepts in Advanced Arthroplasty Surgery

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Papageorgiou General Hospital

6-8 December 2019  
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Abstract Book

## Welcome Address



MAST

On behalf of the European Hip Society (EHS), it is our pleasure to welcome you to the **6<sup>th</sup> Masterclass in Arthroplasty Surgery Thessaloniki**, which takes place on **6<sup>th</sup> - 8<sup>th</sup> December 2019** in Thessaloniki. Over 100 presentations will be delivered by 46 distinguished national and international experts in a very intense three day course.

The majority of the presentations are video-based as the primary aim is to technically educate Orthopaedic Specialists with an interest in joint arthroplasty and revision.

This three-day event incorporates state-of-the-art lectures, video demonstrations and hands-on workshops, all delivered by world-class faculty. The intimate meeting size of the workshops allows everyone to network with faculty and exchange opinions and experiences.

This year we introduce an innovative approach to Advanced Arthroplasty Surgery. In addition to the well-established Hip and Knee Reconstruction we introduce for the very first time the Shoulder and Elbow Reconstruction, Hip Preservation and Oncological Joint Reconstruction.

Therefore as from this year the MAST Conference includes all current concepts in Advanced Arthroplasty Surgery.

Delegates will have the opportunity to experience the Virtual Reality Training Platform and also young specialists who wish to apply for the Tsiridis - Frimley Park Fellowship will have a preliminary interview with the faculty.

Kind regards



**Eleftherios Tsiridis**

MD, MSc, PhD, FACS, FRCS  
Masterclass President



**Jean-Alain Epinette**

MD, PhD  
President of EHS

## Organization & Committees

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# **Oral Presentations**

## Oral Presentations

### 01 SHOULDER HEMIARTHROPLASTY FOR THE SEQUALAE OF COMPLEX PROXIMAL HUMERAL FRACTURES

Panagopoulos A., Tatani I., Athanasopoulos D., Avramidis D., Tyllianakis M.

University Hospital of Patras

**Introduction:** Sequelae of proximal humeral fractures are difficult conditions to manage in shoulder reconstruction; functional outcome is usually unpredictable due to complexity of bone destruction and resultant deformity. The purpose of this study was to present our experience with shoulder hemiarthroplasty in the context of old trauma.

**Methods:** Thirty-four patients with failed treatment for a complex proximal humeral fracture were included in the study over a 10-year period (2008-2018). There were 16 men and 18 females (mean age 58.1 years-old). Average period from initial treatment (16 conservative and 17 operative) was 14.9 months. Sequelae included malunion in 11 cases, nonunion in 4, avascular necrosis (AVN) in 15 and neglected posterior dislocation in 4. Outcome included radiological assessment of stem properties and greater tuberosity displacement and clinical evaluation using the Constant score and a VAS pain scale.

**Results:** After a mean follow up period of 82.5 months the median Constant score was 75.7 points, improved by 60% in comparison to preoperative values (mean, 47.9 points) Pain was improved from 4 to 8 points on average, mean active forward elevation increased from 56 to 100 degrees and active external rotation from 12 to 35 degrees. Greater tuberosity displacement, large rotator cuff tears and severe malunion were the factors most affected final outcome. After hemiarthroplasty 60% of the patients were able to do activities up to shoulder level compared with 24% before reconstruction.

**Conclusions:** Late shoulder hemiarthroplasty is technically difficult and the results are inferior to those reported for acute humeral head replacement.



## Oral Presentations

02

### COMBINED PERIARTICULAR AND INTRAVENOUS STEROID INJECTION REDUCE EARLY POSTOPERATIVE PAIN AFTER TOTAL KNEE ARTHROPLASTY: A PROSPECTIVE DOUBLE-BLINDED PLACEBO-CONTROLLED RANDOMIZED CONTROLLED TRIAL

Chan PK., Chan Cw., Cheung Cw., Chung Yf., Yan Ch., Chiu K.Y.  
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**Introduction:** Postoperative pain is still unresolved after total knee arthroplasty (TKA). The aim is to investigate the efficacy of periarticular(PA) and intravenous(IV) steroid in early postoperative analgesia, and the safety.

**Materials and Methods:** Patients, undergoing unilateral TKA, were randomized into 1) placebo, 2) 16mg IV dexamethasone injection before operation, 3) 40mg triamcinolone PA injection during TKA, or 4) combined IV+PA. The IV and PA steroid were given by anaesthetist and surgeon respectively. All patients received standardized perioperative care. Trial participants and care providers were blinded to study. Primary outcomes were cumulative opioid consumption, numerical rating scale (NRS) in pain at rest and during exercise. Secondary outcomes were wound infections, glucose level and rehabilitation outcomes.

**Results:** 67 patients (Female : Male = 24 : 43 ; Mean Age : 74.25±?) were included. Group 4 showed statistically significant better postoperative pain control with lowest cumulative opioid consumption post-operatively (18.1±9.9 Vs 8.0±6.3 Vs 8.2±7.8 Vs 6.4 ±5.4 mg, p<0.001), and consistent statistically significant lower NRS pain scores during exercise at postop D1 to D3 (p<0.05), but not at rest (p>0.05) when compared with other groups. Group 4 also had statistically significant higher percentage of patients achieving straight-leg-raising postoperatively (p=0.035). Concerning side effect, Group 4 showed a transient increase in blood glucose at postop D0 only (p=0.028), but not in other days. There was no wound infection in all groups.

**Discussion and Conclusion:** Patients receiving combined IV+PA steroid had less postoperative pain and better early rehabilitation outcome with no increased risks of infection.

## Oral Presentations

**03**

### **RADIOFREQUENCY GENICULAR NERVE NEUROLYSIS VERSUS INTRA-ARTICULAR PULSED RADIOFREQUENCY FOR THE TREATMENT OF KNEE OSTEOARTHRITIS RELATED PAIN. PRELIMINARY, SHORT-TERM RESULTS**

Petsatodis E.<sup>1</sup>, Agathagelidis F.<sup>2</sup>, Galanis S.<sup>1</sup>, Giankoulof Ch.<sup>1</sup>, Givissis P.<sup>2</sup>, <sup>1</sup>Radiology Department, G. Papanikolaou General Hospital, Thessaloniki, Greece <sup>2</sup>1<sup>st</sup> Department of Orthopaedic Surgery, Aristotle University of Thessaloniki, Greece

**Introduction:** Therapeutic options for knee osteoarthritis include -amongst others- physical and occupational therapy, weight loss, analgesics and anti-inflammatory drugs, intra-articular injections of various agents and surgery. Extra-articular neurolysis of the genicular nerves and intra-articular application of pulsed radiofrequency have been recently introduced, in an effort to control arthritic related pain.

**Materials and methods:** 28 patients -41 osteoarthritic knees were treated with either neurolysis of the genicular nerves or pulsed, intra-articular radiofrequency. The VAS score and the need for pain relief medication was documented before , one and six month after the intervention.

**Results:** Both methods showed similar results regarding the level of pain relief with an average drop of 8 points in VAS score and a significant reduction of the need for anti-inflammatory medication. These results lasted for six months

**Conclusion:** Local treatment with radiofrequency for arthritic related pain is an efficient method which is well-tolerated by the patients. These preliminary results show that it is particularly useful with patients who are unfit for surgery for medical reasons and patients who are on a waiting list for knee arthroplasty and experience severe pain.



## Oral Presentations

### 04 TOTAL ANKLE REPLACEMENT - 3 YEARS FOLLOW-UP

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End-stage osteoarthritis of the ankle joint results in severe pain and disability. It is usually a result of previous injury (post-traumatic arthrosis). Treatment is mostly surgical, since conservative methods have poor outcomes. We examine whether total ankle arthroplasty is an effective alternative to arthrodesis in these patients.

**Materials - Method:** We present 8 patient cases between the ages of 50 and 79 (3 men and 5 women) suffering from end-stage ankle osteoarthritis who underwent total ankle arthroplasty surgery with a semi-constrained type of prostheses during the 2016-19 triennium. Preoperatively all patients exhibited severe symptoms for a period of 1-3 years, were evaluated with the AOFAS Score and were managed either conservatively with NSAIDs and physiotherapy or surgically. All patients were reevaluated on a 3, 6 and 12-month interval (mean follow-up 13 months) with X-rays and repeat of the tests.

**Results:** After total ankle arthroplasty and a post-operative rehabilitation period all 8 patients exhibited amelioration in tests and symptomatology.

**Conclusion:** End-stage osteoarthritis is a source of severe pain and disability in the ankle joint. Total ankle arthroplasty is a technically demanding but effective alternative to arthrodesis in selected patients. Still our numbers and the mean follow-up are in primary stages and although promising, need to be increased dramatically.



## Oral Presentations

05

### HIP ARHTROPLASTY IN THE PRESENCE OF RETAINED HARDWARE IN THE FEMUR. TECHNICAL DIFFICULTIES AND TIPS TO OVERCOME THEM

Agathagelidis F., Chatziliadis G., Nikoltsios A., Giampoldakis P.,  
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Thessaloniki, Greece

**Introduction:** The presence of hardware from previous operations in the proximal femur, can make implantation of a femoral stem during hip arthroplasty a demanding procedure. The lessons learned from eight procedures are presented, along with tips to predict and overcome any difficulty.

**Materials and methods:** Eight patients with hardware present in the proximal femur, had an indication for hemi- or total hip arthroplasty. The hardware included proximal femoral nails, reconstruction femoral nails, headless screws, tantalum screws and various diaphyseal plates and screws. The arthroplasty was indicated due to hardware failure, pseudarthrosis, subcapital fracture and post-traumatic arthritis.

**Results:** Special instrumentation was necessary in all cases but one. Removal was successful in all cases and depending on the abductor muscles and acetabulum condition, the patients had bipolar hemiarthroplasty, total hip replacement or constrained total hip arthroplasty.

**Conclusions:** Preoperative planning is mandatory. The presence of hardware in the femur makes even primary hip replacements very demanding, which in some cases do not differ in terms of complexity from revision hip replacement.



## Oral Presentations

06

### GENETIC PREDISPOSITION TO DEVELOPMENTAL DYSPLASIA OF THE HIP

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**Background:** The aetiopathogenesis of developmental dysplasia of the hip (DDH) has not been clarified.

**Objectives:** This systematic review evaluated current literature concerning all known chromosomes, loci, genes and their polymorphisms that have been associated or not with the prevalence and severity of DDH.

**Design and Methods:** Following the established methodology of MOOSE guidelines, MEDLINE, EMBASE, and CENTRAL were systematically searched from inception to January 2019.

**Results:** Forty-five studies were finally included. The majority of genetic studies were Candidate Gene Association Studies assessing Chinese populations with moderate methodological quality. Among the most frequently studied, are the first, third, 12th, 17th and 20th chromosomes. No gene was firmly associated with DDH phenotype. Studies from different populations often report conflicting results on the same single nucleotide polymorphism (SNP). The SNP rs143384 of GDF5 gene on chromosome 20 demonstrated the most robust relationship with DDH phenotype in association studies. The highest odds of co-inheritance in linkage studies have been reported for regions of chromosome 3 and 13. Five SNPs have been associated with the severity of DDH. Animal model studies validating previous human findings provided suggestive evidence of an inducing role of mutations of the GDF5, CX3CR1 and TENM3 genes in DDH aetiopathogenesis.

**Conclusion:** DDH is a complex disorder with environmental and genetic causes. However, no firm correlation between genotype and DDH phenotype currently exists. Systematic genome evaluation in studies with larger sample size, better methodological quality and assessment of DDH patients is necessary to clarify the DDH heredity. The role of next-generation sequencing techniques is promising.

## Oral Presentations

07

### DIRECT SUPERIOR APPROACH WITH STANDARD INSTRUMENTATION FOR TOTAL HIP ARTHROPLASTY: SAFETY AND EFFICACY IN A PROSPECTIVE 200-CASE SERIES

Kakoulidis P., Kenanidis E., Potoupnis M., Tsiridis E.

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**Background:** Direct Superior Approach (DSA) is a muscle sparing approach for total hip arthroplasty (THA) implemented using special instrumentation. There is a lack of information in the literature concerning DSA with standard instrumentation.

**Objectives:** We aimed to assess the technical feasibility concerning a. Implant placement accuracy, b. Complications c. Up to 12 months functional outcome scores in 200 cases performed by a single surgeon as a continuous series.

**Design and Methods:** 238 patients were recruited for primary THA by a single surgeon from January 2016 until May 2017. 209 patients underwent THA through DSA approach with non-offset acetabular reamers and femoral broaches. Independent orthopaedic surgeons performed the clinical and radiographic assessment.

**Results:** 200 patients were followed for a year. Three different implants were used. No sciatic nerve palsies, hip dislocations and fractures were recorded. There was an acute deep and superficial wound infection. The mean functional score was significantly improved at all follow-ups ( $p < 0.001$ ). 97% of stems were inserted into the neutral coronal and 96 % in neutral sagittal alignment. All cups fell within a safe zone of inclination and 91 % of anteversion. Two hips demonstrated heterotopic ossification Brooker class I. Obese patients had no increased risk of complications.

**Conclusion:** DSA with standard instrumentation is safe and efficacious for THA. It offers fast recovery and facilitates correct implantation of different implants; can be useful even for hip dysplasiae and obese patients with minimal complication rate.

# **E-Posters**

## E-Posters

### **P01** **PROGRESSIVE IMPLEMENTATION OF THE FAST - TRACK PROGRAM AFTER HIP AND KNEE ARTHROPLASTY**

Kougioumtzis I., Tottas St., Riziotis G., Ververidis A., Tilkeridis K., Tripsianis G., Drosos G.

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**Introduction:** Implementation of accelerated recovery (AR) programs following total hip (THA) or knee arthroplasty (TKA) in many countries has led to faster immediate postoperative rehabilitation of patients and reduced safe treatment. These programs are in line with the general principles but there is no agreement on how to implement them.

Our purpose is to present the results after the progressive implementation of an AR program after THA and TKA knee.

**Methods:** Pilot program implementation in patients who underwent THA or TKA at the beginning of the week (Monday). The changes were implemented in three (3) stages with a change in mobilization and physiotherapy, a blood management program and finally a pain management program. Demographics, surgery data, days of hospitalization, blood loss and transfusions as well as complications during the first 30 days were recorded.

**Results:** 434 patients (THA: 132, TKA: 302) participated. There was a gradual decrease in mean hospital stay (THA from 5.7 to 3 days, TKA from 5.6 to 3.4 days), blood loss and transfusion frequency (THA from 44.4% to 6.6%, TKA from 29.8% to 7.5%), without significant difference in complications. Most patients had left by Friday (THA: 96.7%, TKA: 86.7%).

**Conclusion:** Progressive implementation of an AR program following total hip (THA) and knee arthroplasty (TKA) is both possible and effective, but also safely in public hospital operating conditions.



## E-Posters

**P02** DISCHARGE CRITERIA AND LENGTH OF STAY IN HOSPITAL  
AFTER TOTAL HIP OR KNEE ARTHROPLASTY

Kougioumtzis I., Tottas St., Riziotis G., Ververidis A., Tilkeridis K.,  
Tripsianis G., Drosos G.

University Orthopaedic Department, Democritus University of  
Thrace, University Hospital of Alexandroupoli, Greece

**Introduction:** The aim of the study was to prospectively record the time of reaching the Discharge Criteria (DC) and the actual length of stay (LOS) in hospital after the implementation of a fast track recovery program in patients undergoing total hip (THA) or knee arthroplasty (TKA).

**Methods:** Prospective study involving patients with THA (n = 84) or TKA (n = 100).

It was done by recording demographic characteristics, other diseases, operation data, blood loss, postoperative pain, DC and LOS, and the reason for prolongation of hospital stay after the arrival of DC.

**Results:** The mean time to reach the DCs in the TKA was 1.68 days and THA 1.91 days while the mean LOS in the TKA was 3.6 days and THA 3.2 days. Only in 9 patients (5%) the reason for staying beyond the time of reaching the DCs was Medical.

**Conclusion:** Better application of fast track programs to patients undergoing total hip (THA) or knee arthroplasty (TKA) could reduce patients' LOS. Important is the «psychological» preparation of patients, as well as of the treating surgeons, as well as the better organization of the transfer of patients from the hospital to their home.

## E-Posters

**P03 EXTRA-ARTICULAR RESECTION WITH EXTENSOR MECHANISM PRESERVATION AND APPLICATION OF TUMOR PROSTHESIS FOR THE TREATMENT OF INTRAOSSEOUS LEIOMYOSARCOMA OF THE KNEE WITH PATHOLOGICAL FRACTURE**

Panagopoulos A.  
University Hospital of Patras

**Purpose:** Primary leiomyosarcoma is one of the commonest malignant tumors of the soft tissues but its intra-articular location to knee joint is extremely rare, especially when is accompanied by pathological fracture. We present such a rare case managed with total extra-articular resection.

**Material-Methods:** A 62-year-old male patient was referred to our Department due to a pathological supracondylar fracture of his left knee. He had minor previous symptoms of increasing swelling and moderate nocturnal pain. He underwent full radiological screening (CT-staging, bone scan and knee MRI) that revealed a large sarcomatous mass in contact to main vessels but without any other secondary deposits. Subsequent biopsy showed the presence of well-differentiated leiomyosarcoma. He was managed with total extra-articular resection of the tumor (19 cm in length), partial quadriceps resection, application of tumor knee prosthesis and reconstruction of the extensor mechanism with hamstrings autograft and synthetic allograft (LARS). His postoperative course was uneventful and he was discharged on the 10th postoperative day with instructions for partial weight bearing (PWB) and protected extension with a hinged brace.

**Results:** Histological examination revealed well differentiated leiomyosarcoma resected in healthy margins. The biochemical testing and further imaging revealed no other lesions. After an 8-week period of PWB and daily CPM up to 60-70 degrees he would be able to walk without support 18 months after surgery having at final follow-up full extension and 100 degrees of flexion.

**Conclusion:** This case is extremely rare but limb salvage methods can be applied successfully.



## E-Posters

**P04** CLASSIFICATION OF ACETABULAR LABRAL TEARS:  
A RETROSPECTIVE STUDY ON PATIENTS EXAMINED WITH  
DIRECT MR ARTHROGRAPHY

Gklara P., Perdikakis E.  
424 GMTH Military Hospital

**Introduction:** Femoroacetabular impingement (FAI) represents a common etiology of hip pain and early osteoarthritis in young adults. FAI has a progressive course that necessitates early surgical intervention and current innovations in hip arthroscopy allow for joint preserving techniques with excellent outcomes. The purpose of the present study was to retrospectively evaluate and classify MR arthrographic findings in arthroscopically proven labral tears.

**Method:** Over a four year period (January 2014 to July 2019), 34 patients presented with the diagnosis of FAI and were subsequently studied with direct MR arthrography. All patients were consequently treated by means of arthroscopy. MR arthrographic findings were recorded and labral tears were classified (according to modified Czerny classification: grade I-III) in correlation to arthroscopic findings.

**Results:** Femoroacetabular impingement was verified in all patients (34/34, 100%). CAM type FAI was seen in 12 patients and Pincer type FAI in 22 patients. Labral tears were depicted in all patients by MR arthrography. According to modified Czerny classification, labral tears were classified as following: grade I was seen in 3 patients (8.8%), grade II in 25 patients (73.5%) and grade III with detachment was seen in 6 patients (17.7%). Labral-paralabral cysts were depicted in 3 cases (8.8%).

**Conclusion:** MR arthrography showed a high sensitivity and specificity for the diagnosis of femoroacetabular impingement syndrome. Grade II and III labral tears were the most commonly encountered types of acetabular labral pathology.



## E-Posters

### **P05** POST TOTAL KNEE REPLACEMENT PAIN RELIEF WITH RADIOFREQUENCY GENICULAR NERVE NEUROLYSIS

Petsatodis E.<sup>1</sup>, Agathagelidis F.<sup>2</sup>, Galanis S.<sup>1</sup>, Kalinderis A.<sup>2</sup>, Givissis P.<sup>2</sup>

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<sup>2</sup>1<sup>st</sup> Department of Orthopaedic Surgery, Aristotle University of Thessaloniki, Greece

**Introduction:** Total knee replacement is the treatment of choice for end-stage knee osteoarthritis. However, a small percentage of patients, complain of pain even after surgery. These patients present a challenge for the surgeon and in a few cases, the clinical and radiological investigation is unable to detect any problems with the arthroplasty.

**Materials and methods:** Radiofrequency, extra-articular neurolysis of the genicular nerves was used to treat post-operative pain of 15 patients with a total knee replacement. The VAS score and the need for pain relief medication were documented before and after the intervention.

**Results:** There was a significant pain relief with a drop of 5 points in VAS score. These results lasted for a period of 6 months

**Conclusion:** Genicular nerves neurolysis seems to be a valid option for the pain treatment in post total knee replacement patients providing good results for significant time period.



## E-Posters

**P06** RHEUMATOID ARTHRITIS AND TOTAL KNEE ARTHROPLASTY: A CASE STUDY PHYSIOTHERAPY ASSESSMENT

Stergiou M., Stergiou F.

Ma.Ster Physio

**Introduction:** The past decade the number of autoimmune diseases rises dramatically. One of the most common is rheumatoid arthritis, causing inflammation chronic pain and severe tissue and irreplaceable joint damage. Thus, total knee (TKA) or hip arthroplasty is one of the most frequently performed orthopedic procedures. The purpose of this abstract is to document the benefits of an early aggressive postoperative physical therapy assessment following a TKA reconstruction.

**Methods:** This abstract deals with my personal experience of a 78 years old female patient who underwent a left knee TKA in order to resolve the complications from rheumatoid arthritis.

At first, respecting her chronic disease and recent postoperative trauma she received an immediate rather aggressive postoperative physiotherapy assessment. The target was to reduce her pain levels and swelling and simultaneously improve her Range of Motion, strength and mobility. From the first week sessions she received a rehabilitation program including: mobilization, stretching, cryotherapy and functional exercises in order to improve mobility and balance and progressively proceeded in coordination, intramuscular control of her body.

**Results:** After two months the left knee Range of Motion reached 110 degrees flexion (goniometer) and totally improved in all levels regarding pain (VAS scale), swelling, balance, speed and quality (up and go test)

**Conclusion:** Our rehab process and results suggest that an early and appropriate rehabilitation respecting the pathology of the patient can lead to a more functional quality of life following a total knee arthroplasty.

## E-Posters

### **P07** PRIMARY HIP REPLACEMENT FOLLOWING COMMINUTED ACETABULAR FRACTURE IN A POLYTRAUMA PATIENT

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**Introduction:** Dashboard injuries following road traffic accidents (RTA) are devastating injuries that can lead to fractures of the pelvis or acetabulum, fractures of the hip or even more complex fracture patterns. In addition to those, bilateral hip fractures are frequent. Management of those fractures is complex and one must estimate all the patient-related factors: comorbidities, age and pre-trauma activities.

**Methods:** We present a 65 years old female patient who sustained a femoral neck fracture (Garden 4) and an acetabular fracture (T-shaped, gull sign present) in the contralateral hip following a RTA. The patient had comorbidities (rheumatoid arthritis, obesity, neurologic deficit following lumbar discectomy) and therefore she was treated by bipolar hemiarthroplasty for the femoral neck fracture and a primary total hip replacement with Burch-Schneider cage for the reconstruction of the acetabular fracture.

**Results:** The patient was discharged 20 days postoperatively with partial weight bearing instructions and she was examined to the outpatient clinic in 40 days, 6 months, and 15 months post-op. She had no wound, systematic or implant-related complications until present and the Harris Hip Score is 90.8 while the Hip disability and Osteoarthritis Outcome Score is 73.8. She returned to her pre-injury activities 9 months post-op.

**Conclusion:** Acetabular fractures require experience in hip reconstruction. Comorbidities and related trauma are important factors in decision making, in order to achieve optimal clinical results.

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