



GENESIS
ORTHOPEDICS
& SPORTS MEDICINE

A Patient with a Hip Fusion Now with Free Range of Motion and Function

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Dr. Patrick Strotman is a board-certified and fellowship-trained total joint specialist who was educated at Brown University, Loyola University Stritch School of Medicine, and the University of Virginia. He is currently an Orthopedic Surgeon at Genesis Orthopedics & Sports Medicine.



We often encounter native joints that have gone onto end stage arthritic changes and have been ignored.



This patient presented to the office after he was unable to find a fellowship trained total joint surgeon at the County Hospital for over three years. He is in his early 60s and has end stage osteoarthritis with a complete lack of any identifiable joint space. When arthritis progresses to this last stage, cysts form. This patient's imaging shows multiple, subchondral cysts about the acetabulum (and femoral head). These cysts result in weak bone thereby leading to over medialization of the cup due to lack of bone stock. This may also result in the surgeon raising the hip center by placing the cup higher than where it started. This creates problems with the force of the abductors and hip flexors and may lead to pain and dissatisfaction. Another challenge

of this reconstruction is lack of hip mobility both in the office preoperatively, as well as, the operating room. When the leg is not able to be maneuvered to any degree, it can lead to intraoperative fracture and component malposition due to poor visualization.

We did this case through an anterior based, muscle sparing approach. We only required a 5-centimeter incision to perform his total hip replacement.

Despite the lack of hip rotation at the start of the case, we were able to safely remove his femoral head without compromising his greater trochanter. When preparing the acetabulum, we were able to medialize his hip by approximately 2 millimeters and obtain excellent fit. As you can see, the location of his cup is identical to where he started the procedure, despite the heightened possibility of having the cup not fit until it is superiorly migrated into the darkened area superior to the acetabulum.

At his two week follow up visit, the patient was ambulatory without assist device and rated his discomfort at 0 out of 10. This continued to be the case at his 2 month post operative visit as well.

