

EARLY EXPERIENCE WITH MSA™ NECK SPARING STEM VIA ANTEROLATERAL APPROACH

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ACKNOWLEDGEMENT & FINANCIAL DISCLOSURES

- The senior author Associate Professor A J van der Rijt holds shares in Global Orthopaedic Technology (GOT), the manufacturer of the MSA™ implant.
- 2. Many "Tissue Sparing Implant™" (TSI™) Study Group members have contributed to the development of this implant.

Design - Curved, short, neck loading femoral stem.

Proximal

- Trapezoidal, taper cross-section
- Proximal titanium/HA porous coating zone in femoral neck
- Torsional stability further enhanced by lateral "T" back
- Proximal conical flare transfers compressive loads to medial calcar

Proximal (Cremascoli taper)

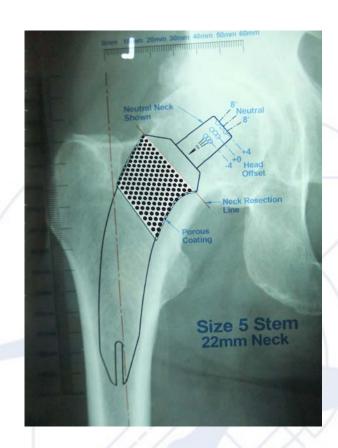
- 1. Modular neck + head
 - Distal polished implant



Philosophy

Primary femoral implant fixation in the femoral neck results in:

- Load transfer to the femoral neck and proximal femur in torsion, axial and bending moments
- Sparing/preservation of bone and soft tissue
- Preserves proximal biomechanics, bone function (Wollf's Law) and ultimately bone stock
- Femoral neck retention reduces torsional and bending moments (forces) at the bone stem interface.

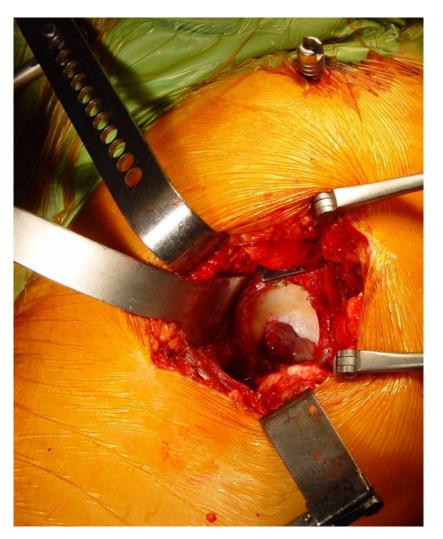


MSA™ PATIENT SELECTION



39 year old male Perthes Disease

SURGICAL APPROACH





Recommend surgeon use their routine operative approach

SURGICAL APPROACH



Anterolateral operative approach in obese patient

EARLY EXPERIENCE MSATM STEM

- 59 hip arthroplasties (3 bilateral simultaneous, 1 bilateral sequential)
- 55 patients
- 54 patients Biolox Delta 36 ceramic
- 1 patient metal/metal



Patient demographics

• Sex: 45 male / 10 female

Age: 27-73yrs Average 52yrs

Weight: 63-157kg Average 84kg

• Height: 151-193cm Average 174cm

• BMI: 22-45 Average 26

• Side: 28 left / 31 right

- Disease
 - OA 49
 - AVN 4
 - DDH 3
 - Perthes 2
 - #NOF 1

Follow up

Average 19 months

Range 3–32 months

Deceased 1

8 months post op (unrelated to hip)

6 month follow up, hip intact

EARLY RESULTS

•	Intraop fracture	– 1	(no. 41 – successful THR)
•	Postop fracture	- 0	
•	Infections (superficial/deep)	– 0	
•	Dislocation	- 0	
•	Thigh pain	– 1	(? Back and leg pain –
			bone scan negative)
•	Subsidence	-1	(7 months post op, sit up in bed – mild pain 6 weeks,
			resolved – XR ingrowth/stable)
•	Leg length inequality issues	- 0	
•	Revisions/reoperations	- 0	
•	Lucent lines	- 0	11

RESULTS CALCAR BONE RESPONSE

Calcar resorption/lysis – 0
Insufficient time for response – 4
No response – 1

Subsidence/stabilised new calcar bone — 1

RESULTS CALCAR BONE RESPONSE

Non progressive subsidence/stabilised



BMD (L) NOF -3.65

70 year old

72kg

steriods

RESULTS

CALCAR BONE RESPONSE

New bone proximal to the femoral neck osteotomy 53/59 hips

RESULTS CALCAR BONE RESPONSE

Fine new trabecular bone up to conical flare 6 patients



Male 179cm 39 year old 81kg

BMI 25

RESULTS CALCAR BONE RESPONSE

Dense new bone growing up to conical flare 24 patients

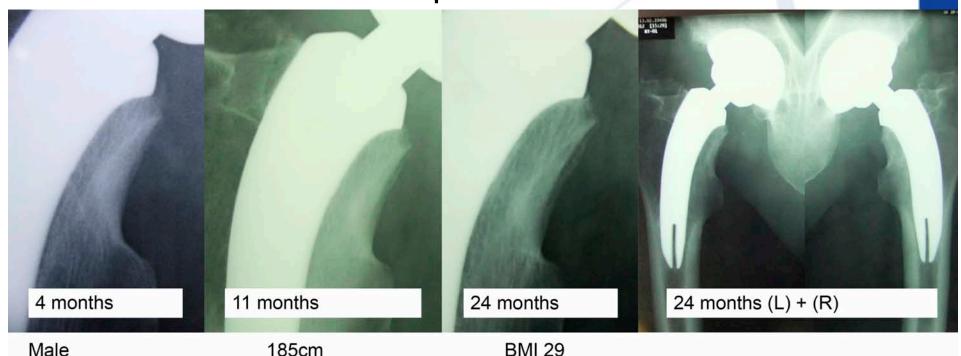


Male 62 year old 174cm 79kg

BMI 24

RESULTS CALCAR BONE RESPONSE

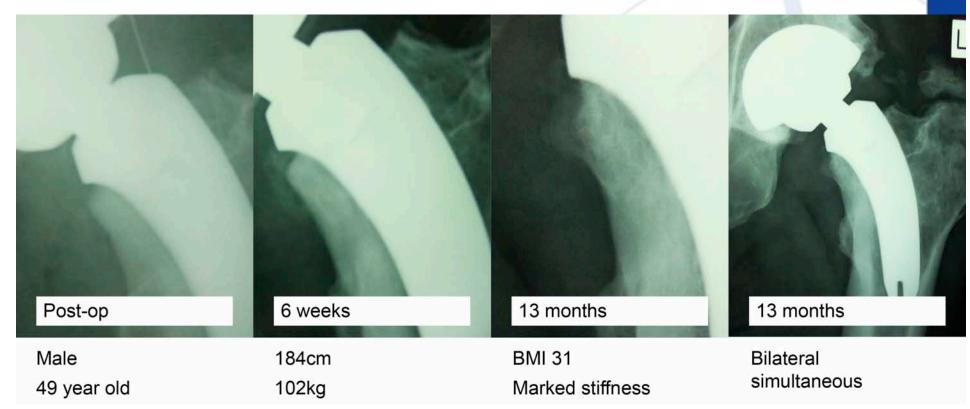
New trabecular bone struts up to conical flare 14 patients



Male 185cm 60 year old 100kg

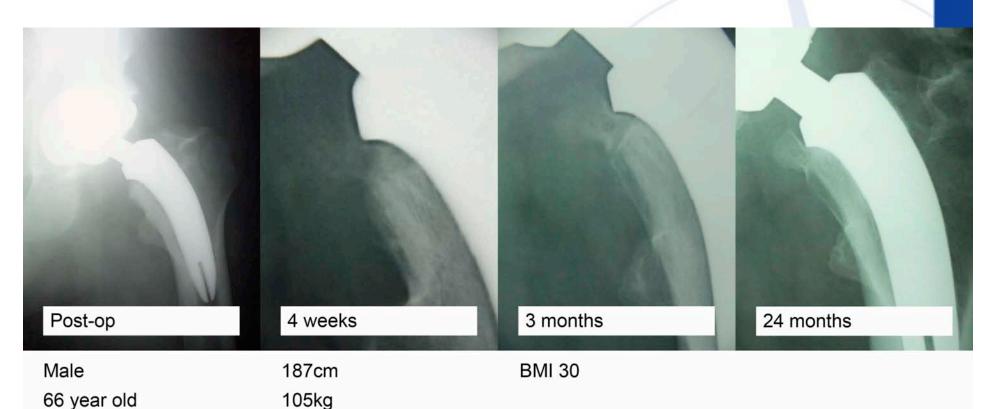
RESULTS CALCAR BONE RESPONSE

Increased density calcar and new trabecular struts – 7 patients



RESULTS CALCAR BONE RESPONSE

Increased density calcar, new trabecular struts 'heterotopic' bone proximal to conical flare – 2 patients











6 weeks Rally car driver Polocrosse "Had to have" a metal/metal hip

14 months

Hip is just great

14 months

CONCLUSION

- The MSA™ implant did achieve stable fixation and ingrowth in the proximal femoral neck.
- Physiological load can be maintained in the femoral neck with retention of proximal femoral bone.
- Evidence of new bone formation and remodeling consistent with Wolff's law.
- Physiological bone response implies long term ingrowth and stability of the femoral implant in the proximal femoral neck.

