

Introduction The increase of the average age of the population has led to a growing interest in the fractures of the proximal femur. Therefore, the intramedullary nails represent the gold standard of this treatment. It provides a method of rapid execution that allows an early mobilization of the patients with early resumption of their daily activity.

Materials and methods To improve these characteristics, the author has devised the nail "BASIC NAIL", with innovative features. The nail is full, 9, 10 mm in diameter; length 190.250 mm. The tip is tapered to facilitate sliding on the metaphyseal cortex proximal medialis. It has a single cephalic screw self-drilling and self-tapping; the distal locking hole is oval and it allows a dynamic and static distal locking. The inlet hole of the nail is made up of a hand drill of the same diameter proximal end of the nail. The nail length is 250 mm, it also allows an easy treatment of the subtrochanteric fractures, always having a precise guide for the distal locking.

Results Since January 2010, over 250 "BASIC NAIL" nails have been planted. The rehabilitation protocol was very early, loaded with walker on the third day after surgery. There were 4 failures, 2 with the protrusion of the screw, caused by the contributory cause of severe osteoporosis, excessive length of the cephalic screw and severe breakdown of the fracture load given too early, 1 "cut off" happened about 3 months after the fracture apparently consolidated, and 1 for incorrect positioning of the screw. The haemoglobin reduction before and after operation was found to be about 1.2 g as compared with 2 g of patients who were implanted with an intramedullary nail according to a traditional technique and by milling the medullary canal; this difference was evident in the fastest functional recovery, in the minor need of transfusions, but also in the reducing recovery times and thus reducing the overall costs of patient management.

Discussion The "BASIC NAIL" is an intramedullary nail innovative for the treatment of lateral fractures of the femur. Easy to use, the operative times are reduced and the installation cost is cheaper, these features make it a more suitable alternative to the nails on the market today. Its features allow a faster recovery of patients' fractures, lower operative blood loss and less stress.

Conclusions The "BASIC NAIL" nail may reduce operating times by simplifying the technique, this is to the benefit of both the elderly patient and the young surgeon.

Results We regret 12 deaths and 1 lost sight during 10-year follow-up. The score of Postel-Merle d'Aubigne was 9.6 pre-op, and 16.7 at 10-year follow-up. We observed 2 aseptic loosening, 2 intra prosthetic dislocations by wear of the retention and an advanced wear; so, after 10 years, the rate of global actuarial survival of this cup is 94.8 %. In this series we noted the absence of episodes of prosthetic instability.

Discussion This study shows that this double mobility cup possesses a survival in 10 years comparable to the data of the literature. Double mobility does not seem to influence the quality of the acetabular anchoring. The absence of prosthetic instability in 10 years confirms big stability of the double mobility at short- and long-term. The intra prosthetic dislocation, due to the loss of retention by the polyethylene, is the main limit of this technique, but its incidence (2 % in 10 years) is weak and its treatment simple.

Conclusions We recommend the pose of this type of cup in subjects with high risk of post operating instability, but also in a systematic way after 75 years of age because instability is the first cause of later surgical resumption in this age.

The effectiveness of eco-guided infiltrations with high molecular weight associated with administration of oral chondroprotective supplements in osteoarthritis of the hip

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Introduction "Osteoarthritis" does not mean a degenerative articular process only but a pathologic expression of wear, inflammation and immunological imbalance of the joints. The articular microenvironment is represented by interactions between cartilage, synovium and synovial fluid that produce a strong and flexible system able to contrast the induced changes of biomechanical load. Chondroprotection is a valid concept in knowledge and therapeutic approach of osteoarthritis [1]. Intra-articular hyaluronic acid can be considered an important joint protection as a mechanical, anti-inflammatory and analgesic barrier; it lubricates the joint by interacting with lubricin and modulates the activity of chondrocytes and synoviocytes as well [2]. Glucosamine, chondroitin sulphate and collagen type II (SYSADOA) in oral administration act like chondroprotective factors. The intake (above 90 days) in combination of these substances is advantageous in osteoarthritis of the hip (group I-II of the K-L's scale) [1]. Our study has the aim to demonstrate the effectiveness of eco-guided infiltrations with high molecular weight associated with administration of oral chondroprotective supplements (glucosamine sulfate, chondroitin sulphate, hydrolyzed collagen type II, hyaluronic acid and L carnitine fumarate) in comparison with the only treatment with ecoguided infiltrations with hyaluronic acid in patients suffering from primary osteoarthritis of the hip.

Materials and methods From January 2011 to February 2012, in the U.O.C. of Rehabilitation, University of Palermo, 75 patients (25 male, 50 female) with symptomatic osteoarthritis of the hip (group II of K-L's scale) were enrolled. Patients aged from 45 and 68 years (average age: 61). The subjects were divided into two groups, A-B. In group A patients (n = 39) were intra-articular infiltrated for 3 times every 45–50 days and contemporaneously administered with oral chondroprotective supplement, in group B all the patients (n = 34) were treated with only intra-articular infiltrations. The evaluation parameters (VAS and WOMAC for disability scale) are checked at the

C46-HIP 6

Survival of cementless dual mobility sockets: ten-year follow-up

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Introduction We report a retrospective series at 10 years follow-up of 100 total hip arthroplasties with a double mobility cup. The purpose of this study is to estimate the survival of this cup in 10 years.

Materials and methods The studied series contains 100 total hip arthroplasties, implanted in first intention. Series is homogeneous and continue. The used implants are always the same. A stainless cotyle NOVAE SERF© who is a cup covered with ceramic of alumina, with two short contacts of anchoring and one saw superior of mooring and an holding back insert in polyethylene. A screwed stem type PRO I SERF© and a chrome cobalt head of diameter: 22.2 mm. The coxarthrose represents the main indication of arthroplasty and the average age during the implanting is 59.2 years. The group of the patients was regularly revised clinically and radiologically in the service. We studied the survival of this cup in 10 years by a method actuarielle by taking as end the point the surgical resumption of the cup for aseptic cause.