

time of recruitment (T0), after each intrarticular infiltration (T1, T2, T3) and 3 month later of the last infiltration (T4).

**Results** Both groups showed a progressive improvement of pain (VAS scale) and reduction of Womac scale. During follow-up, 3 months after the last infiltration, the data results statistically better in group A vs. group B.

**Conclusions** The ecoguided infiltrations with high molecular weight integrated with oral chondroprotective supplements in mild-moderate primary osteoarthritis show a synergistic effect, allowing the reduction of the pain and the functionality of the hip. 1. Mechanical injury suppresses autophagy regulators and its pharmacological activation results in chondroprotection.

**References**

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**The use of Dabigatran Etxilate for primary thromboprophylaxis after hip replacement**

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**Introduction** The risk of thromboembolic events for patients who have undergone a total hip arthroplasty is about of 45–70 % without a prophylaxis, for this reason a specific thromboprophylaxis is recommended. The use of low-molecular-weight heparins is often characterized by a poor compliance with reference to a subcutaneous administration. The dabigatran etexilate is a direct thrombin inhibitor administered by mouth. The objective of this research is to test a selected population of patients subjected to a primary prophylaxis by Dabigatran Etxilate after total hip arthroplasty.

**Materials and methods** Since November 2010 to December 2011 we carried out a primary thromboembolic prophylaxis by Dabigatran Etxilate with 80 patients who underwent a first total hip arthroplasty. We underwent a retrospective analysis evaluating all the medical records, the outpatient controls after 1–3 months from the operation and a final phone interview. We left off the patients with a moderate or heavy kidney insufficiency, liver insufficiency, coagulation alterations, uncontrolled hypertension, acute ischemic stroke in the previous 6 months, cases of hemorrhagic stroke in the previous 6 months, gastrointestinal or urogenital bleedings. We also excluded patients subjected to a therapy with oral anticoagulants, antiaggregants (except ASA). The dosage was of 220 mg daily for patients under 75 and 150 mg daily for patients over 75, prophylaxis was continued for 35 days. Collected data: length of the operation, blood loss, haemocrome pre-op, and V gg post-op., surgical drain, blood transfusion, length of the immobilization, post-surgical haematomas, symptomatic Deep Vein Thrombosis appearance, PE major-minor bleedings, adverse events, satisfaction, compliance.

**Results** No events of PE, of mortality correlated to thromboembolic events, one case of Deep Vein Thrombosis, two cases of major bleeding, no major adverse reactions. All the patients, except the patients with DVT, completed the therapy.

**Discussion** The Dabigatran Etxilate has shown its efficacy and safety, not lower than what we learn in literature, for the LMWHs. The compliance and satisfaction for the oral therapy have been higher than what is reported in literature as to a subcutaneous consumption of LMWHs

**Conclusions** By a retrospective analysis of the selected population the Dabigatran Etxilate will be an effective alternative to the use of LMWHs for both its efficacy and safety. The evaluated patients have shown a higher compliance and pleasure for the oral therapy as the hypothetical subcutaneous one.

**Early dislocation of THA: a multivariate analysis of risk factors**

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**Introduction** The early dislocation of THA is one of the most feared complications with an incidence reported in literature from 2 to 5 %. This event is related to several risk factors related both to the patient and to the surgery and to prosthetic design. The aim of our study is to analyze these risk factors and their influence in dislocation.

**Materials and methods** We analyzed a total of 387 primary THA in 375 patients performed between September 2005 to December 2008 at our institute with femoral head size of 28 and 32 mm and two types of cups, TMT and Trilogy, all were implanted by the posterolateral approach. All patients except 53 had coxarthrosis as preoperative diagnosis. We analyzed sex, age, biometric index and BMI as factors related to the patient. For clinical evaluation we used the Harris Hip Score. The measurement of the femoral offset, abduction and anteversion angle of the cup were realized by radiographic evaluation.

**Results** We have had 6 dislocations (1.86 %); half of these happened to patients with preoperative diagnosis of subcapital fracture ( $p = 0.0271$ ). We didn’t obtain statistically significant results for all the other risk factor analyzed.

**Discussion** The dislocation incidence in our study is in line with literature, like the major frequency of dislocation in the patients with diagnosis of subcapital fracture, which is determined by the greater ROM in the pre-operative period; this result is supported also by the highest result in the Harris Hip Score. The offset was restored in all patients. Abduction and anteversion of the cup were maintained in the “safe range” reported in literature. We obtained a major event of dislocation in the prosthesis with 28 mm head size, but this result wasn’t statistically significant.

**Conclusions** The subcapital fracture resulted as a condition that could predispose to dislocation of THA. The influence of the femoral head size, with only 4 mm of difference between the two groups, doesn’t seem a condition that influences the incidence of dislocation.

**C47-BASIC SCIENCE 2**

**Intra-tendinous therapy with PRP for Achilles tendinopathy: color Doppler vascular evaluation**

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**Introduction** Achilles tendinopathy is usually associated with neo-vascularization; color Doppler consents the evaluation of tissue