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Proximal femoral and proximal tibial compressive osseointegration: Intermediate term outcomes

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Background: For massive distal femoral endoprosthesis reconstructions, the Compress[®] device has been shown to have a nearly 90% 10-year survival rate at the bone-prosthetic interface. Less is known about prosthetic survival in the comparatively less frequent primary oncologic reconstructive locations involving the proximal femur and proximal tibia.

Questions/Purposes: What are the aseptic and septic failure rates for proximal femoral and proximal tibial primary oncologic reconstructions using Compress[®] technology?

Patients and Methods: The compressive osseointegration database was reviewed for all patients with proximal femoral or proximal tibial Compress[®] reconstructions. Demographic data, diagnoses, and treatment data were abstracted; outcomes, including aseptic failure, septic failure, local recurrence, and metastatic disease were reviewed.

Results: For the proximal femoral Compress[®] reconstructions, 18 patients were identified with overall average follow-up of 56 months (range, 2-142). There were no (0%) aseptic rotational failures at the bone-prosthetic interface. There was 1 (5.6%) septic failure. For the proximal tibial Compress[®] reconstructions, 29 patients were identified with an overall average follow-up of 70.7 months (range, 1-175). There was one (3.4%) aseptic rotational failure that was successfully revised to another Compress[®] device. There were 4 (13.8%) cases of infection.

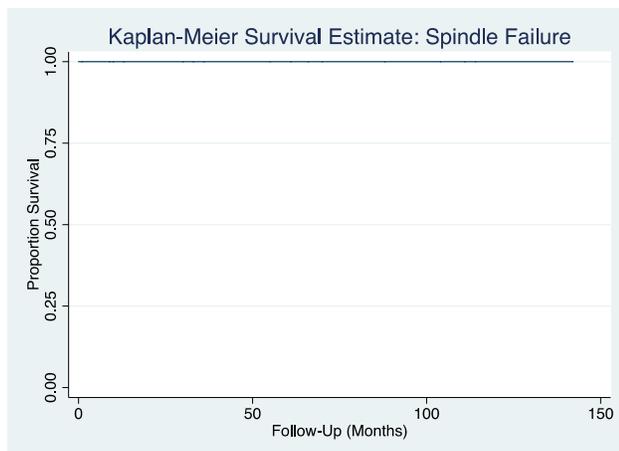
Conclusion: Compressive osseointegration is shown to be associated with very high intermediate term success rates for proximal femoral and proximal tibial locations. Aseptic failure rates at the bone-prosthetic interface in these locations is very low. Septic failure remains a more common complication, with rates in the proximal tibia similar to those observed in the distal femur.

Comment [RW1]: Range 2-142mo

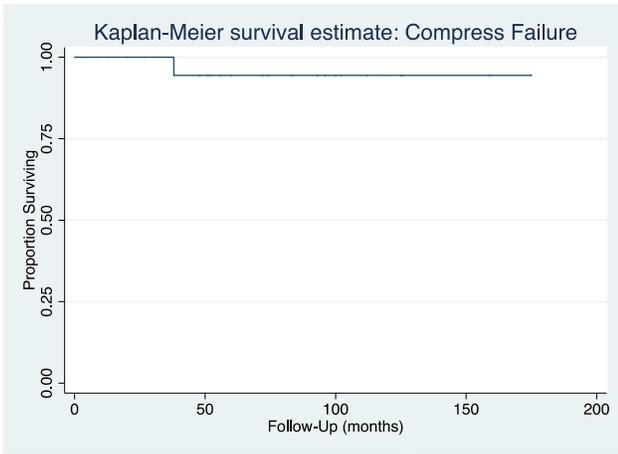
Comment [RW2]: Range: 1-175mo

Comment [RW3]: There were also 4 fractures in this group, all treated successfully non-operatively.

Figures:



None of the 18 (0%) proximal femur Compress[®] endoprotheses failed requiring revision surgery at average 55.8 months follow-up.



One of the 29 (3.4%) proximal tibial Compress[®] endoprotheses failed requiring revision surgery at average 70.7 months follow-up.