ORIGINAL ARTICLE

Increased risk for early periprosthetic fractures after uncemented total hip replacement

Søren Solgaard & Anne Grete Kjersgaard

INTRODUCTION

The purpose of this study was to describe a new type of proximal periprosthetic fracture occurring within the first six weeks after total hip arthroplasty and to analyse possible causes of a rising incidence.

MATERIAL AND METHODS

Patient files and radiographs from 2,408 uncemented hip replacements were analysed and patients with a periprosthetic split fracture reaching from the calcar to the medial femoral shaft below the lesser trochanter were included.

RESULTS

A total of 28 fractures in 2,408 uncemented primary hip replacements were included. Almost all fractures were seen in women. No correlation with diagnosis, age, body mass index, operation time, operative technique or implant position could be demonstrated, but a possible correlation with post-operative mobilisation and pain treatment was observed. Trainees had more fractures than experienced surgeons (non-significant).

CONCLUSION

We conclude that the increasing use of uncemented hip replacements implies an increasing risk of perioperative femoral fracture. The cause of the fractures remains unclear, but is probably multifactorial.

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TRIAL REGISTRATION

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FROM: Department of Orthopaedic Surgery, Gentofte Hospital

ORIGINAL ARTICLE

Low awareness of the Charles Bonnet syndrome in patients attending a retinal clinic

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INTRODUCTION

Visually impaired patients may experience visual hallucinations due to the Charles Bonnet syndrome (CBS). While benign in nature, these hallucinations may cause distress in those unfamiliar with the phenomenon. The overall purpose of this study was to determine the degree of awareness of CBS in patients referred to our retina clinic.

MATERIAL AND METHODS

Consenting patients attending our retina clinic over a period of three months underwent a thorough ophthalmological examination, including slit-lamp fundus biomicroscopy, spectral-domain optical coherence tomography, fundus autofluorescence imaging and fluorescein/indocyanine green angiography (if applicable). Visual acuity was measured and the participants were subjected to a structured telephone interview.

RESULTS

A total of 200 patients were included in this cross-sectional study. Twelve percent of the participants were familiar with CBS. Patients who were clients at a low-vision rehabilitation clinic or were highly educated were more likely to be familiar with CBS. There was an association between low visual acuity and awareness of CBS. Logistic regression analysis revealed that only low visual acuity and university education were independently associated with familiarity with CBS. Fifteen percent of the participants admitted to having visual hallucinations.

CONCLUSION

Visually impaired patients are largely unfamiliar with CBS. Since unawareness of CBS may cause unnecessary distress in some patients, efforts to educate low-vision patients about CBS should be made.

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