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Cementless Hip Arthroplasty in Paget's Disease at Long-Term Follow-Up (Average of 12.3 Years)

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ABSTRACT

We present a long-term follow-up report of 33 cementless total hip arthroplasties in 27 patients who have an established diagnosis of Paget's disease. The medium term results of this series were reported in 2007 (Lusty et al. *Journal of Arthroplasty*. 2007;22:692). Fourteen cases were available for follow-up at an average of 12.3 years (range 10–17). Harris Hip scores improved from 56/100 preoperatively (16–98/100) to 83/100 post operatively (72–90/100). All surviving components were radiographically ingrown. Based on these findings, cementless total hip arthroplasty has a good long-term outcome in Paget's disease.

The long-term results of cementless arthroplasty in Paget's disease is not well documented. We present the results of a series of patients with Paget's disease at a minimum 10-year follow-up. We previously reported on this cohort at 2 to 14 years (mean 6.7 years) [1]. In that initial series, a total of 33 cases in 27 patients were identified, and after excluding patients who had died, had revision surgery for any cause or were lost to follow up, 23 cases in 18 patients were available for follow up. After 7 years of follow up, there was an 86% survival rate with revision for any cause (95% confidence interval 65–99%). The survival rate for revision due to aseptic loosening was 99.5% at 7 years (95% confidence interval 77–100%). None of the acetabular components showed any osteolysis or lucent lines and none had migrated. All stems and cups appeared ingrown on radiographic review. Heterotopic bone was seen in 12 cases, 11 were Brookers grade 1 or 2, and the remaining case was grade 3.

We hypothesize that cementless hip arthroplasty in Paget's disease continues to give good clinical results and durable fixation at a minimum of 10 years.

Materials and Methods

We retrospectively reviewed 33 consecutive patients from our database who had a primary hip arthroplasty between February 1998 and June 2003 with an established preoperative diagnosis of Paget's disease. All patients were operated on by the senior author (WKW) in a low flow vertical airflow theatre through a posterior approach. The pattern of Pagetic involvement was 23 femora, 24 acetabuli with both areas involved in 14 cases. The average age at surgery was 75 years (range, 63–85 years), 56% were male, the average weight was 71 kg (range 51–94).

Graduated compression anti-embolism stockings and chemical prophylaxis for deep vein thrombosis were routine. Patients were mobilized early and allowed to mobilise full weight bearing in all cases except where an osteotomy was performed.

Five cases (21%) had a step-cut osteotomy and autologous cancellous bone graft at the apex of a femoral deformity. All these cases were stabilized with an S-ROM stem (DePuy, Warsaw, IN) and went on to bony union. Five cases (21%) had morcelised cancellous autograft for acetabular cysts or protrusion.

All patients had prophylactic broad spectrum antibiotics for 48 hours postoperatively. Femoral components included 8 ABG I, 14 ABG II, 2 Osteonics (Stryker Howmedica Osteonics, Mahwah, NJ), 6 S-ROM with a hydroxyapatite coated proximal sleeve and 3 S-ROM with a porous coated proximal sleeve (DePuy, Warsaw, IN).

Acetabular components included 4 ABG, 20 ABG II, 3 Osteonics (Stryker Howmedica Osteonics, Mahwah, NJ), 3 Implex (Implex,

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Allendale, NJ), 1 Harris Galante, 1 Harris Galante II (Zimmer, Warsaw, IN) and 1 S-ROM Gripper cup (DePuy, Warsaw, IN).

Follow-Up

Patients were initially seen at 6 weeks, then at 1, 3, 5, 10, 15 and 20 years. At clinical review, patients filled in a questionnaire based on the "Standard System of Terminology for Reporting Results" [2] which included a modified Harris hip score [3]. Outcome measures included assessment of thigh and groin pain, grading the pain in each area as none, mild, moderate or severe. The operating surgeon (WKW) examined the patients for their range of motion, the presence of a limp and leg length discrepancy.

An anteroposterior and a lateral radiograph of the hip were taken at each review. Acetabular migration was measured using the method of Nunn et al [4]. Acetabular component fixation was assessed using DeLee and Charnley's zones [5]. The femoral component fixation was assessed using the method described by Engh et al [6]. This involves comparing immediate postoperative and most recent radiographs for migration, cortical hypertrophy, stress shielding, endosteal spot welds, and pedestal formation. Heterotopic bone formation was scored according to Brooker et al [7].

All radiographic and clinical scores were performed prospectively and recorded on our database.

Results

Of the 27 patients (33 hips), 5 patients (6 hips) were lost to follow-up despite repeated attempts to contact them. Six patients (7 hips) died before the minimum 10 year follow-up, all for reasons unrelated to their surgery. The high death rate, as mentioned in our earlier report [1] reflects the advanced age of our study population. Of the 11 patients (13 hips) without 10 year follow up, all implants were unrevised and problem free at last review (mean 5.3 years radiographic follow up, and mean 6 years clinical follow up). 5 patients (6 hips) had revision surgery (mean 9.7 years, range 0.8 years to 14 years). After excluding patients revised, lost or died, 11 patients (14 hips) were available for clinical and radiographic follow-up at a minimum of 10 years.

Complications

Three cases described previously [1] had revision surgery before the minimum 10 year follow up. A further 3 cases since this time have been revised and are described below.

The first case, an 80 year old woman with Paget's disease affecting her femur and acetabulum, had a hip arthroplasty with an ABG II femoral component, an ABG II 'no hole' acetabular cup, and a 28 mm cobalt chrome on ultra-high molecular weight polyethylene (UHMWPE) bearing. Her hip was revised 17.3 years after surgery for extensive polyethylene wear and associated granuloma formation. Extensive bone loss from the ischium and greater trochanter was packed with morcelised femoral head allograft and cancellous autograft. As the stem was solidly fixed, the cup was revised and delta ceramic bearing surfaces were used with a 32 mm head. As with all our patients requiring bone graft, 6 weeks of touch weight bearing was advised.

The second case was an 82 year old male with Paget's disease affecting his femur and acetabulum (Fig. 2). His hip was revised at 14 years for pain and aseptic loosening secondary to polyethylene wear. His S-Rom HA coated stem was well fixed and the previous step cut femoral osteotomy to correct an anterolateral bow was well healed. The Implex one piece cup was removed, the osteolytic lesions in the acetabulum were grafted with cancellous autograft and an extensive collection of granulomatous tissue in the psoas bursa excised. The 28 mm ceramic on polyethylene bearing was revised to 32 mm alumina ceramic on ceramic.

The third case was in the same male patient who had his other hip revised 1 year later, 14 years after surgery for extensive polyethylene liner wear (Fig. 2). Osteolysis was found in the ischium with granuloma formation. He had an ABG II stem in situ which was stable and no previous osteotomy. The ABG II cup was revised with cancellous autograft to fill the defect. The 28 mm metal on polyethylene bearing surfaces were revised to 32 mm delta ceramic on ceramic.

Clinical evaluation

The average time to clinical evaluation was 12.3 years (10.3–17 years). At 10 years follow up, there is an 86% (95% confidence interval 65–95%) survival rate for both stem and cup with revision for any cause, treating the 5 lost patients as censored data with 11 patients (14 cases) at risk (Fig. 1). The survival rate for revision due to asceptic loosening alone is 95.5 at 10 years (95% confidence interval, 77–99% using the same criteria). Mild or moderate thigh pain was reported by the same patients as mentioned in our original study [1]. The mean Harris hip score improved from 56 (range 16–98) to 83 (range 72–90) at latest follow-up with 73% good or excellent results. There were no cases of dislocation and no cases of sepsis.

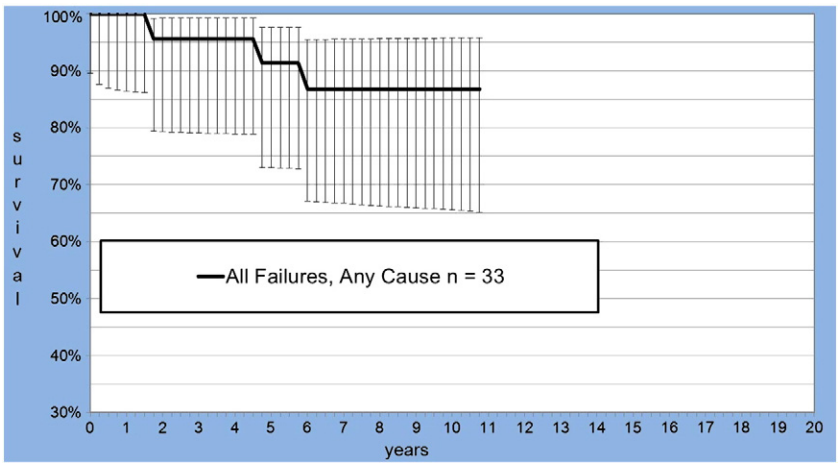

Fig. 1. Kaplan-Meier survivorship of cup and stem with end points revision for any cause, where loss to follow up is censored.