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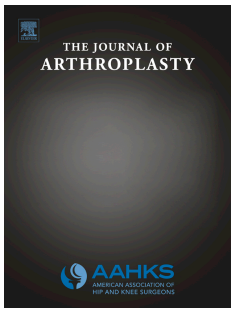

Management of the Implant with Taper Corrosion: What to Change and What to Change it to?

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Management of the Implant with Taper Corrosion: What to Change and What to Change it to?

Michael P Bolognesi

Current recommendations for management of a hip implant with trunnion corrosion is, in truth, still an evolving space. Surgeons are still challenged with numerous questions about what to do in these cases. The surgeon has to make a determination of exactly what they are treating in each clinical scenario. Based on the source of the corrosion the surgeon has to make an operative plan about what implants to remove and what to retain. It is also in fact unclear how a surgeon is expected to determine that a trunnion is acceptable for retention. The argument can be easily made that at this point there is not enough high-level evidence to direct decision making and currently a case by case decision is made in most cases.

Any surgeon taking on a case with this diagnosis has to consider specific issues around head selection. Ceramic heads with titanium sleeves are thought to be the head implant of choice for most of these cases. There is currently no clear accepted method cleaning or polishing a damaged taper. There also appears inadequate data to confirm how much soft tissue debridement is required in these cases based on tissue appearance.

The approach to these cases in some ways should follow the standard approach all revision hip cases. All patients should have the appropriate pre-operative serum markers analyzed. Based on these markers and the surgeon may choose to perform frozen- section analysis and potentially intraoperative. It would not be unreasonable for the pathologic evaluation to reveal necrosis or dense perivascular infiltration of