



Lezione Corso Fisioterapisti 2011

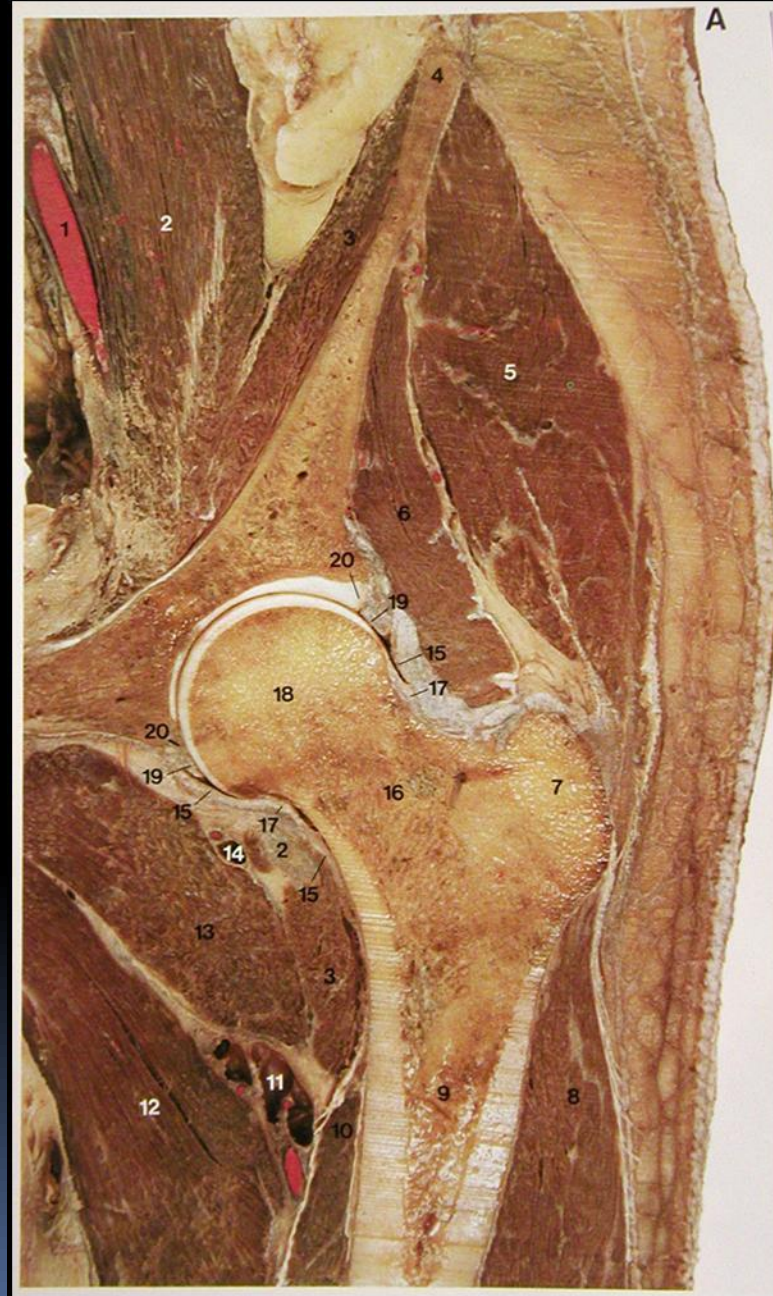
Dr. SACCHETTI GIANLUIGI
Chirurgia dell'Anca e del Ginocchio
Clinica Ortopedica- Policlinico



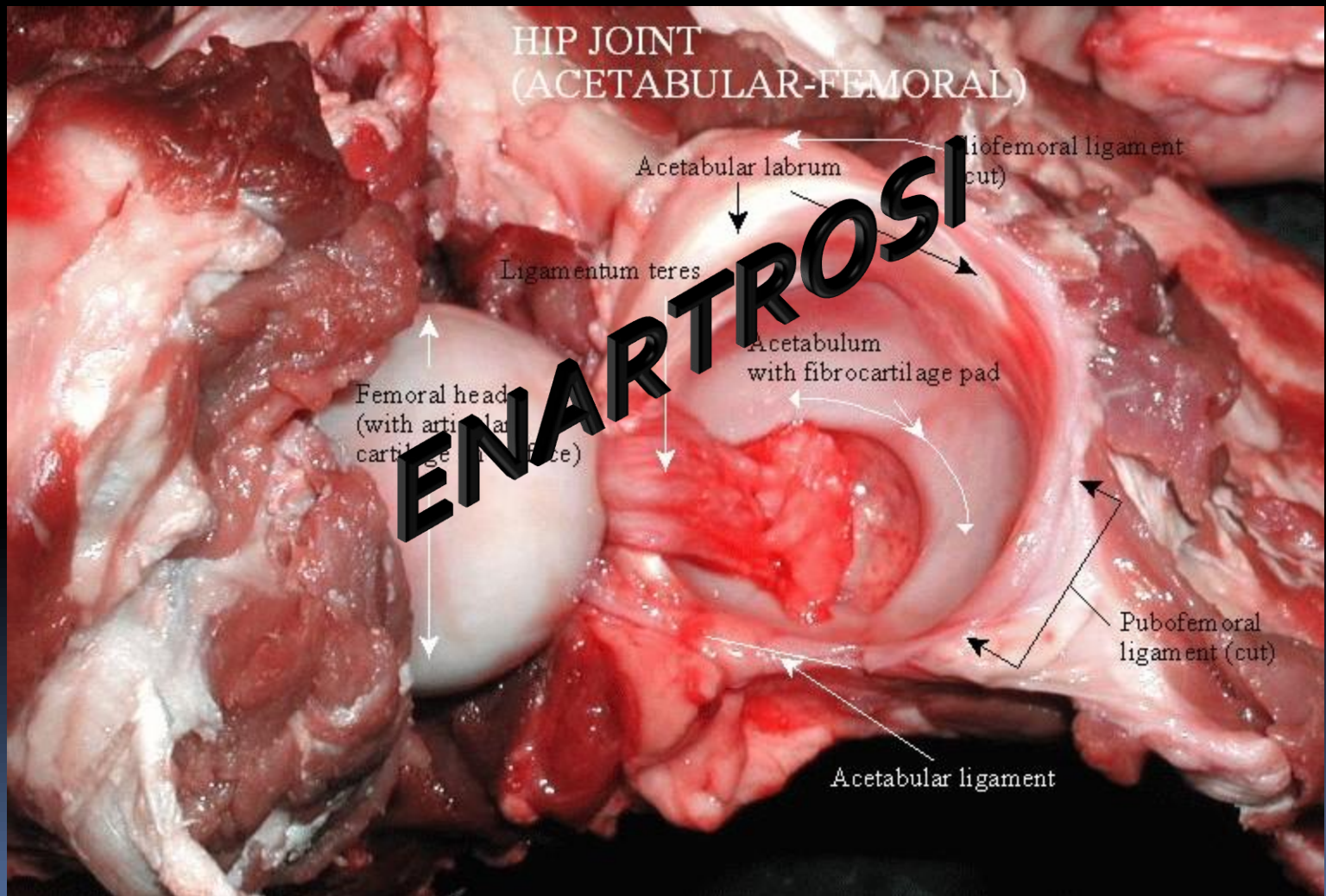
LA COXO-FEMORALE: DALL'ANATOMIA ALLA PATOLOGIA

ANATOMIA CHIRURGICA

- Osso
- Cartilagine
- Capsula
- Muscoli
- Fascia
- Annessi cutanei
- Vasi
- Nervi



ANATOMIA CHIRURGICA

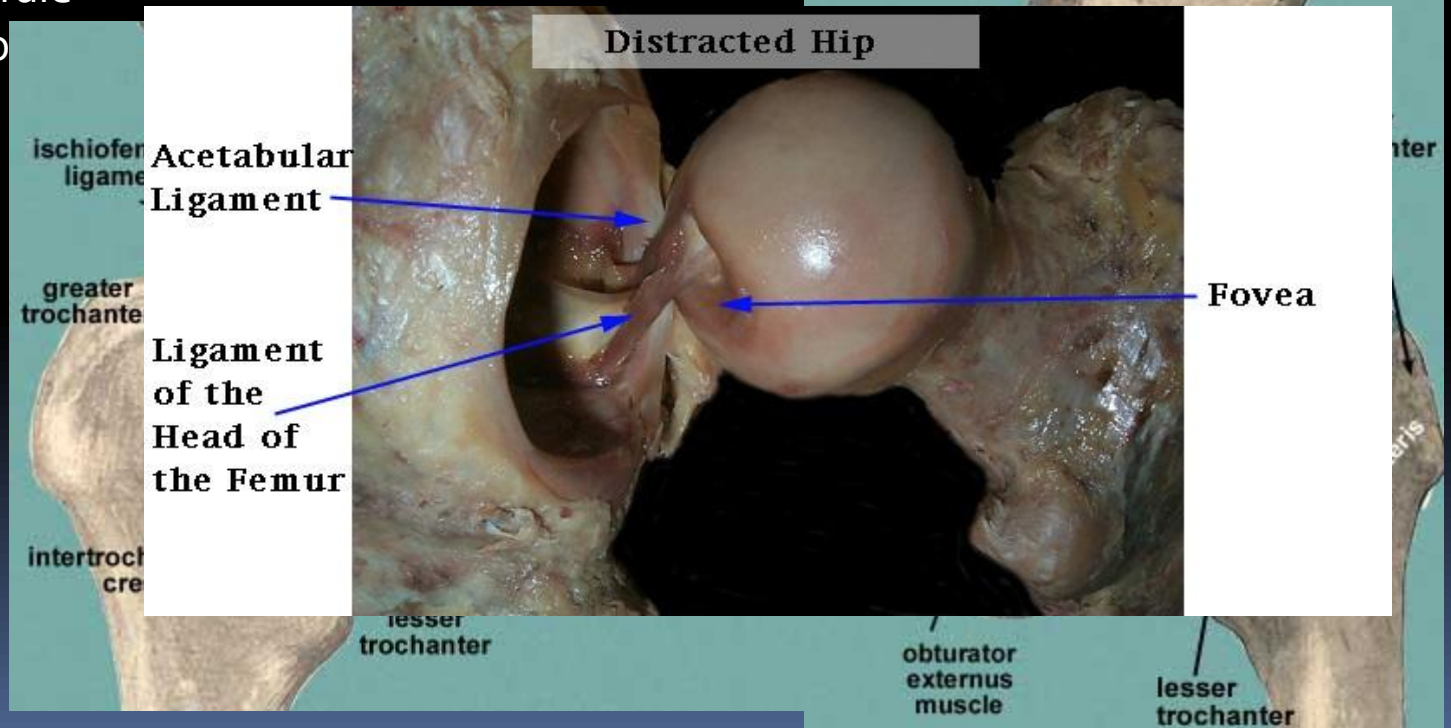


ANATOMIA CHIRURGICA

Zona Orbicolare : fibre sinoviali dal cerchio al collo

Ligamenti longitudinali

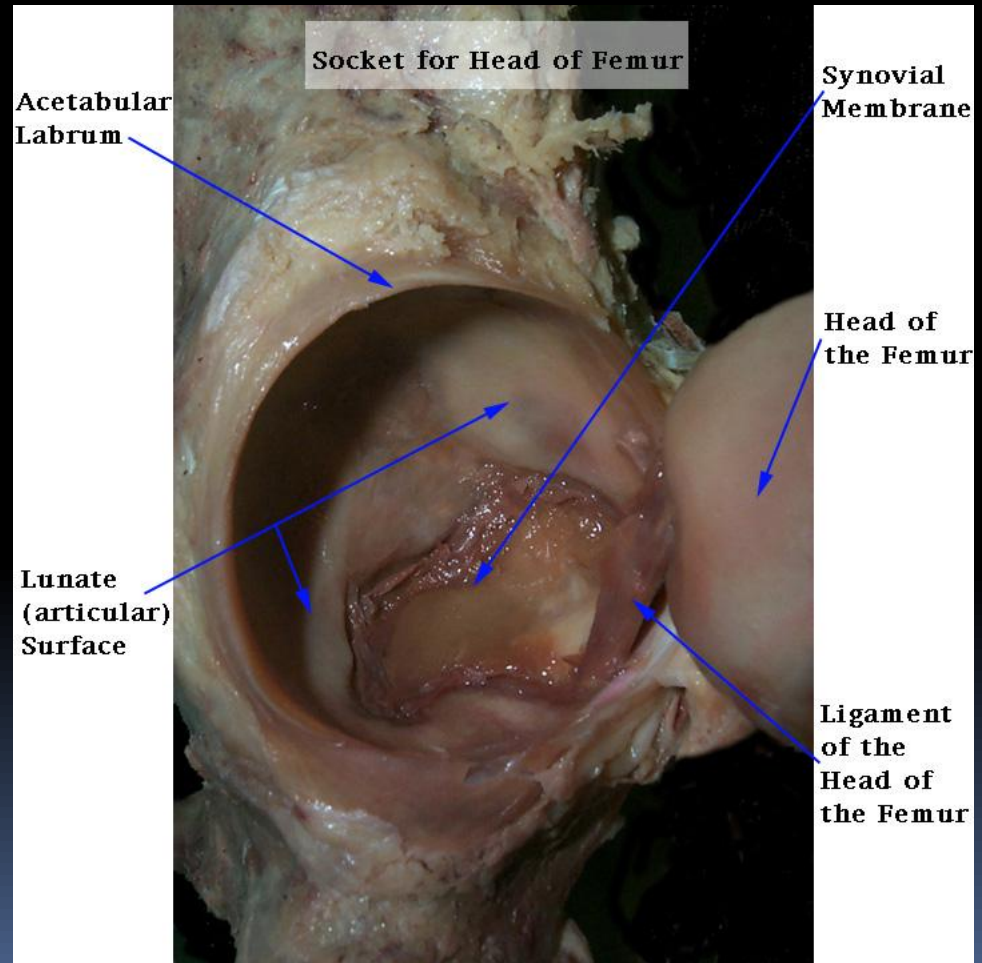
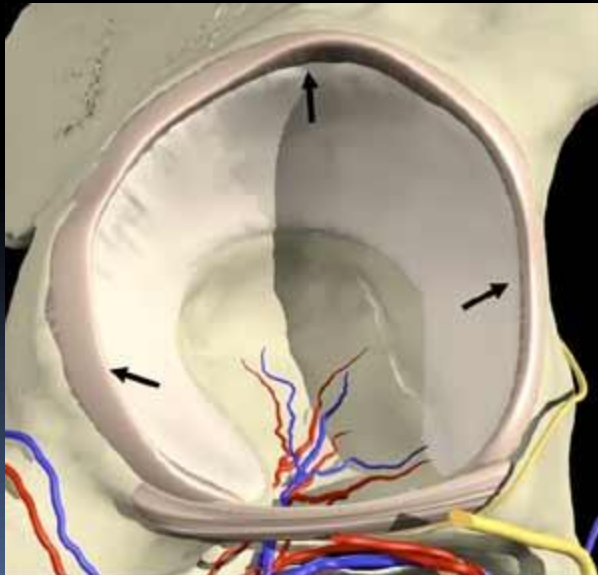
- Ileo-femorale (Bigelow o Bertin)
- Pubo-femorale
- Ischio-femorale



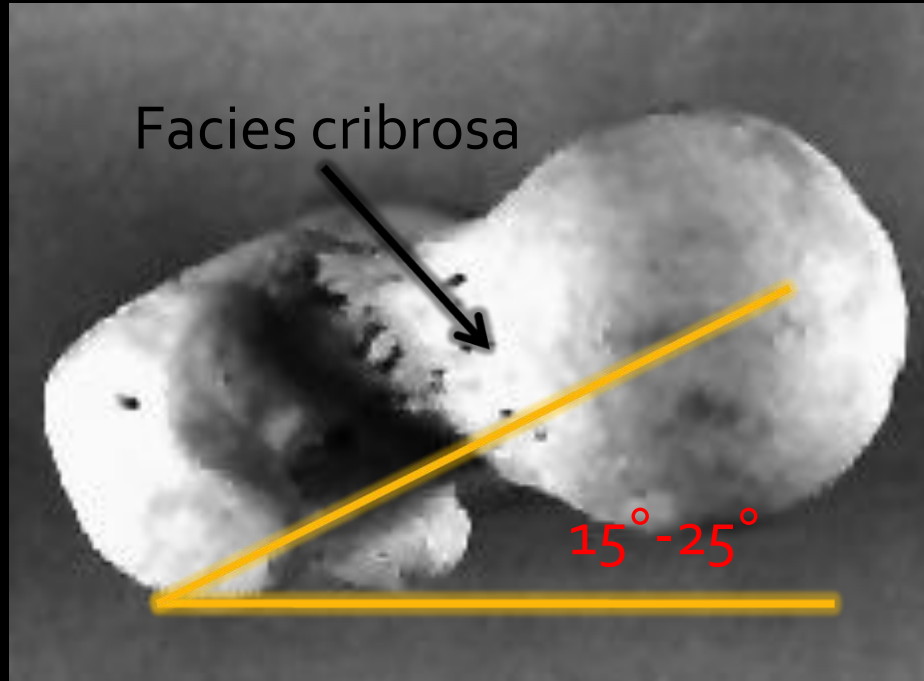
Legamento rotondo

ANATOMIA CHIRURGICA

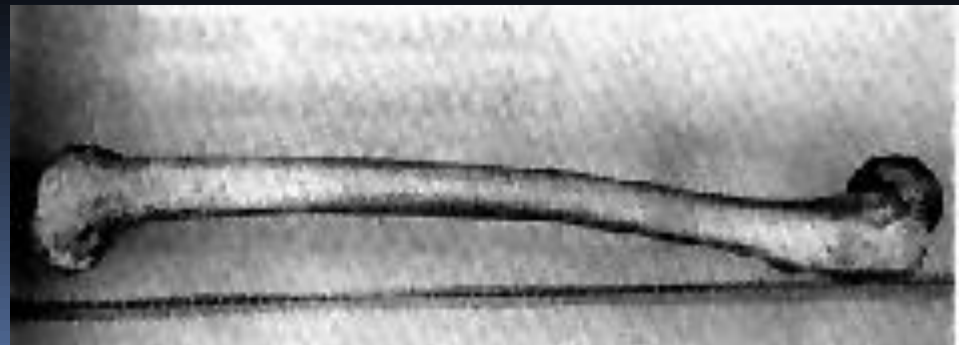
ACETABOLO



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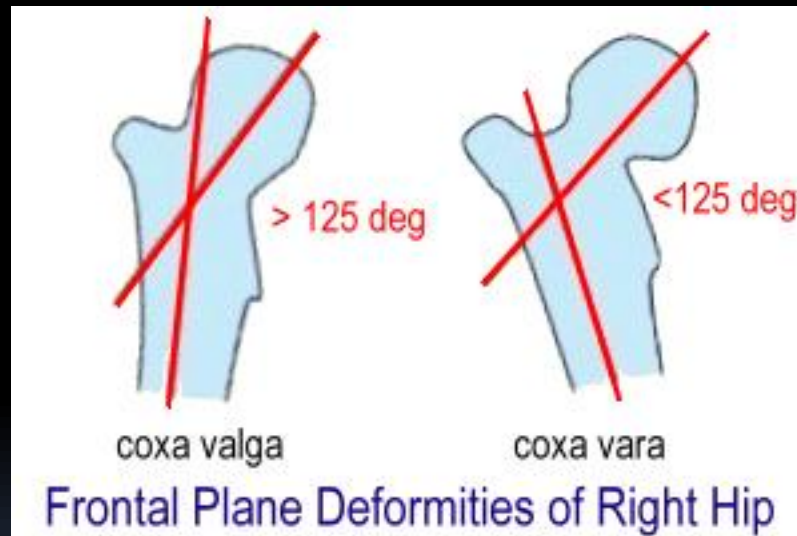


FEMORE



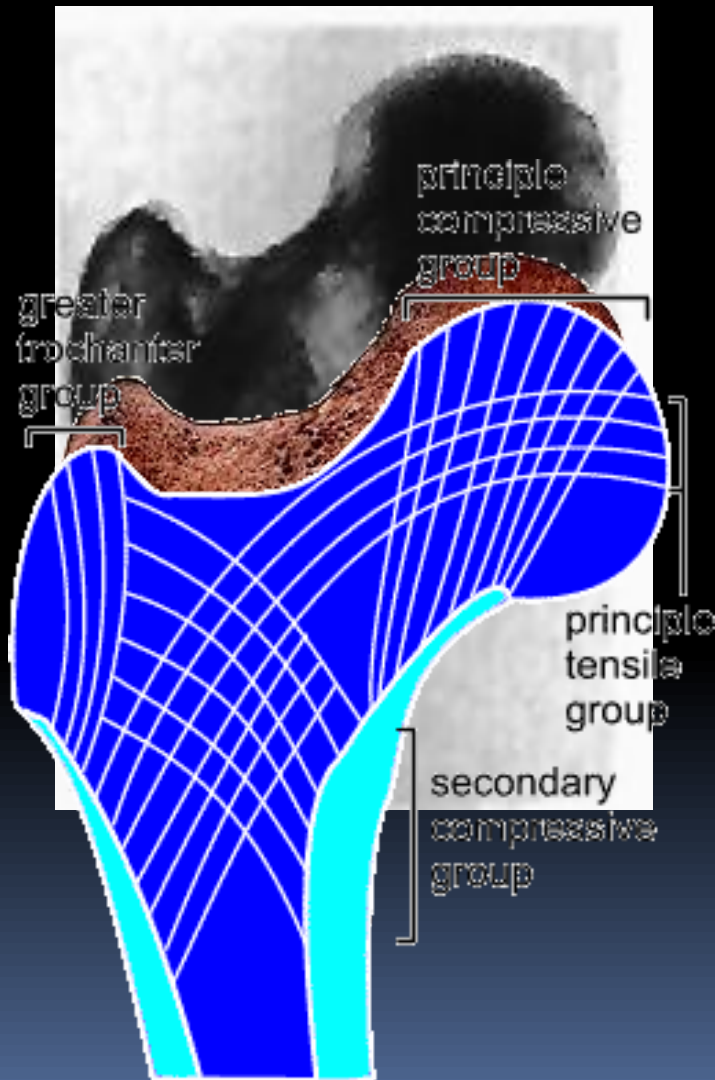
ANATOMIA CHIRURGICA

COXA VARA



COXA VALGA

ANATOMIA CHIRURGICA

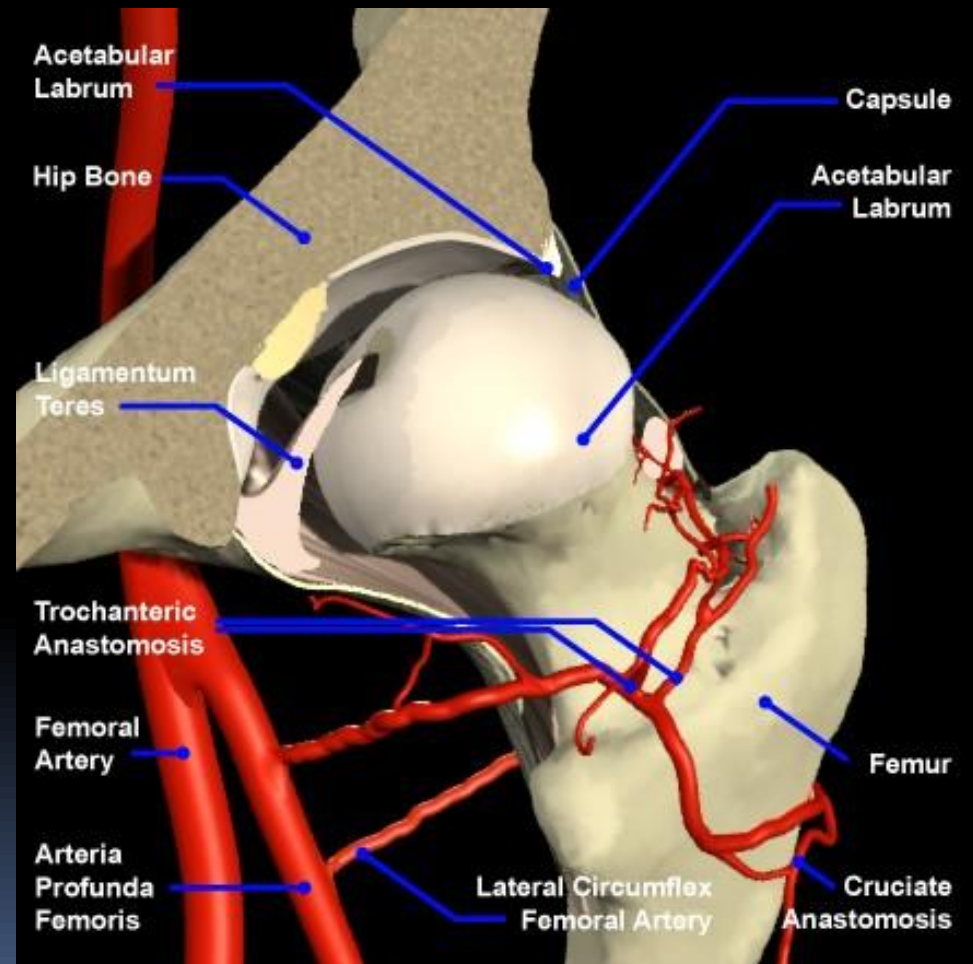
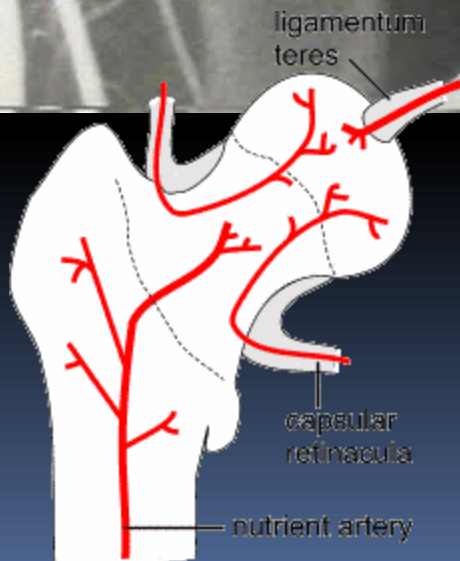
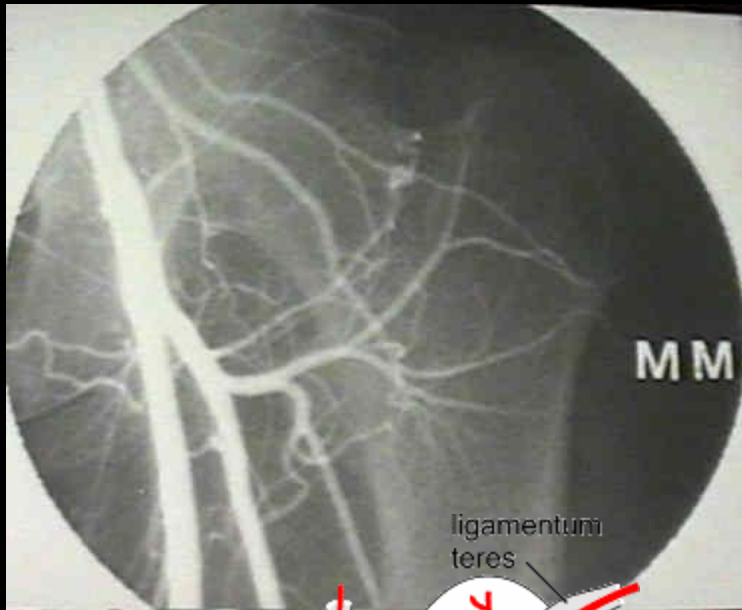


Trabecole in compressione

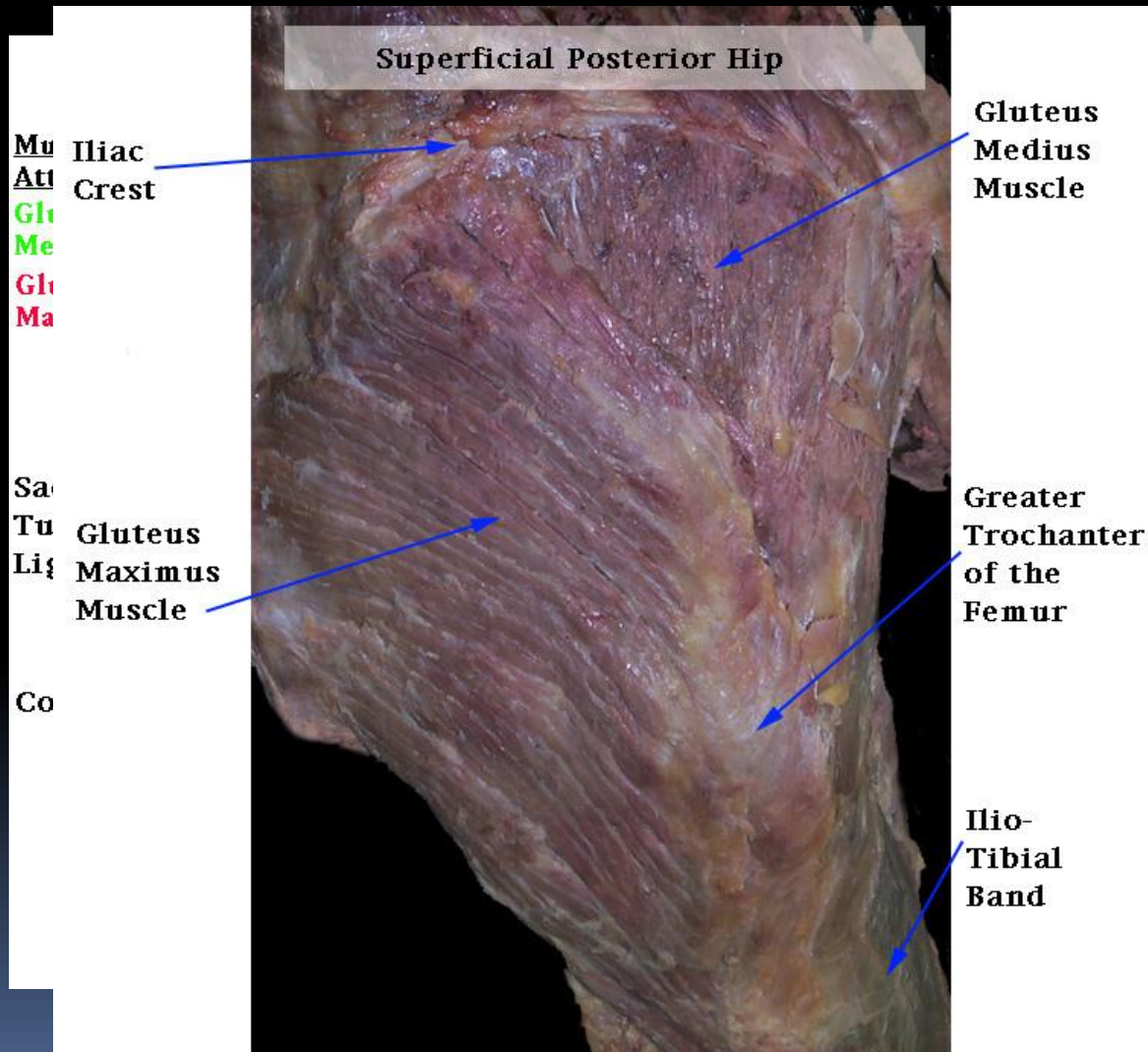
Trabecole in distrazione

Triangolo di WARD

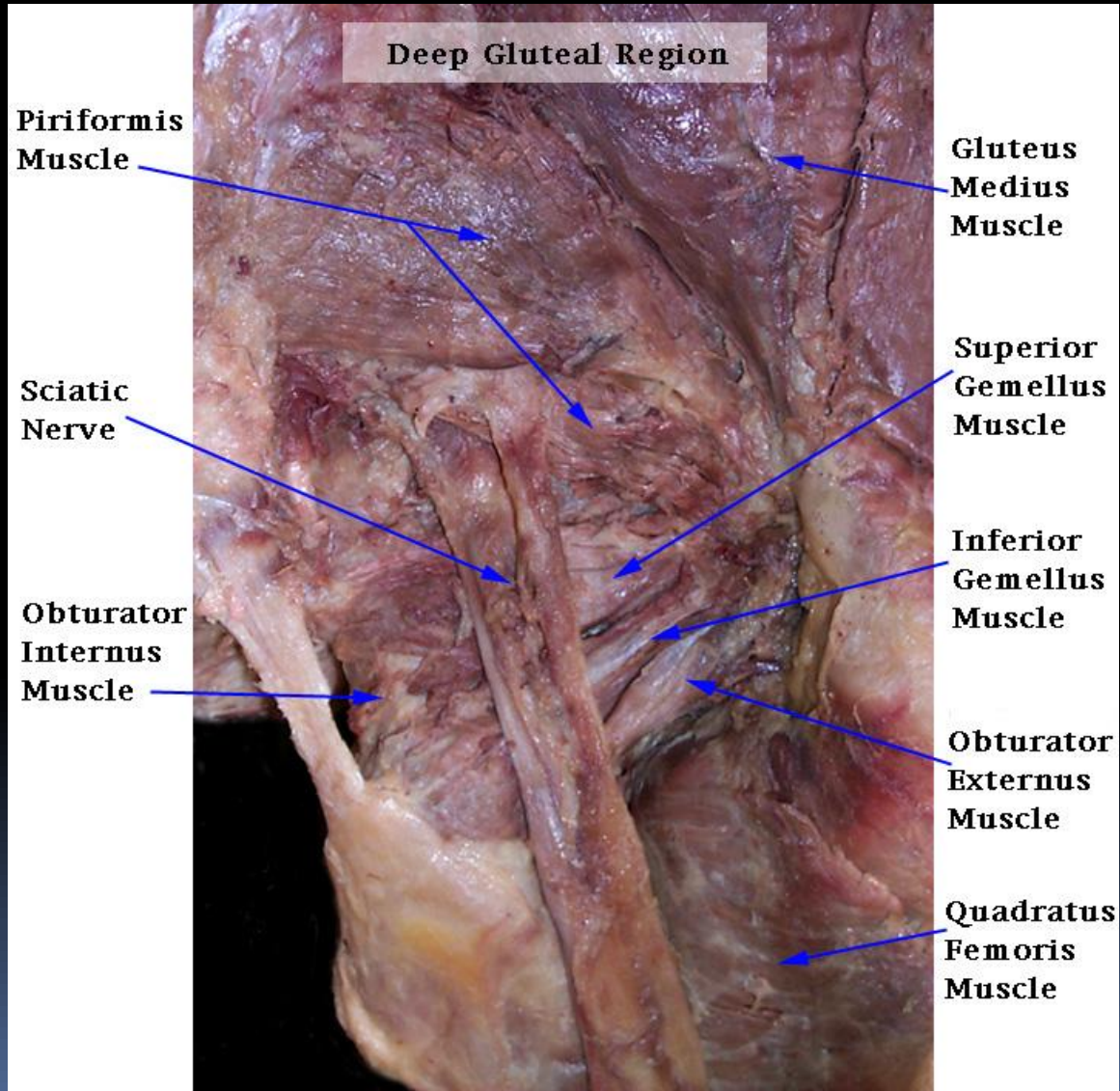
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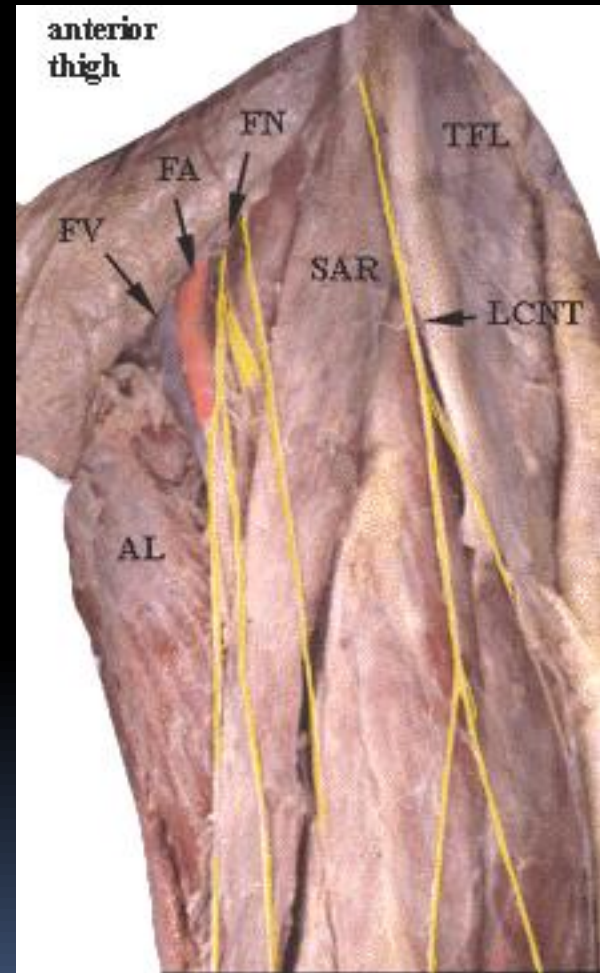
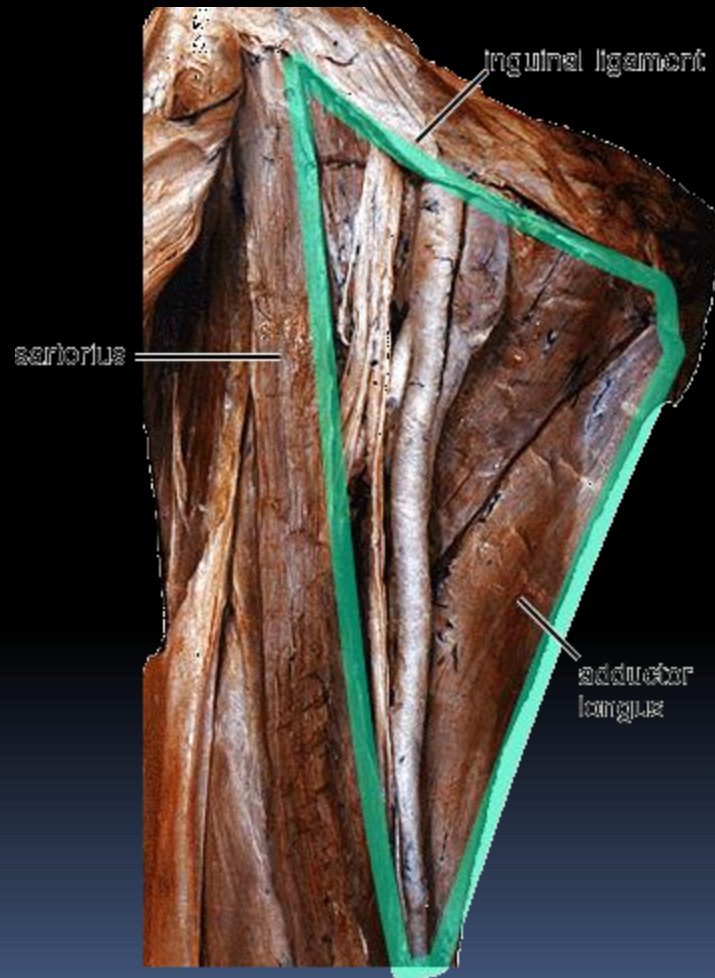
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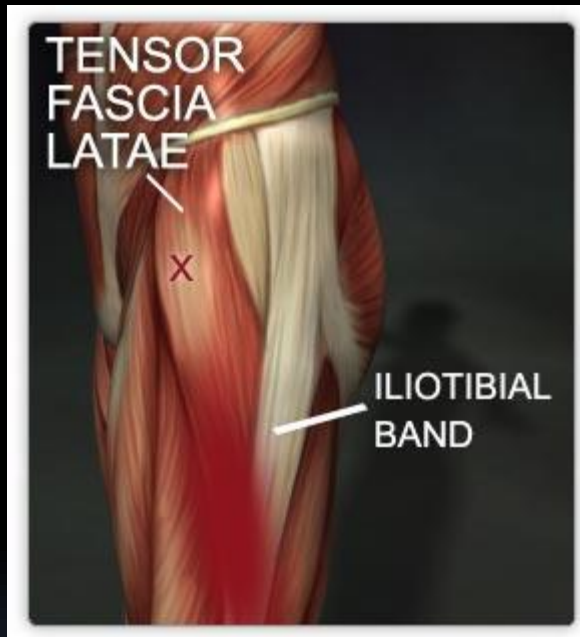
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ANATOMIA CHIRURGICA

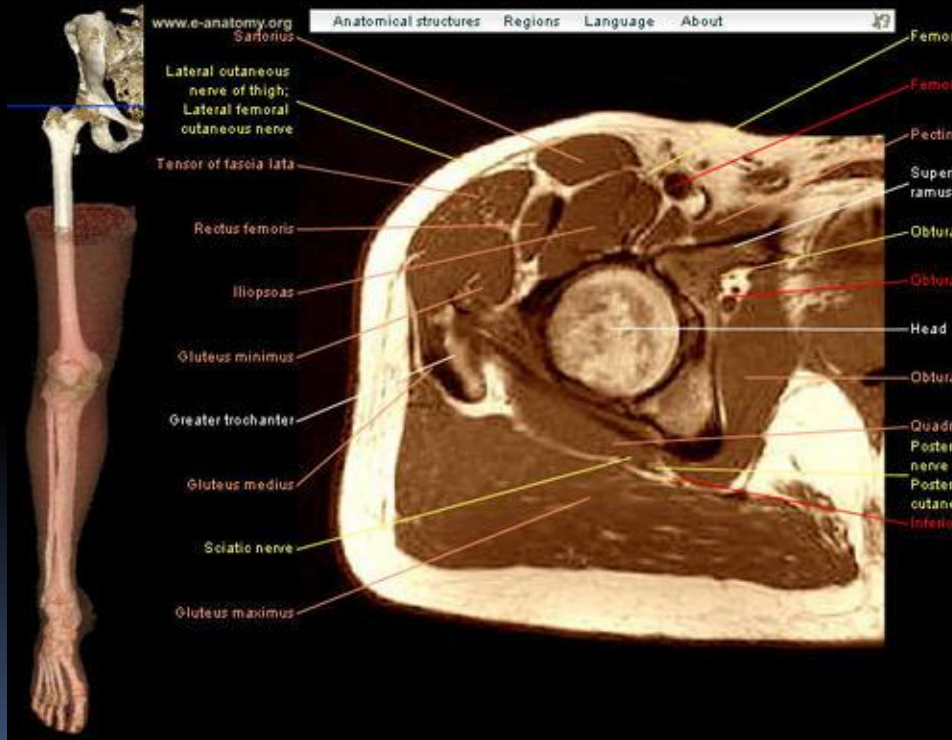


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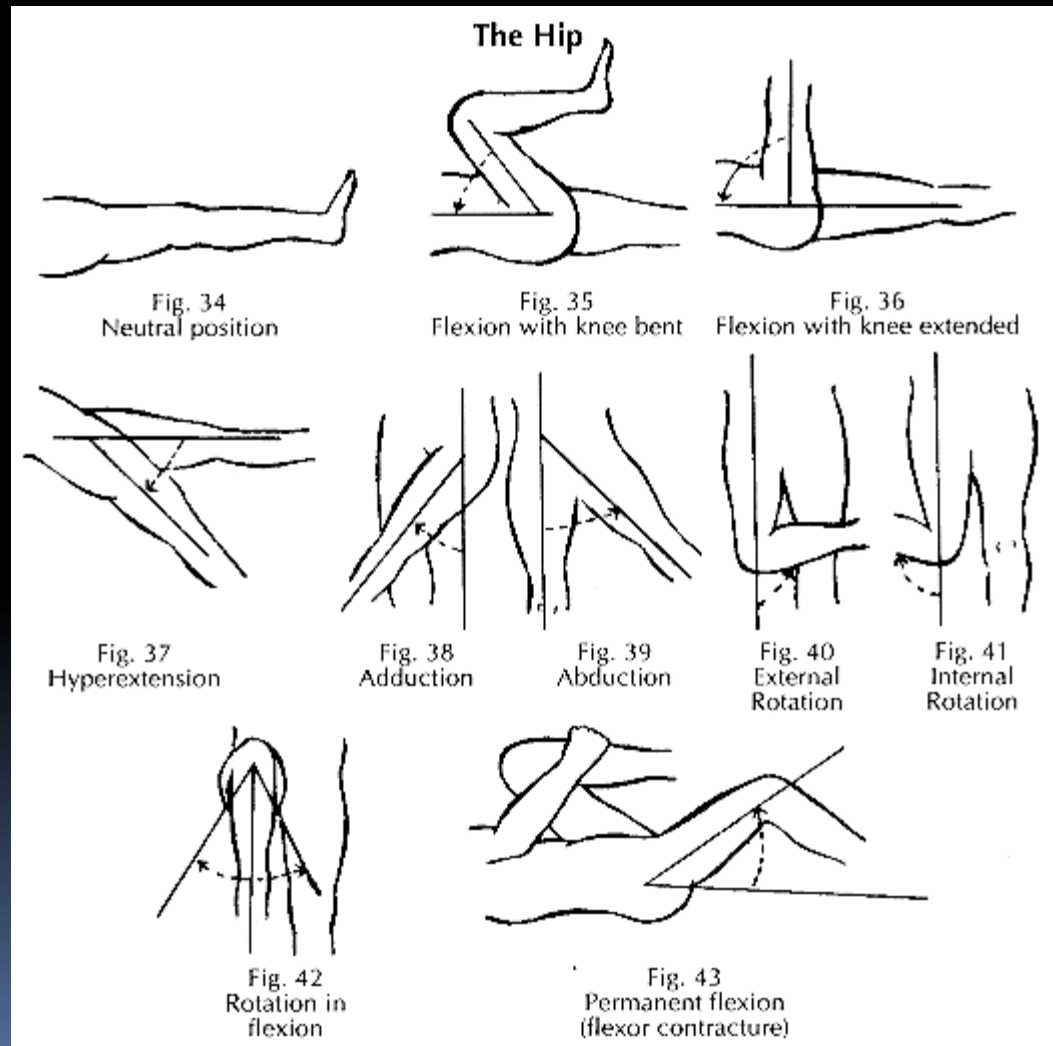


TFL

ANATOMIA CHIRURGICA

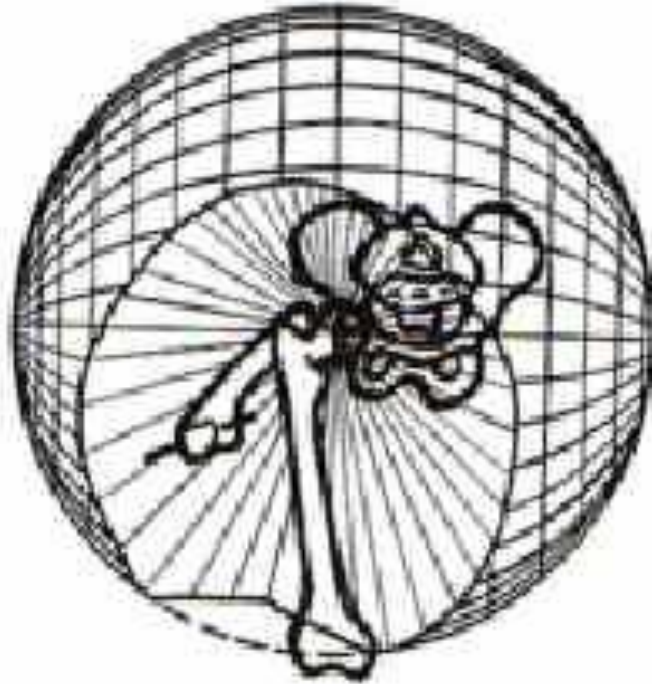


ANATOMIA E FISIOLOGIA

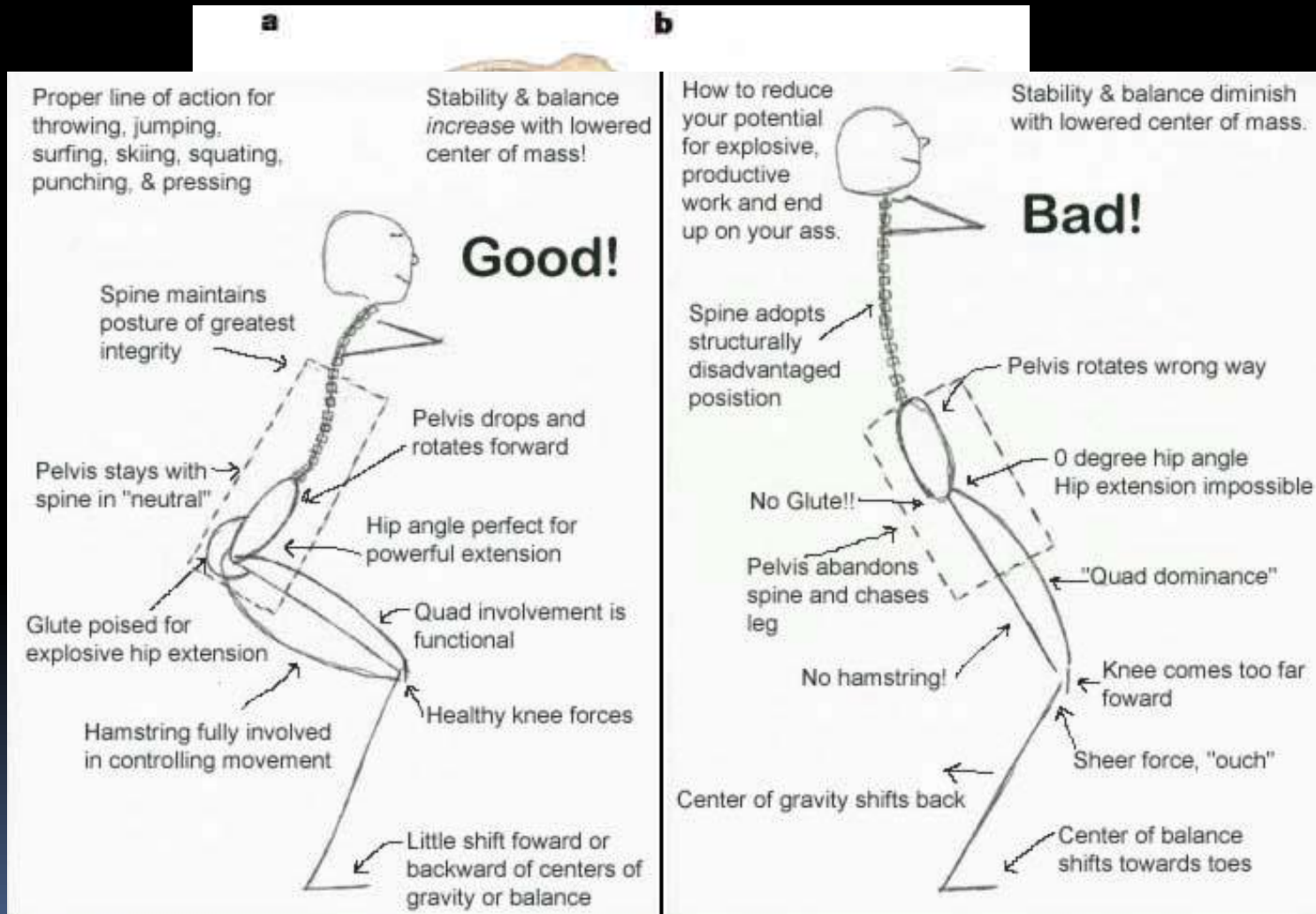


ANATOMIA E FISIOLOGIA

RANGE of MOTION
in the hip joint



ANATOMIA E FISIOLOGIA



PATOLOGIE ARTICOLARI DELL' ANCA

Trattamento chirurgico



Trattamento conservativo

CHIRURGIA CONSERVATIVA

- Artroscopia
- Osteoplastica
- Osteotomia



CHIRURGIA SOSTITUTIVA

COXO-FEMORALE (patologia traumatica)

Frattura del collo femore

Anziani (sempre più anziani)
Osteoporosi (fx da stress)
Vascolarizzazione
Patologiche





PATOLOGIA TRAUMATICA

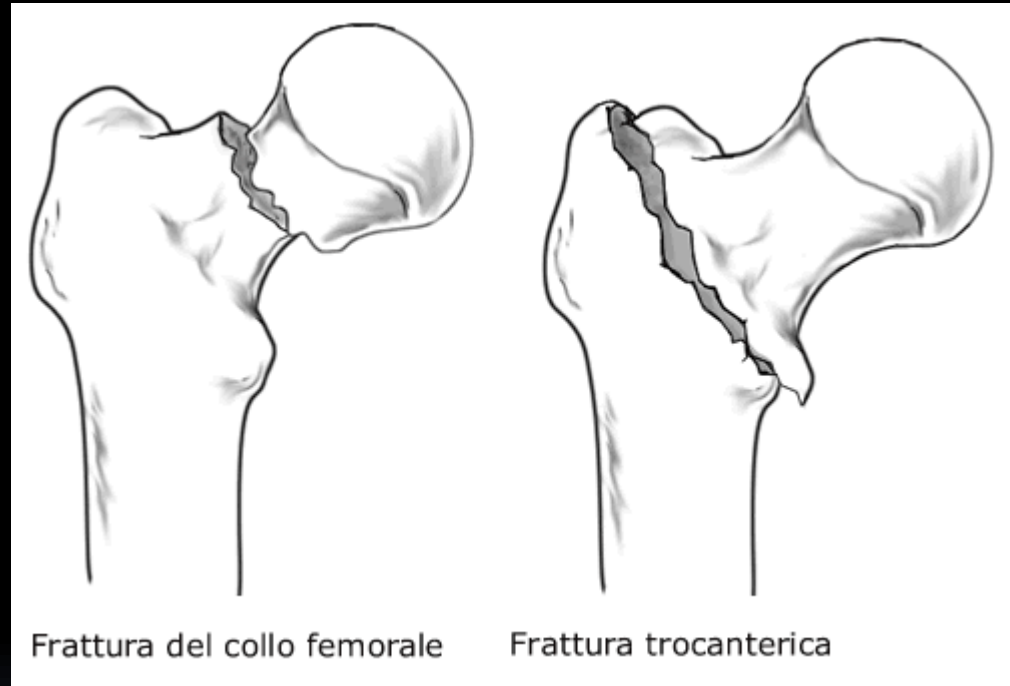
- Fratture
 - Lussazioni
 - Fratture-Lussazioni
- 

Fratture del collo femorale

Sottocapitate

Basicervicali

Per-sottotrocanteriche



Fratture del collo femorale

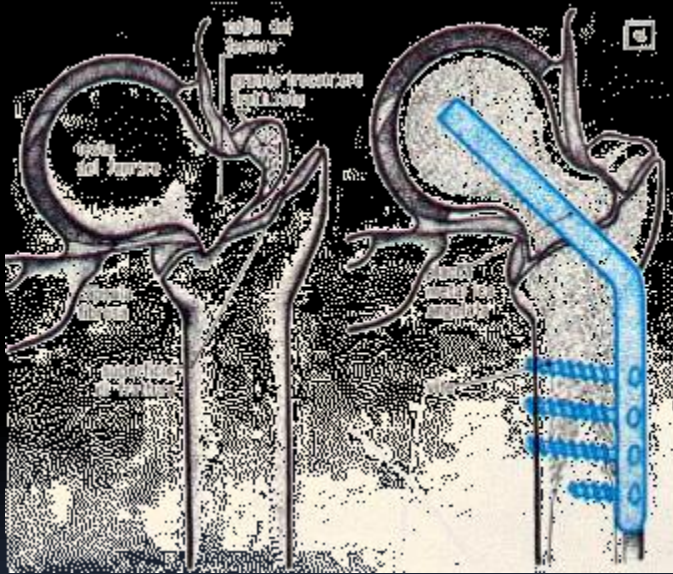
Trattamento



Sottocapitate

Fratture del collo femorale

Trattamento



Basicervicali

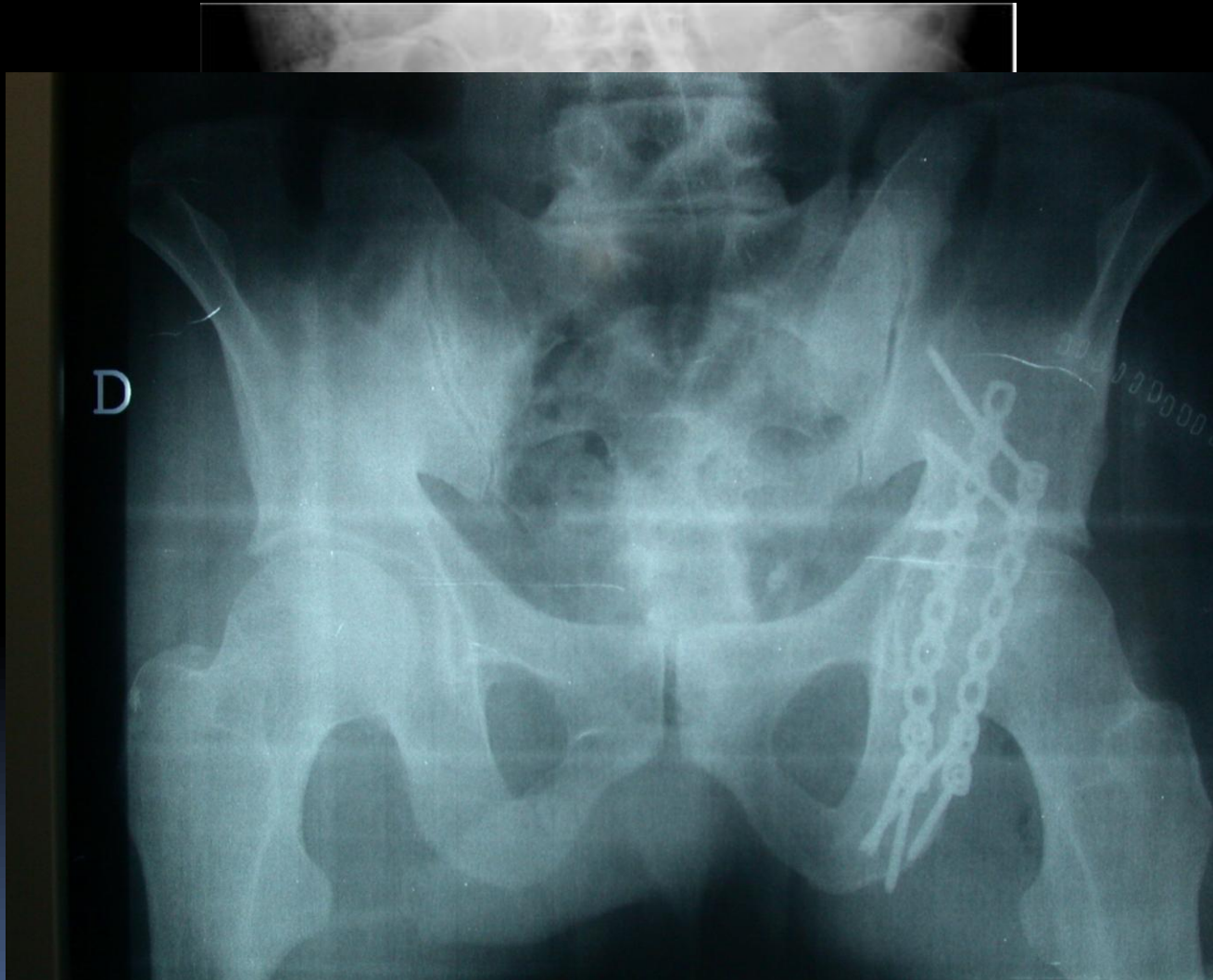
Fratture del collo femorale

Trattamento



Per-sottotrocanteriche

Fratture dell'acetabolo



Fratture-lussazioni





COXO-FEMORALE (patologia microtraumatica)

FAI: Femoro-acetabular Impingement

Lesione del cingolo acetabolare

Lesione del L. Teres

Fx condrali e osteo-condrali

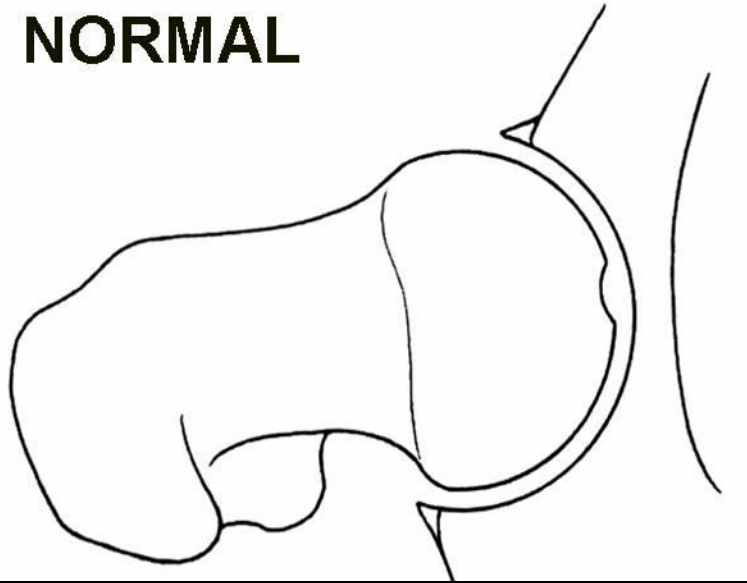
Fx da stress del collo femorale

Patologie para-articolari: p.e borsite trocanterica, ecc

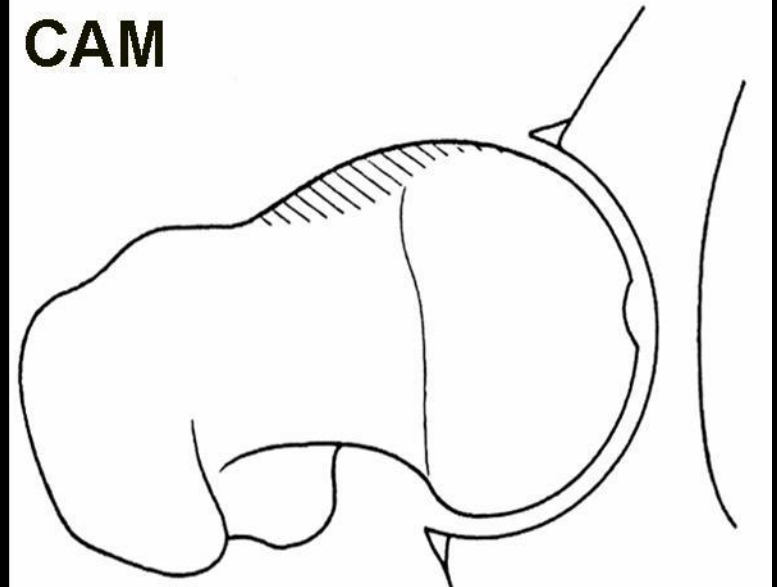


FAI

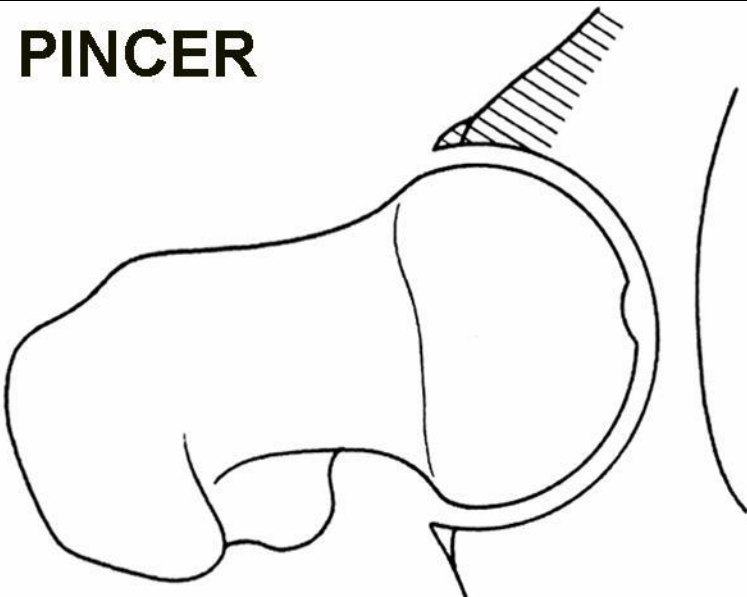
NORMAL



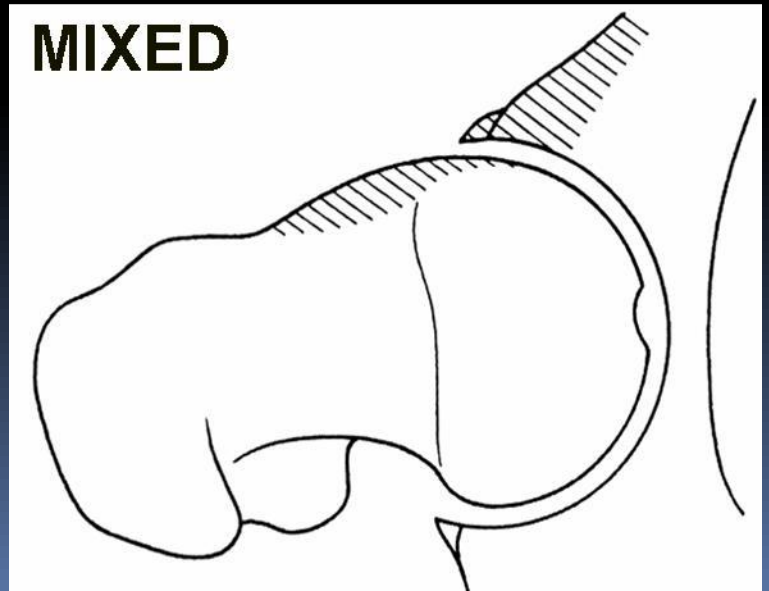
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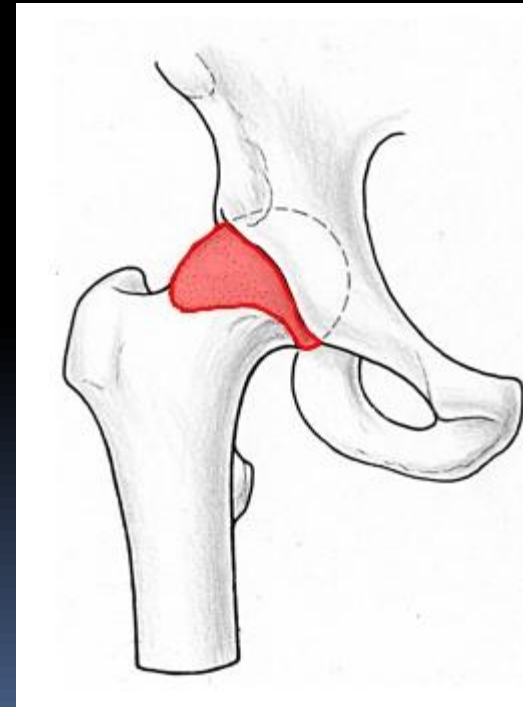
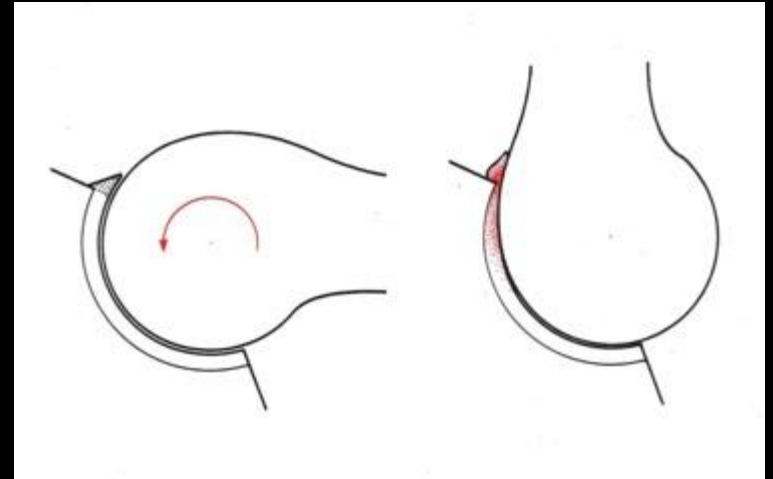
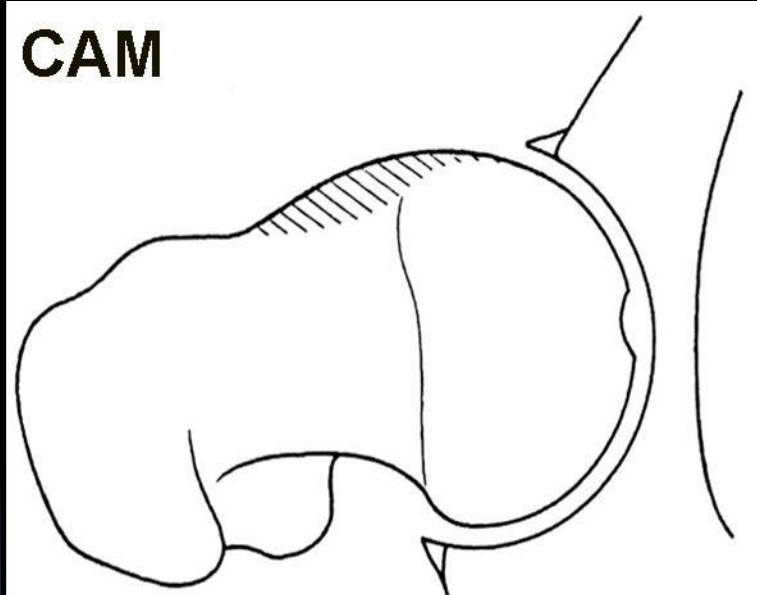
PINCER



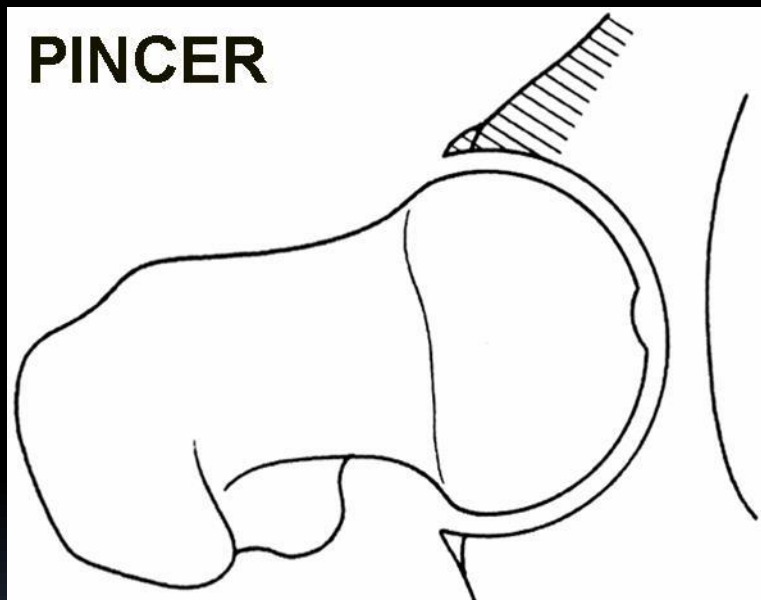
MIXED



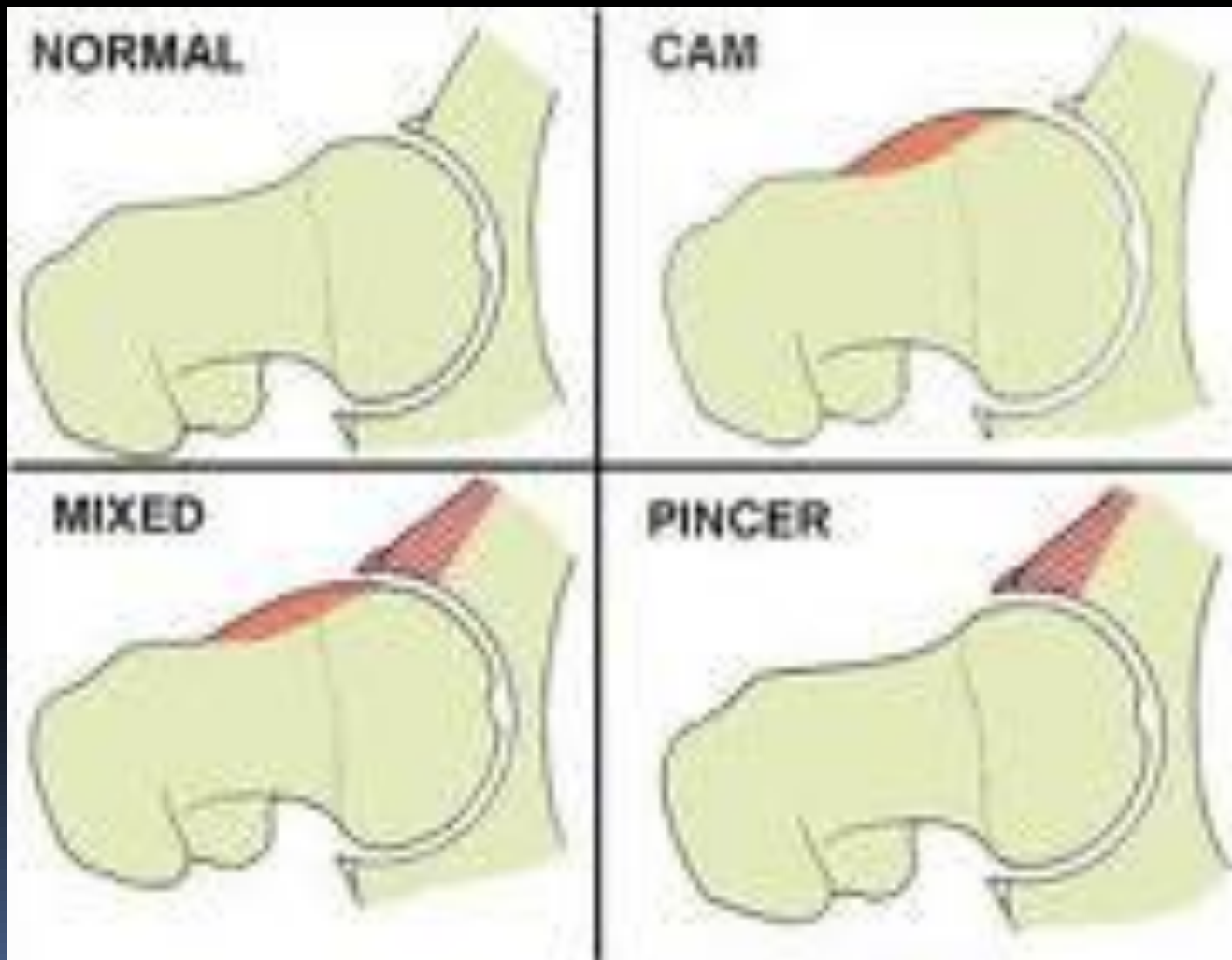
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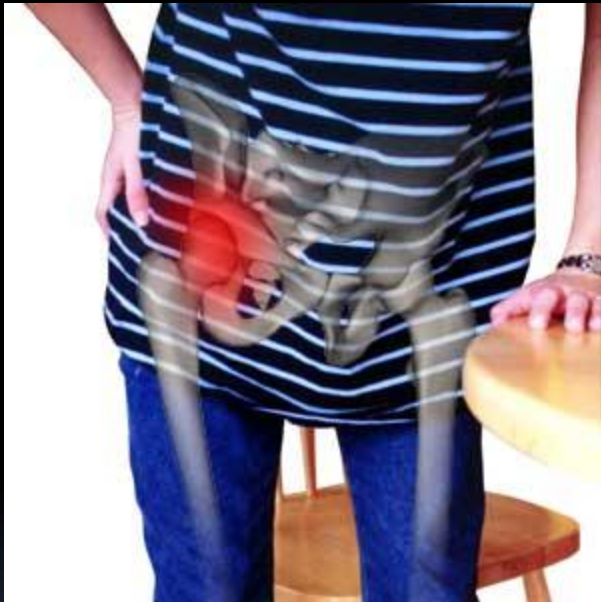
PINCER TYPE



FAI MISTO



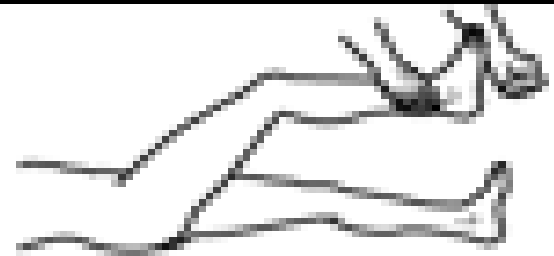
DIAGNOSI CLINICA



ESAME CLINICO



A. Gentle rotation of thigh



B. Anvil test



1. Normal

C. Hugh Owen Thomas Sign



2. Flexion contracture



D. Measurement of thigh girth



E. Measurement of length of lower limbs

“C-sign”

Caratteristico di una patologia dell'anca

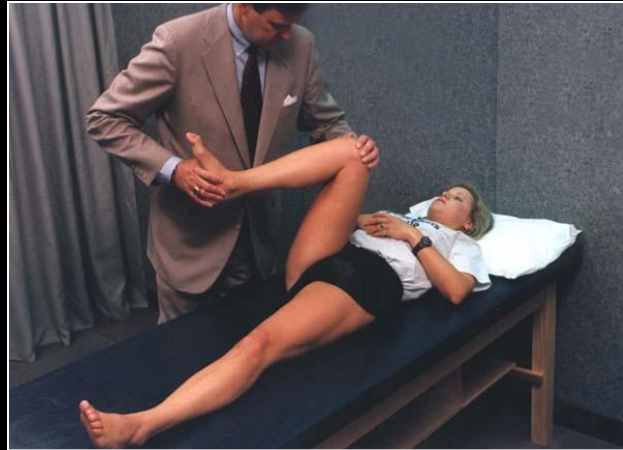


Log roll test

- Più specifico
- Rotazione della testa nell'acetabolo con stiramento della capsula

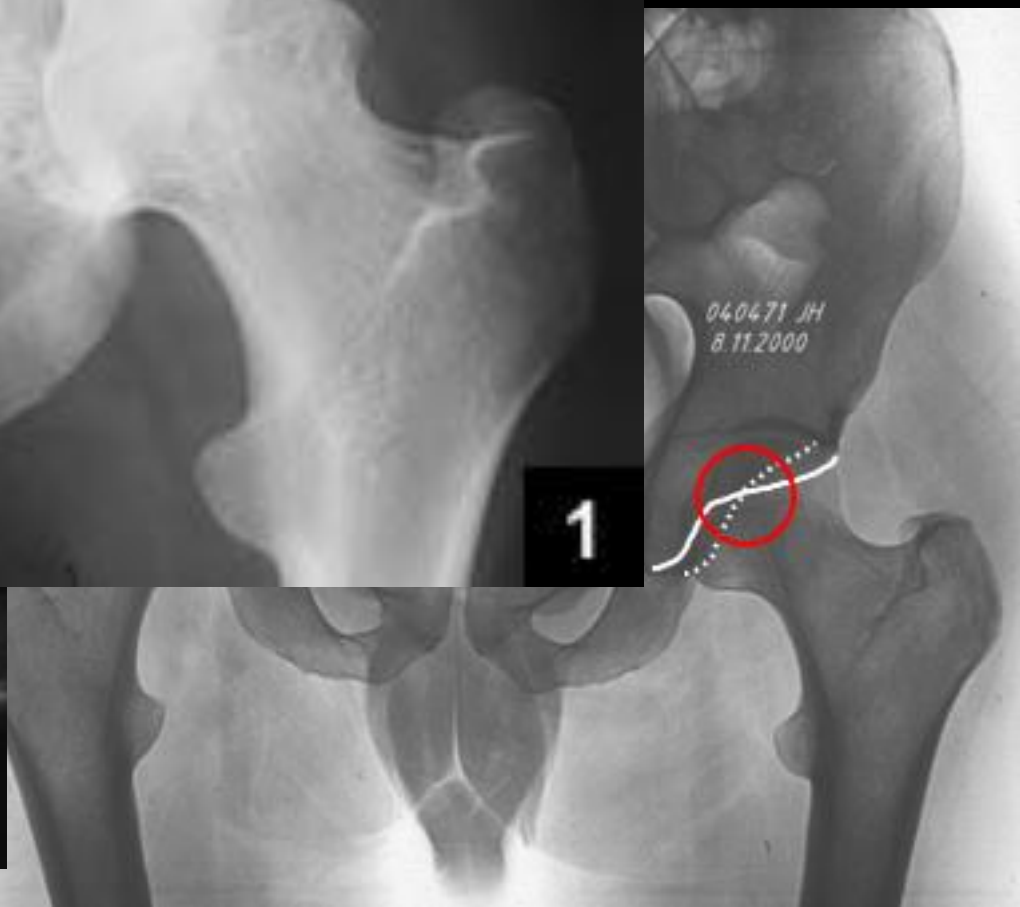


IMPINGEMENT TEST

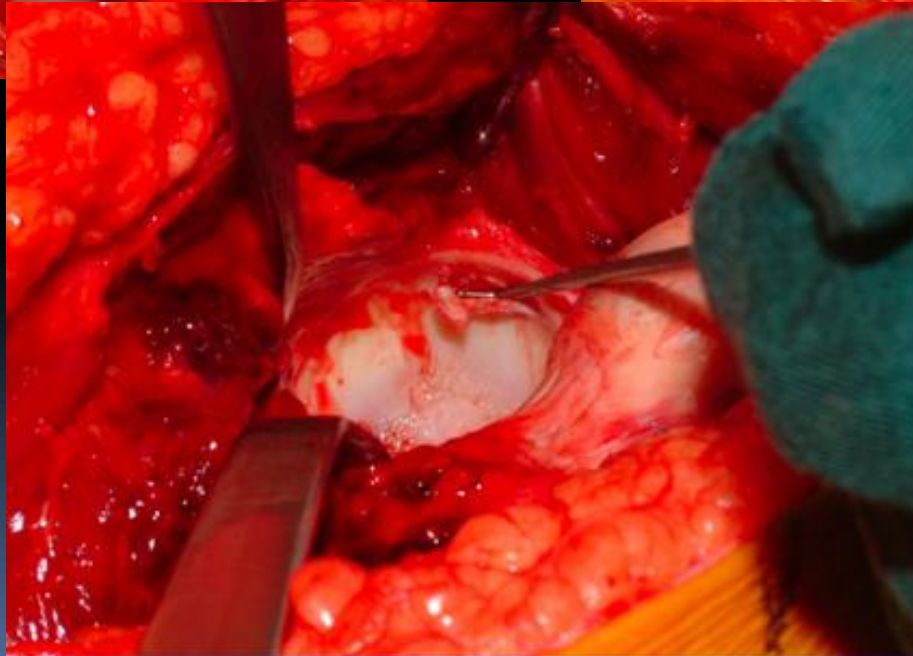
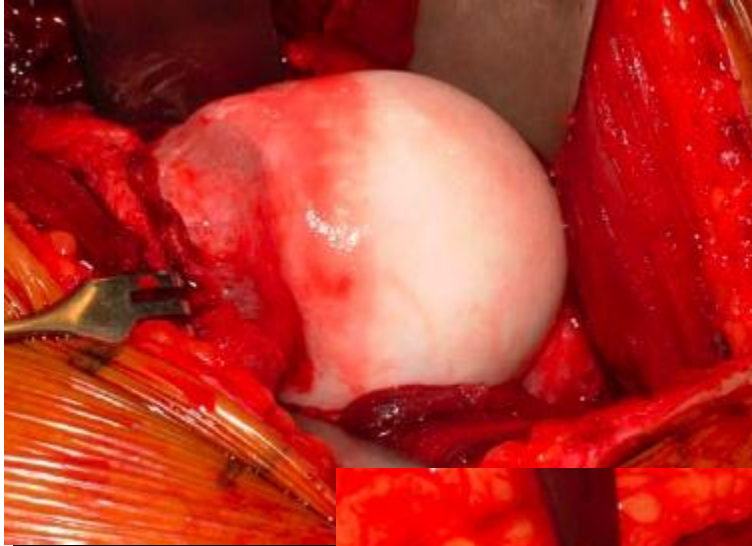


- Più sensibile
- Causa dolore
- Confrontato con l'altro lato sano

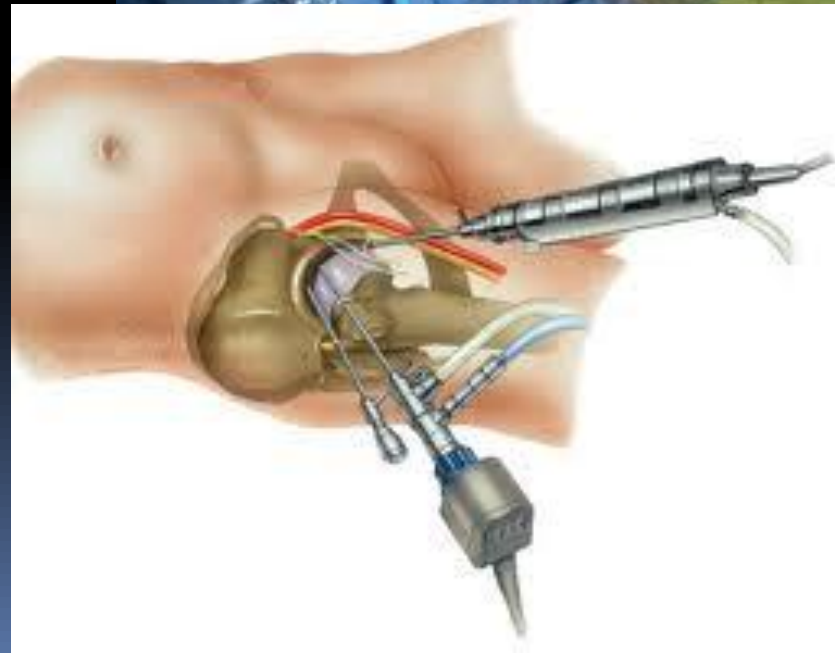
DIAGNOSI STRUMENTALE



TRATTAMENTO

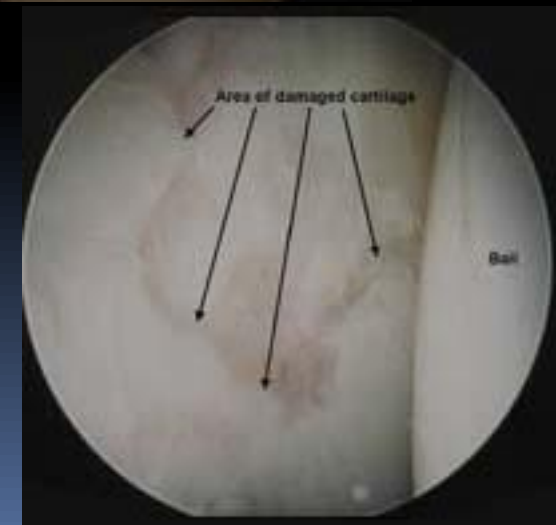
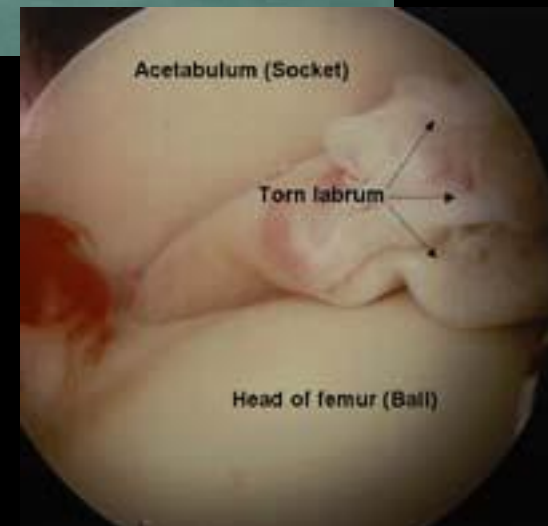


TRATTAMENTO ARTROSCOPICO



INDICAZIONI

- Corpi mobili
- Lesioni labrali
- Lesioni cartilaginee
- Conflitto femoro-acetabolare
- Malattie degenerative
- Malattie sinoviali
- Infezioni
- Necrosi avascolare
- Lesioni del l. rotondo
- Dolore da n.d.d.



COXO-FEMORALE (patologia degenerativa)

1^ : (primitiva)

2^:

- @ Post-traumatica o microtraumatica
- @ Infiammatorie (AR, AP, CM, LES)
- @ Vascolari
- @ Patologiche (neoplasie, osteoporosi, distrofie ecc.)
- @ Patologie congenite
- @ Dismetabolismi (diabete)

PATOLOGIA DEGENERATIVA

Congenita

DCA

Acquisita

Precoce:

- @ M. di Perthes
- @ Epifisiolisi
- @ AR giovanile
- @ Iatrogena

Tardiva:

- @ Idiopatica o 1^a
- @ Post-traumatica
- @ Post-osteotomia
- @ FAI
- @ Infiammatoria
- @ Iatrogena
- @ Vascolare



VALUTAZIONE CLINICA

Anamnesi

Dolore

Zoppia

Funzione (ROM)

Normometria

Test clinici



Valutazione delle articolazioni a valle e monte

PATOLOGIA

- Coxartrosi 1^: 27.377 (66,6%)
- Esiti DCA : 4.911 (12,0%)
- Necrosi cefalica : 2.313 (5,6%)
- Post-traumatica : 1.581 (3,6%)
- Infiammatorie : 532 (1,3%)
- Frattura collo femore: 3.811 (9,3%)



Quando la protesi?

Dolore

Vita di relazione

Evoluzione della patologia



Consenso "informato"

QUANTE PROTESI IMPIANTATE ?

- **RIPO** : Registro (Regionale) Implantologia
Protesica Ortopedica
- 2000-2007
- **ATA 1^** : 41.256 (62,1 %)
- **Endoprotesi** : 16.784 (25,2 %)
- **Reimpianti** : 6.895 (10,4 %)
- **Resurfacing** 823 (1,2 %)

TOTALE : 66.496 impianti in 8 anni

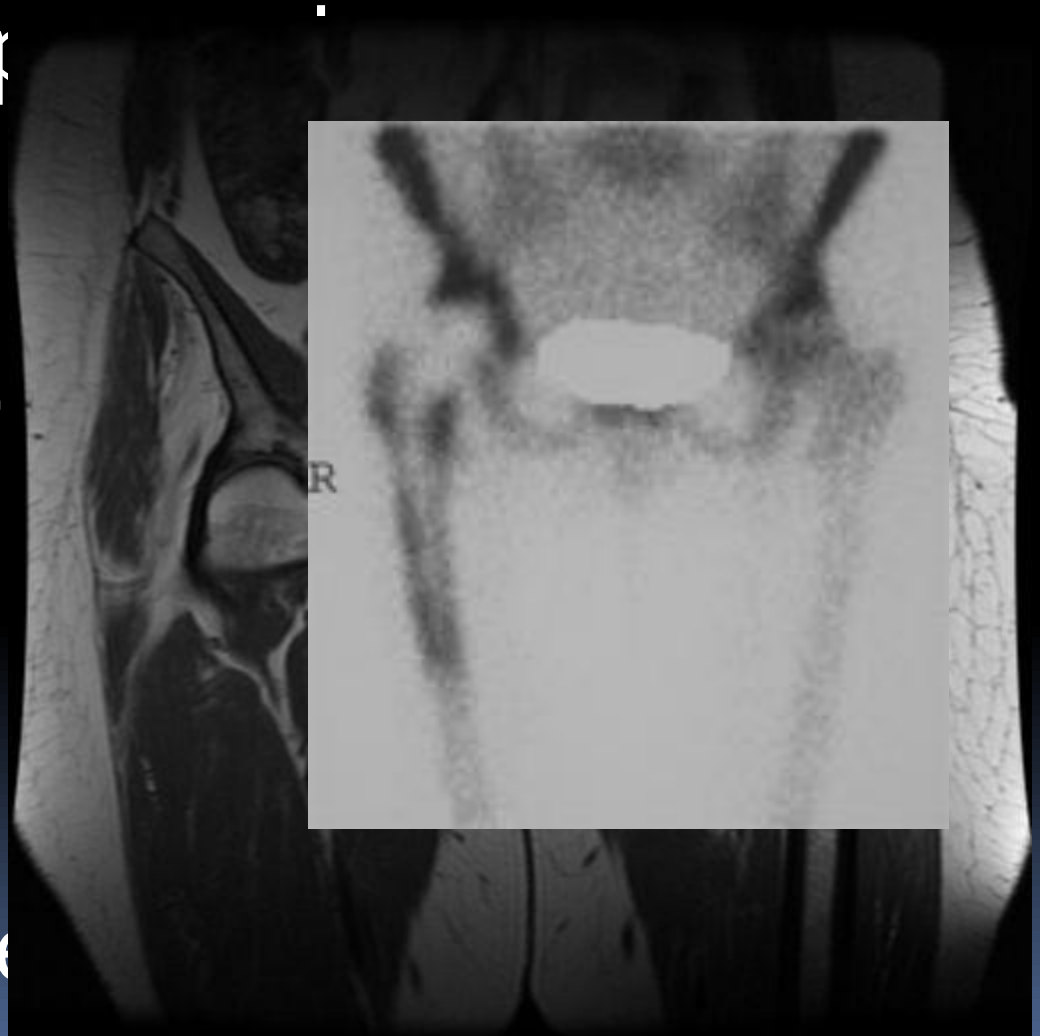
DIAGNOSI STRUMENTALE

Rx del bacino postero-anteriore

Rx del femore in proiezione laterale

RMN

Scintigrafia Ossea

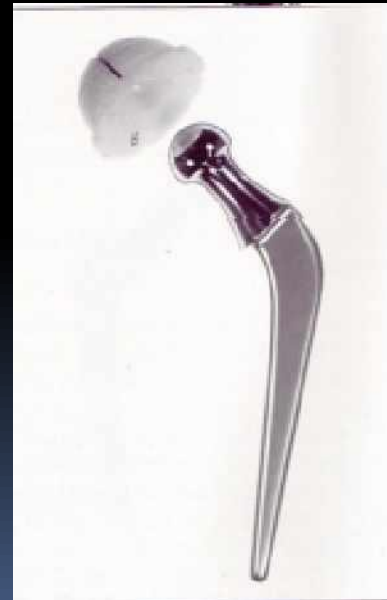


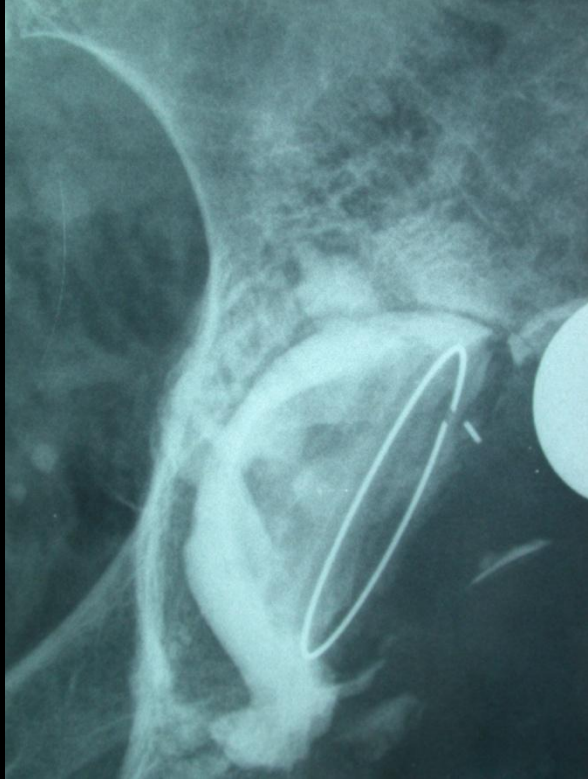
J. Charnley

The bonding of prostheses to bone by cement

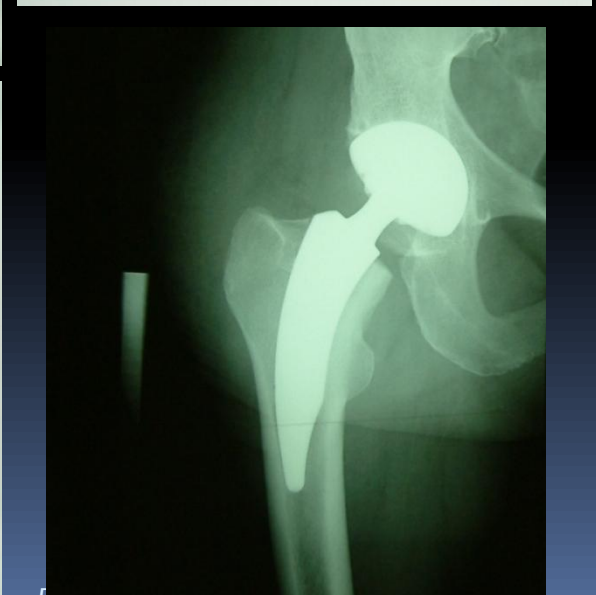
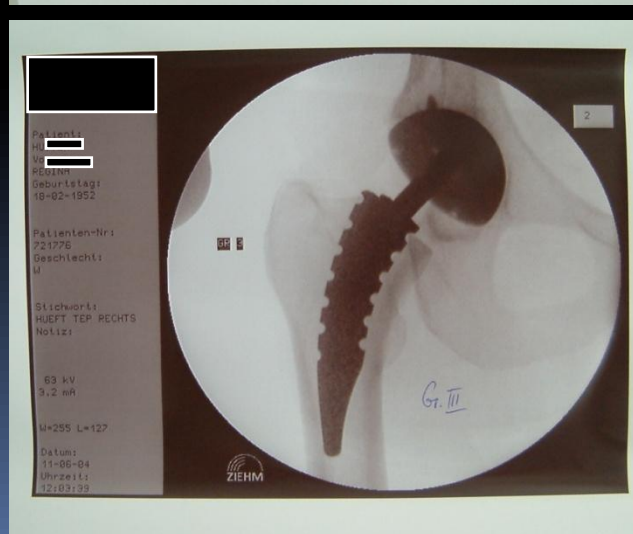
JBJS Br 1964

CMW Bone Cement

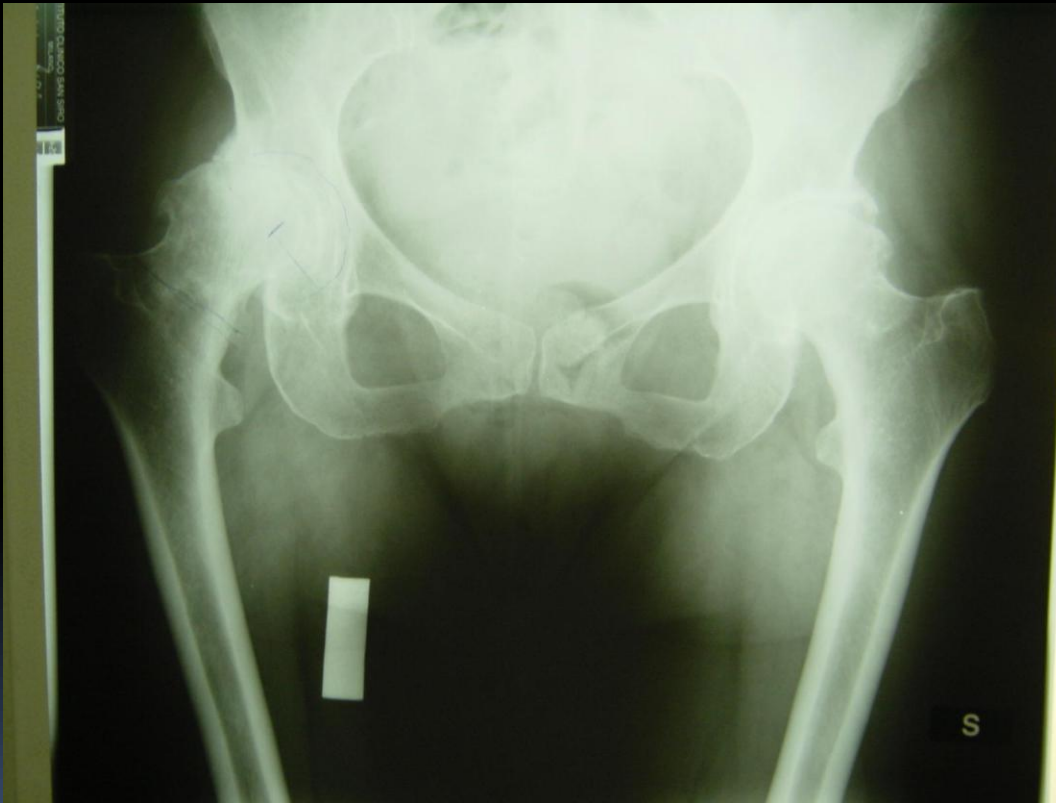




Intervento



Caso esemplificativo



Quali alternative all'intervento tradizionale?

- Resurfacing;
- Protesi a conservazione del collo;
- Protesi “mini invasive”;



DCA

Kovacs, Erzsebet
3930293
14/11/1954
F

Az.Osp.POLICLINICO DI MODENA
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[Pelvis ap
11/10/2008 13.12.05
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@p

Kovacs, Erzsebet
3930293
14/11/1954
F

Kovacs, Erzsebet
3930293
14/11/1954
F

Policlinico di Modena
Bodino
area AP
13/10/2008 11.36.01
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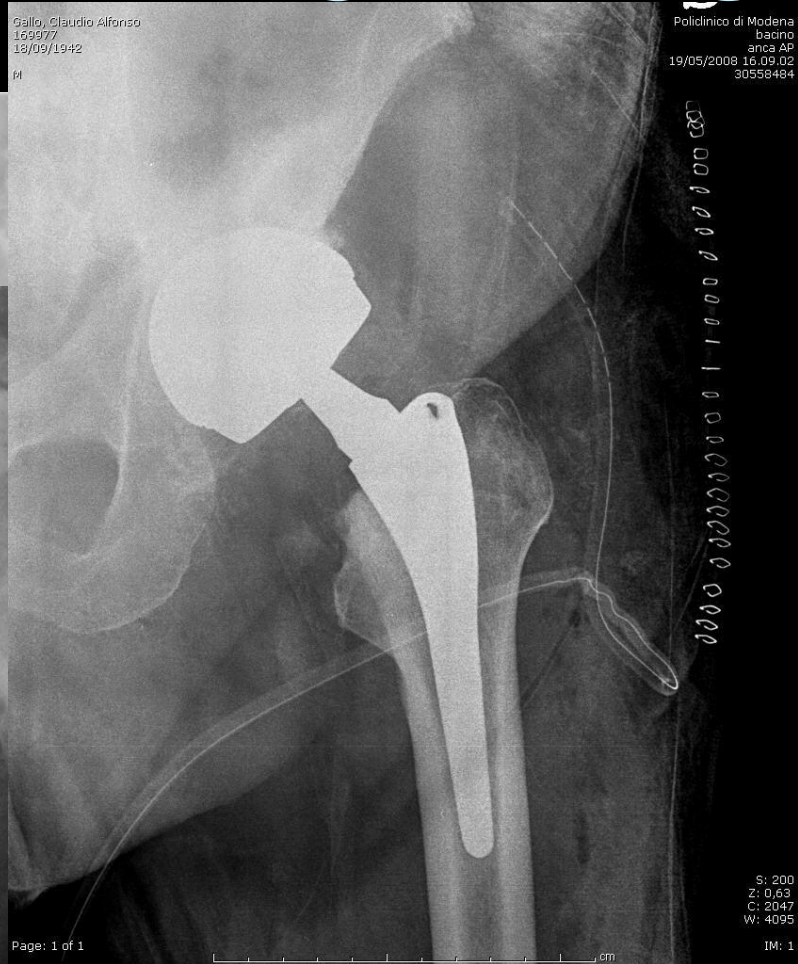
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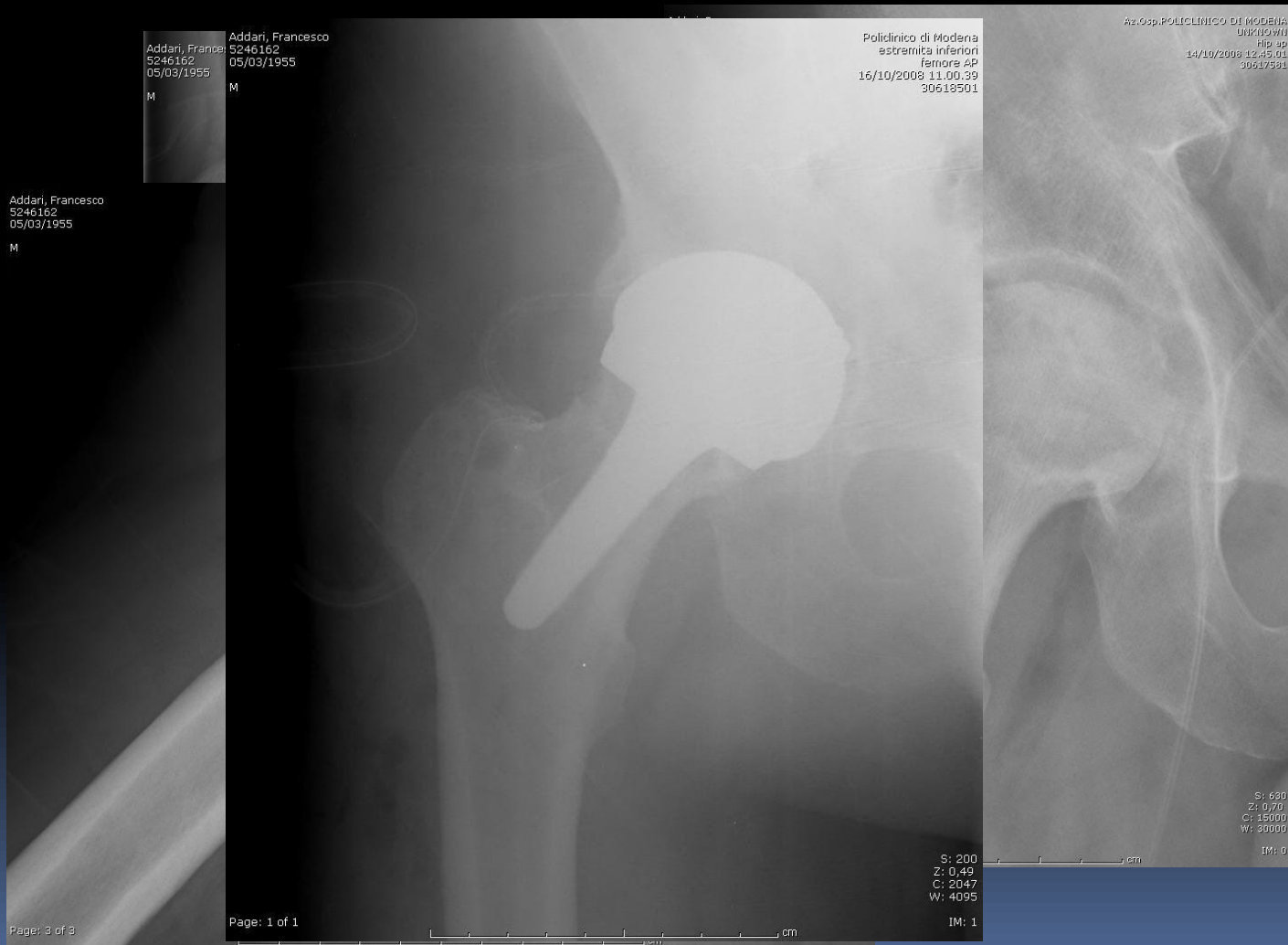
DCA POST-TRAUMATICA



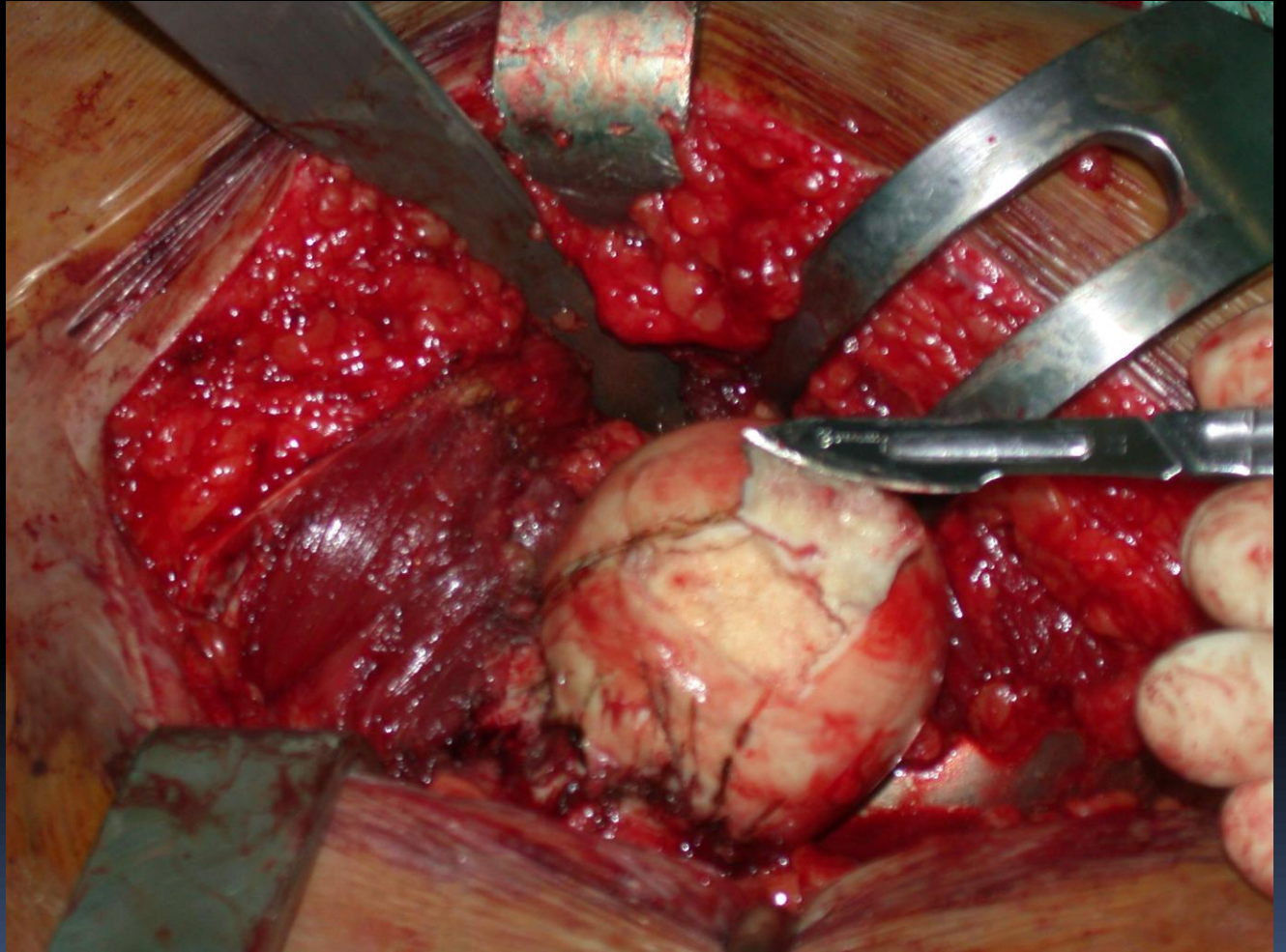
FAI



NECROSI VASCOLARE



NECROSI VASCOLARE



Montanile, Silvia
5122138
09/07/1986
F

Policlinico di Modena
Policlinico di Modena

Montanile, Silvia
5122138
09/07/1986
F

Policlinico di Modena
bacino
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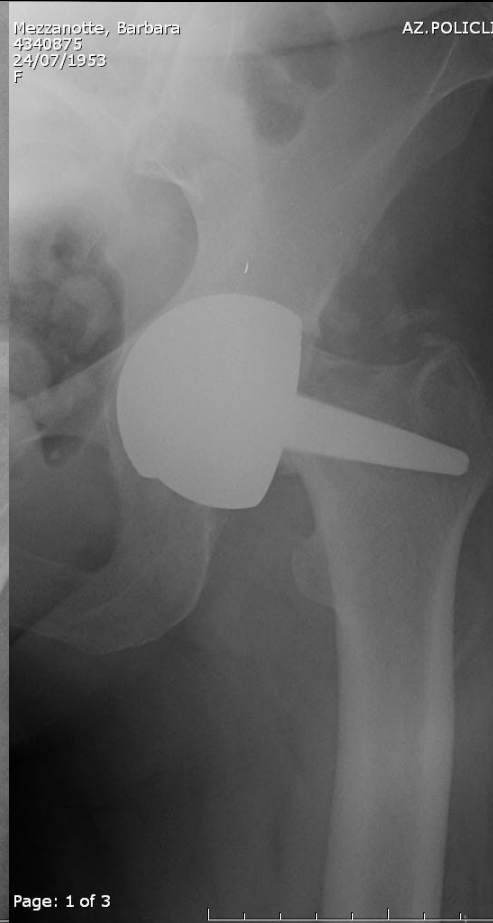
Resurfacing



Mezzanotte, Barbara
4340875
24/07/1953
F

Mezzanotte, Barbara
4340875
24/07/1953
F

AZ.POLICLINICO MODENA SERV.RAI
PELVIS, ARTICOLA:
07/01/2006 1
30



COMPLICANZE

POST-OP

Lussazione

Infezione

Superficiale

Profonda

Squeaking (cigolio)

Ematoma

TVP / EP



COMPLICANZE

Mobilizzazione

Lussazione

TARDIVE

Ossificazioni periprotetiche

Fratture periprotetiche

Infezioni

Osteolisi



Grazie dell'attenzione