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Challenges in total hip arthroplasty in ankylosing spondylitis

Case Presentation: Sixty years old lady, a known case of ankylosing spondylitis presented with severe cervical and thoracolumbar spine and both hips. Left hip was severely painful with 45-degree flexion contracture, 30 adduction contractures and a motion range of 45-100. The right hip which was less painful had 15 degrees flexion contracture with an adduction range of 5-10 degrees and ROM range of 15 to 100 degrees. A patient walks with a severe antalgic gait and uses a cane and could not look directly forward due to the severe rigidity of cervical spine. Total hip arthroplasty planned with precautions to avoid complications listed as follows: Awake intubation by the aid of fiberoptic device by an expert team of attending anesthesiologists. Very careful positioning preoperative and postoperative can be done using extensile lateral approach. Consideration of protrusio acetabuli, avoidance of central reaming, peripheral acetabular reaming up to 60 mm, lateral displacement of center of rotation of the hip, bone grafting the depth of acetabulum, additional fixation of a shell with acetabular screws, use of polyethylene with posterior augment. Gentle maneuvering to avoid spinal fracture; Decreasing shell anteversion from standard 20 degrees to 10 degrees and decreasing the shell slope from standard 40 degrees to lesser angle to avoid postoperative anterior dislocation and by use of C-arm fluoroscopy we can determine the shell level and inclination. Complete tenotomy of adductors, iliopsoas, rectus femoris both heads, abductor release from ilium and anterior capsulectomy. Postoperative Indomethacin 25 mg tid for six weeks to avoid heterotopic ossification. Postoperative pulmonary function monitoring at surgical ICU. The patient could walk the next day and discharged from hospital 72 hours postoperatively in good condition. At nine months follow up patient was very satisfied with painless hips and improvement at her sight angle enabling her to communicate socially with others. Her Harris hip score improved from 63 preoperatively to 82 postoperatively.

Recent Publications:

1. Goodman S M and Figgie M (2013) Lower extremity arthroplasty in patients with inflammatory arthritis: preoperative and perioperative management. Journal of the American Academy of Orthopaedic Surgeons 21(6):355-363.
2. Nystad T W, Furnes O, Havelin L I, Skredderstuen A K and Lie S A, et al. (2013) Hip replacement surgery in patients with ankylosing spondylitis. Annals of the Rheumatic Diseases 73(6):1194-7.
3. Woodward L J and Kam P C (2009) Ankylosing spondylitis: recent developments and anesthetic implications. Anesthesia 64(5):540-548.
4. Mahesh B H, Jayaswal A and Bhan S (2008) Fracture dislocation of the spine after total hip arthroplasty in a patient with ankylosing spondylitis with early pseudoarthrosis. The Spine Journal 8(3):529-533.
5. Tang WM and Chiu KY (2000) Primary total hip arthroplasty in patients with ankylosing spondylitis. Journal of Arthroplasty 15(1):52-58.

Biography

Fereidoon M Jaberi is a Professor of Orthopedic Surgery at Shiraz University of Medical Sciences in Iran. He practices in fields of his fellowships in: Arthroscopic Joints Surgery from McGill University at Montreal, Canada; Adult Reconstruction, Hip and Knee Arthroplasty from Rothman Institute Joint Research, Thomas Jefferson University at Philadelphia, USA and Foot and Ankle reconstruction from Toronto Western Hospital, Canada..

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