

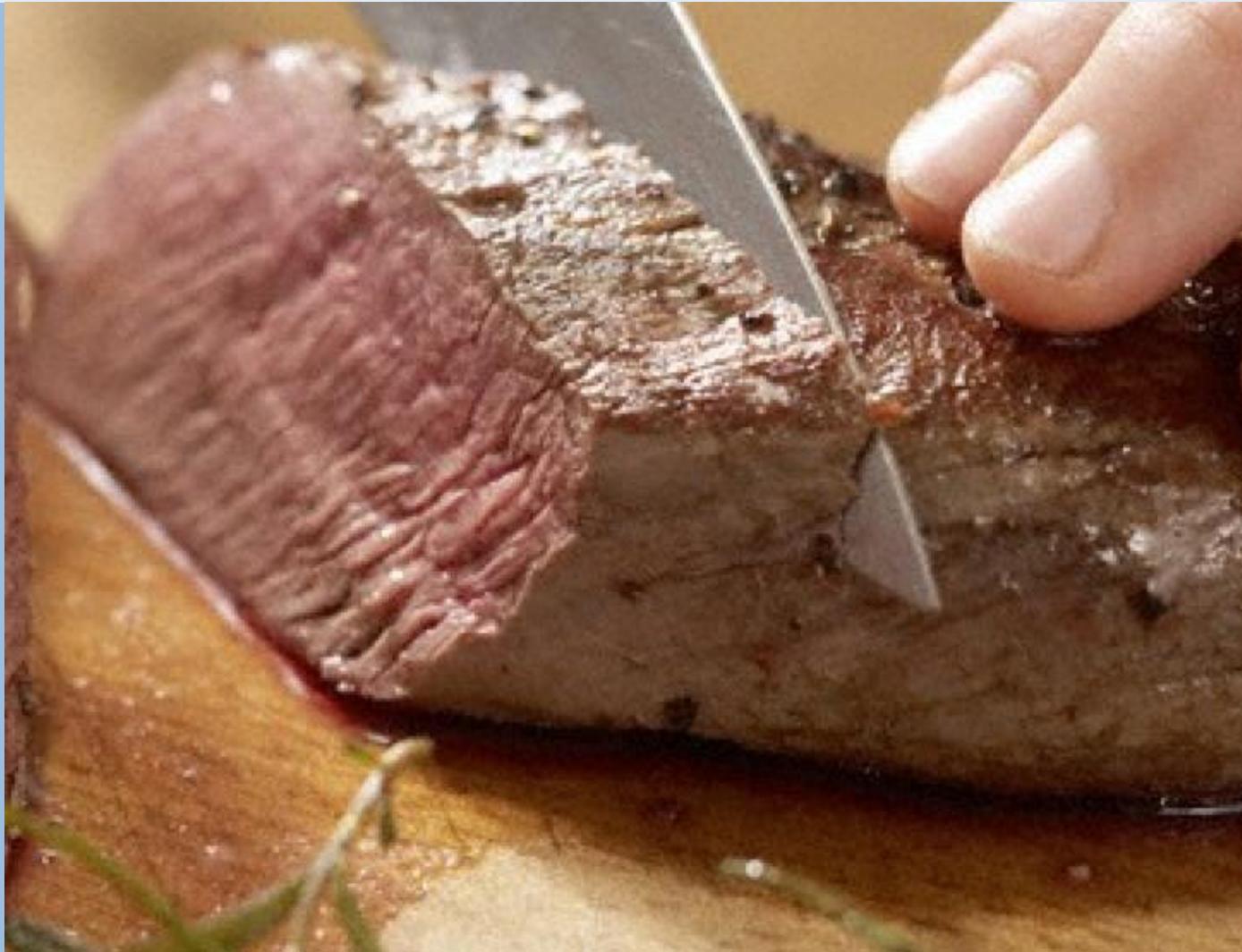
Bern Hip Symposium 2020 - Vorkurs

Behandlungskonzept der Pincer Deformität

KA Siebenrock

Universitätsklinik für Orthopädische Chirurgie & Traumatologie
Inselspital, Bern

Wieviel darf's denn sein?



Strategie

- > Analyse des Azetabulums
- > Identifikation der Ueber-Ueberdachung
- > Plan für die Korrektur

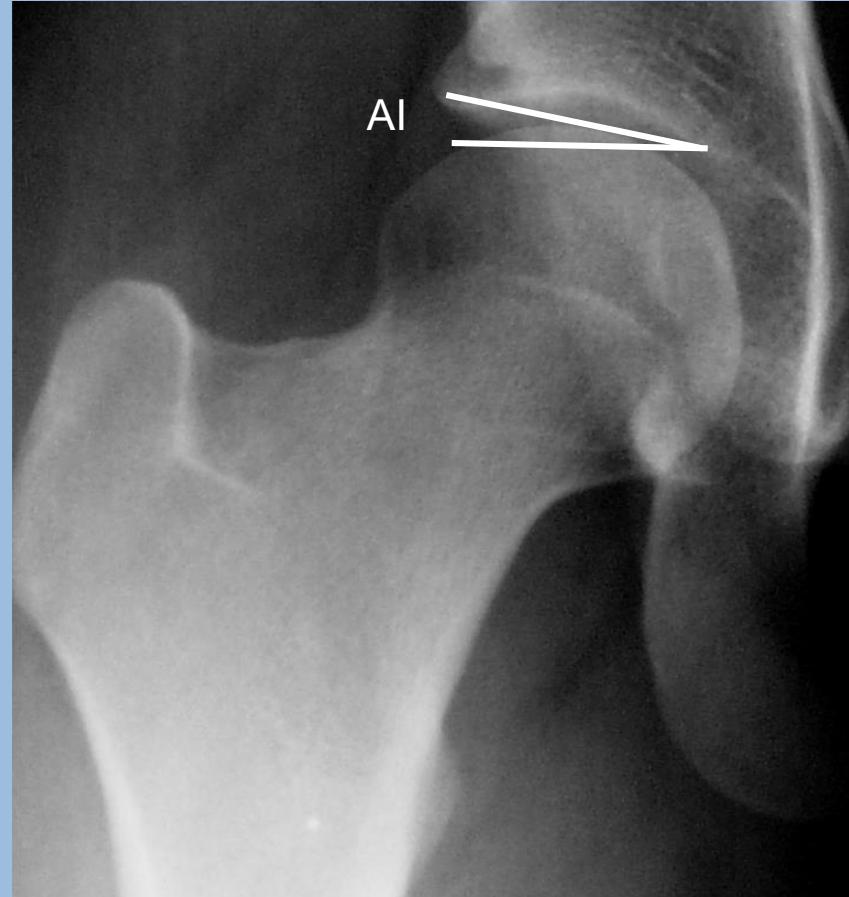
I. Analyse

- > Orientierung (Version)
- > Ueberdachung



Orientierung

- > Azetabulärer Index 0 – 13°



Orientierung

- > Azetabulärer Index 0 – 13°
- > Anteversion des Azetabulums
 - Linien treffen sich kranial
 - Vorderwand (gepunktet) liegt medial der Hinterwand (durchgezogen)



Ueberdachung

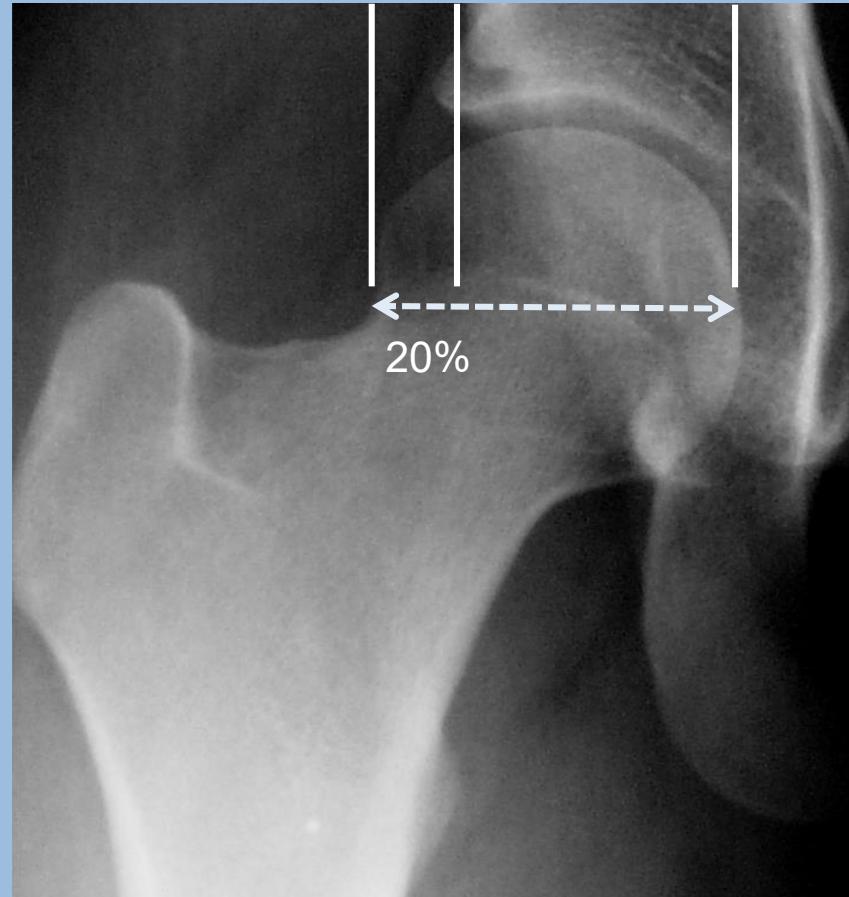
> LCE Winkel

25 – 30°

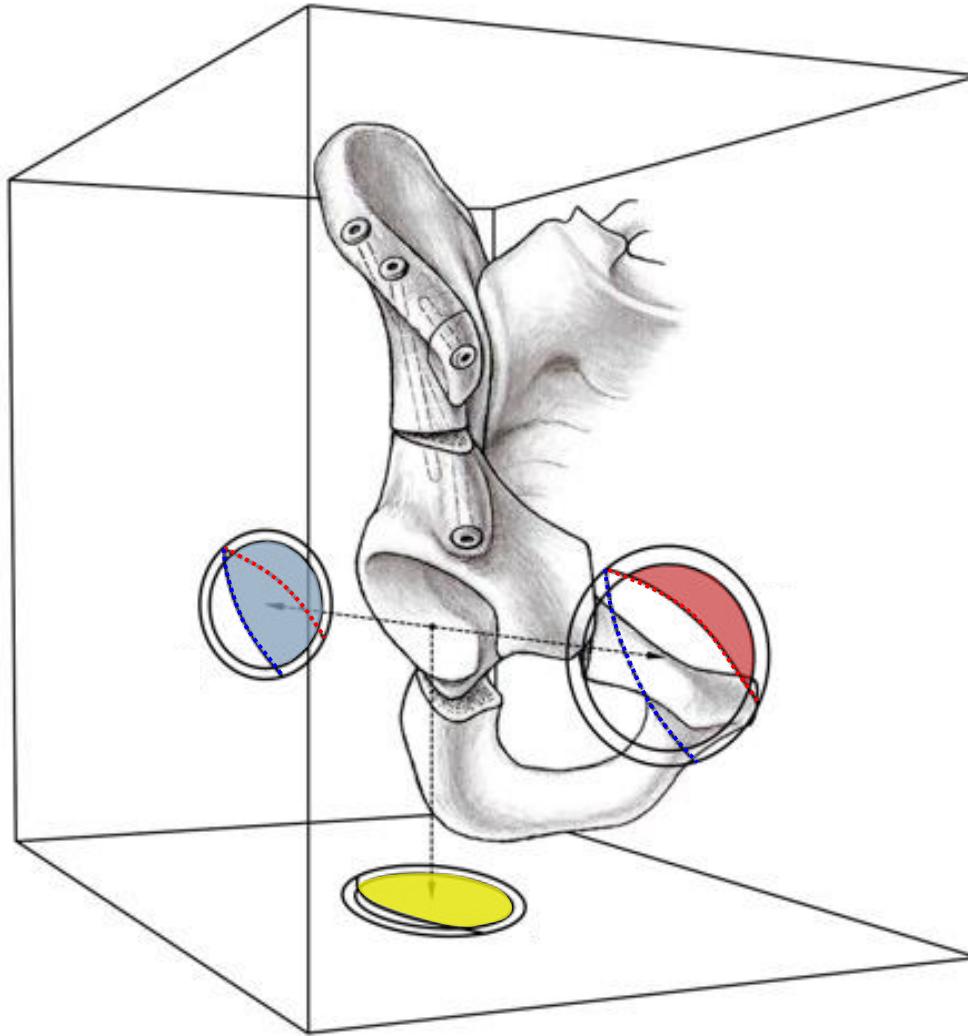


Ueberdachung

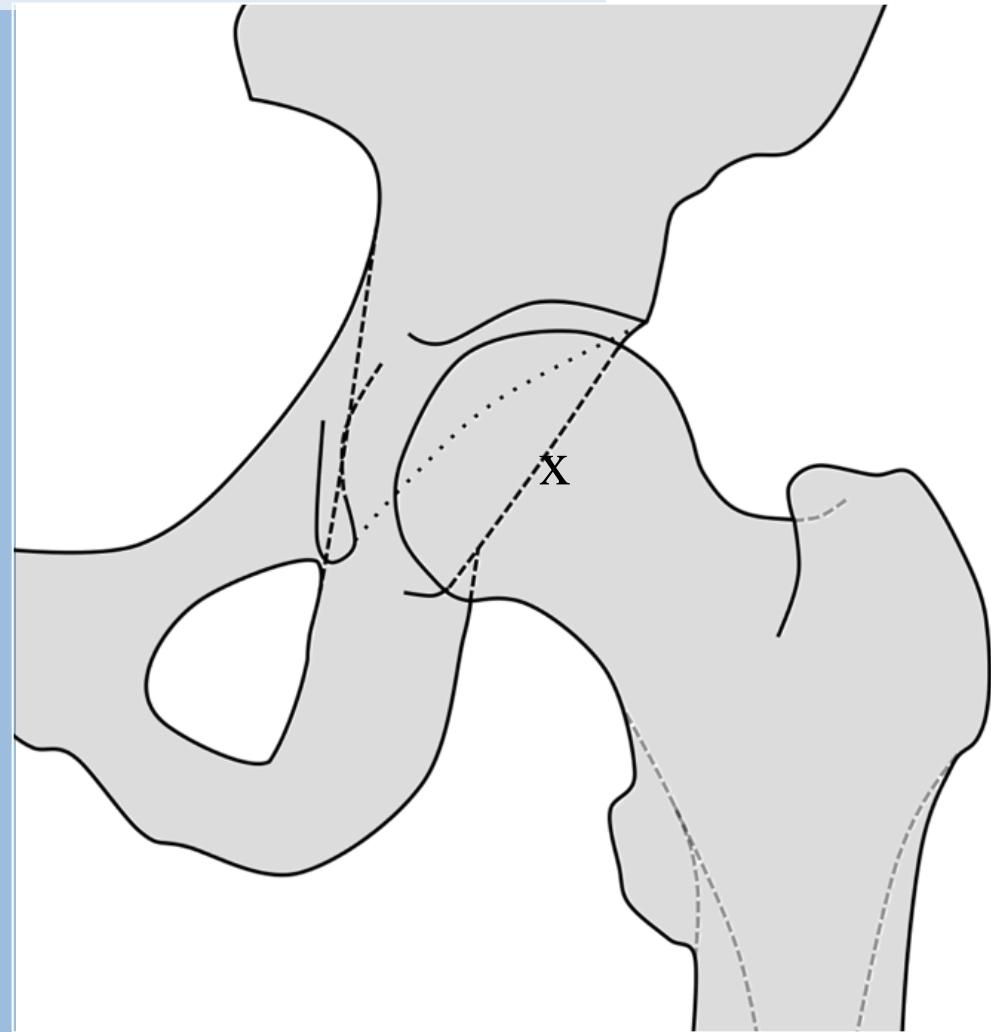
- > LCE Winkel **25 – 30°**
- > Extrusion Index 15 - 25%



Quantifizierung

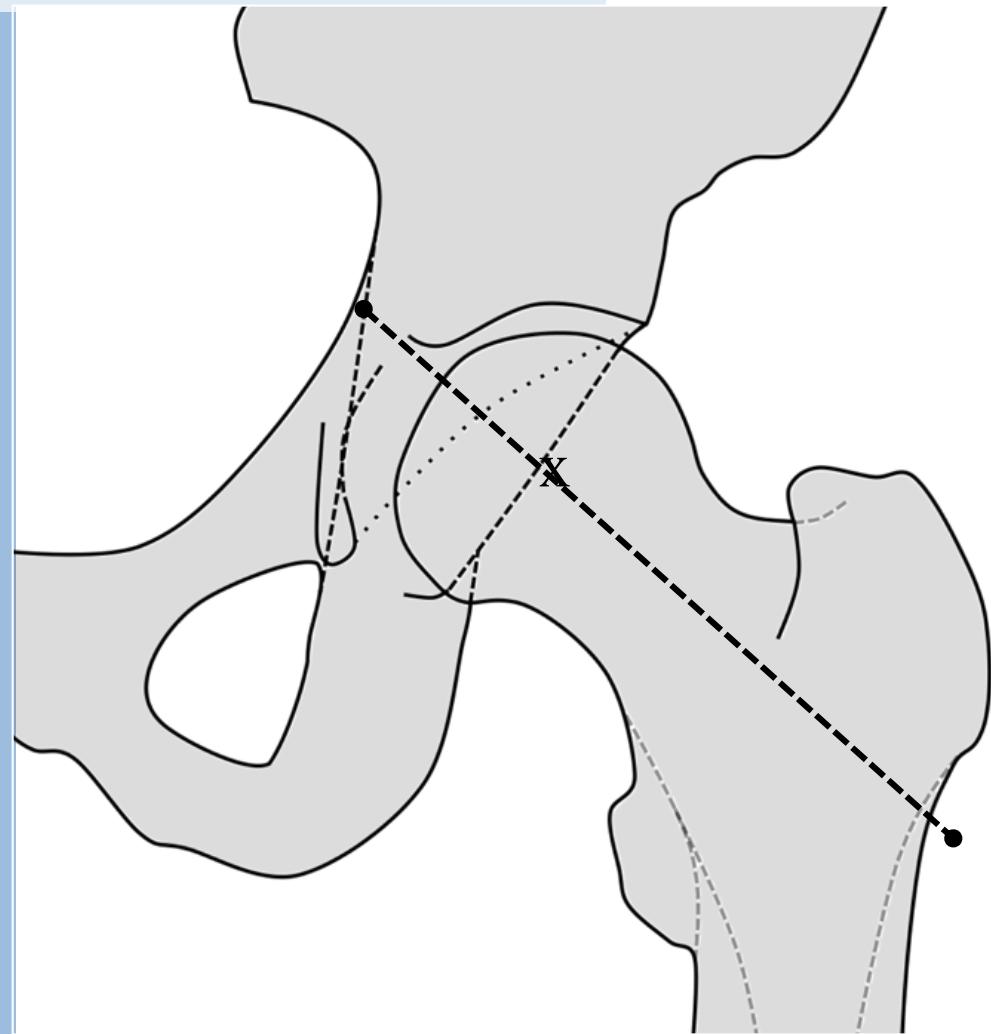


Acetabular wall index



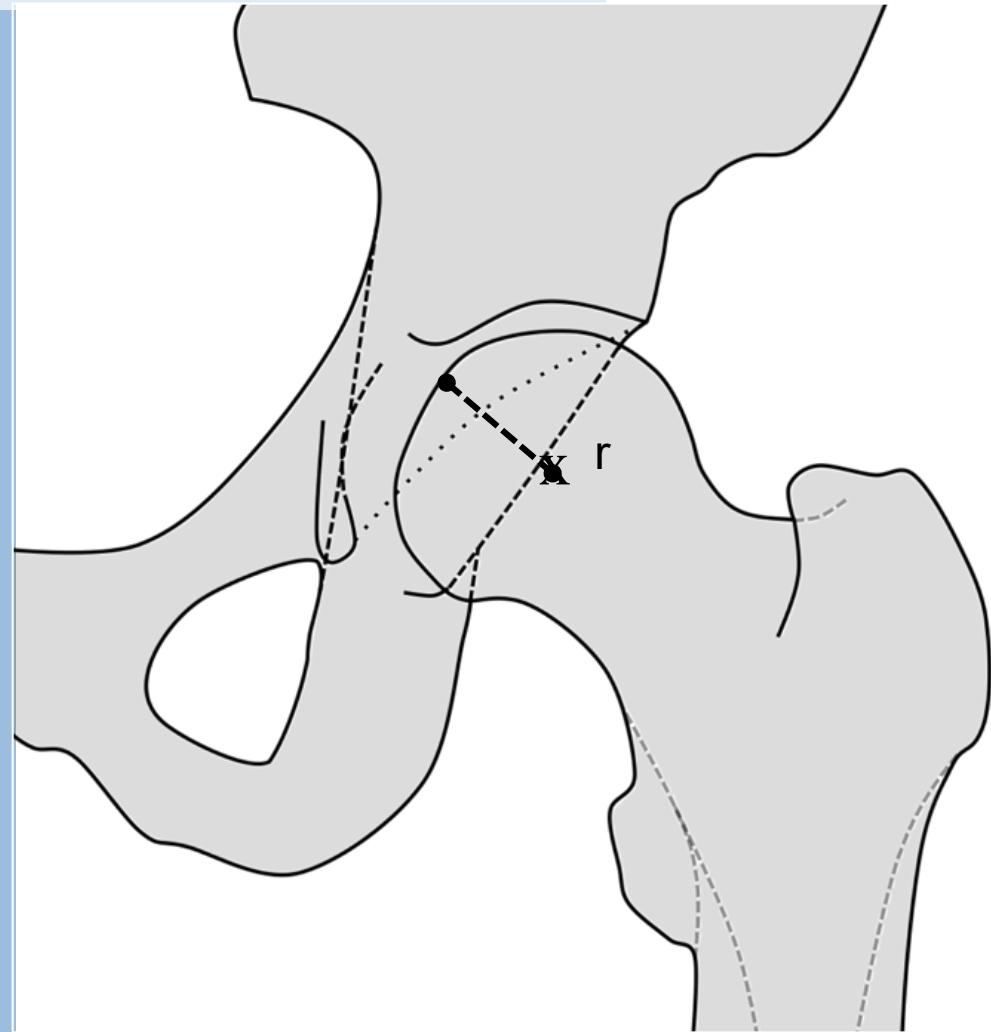
Acetabular wall index

Schenkelhalsachse



Acetabular wall index

Kopfradius



Merkregel

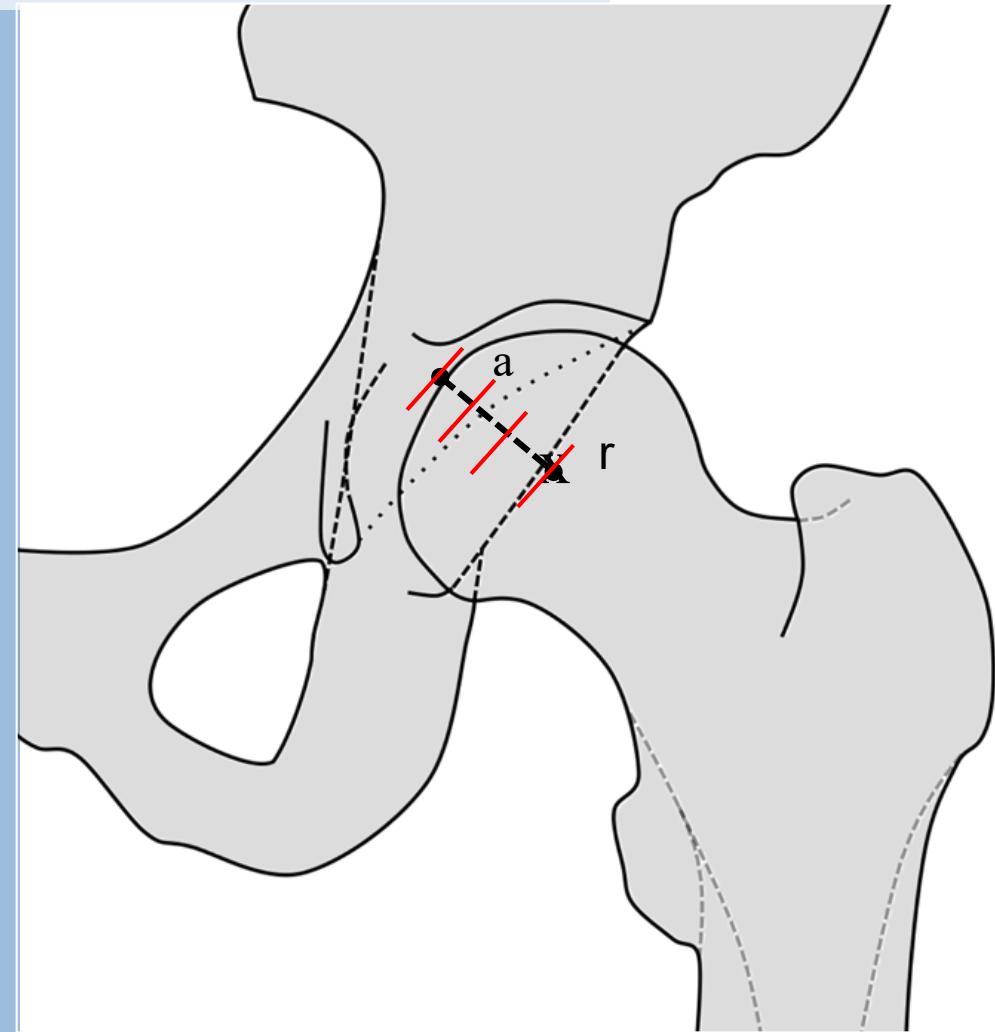
- > Quantifizierung der Ueberdachung
 - Vorderwand
 - Hinterwand



Acetabular wall index

Vorderwand:

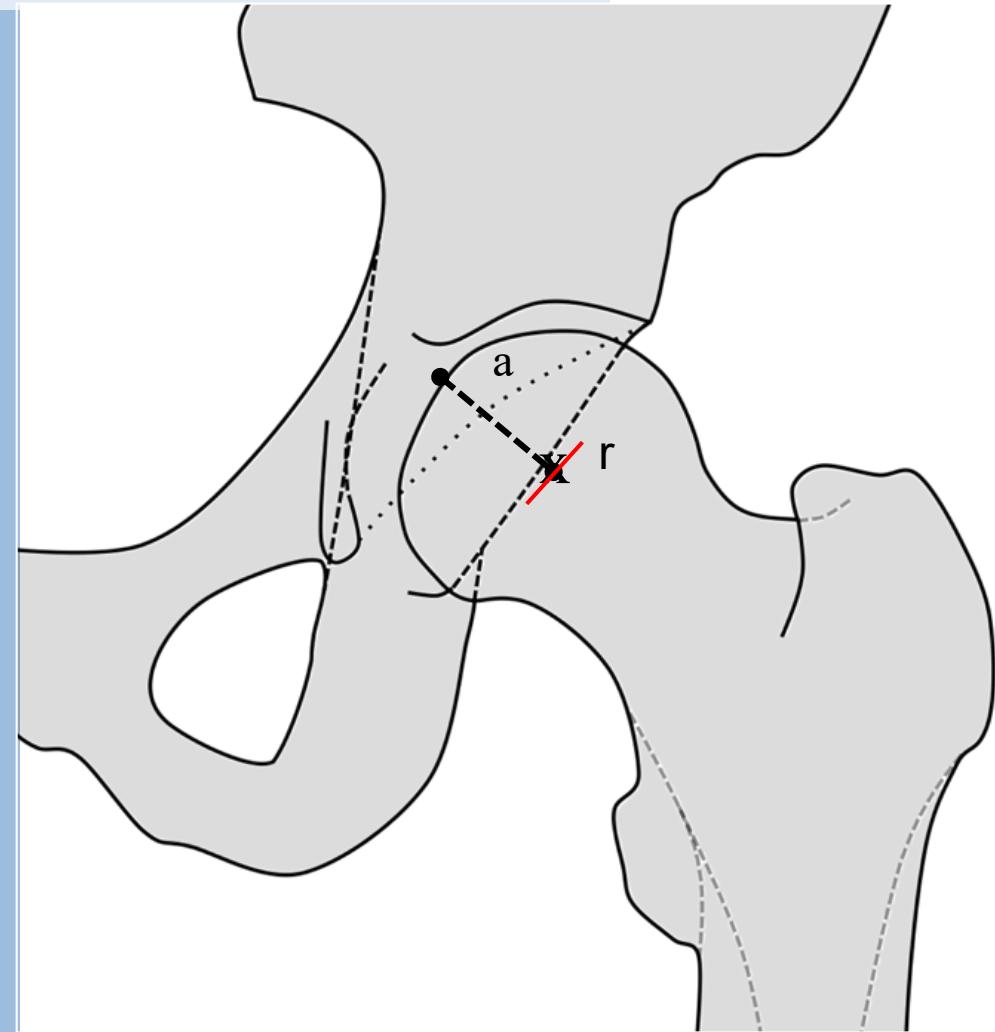
- mittleres Drittel des Radius



Acetabular wall index

Hinterwand:

- unmittelbar medial Zentrum



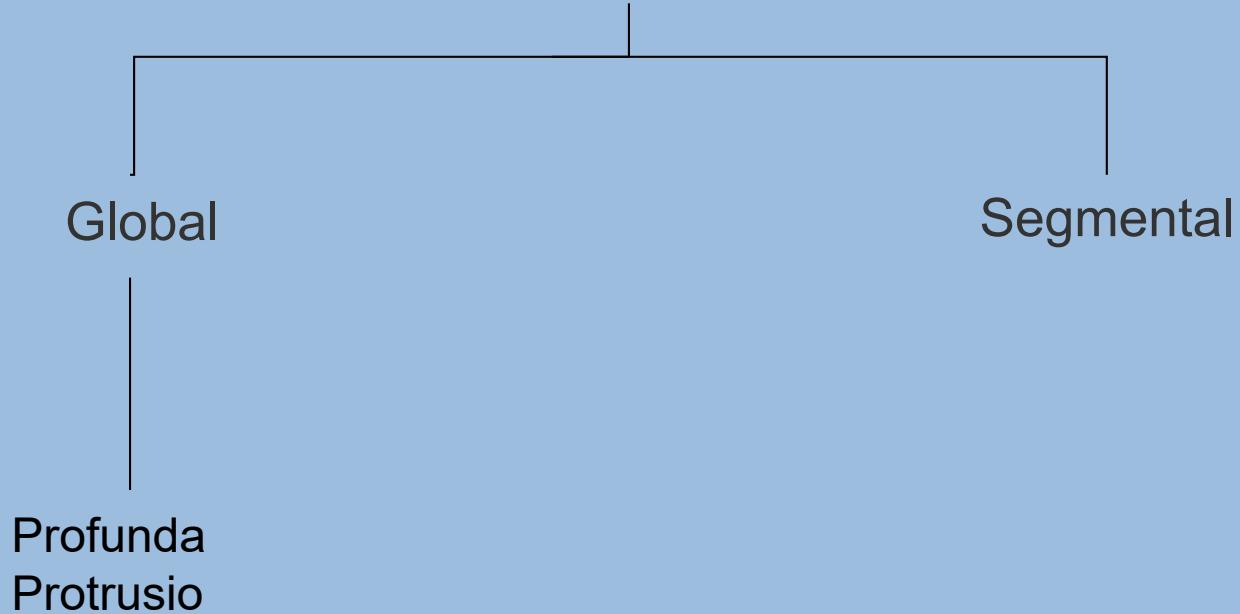
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- > **Identifikation der Ueber-Ueberdachung**
- > Plan für die Korrektur

Azetabuläre Ueber-Ueberdachung



Azetabuläre Ueber-Ueberdachung



Protrusio

Version



Protrusio

Version



LCE



Protrusio

Version



LCE



Extrusion



Protrusio

Version



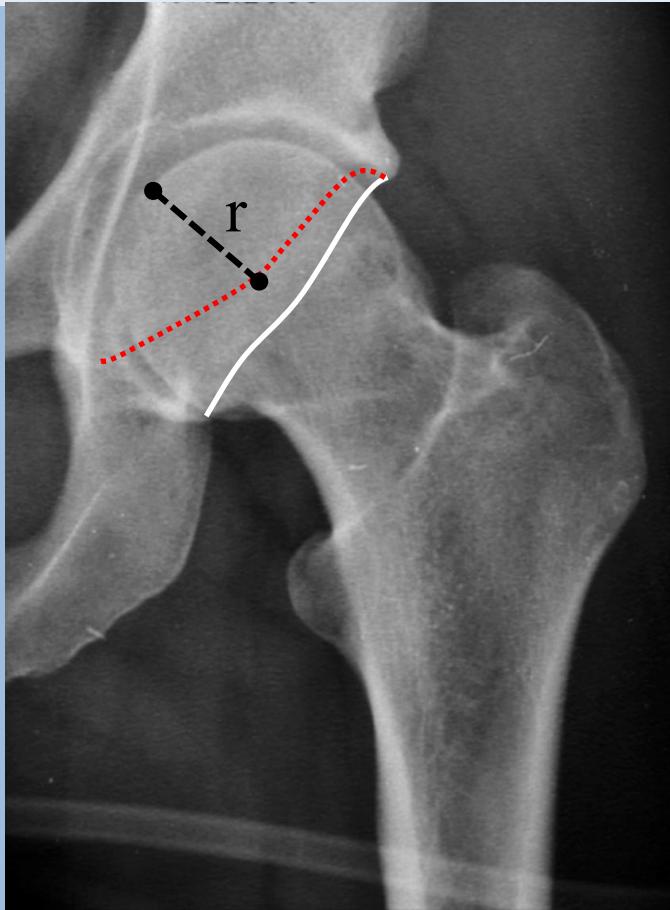
LCE



Extrusion



VW



Protrusio

Version



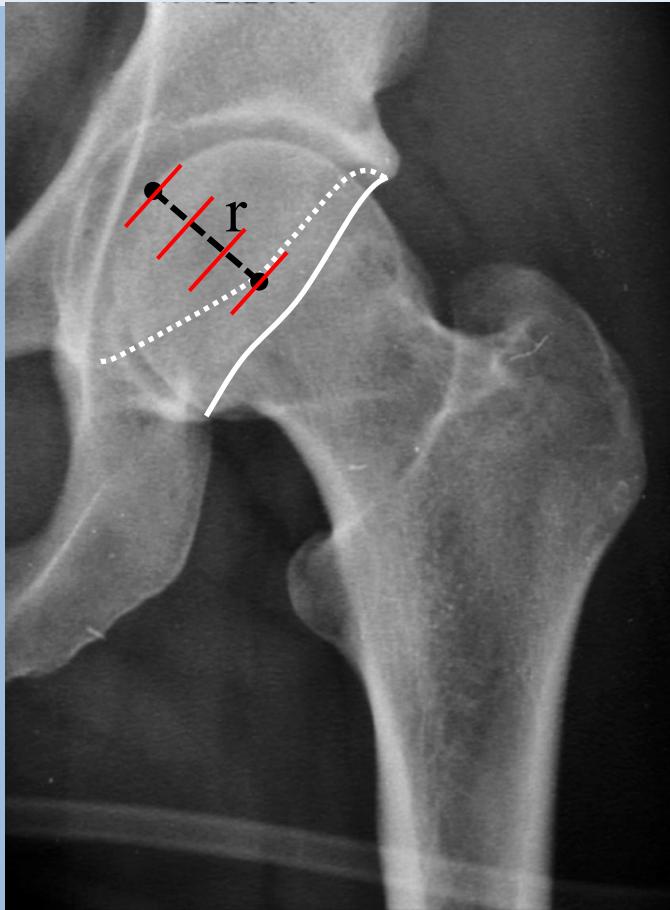
LCE



Extrusion



VW



Protrusio

Version



LCE



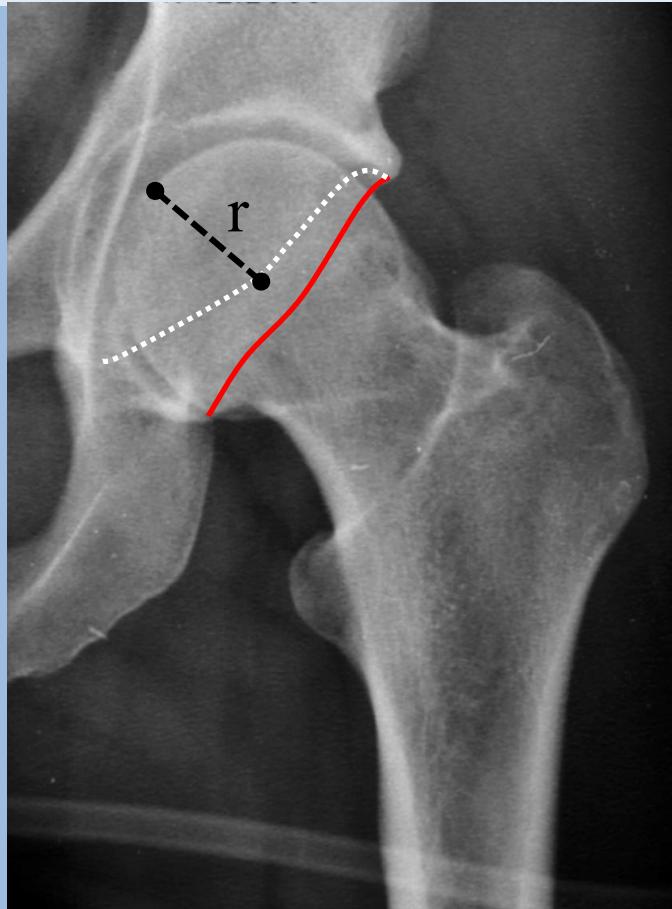
Extrusion



VW



HW



Protrusio

Version



LCE



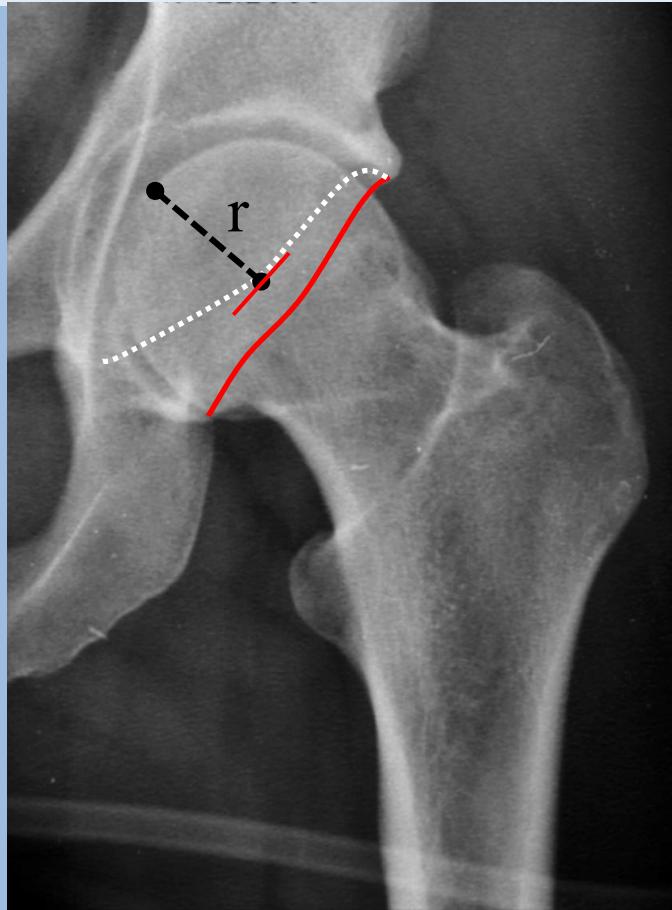
Extrusion



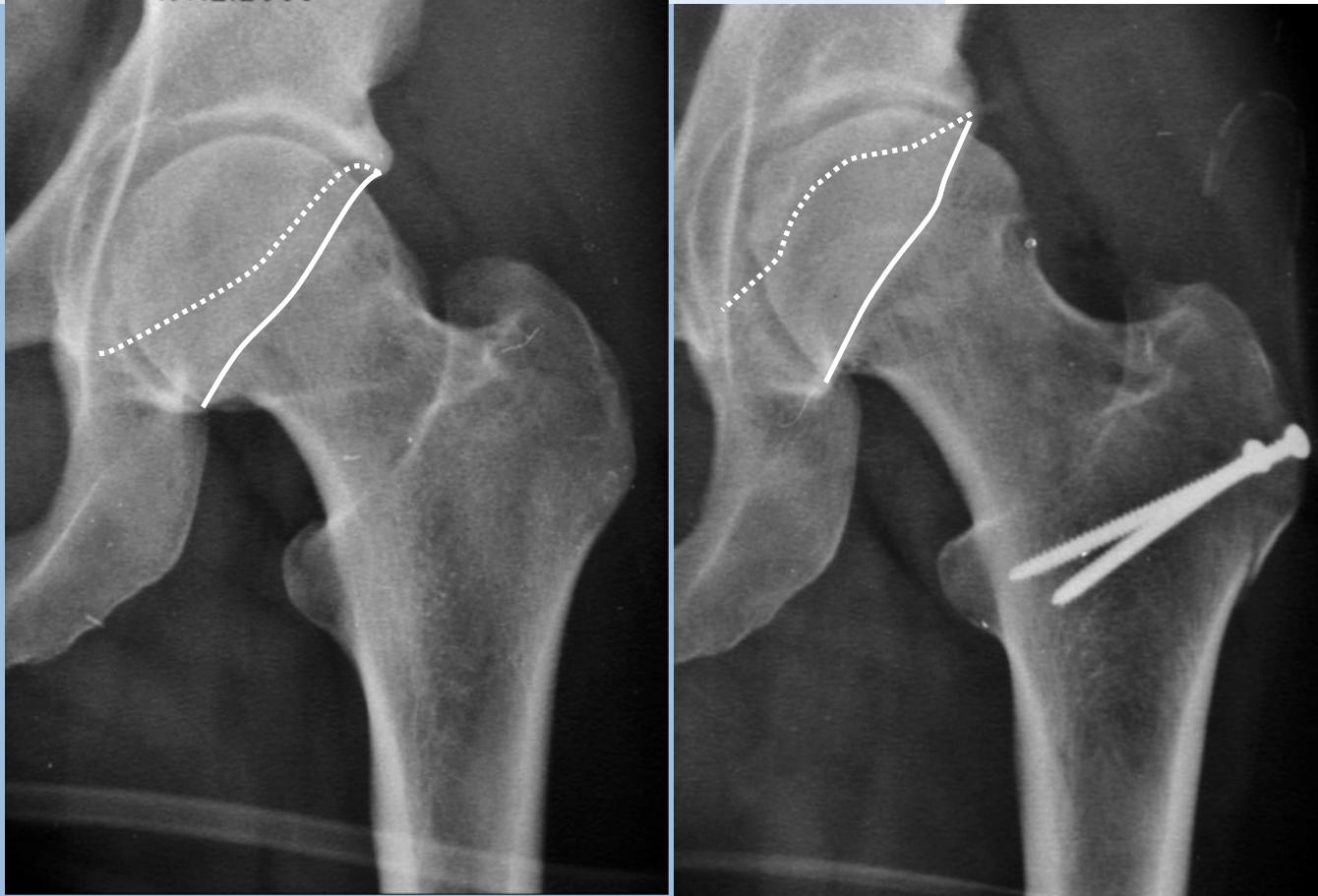
VW



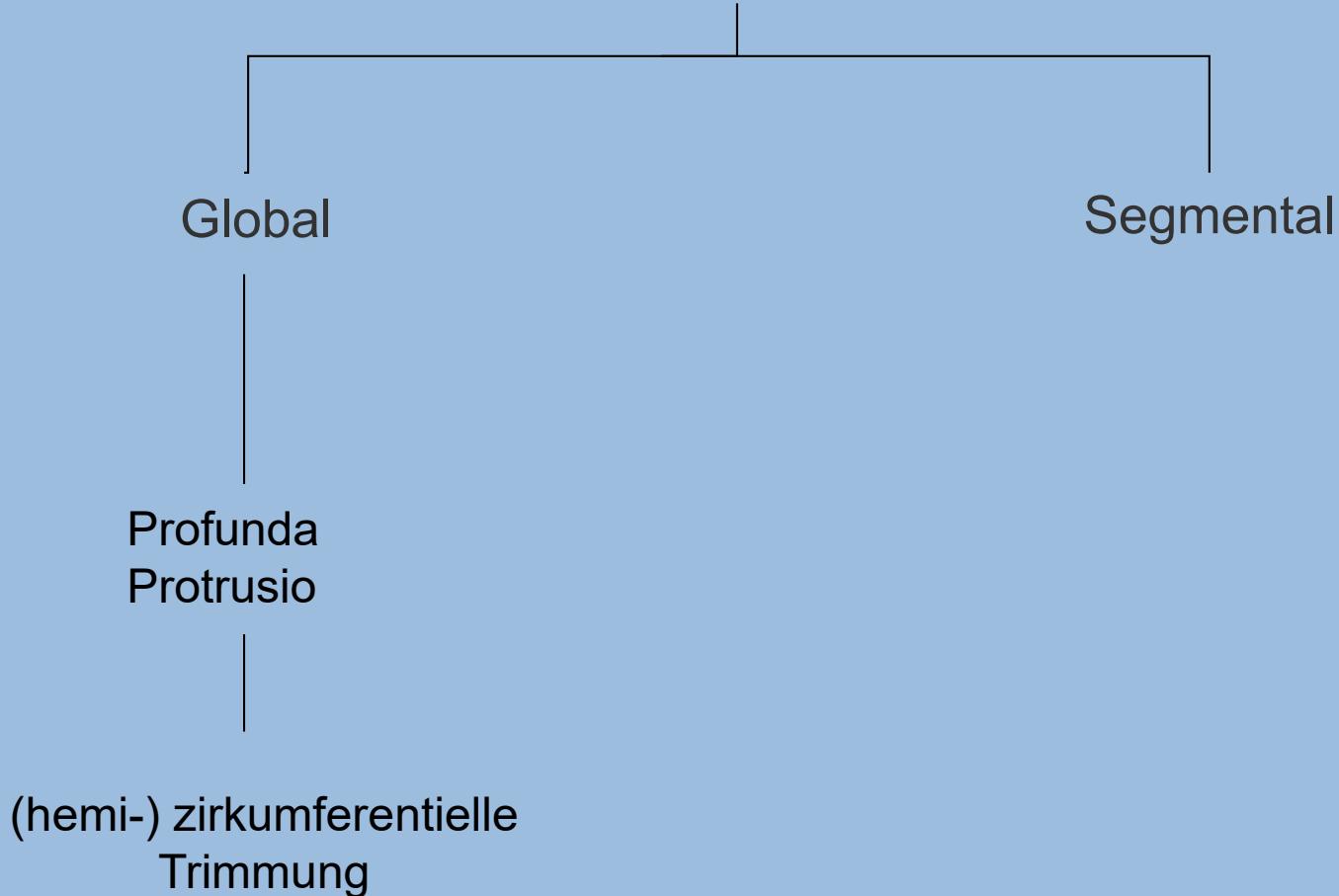
HW



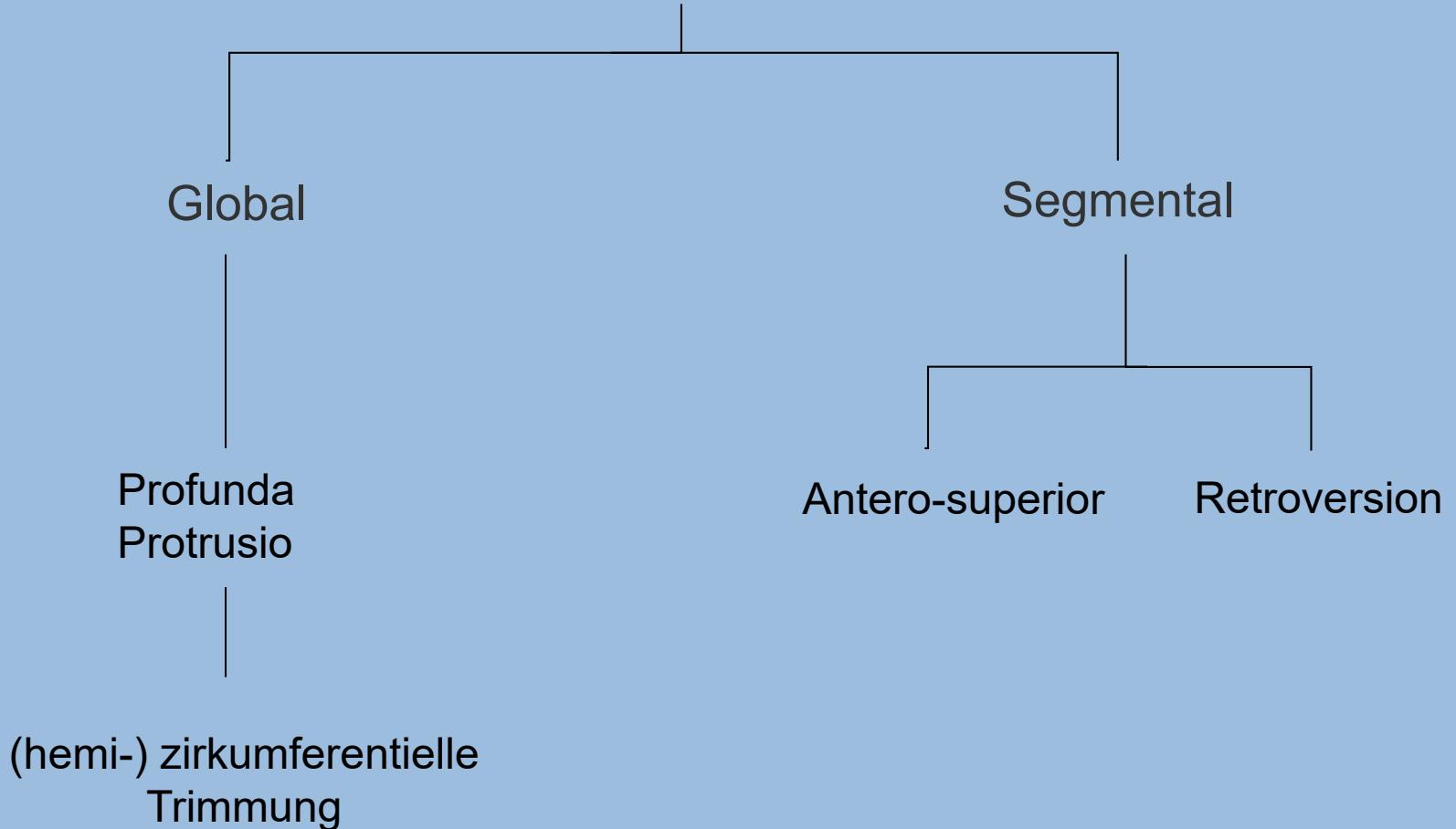
Zirkumferentielles Trimmen



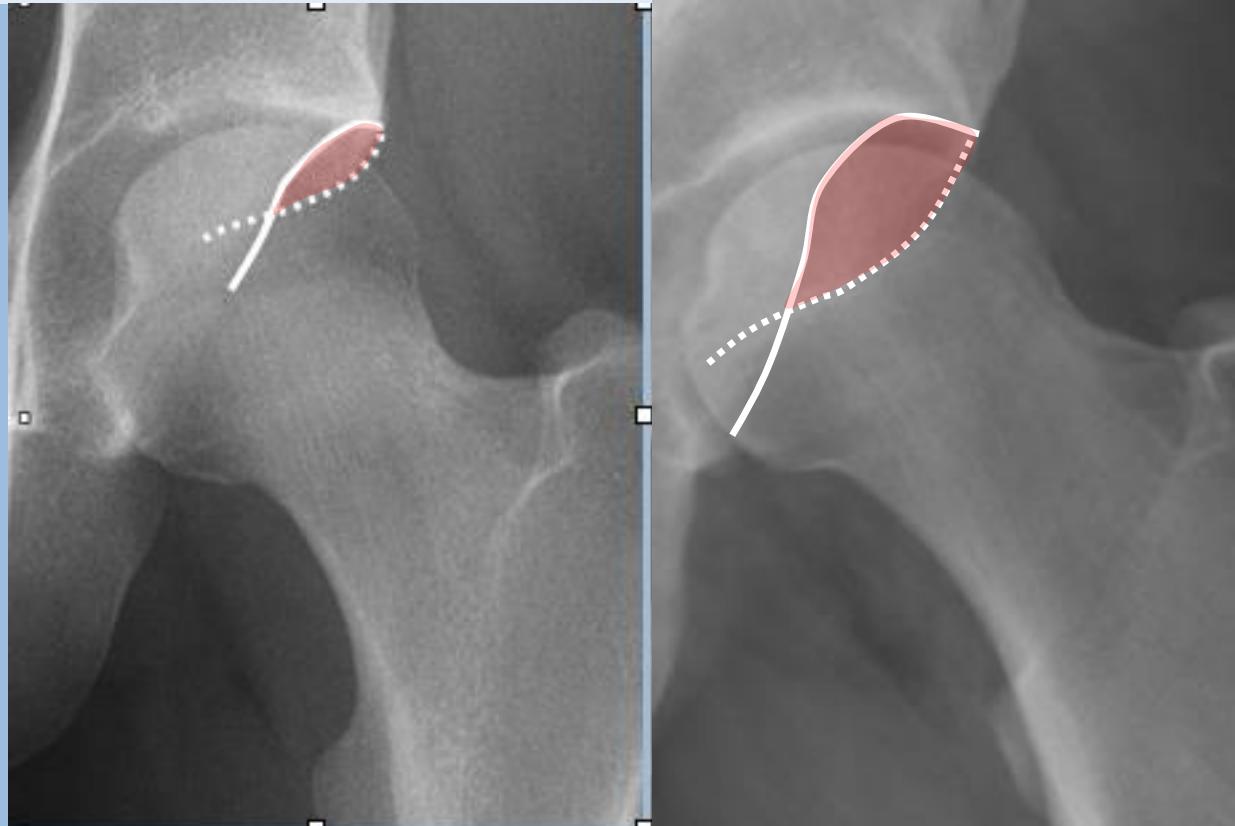
Azetabuläre Ueber-Ueberdachung



Azetabuläre Ueber-Ueberdachung



Segmentale Ueber-Ueberdachung

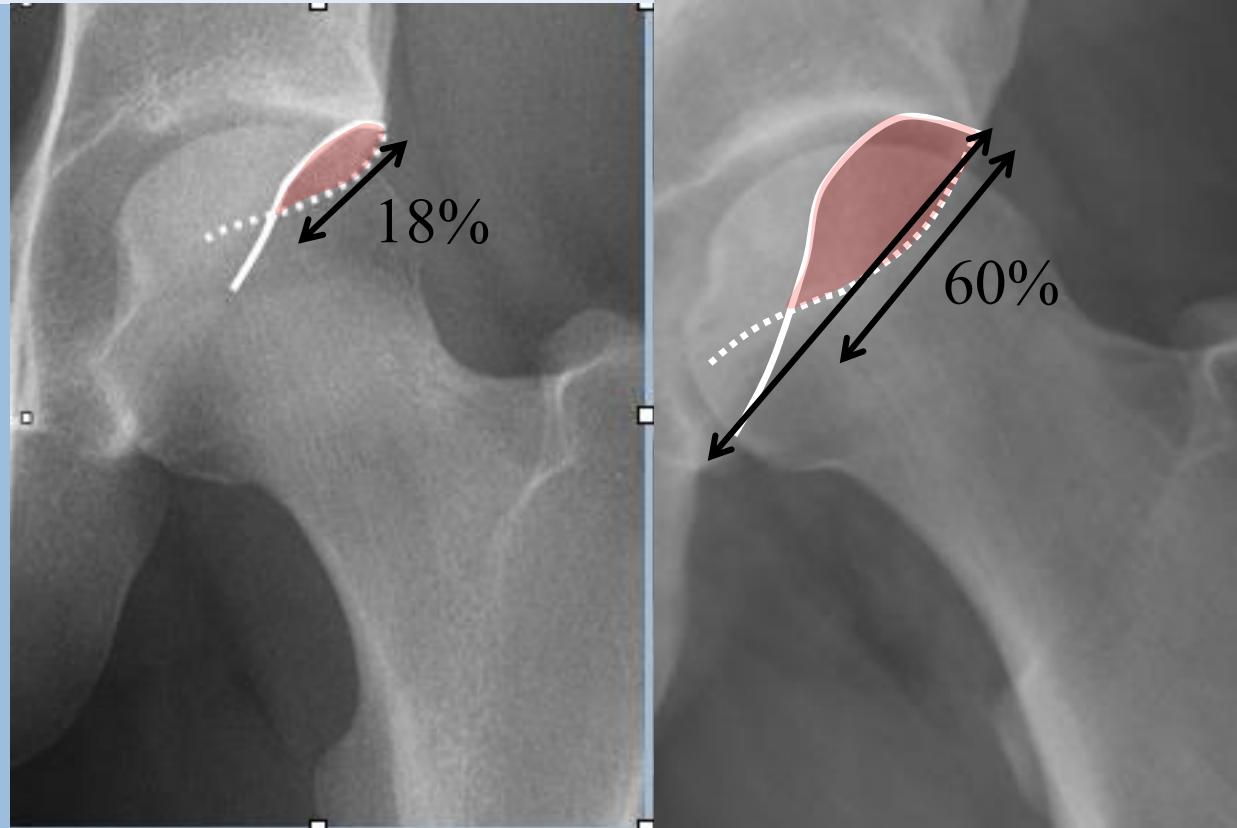


antero-superior

Retroversion

Stigmata “substantielle” Retroversion

Retroversion
Index > 33°



antero-superior

Retroversion

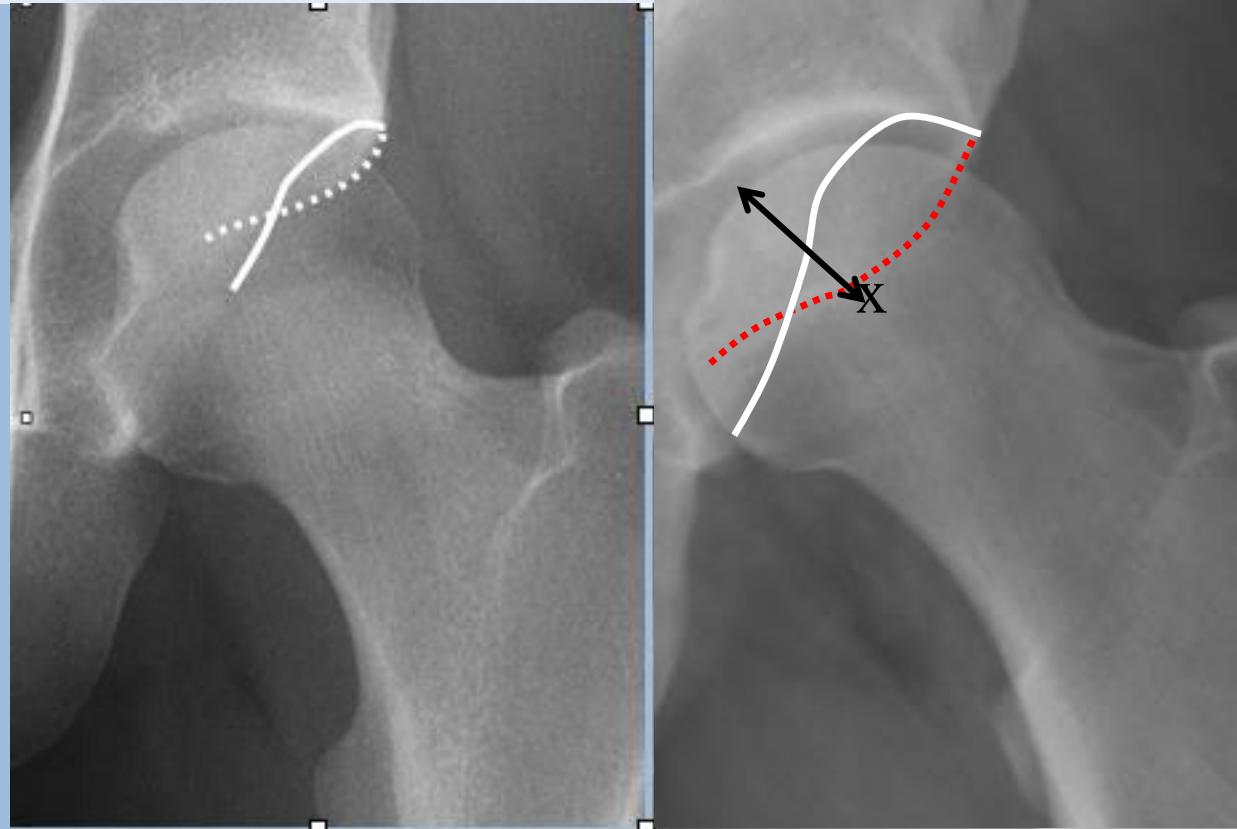
Stigmata “substantielle” Retroversion

Retroversion

Index > 33°



Vorderwand zu gross



antero-superior

Retroversion

Stigmata “substantielle” Retroversion

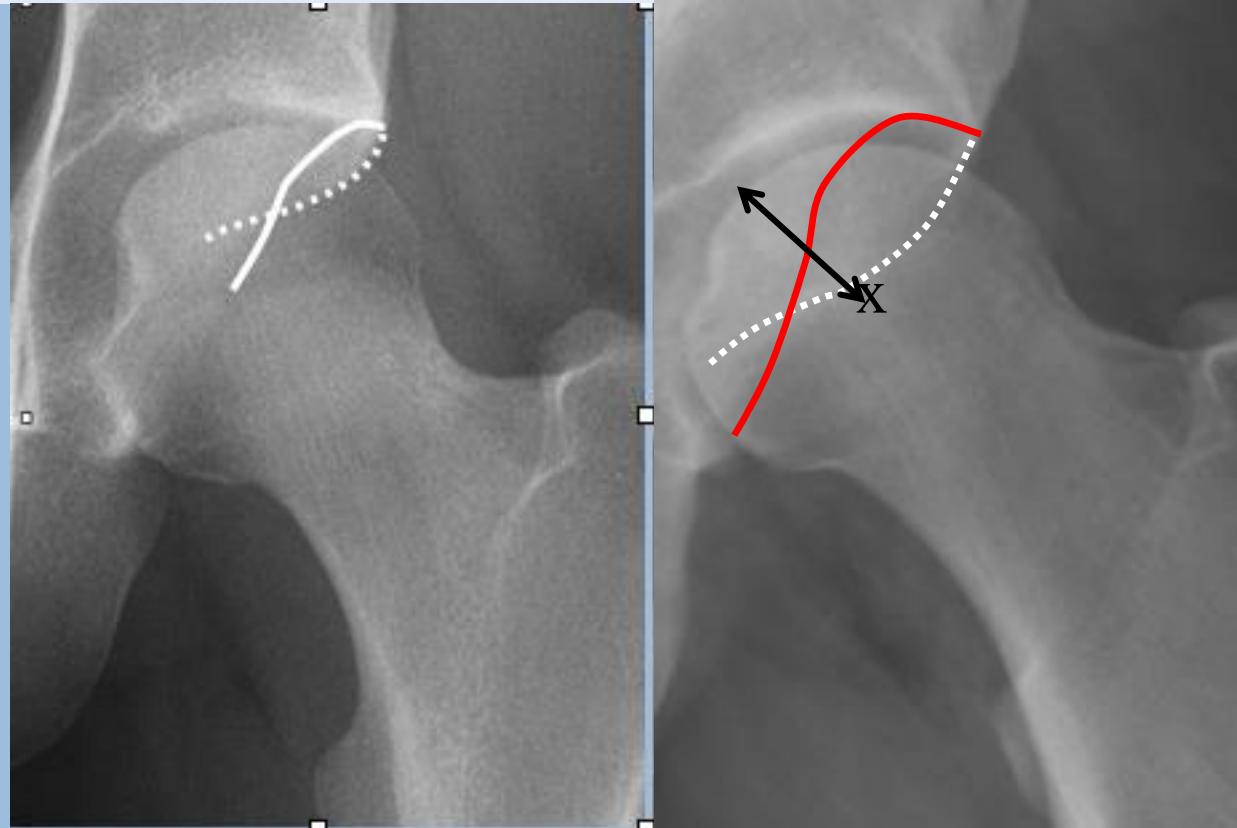
Retroversion

Index > 33°



Vorderwand zu gross

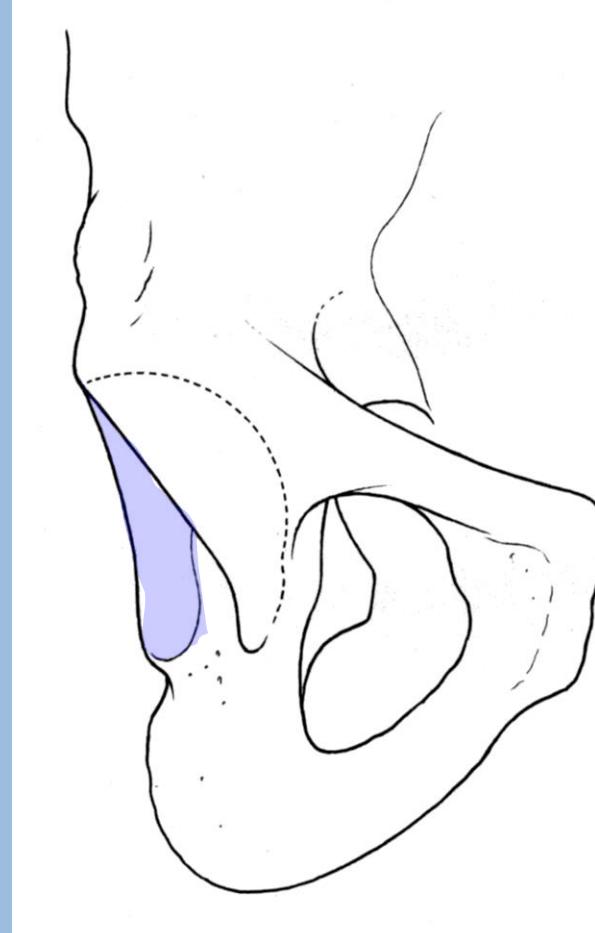
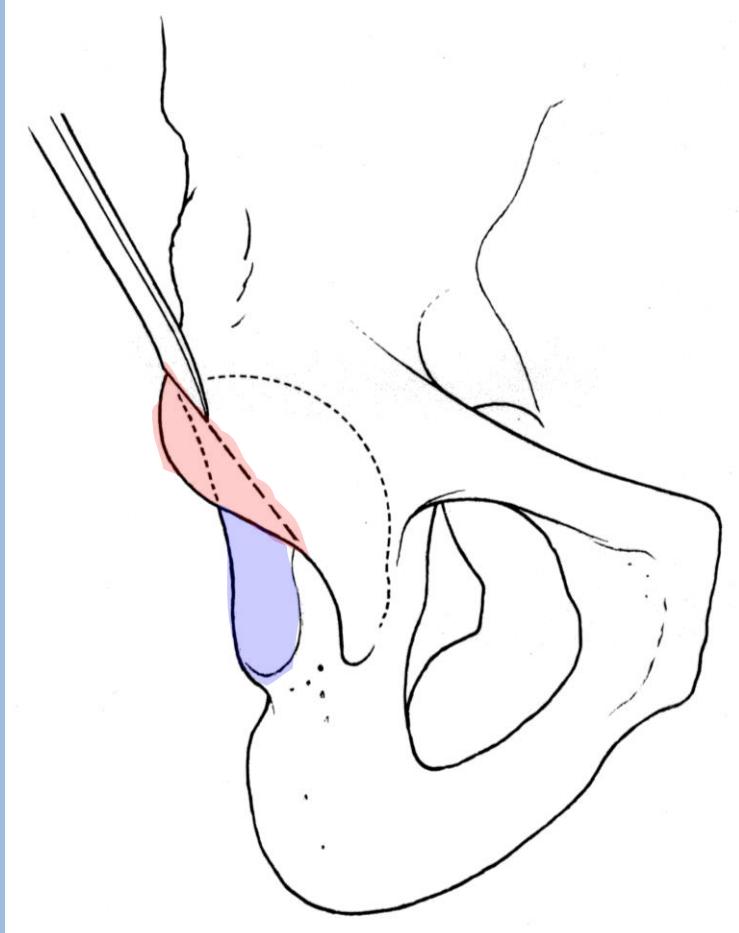
Hinterwand defizitär



antero-superior

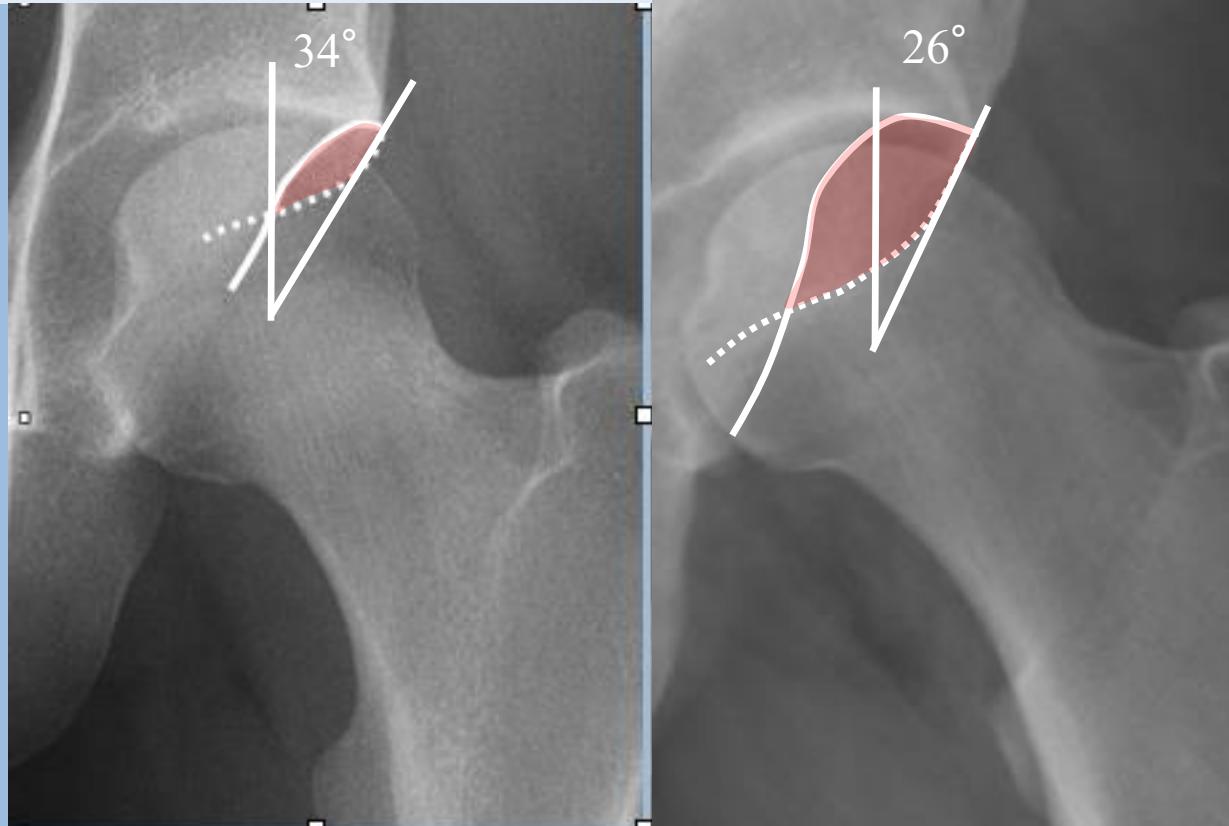
Retroversion

Trimmung des Azetabulumrandes



Segmentale Ueber-Ueberdachung

LCE Winkel

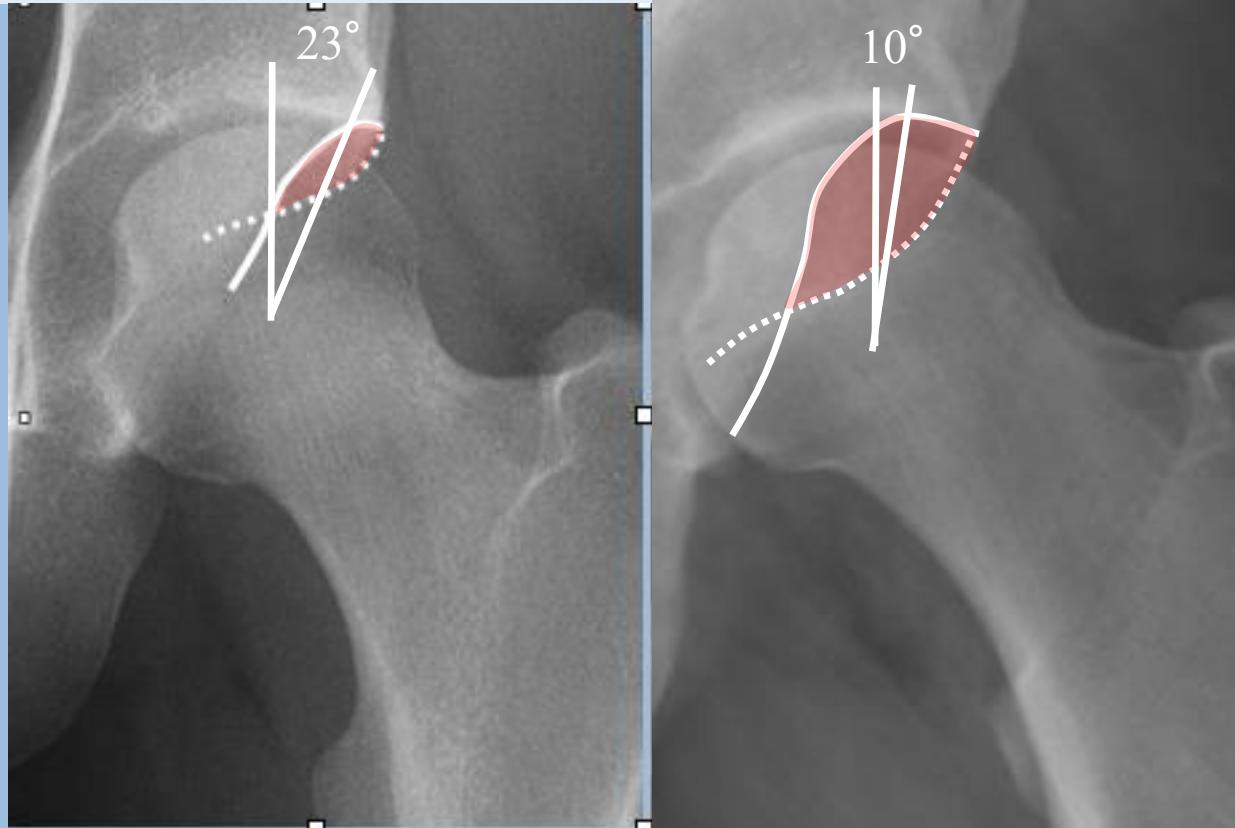


antero-superior

Retroversion

Segmentale Ueber-Ueberdachung

LCE Winkel



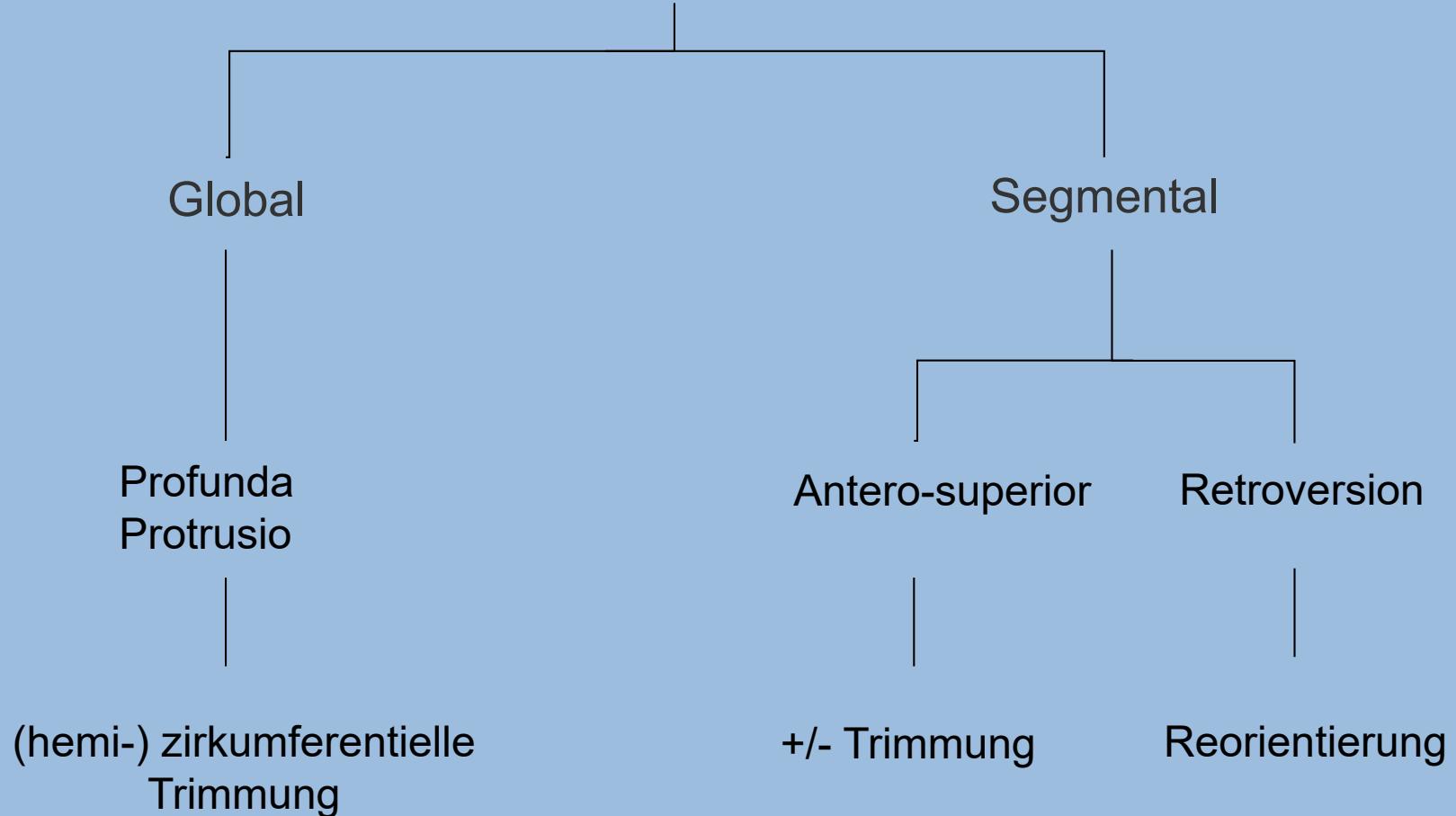
antero-superior

Retroversion

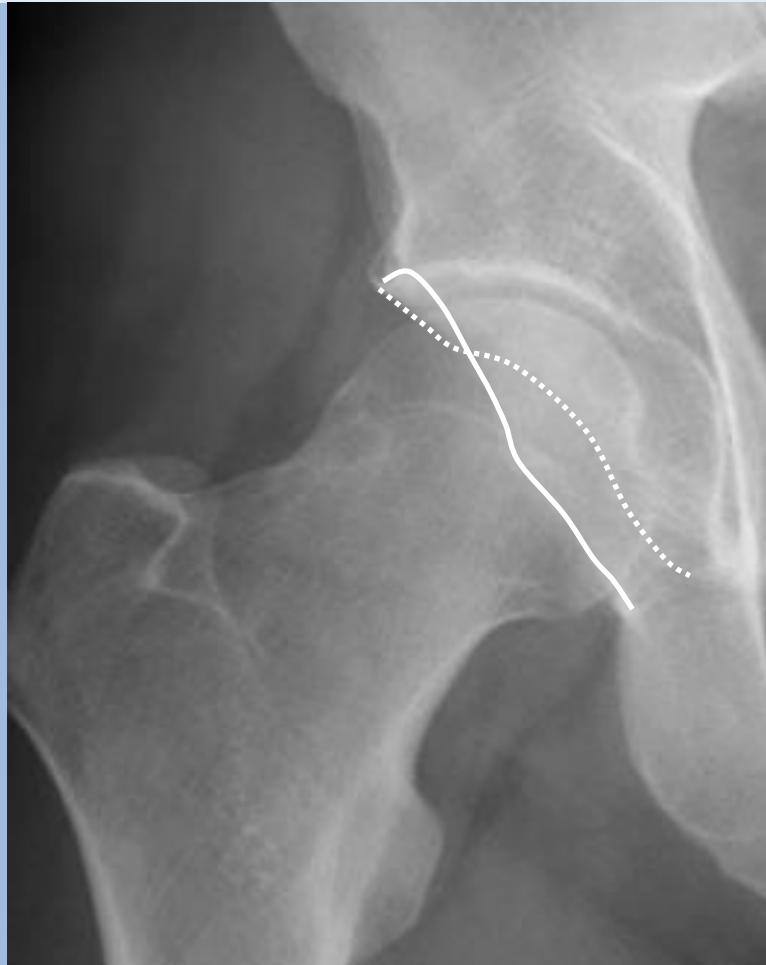
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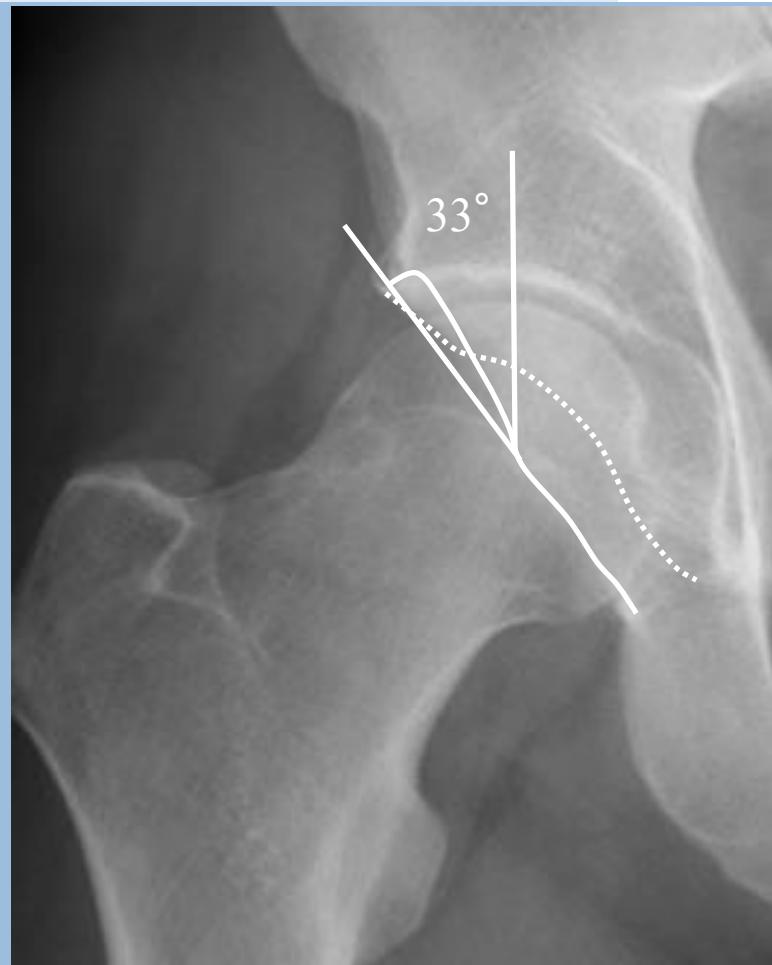
Azetabuläre Ueber-Ueberdachung



kombiniertes FAI - 32 jähriger Mann



kombiniertes FAI - 32 jähriger Mann



Richtlinie für Resektionen

Korrektur:

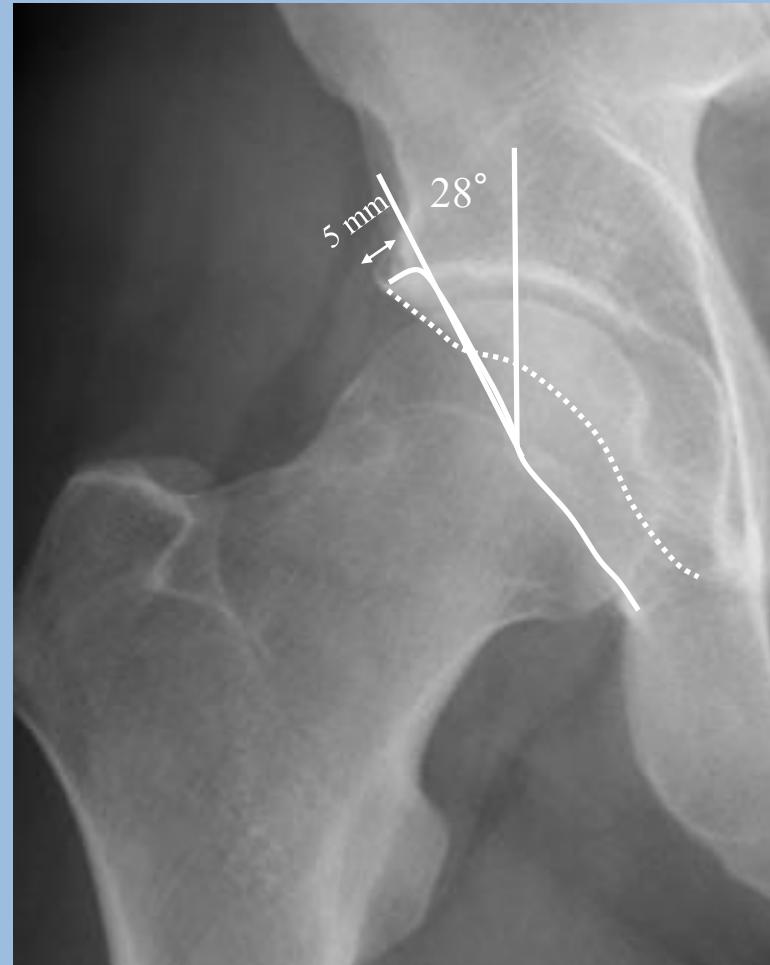
Auf LCE Winkel 28°

5 mm = 5°



(erster mm = 2.4°)

durchschnittl. = 3.4 mm

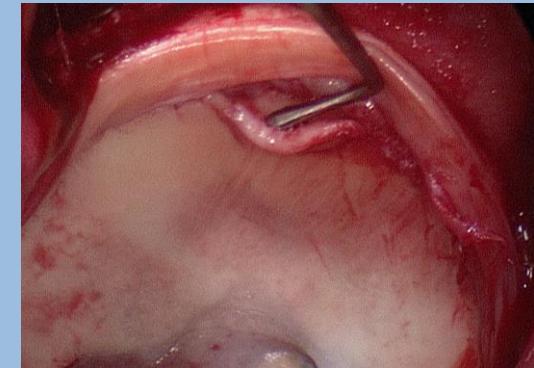


Reihenfolge

- > Offset Verbesserung zuerst!

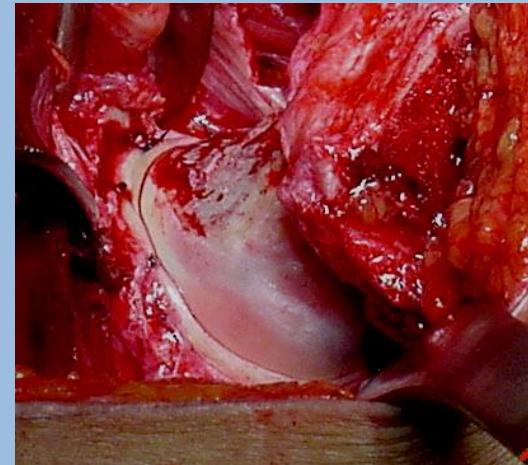
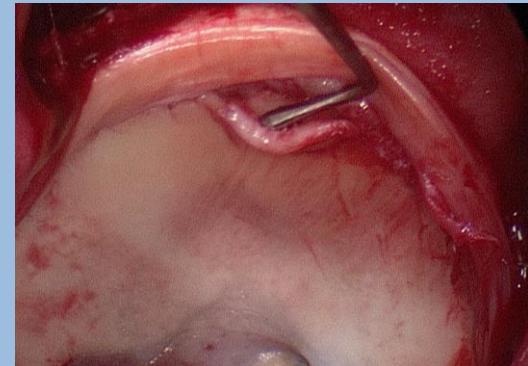
Reihenfolge

- > Offset Verbesserung zuerst!
- > Pfannenrandresektion abhängig vom Knorpelschaden

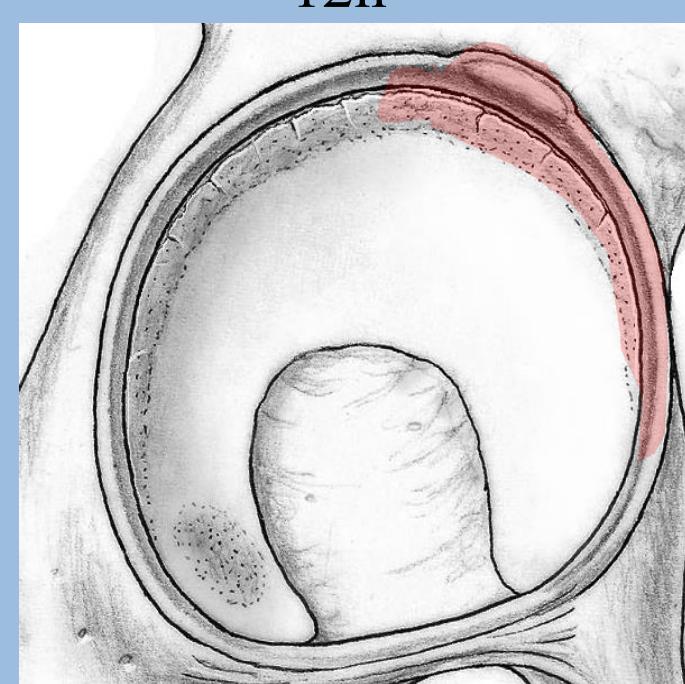
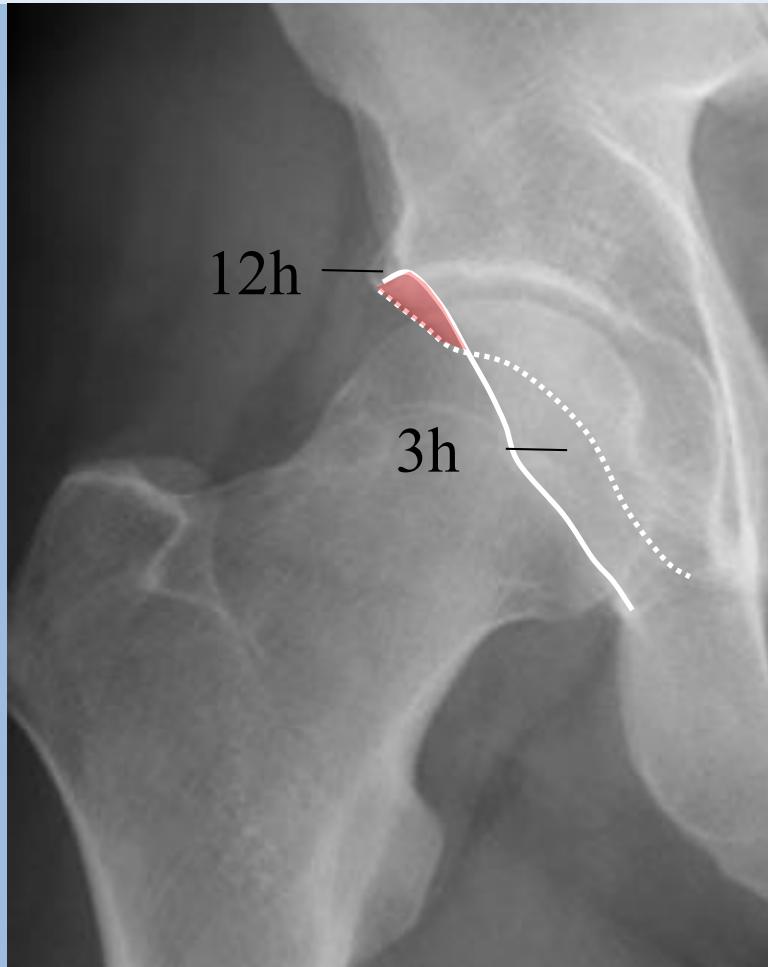


Reihenfolge

- > Offset Verbesserung zuerst!
- > Pfannenrandresektion abhängig vom Knorpelschaden
- > keine Randtrimmung wenn IR > 30°
- > häufig keine Randtrimmung nötig!

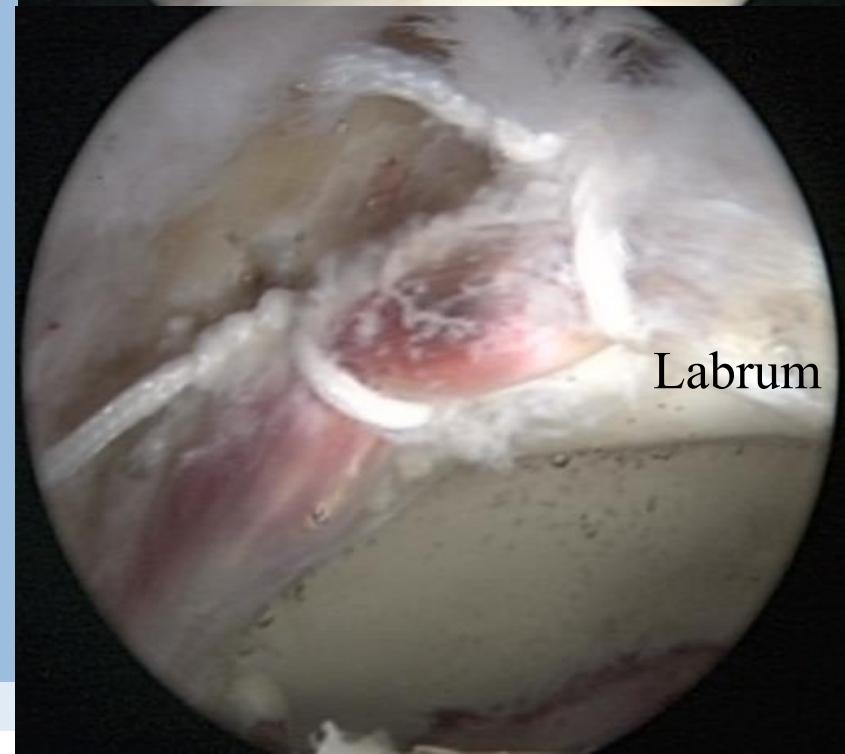
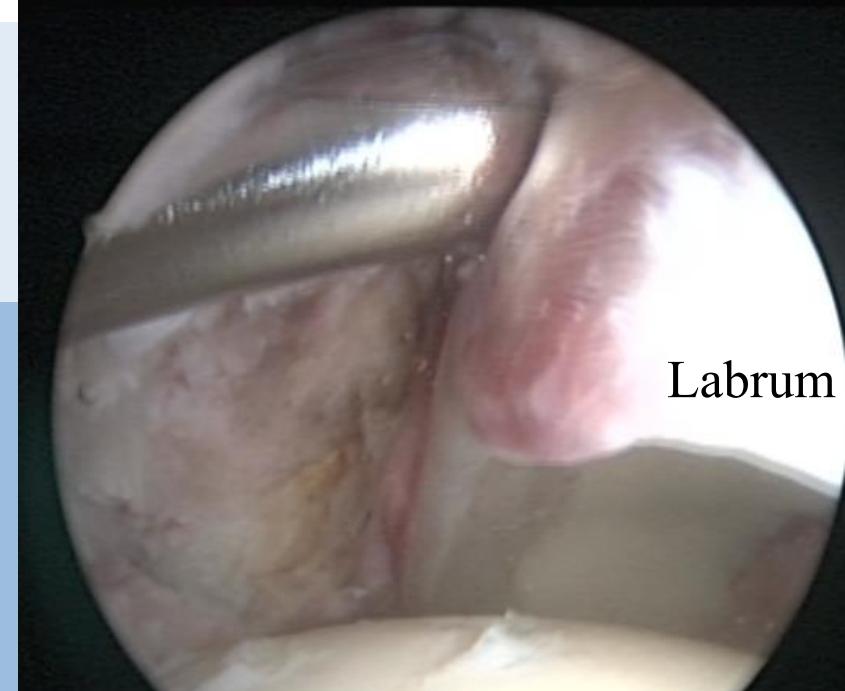
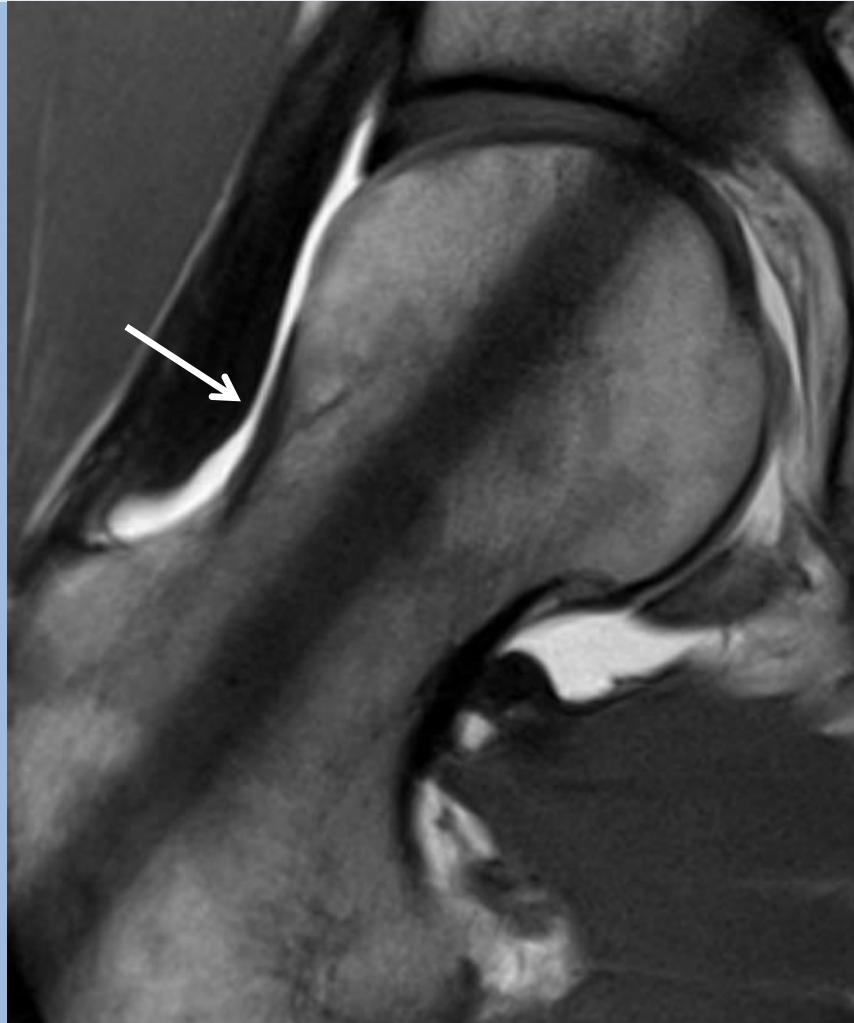


Pfannenrandresektion zwischen 12 – 2h

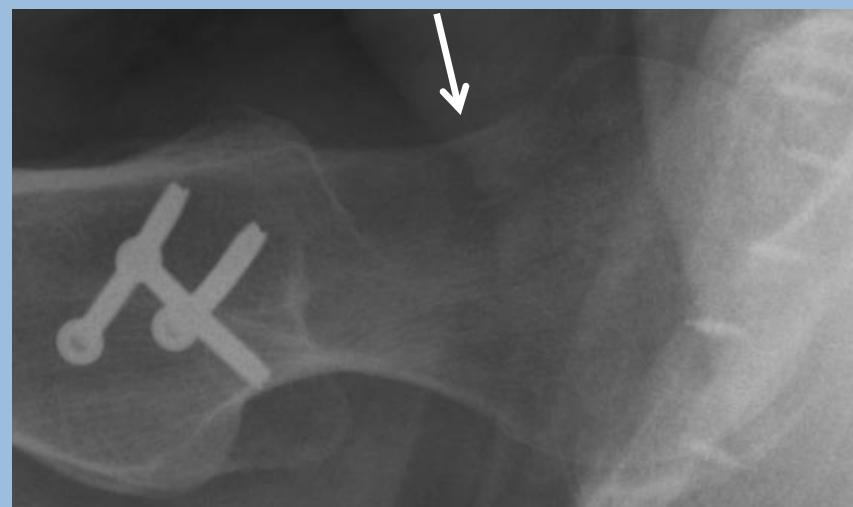
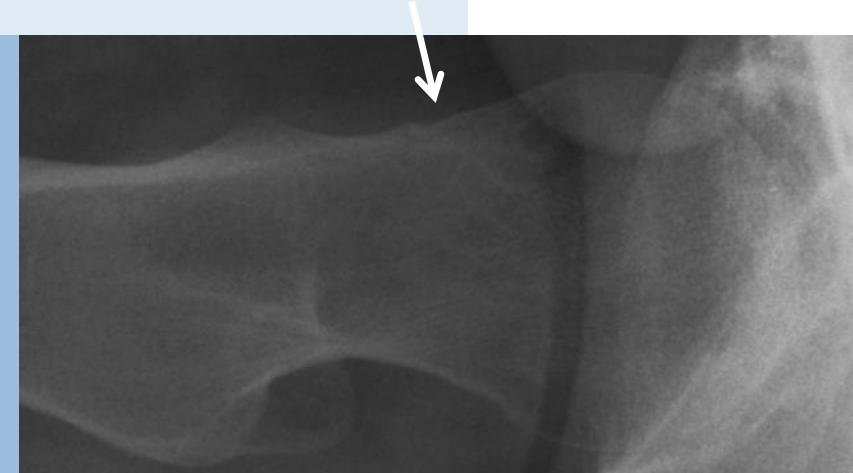


3h

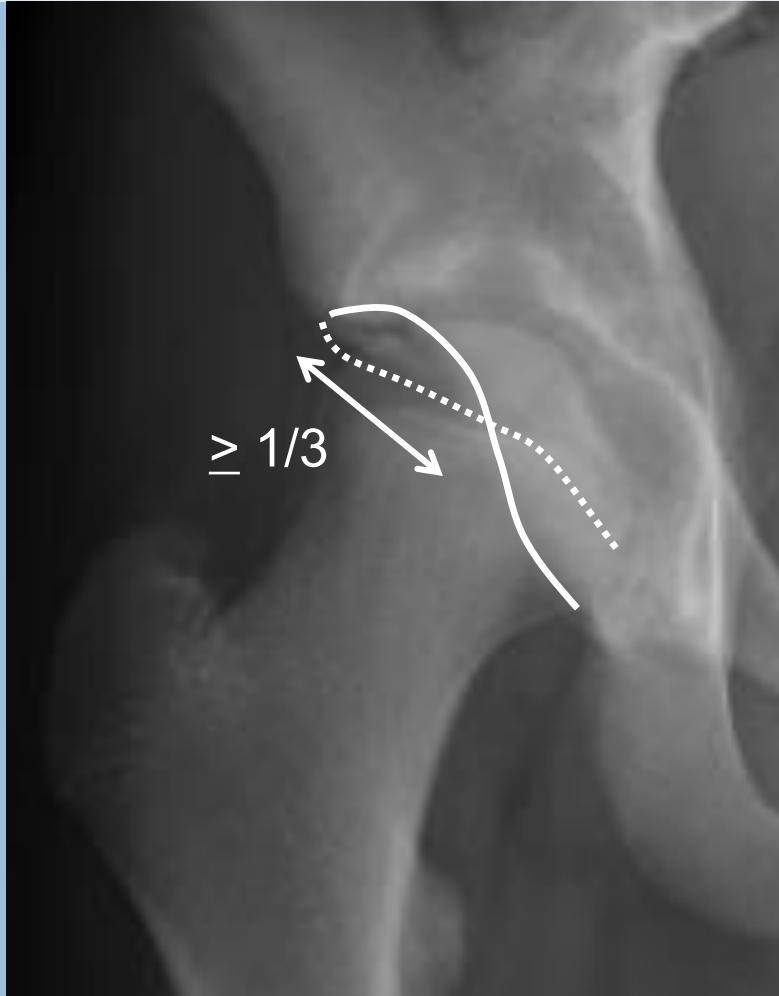
Arthroskopie oder offen



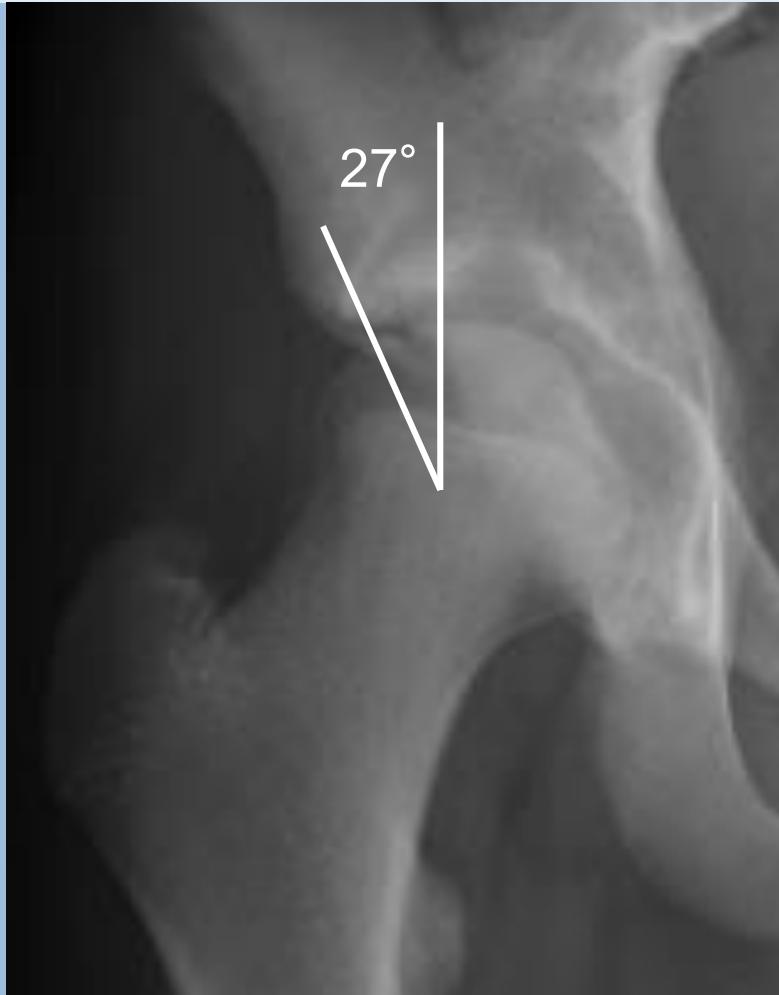
Kombinierte offset-Verbesserung/Randtrimmung



Azetabuläre Retroversion – 22 Jähriger



Azetabuläre Retroversion



Antevertierende periazetabuläre Osteotomie



Behandlung der Ueber-Ueberdachung

> Remodellierung

- antero-superior offen, HAS
 - *Bei substantiellem Knorpelschaden*
 - *Trotz genügendem offset IR < 30°*

- zirkumferentiell offen

Behandlung der Ueber-Ueberdachung

> Remodellierung

- antero-superior offen, HAS
 - *Bei substantiellem Knorpelschaden*
 - *Trotz genügendem offset IR < 30°*
- zirkumferentiell offen

> Reorientierung

- substantielle azetabuläre Retroversion offen

Bern, 7. – 8. November 2020



**AE-Dreiländerkurs
Gelenkerhaltende Hüftchirurgie
mit praktischen Übungen an Humanpräparaten**