

Hip Arthroscopy Course

Frankfurt

25th of May of 2012



CAM Deformity Management Pedro Dantas

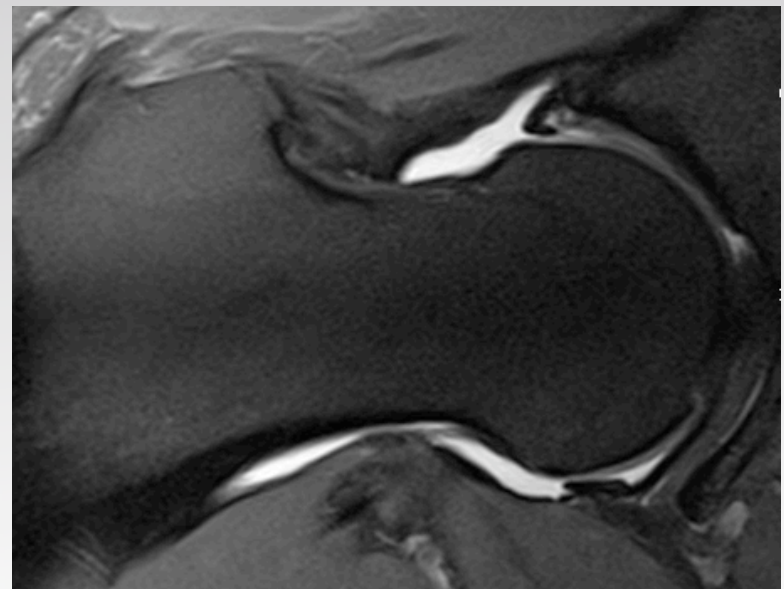
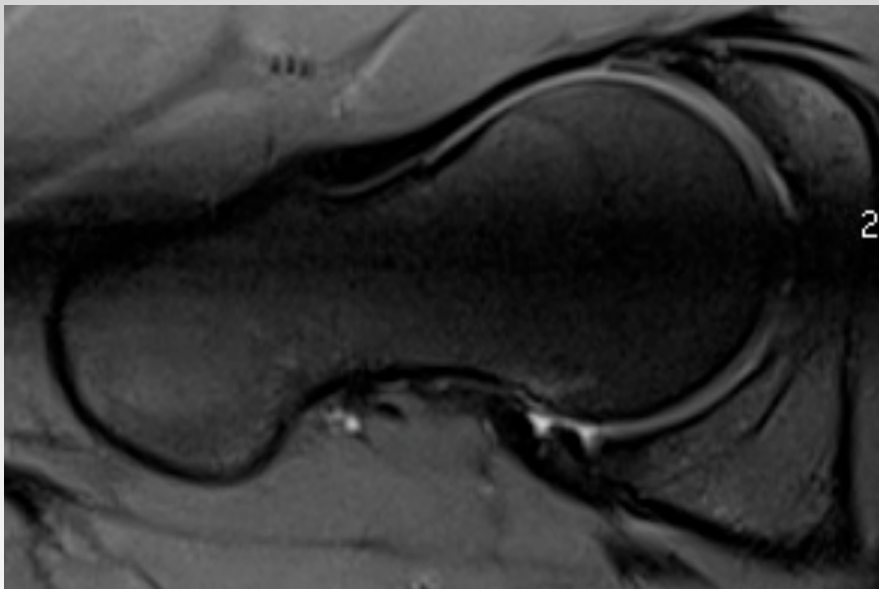


FAI

Morphological condition that can lead to intra articular lesions which are painful

FAI per se is not painful

No evidence at this point that arthritis can be prevented

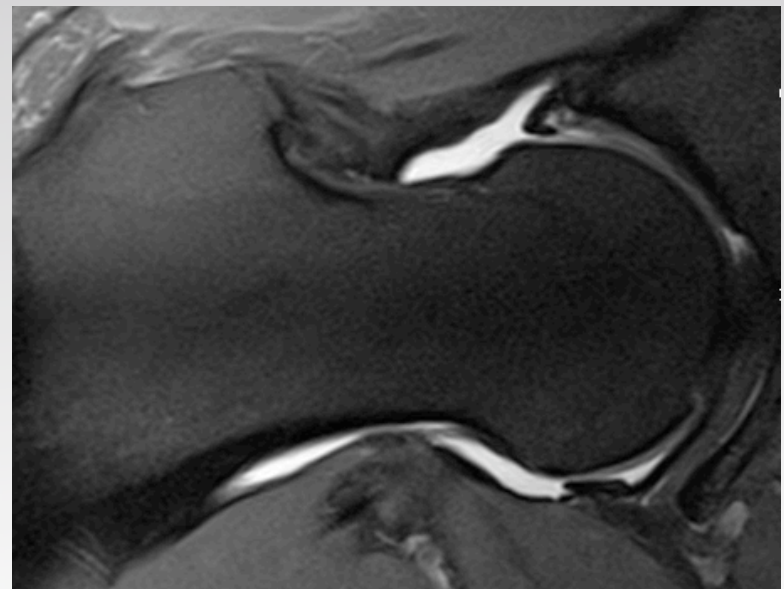


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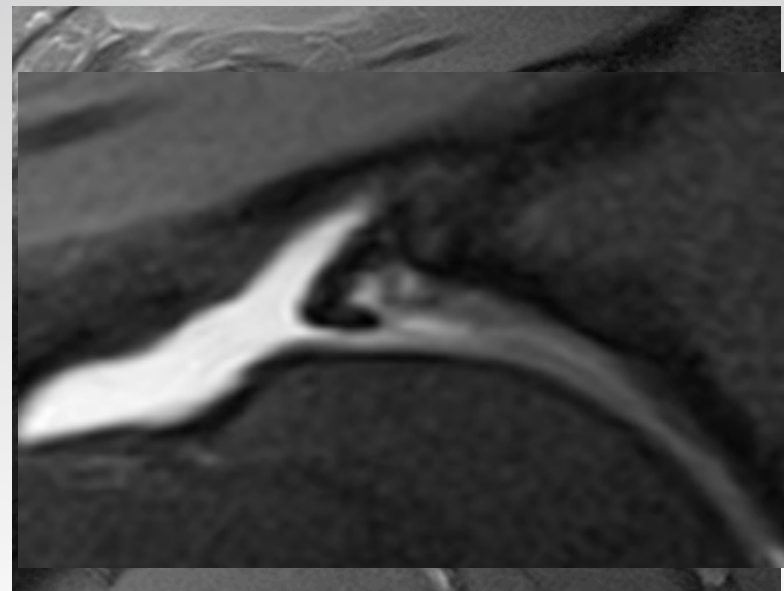


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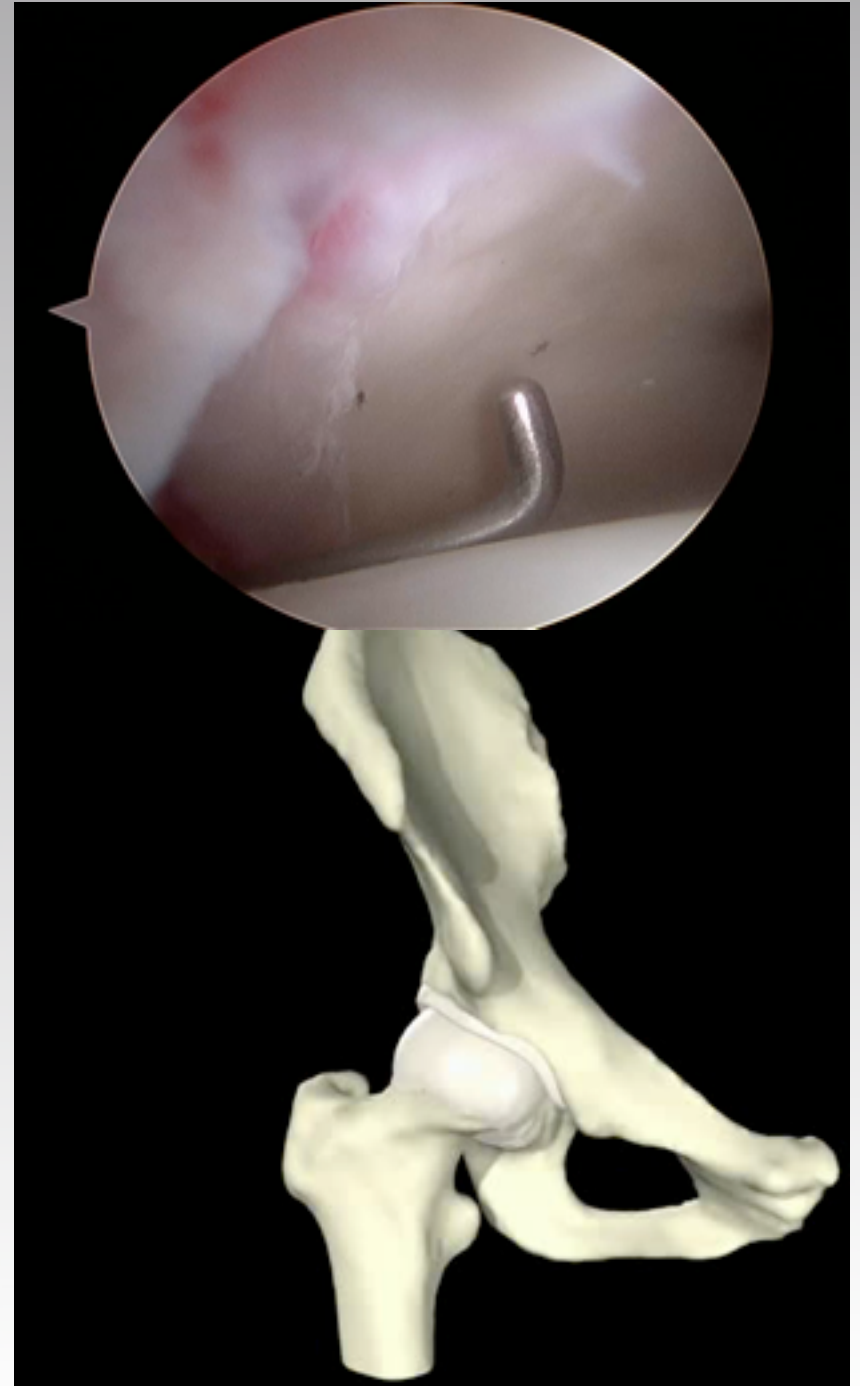


CAM

- **Aspherical head / neck junction gets jammed into the acetabulum**
- **A b r a s i o n o f t h e acetabular cartilage or its avulsion from subcondral bone**
- **Labrum separation**

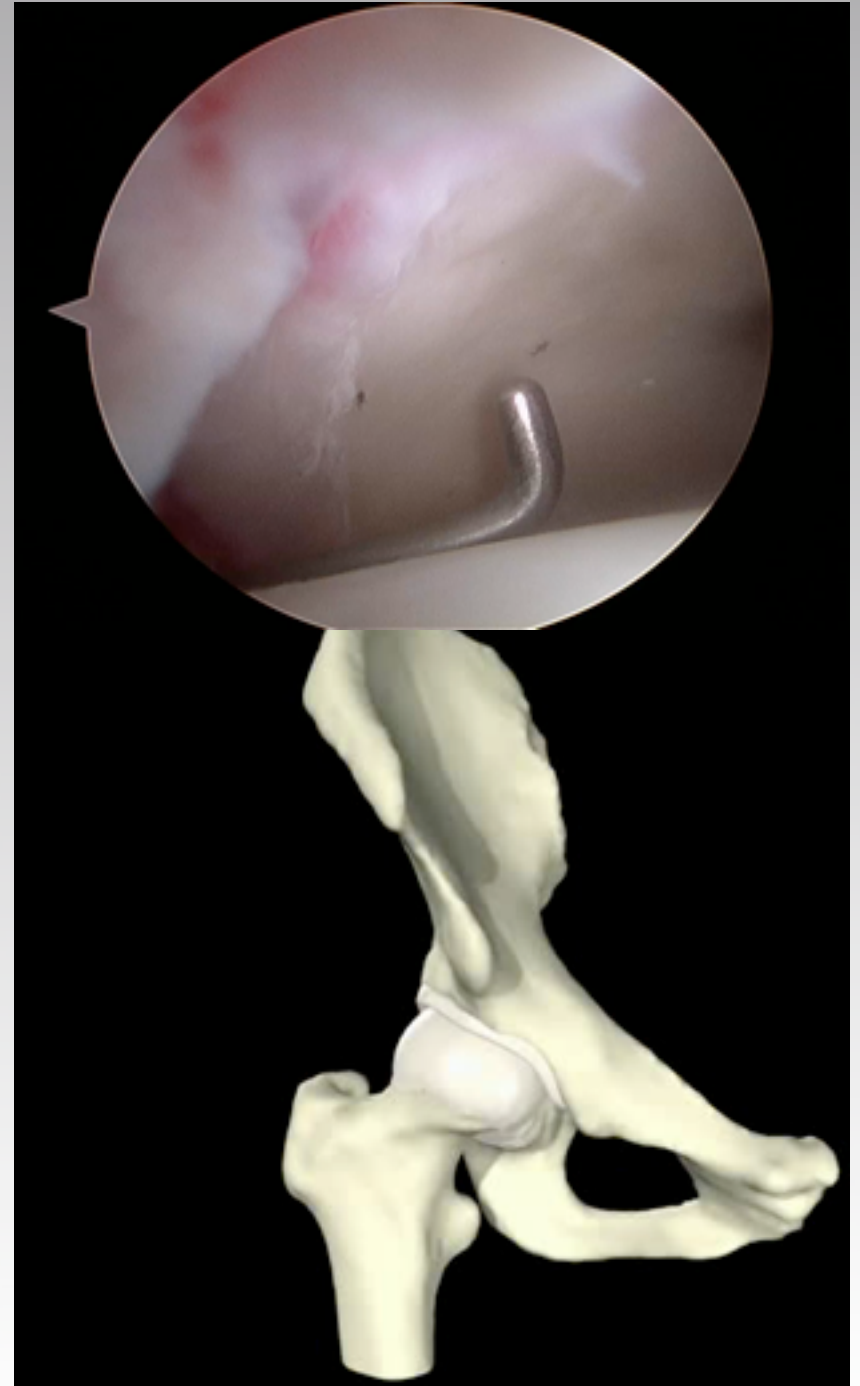
CAM

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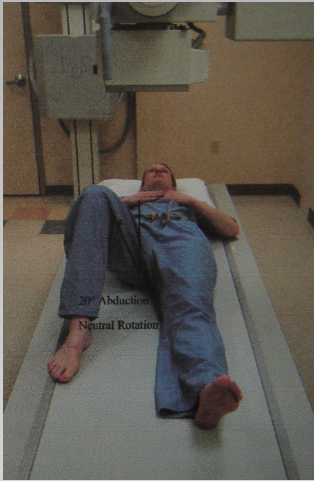
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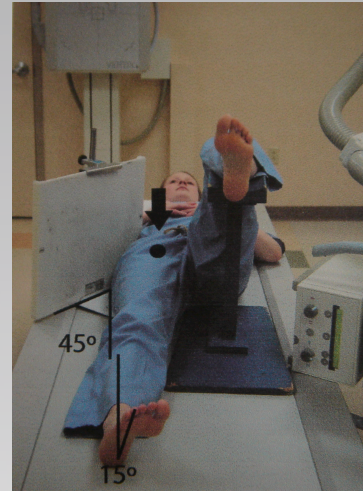


Imaging

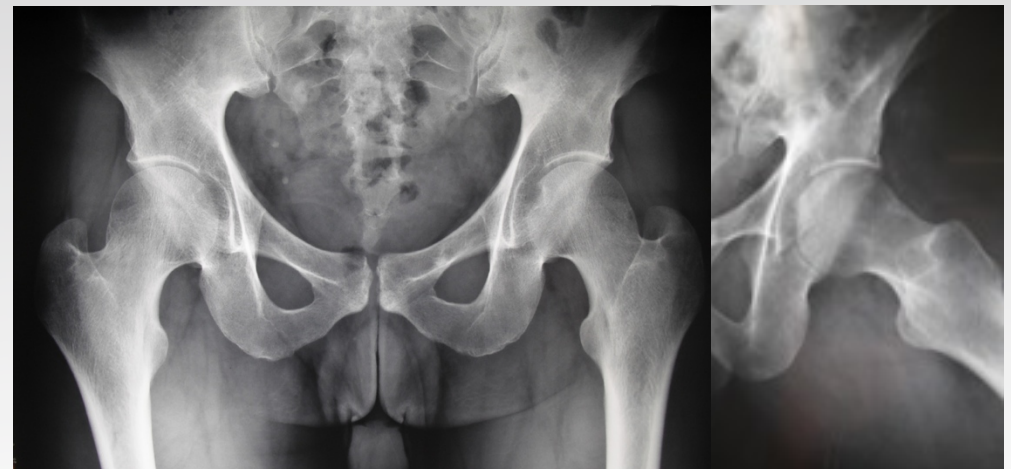
Modified Dunn view



Cross table

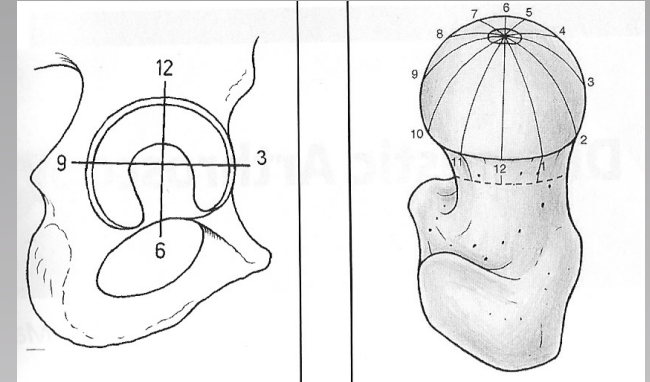
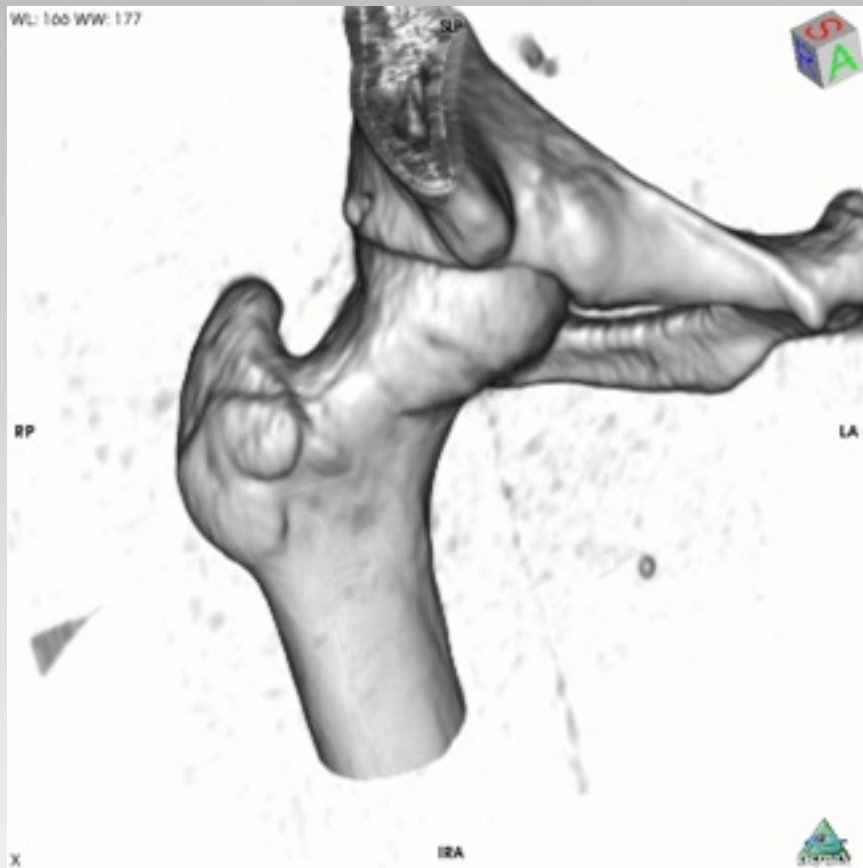


AP standing XR



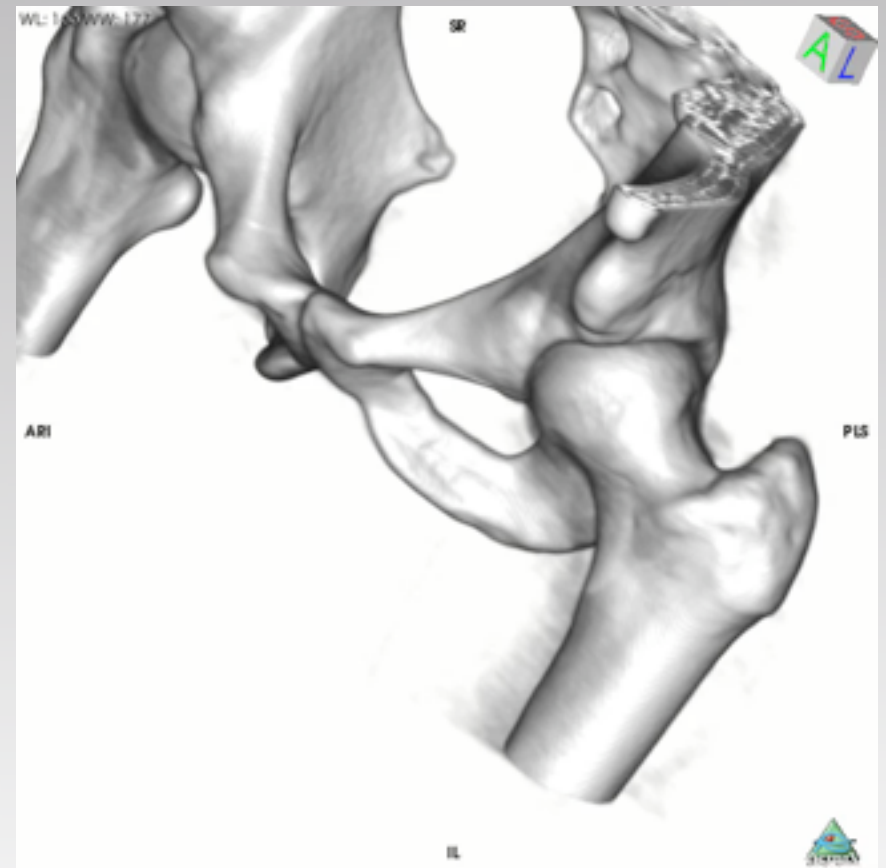
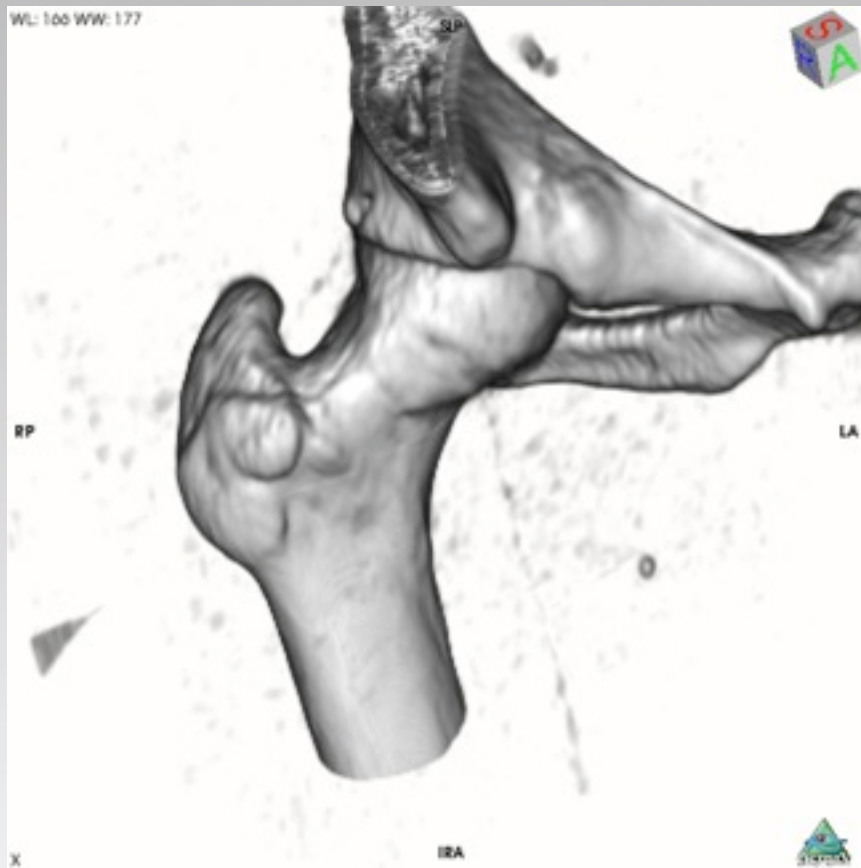
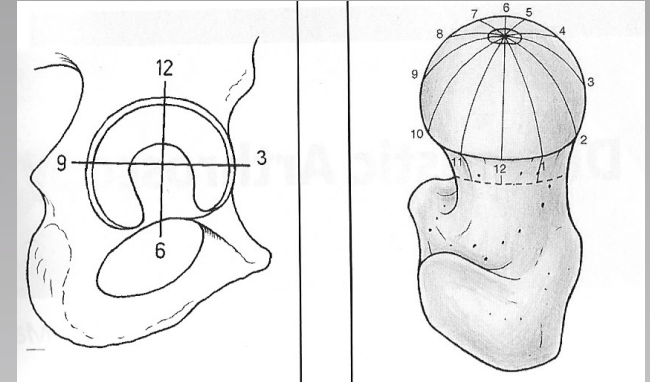
Imaging

CT - 3 D



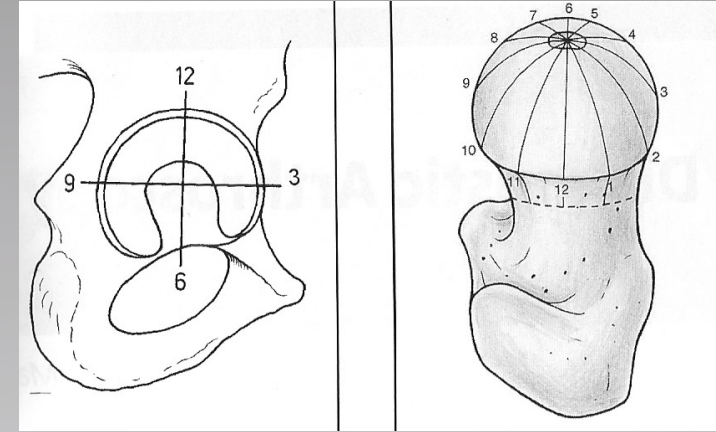
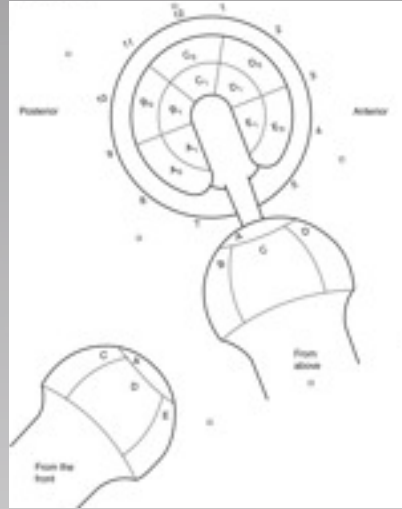
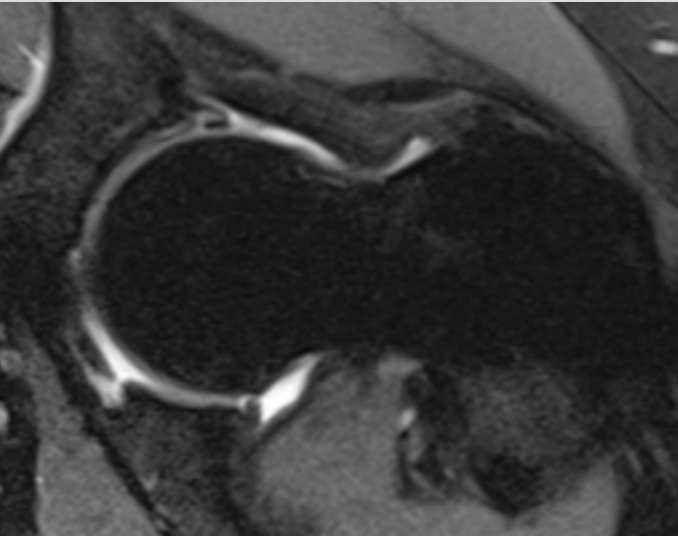
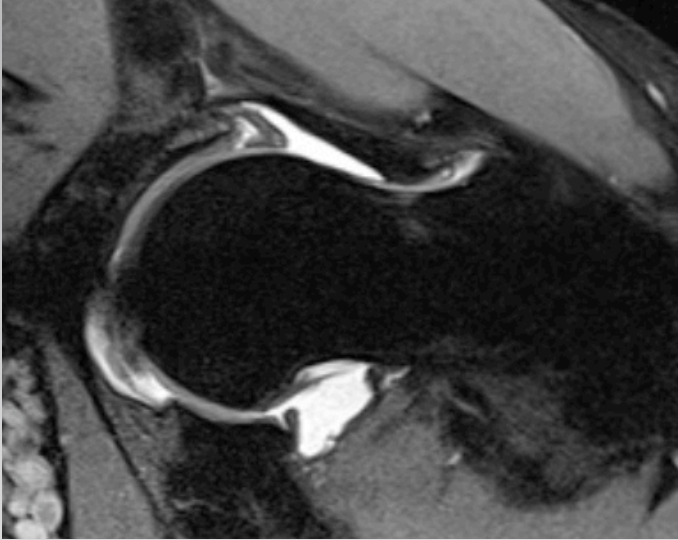
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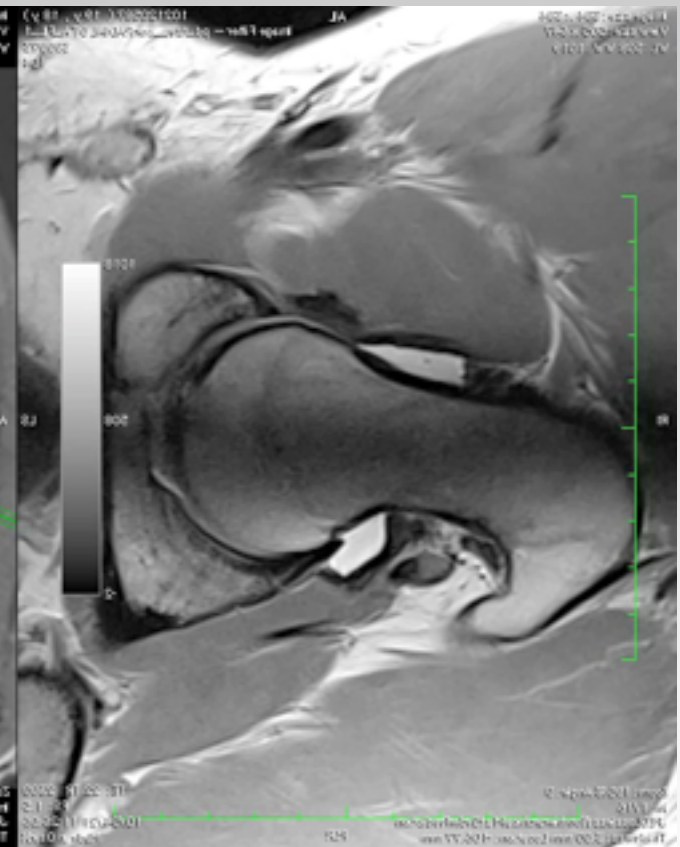
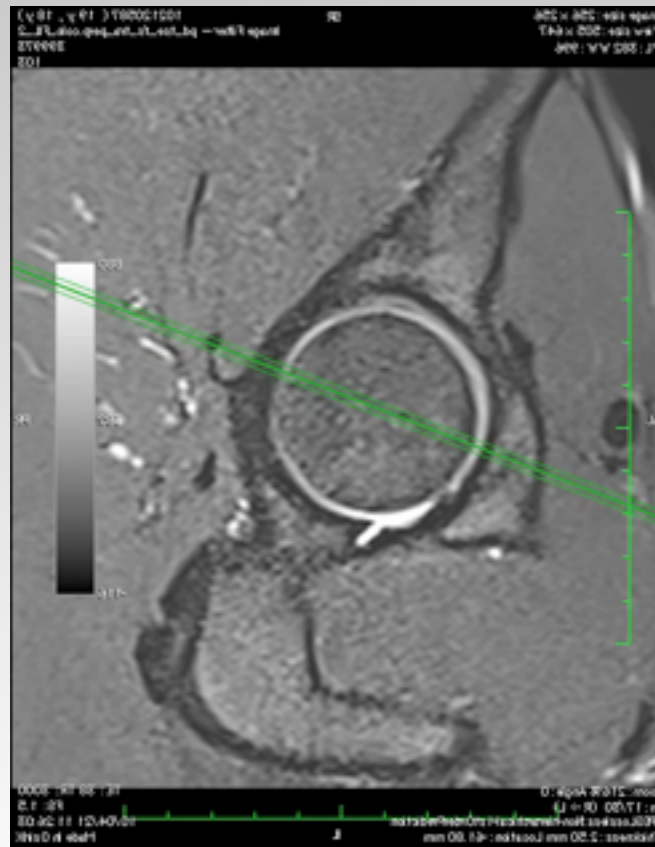
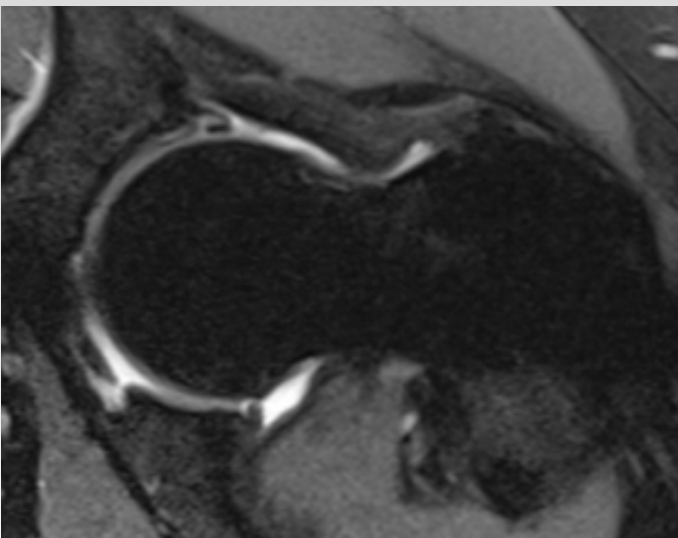
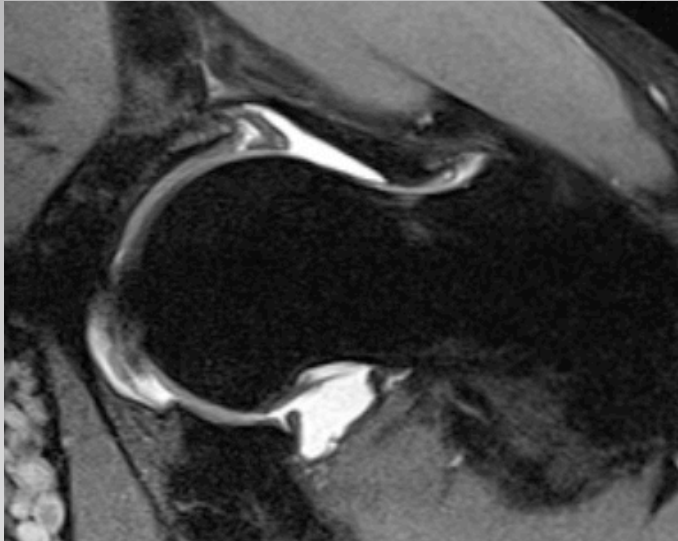
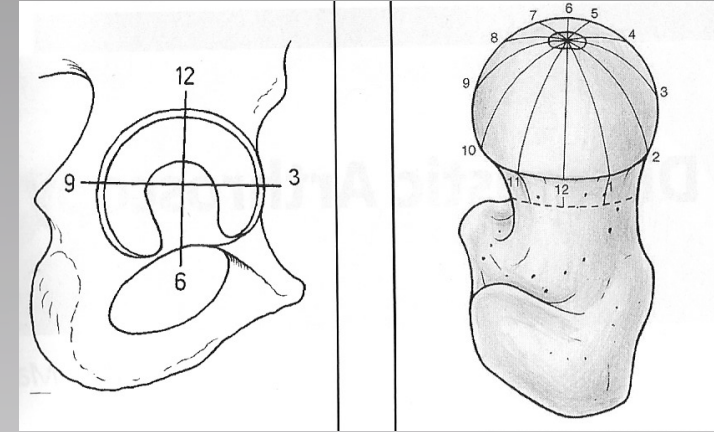
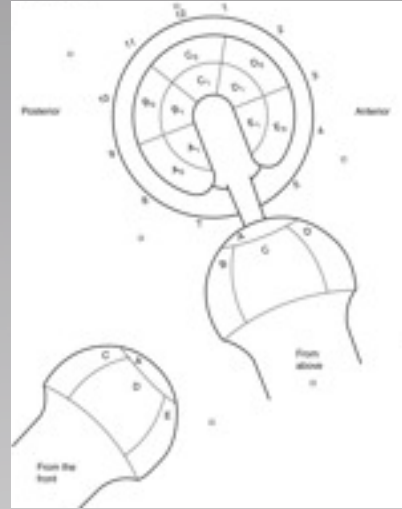
Imaging

Arthro MRI



Imaging

Arthro MRI



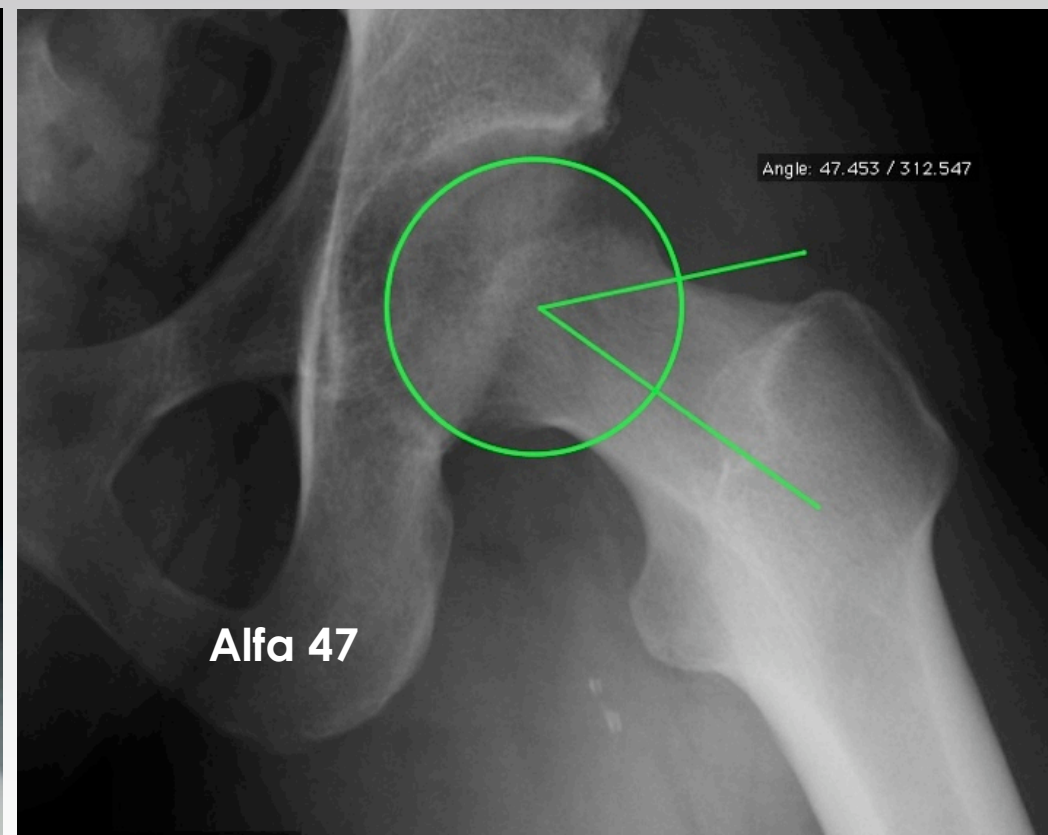
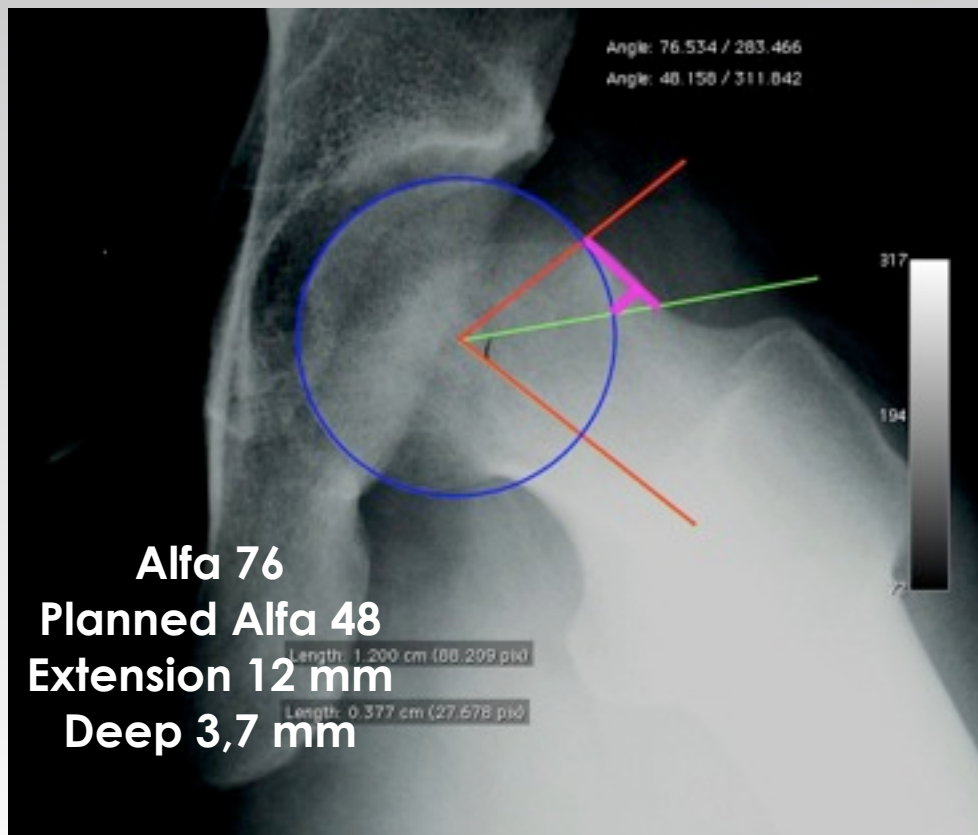
FAI - CAM

Planinng

Treatment associated pathology

CAM - Location (anterior, anterolateral or lateral), **extension e deep**

Arthroscopy / Open treatment - Know your limits



CAM deformity management

Access

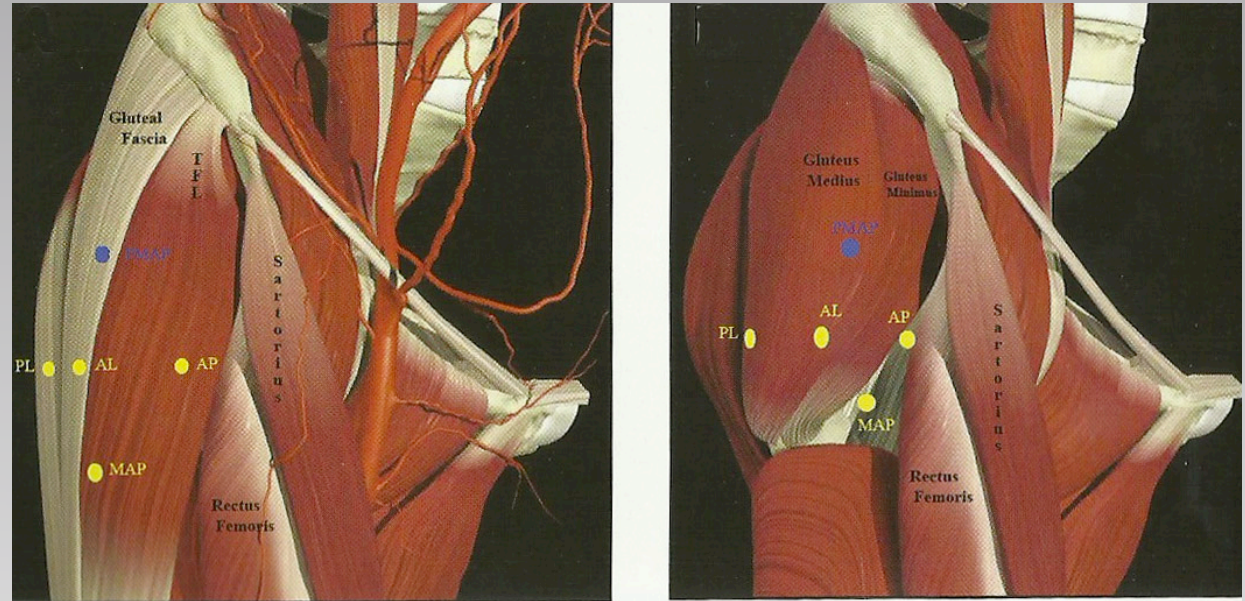
Portals - AL & MA

70° scope

Adjust portal placement based on anatomy

1st evaluation and treatment of pathology CC

2 nd PC - no traction



CAM deformity management

Exposure

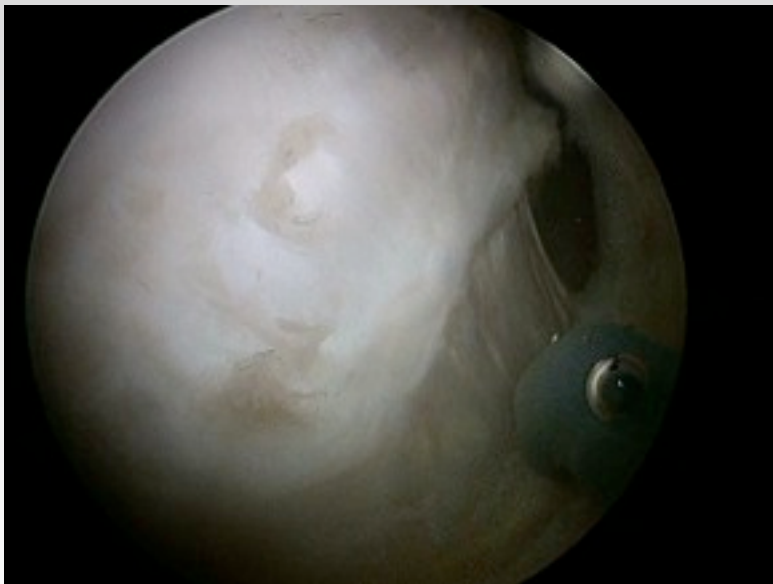
You can't fix what you don't see

Capsulotomy / Capsulectomie

T Capsulotomy - adjusted to location of femoral deformity

(lateral capsule is thicker)

Locate area of impingement - Impingement test



CAM deformity management

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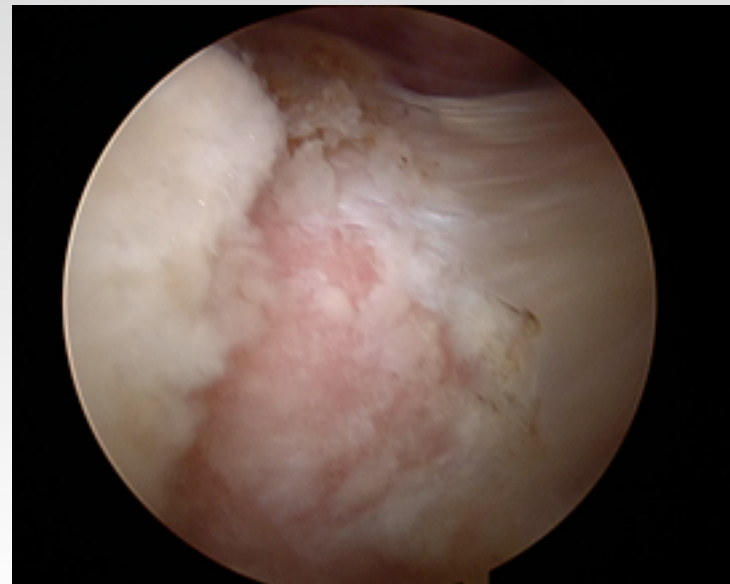
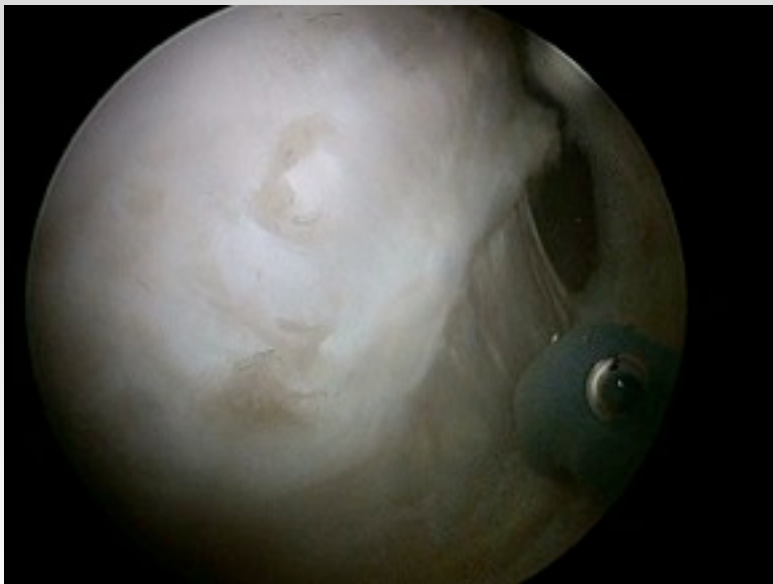
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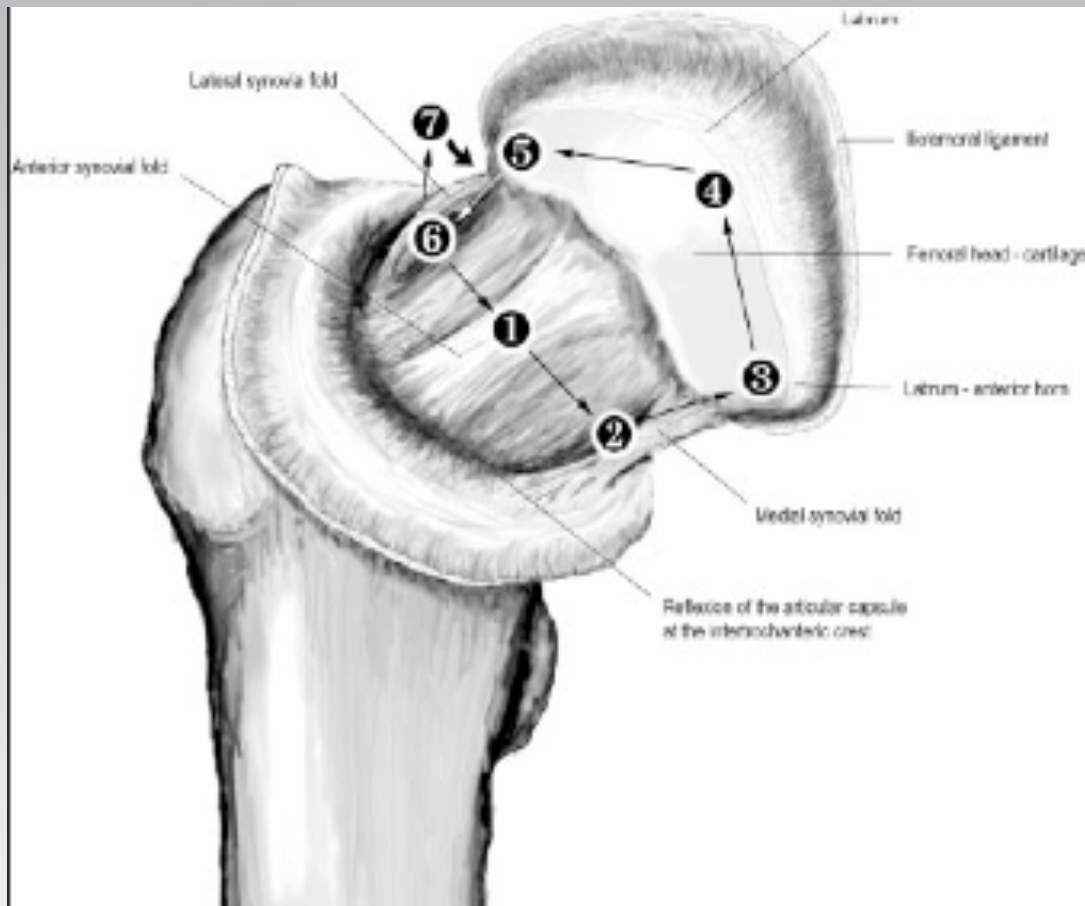
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CAM deformity management

Exposure



1. anterior neck area
2. medial neck area
3. medial head area
4. anterior head area
5. lateral head area
6. lateral neck area
7. posterior area

(Dienst, 2001)

CAM deformity management

Treatment

Evaluate extension

medial limit (medial synovial fold - 6 o'clock)

lateral limit of resection (superior retinacular vessels)

Lateral based lesions - more difficult to address

Leg mobilisation

Flexion and ER - visualization anteromedial neck

Extension and IR - visualization superolateral neck

CAM deformity management

Treatment

Evaluate extension

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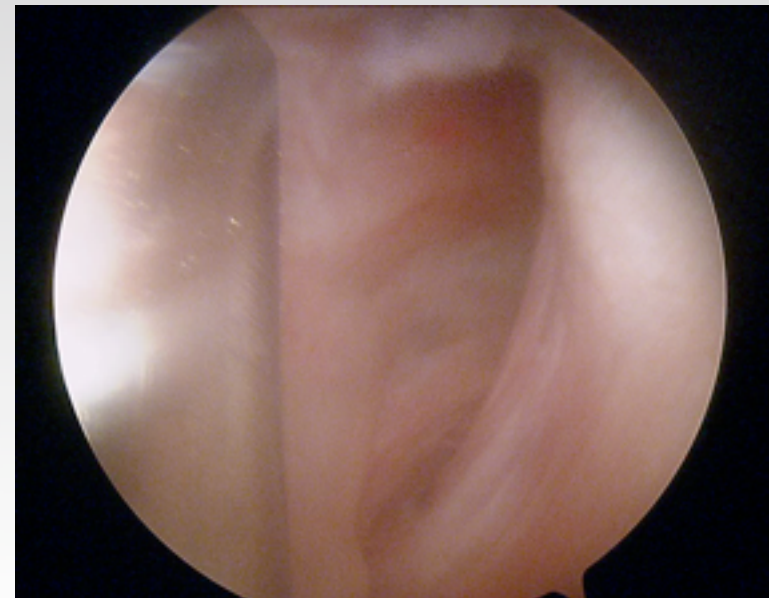
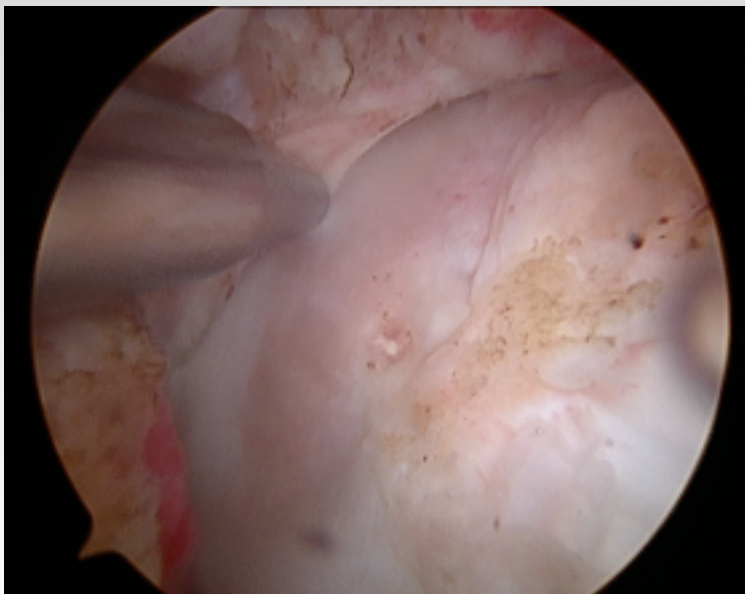
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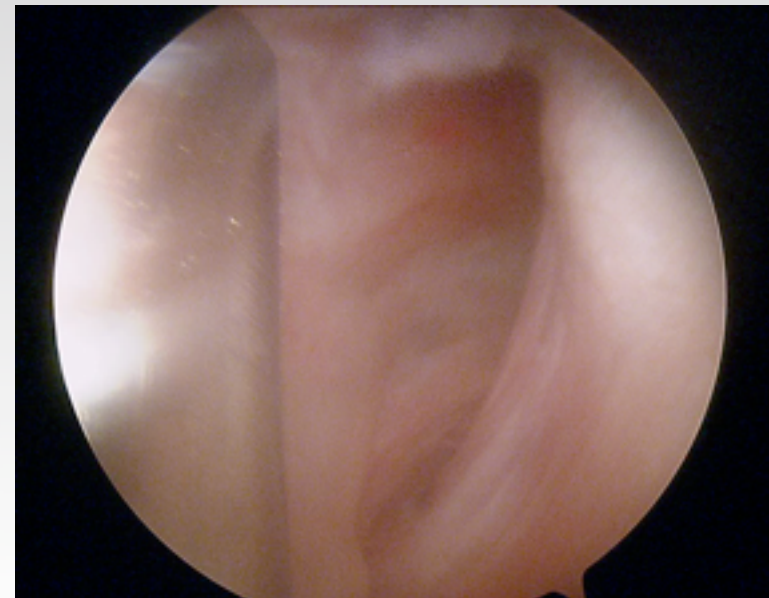
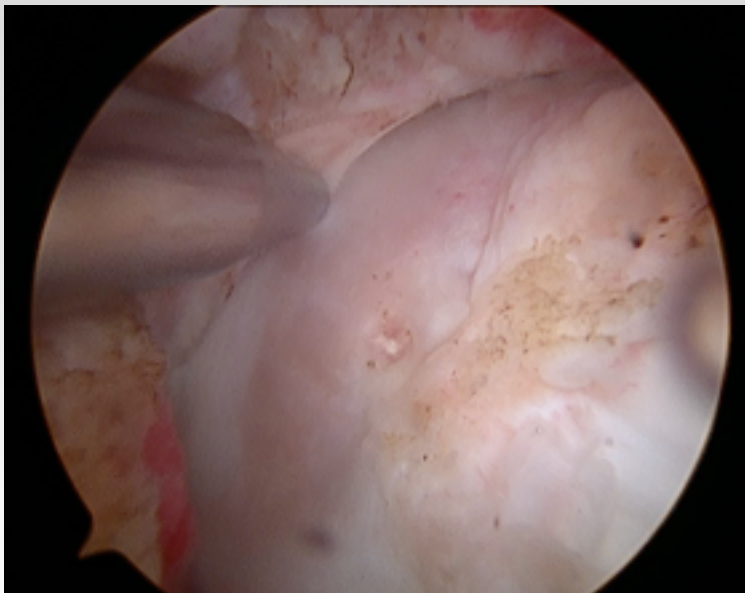
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CAM deformity management

Treatment

Remove soft tissues from the neck, fibrocystic alt. head-neck junction

Gentle with soft tissues

Labrum repair / pathology to identify kissing lesions

Outline the proximal extent of resection

No higher or proximal than epiphyseal scar (fluoroscopy)

Identify and protect labrum



CAM deformity management

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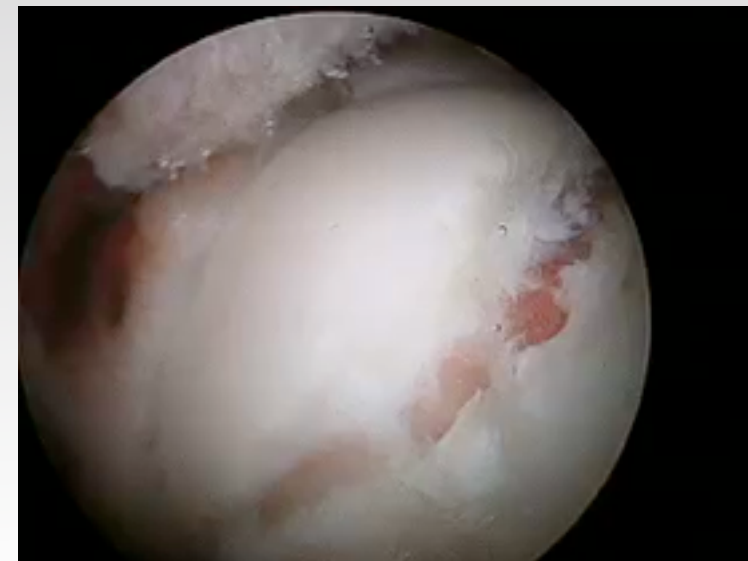
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CAM deformity management

Treatment

Reshape - femoral offset and sphericity Burr 4 / 5.5 mm

Resection tapered distally - smooth and regular reshaping

Lateral CAM - MA Viewing, AL Working

Anterior CAM - AL Viewing, MA Working



CAM deformity management

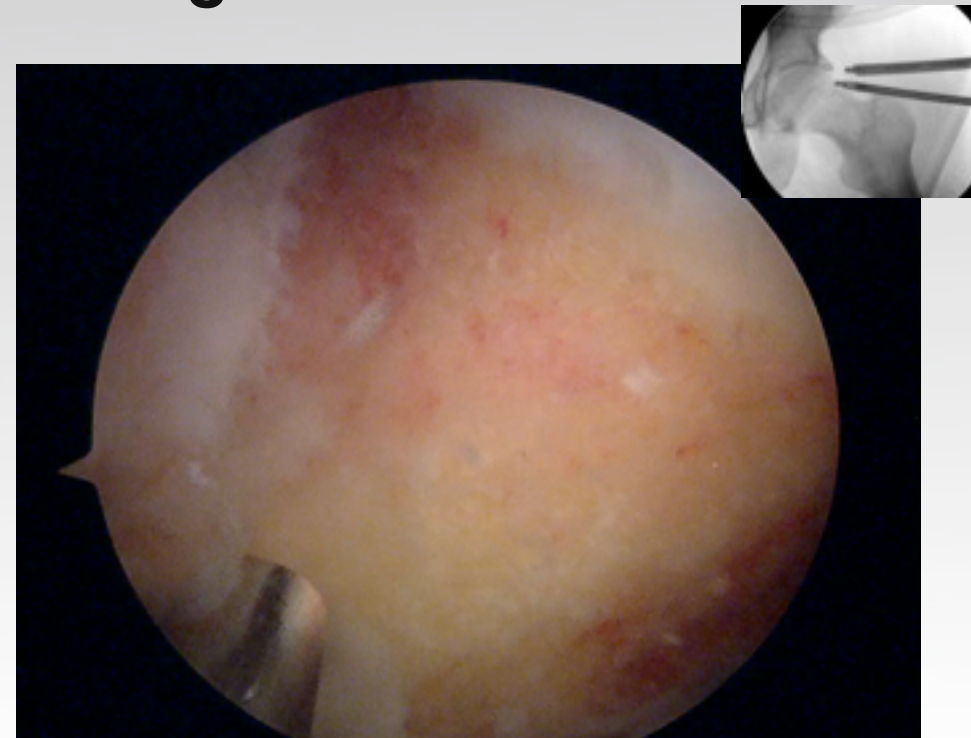
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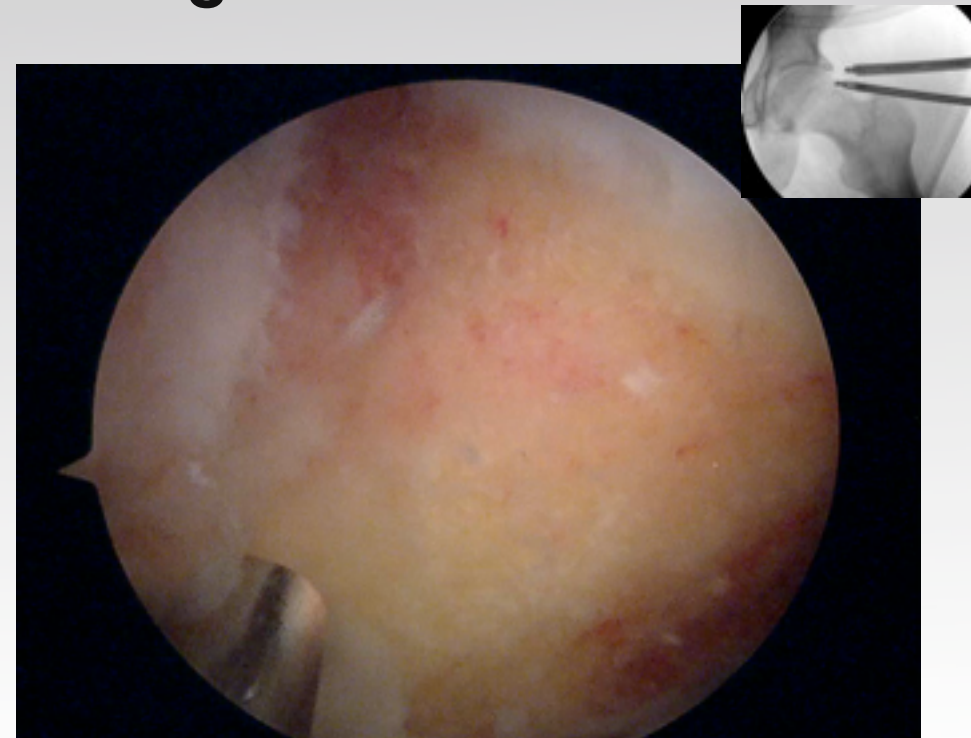
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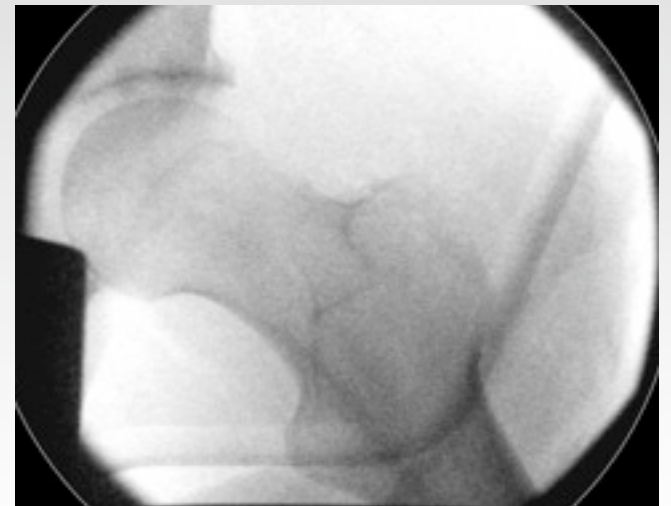
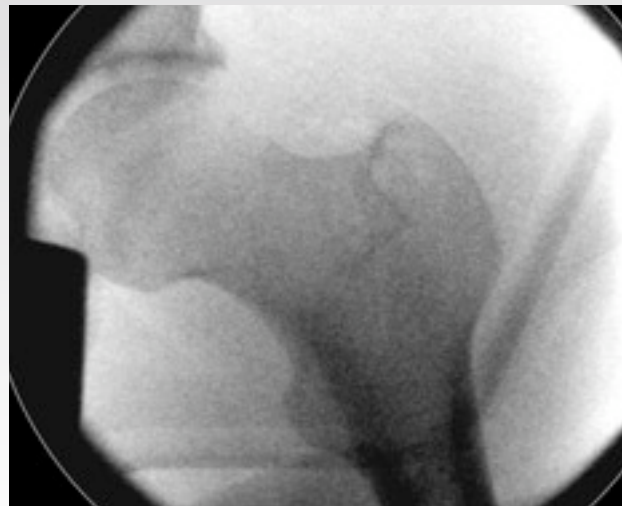
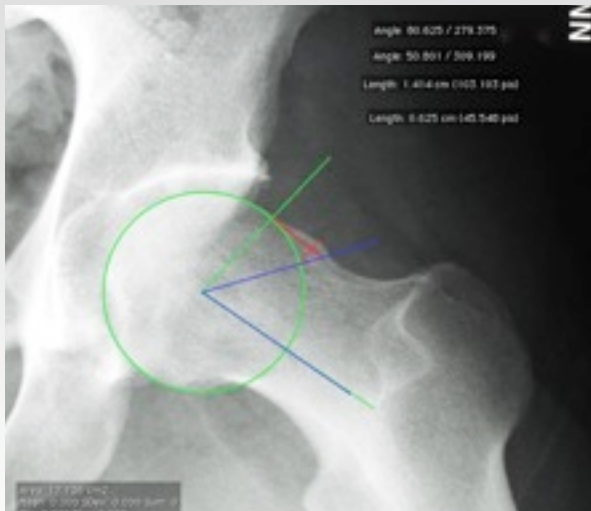
Maintain labrum sealing

Impingement test



Avoid over / under resection - failure to address bone impingement important cause unsuccessful hip arthroscopy.

Fluoroscopy AP and lateral to assess location and extent of resection (compare to pre op and planing)



Thank You