Correspondence

Results of 3,668 primary total hip replacements

Sir—We have read with great interest the study of the Finnish Arthroplasty Register by Mäkelä et al. (2011) on patients under 55 years who had a primary total hip implant for primary osteoarthritis. This report is a follow-up of the previous report by Eskelinen et al. in Acta Orthop (2005).

We agree with the authors that the population-based outcomes of total hip arthroplasty appeared to be relatively unsatisfactory for younger patients in Finland. However, it is likely that the outcome for young patients with a total hip arthroplasty in Finland are even worse than the paper suggests. Unfortunately, and this remains unclear from the abstract, the current study of 3,668 primary hips is based on only 56% of all patients under 55 years who had a total hip implant in the research period in Finland for primary osteoarthritis.

The researchers excluded 2,910 total hip arthroplasties, nearly all noncemented hip, because all noncemented implants with known poor track records as well noncemented implants not fitting in the cementless group 1 (implants with a cementless, straight, proximally circumferentially porous-coated stem and a porous-coated press-fit cup) or 2 (implants with a cementless, anatomic, proximally circumferentially porous-coated stem, with or without hydroxyapatite, and a porous-coated press-fit cup with or without hydroxyapatite) were excluded, as well as those who had been implanted less than 10 times a year. They also excluded cemented total hips inserted with CMW or Boneloc cement, but these numbers are limited we guess. So, even after already excluding the implants with a poor outcome, the results were still somewhat disappointing and no better than cemented hips in the same population group in Finland.

Despite the fact that we are now 5 years after the previous report of the Finnish register on this group of patients, there has been hardly any improvement on the outcome of noncemented hips in young patients. We had in 2005 and 2006 some discussion with the Register on their interpretation based on the study in 2005 suggesting that for younger patients uncemented hips were most attractive (Schreurs et al. 2005, 2006). 5 years later the outcome has not improved and even after a selection with exclosure of the poor performing implants, the conclusions remains the same. Looking at the data with revision for endpoint any reason, modern noncemented hips are in Finland in young patients not superior to cemented hips. Certainly, wear is an important problem and companies have introduced many alternatives during the last years like large metal-on-metal head, newer polyethylene’s or ceramic on ceramic. However, one should not be too optimistic that these innovations will solve the wear issue (Sedrakuan et al. 2011).

We are looking forward to the next update on this very interesting study group of the Finnish arthroplasty register and are curious if their findings and conclusions will result in trends to use more proven implants.

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Sir—We appreciate your interest in our article. Our aim was indeed to study modern cementless implants, not all the failed ones during the evolution of the cementless concept.

It is true that the clinical studies we referred to did not include exclusively patients under 55 years. The patient age in clinical studies we are familiar with is seldom limited to certain age groups. In register-based studies with high amount of patients like ours it is easier to define and analyze specific age groups, like patients under 55 years. In a clinical study from a single unit this is not so easy to do because of the small number of young patients. However, all the studies we referred to included patients under 55 years. We agree that optimally one should probably perform randomized, controlled arthroplasty trials in young patients.

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