

**67th Annual International Congress
of the
Egyptian Orthopaedic Association
in collaboration with**



**7-10 December, 2015
Intercontinental- City Stars Hotel,
Cairo - Egypt**

**PROGRAM
2015**

Dear EOA Congress participants,

It's our honor to invite you to the 67th annual international congress of the Egyptian Orthopaedic Association on December 7 - 10, 2015.

The long & successful history of the EOA Congress is world wide known as rich, productive and true international gathering of the most famous names in the world of orthopaedic surgery.

The most productive & effective way to acquire knowledge is through exchange of knowledge and experience among different Orthopaedic experts.

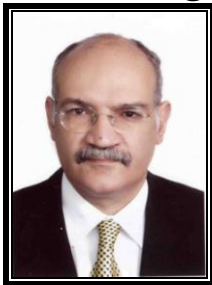
Our social program is fashioned to satisfy participants and their accompanying guests' desires. I am sure you will enjoy staying in Cairo, where the glory and history of the ancient Egypt merges with the beauty and wonders of the modern state.

We look forward to welcoming you in the EOA Congress.

Congress Board



*EOA & Congress
President
Prof. Adel Adawy*



*Congress General Secretaries
Prof. Gamal Hosny -Prof Abdel Mohsen Arafa*



*EOA & Congress
Treasurer
Prof. Hani El Mowafi*

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EGYPTIAN ORTHOPAEDIC ASSOCIATION BOARD

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**EGYPTIAN ORTHOPAEDIC ASSOCIATION
PREVIOUS PRESIDENTS**

Prof. Mohamed Kamel Hussein	1948 - 1967
Prof. Gawad Hamada	1968 - 1969
Prof. Abdel-Hay El-Sharkawy	1970 - 1971
Prof. Hussein K. Hassab	1972 - 1973
Prof. Mohamed S. Mehrez	1974 - 1975
Prof. Ahmus K. El-Hamamsy	1976 – 1977
Prof. Mansour Shawky	1978 - 1979
Prof. Mohamed Abdalla	1980 - 1981
Prof. Abdou Sallam	1982 - 1983
Prof. Amin Reda	1984 - 1985
Prof. Mahmoud Akl	1986 - 1987
Prof. Hussein Abdel-Fattah	1988 – 1989
Prof. Abdel-Hay Mashhour	1989 – 1990
Prof. El-Sayed Wahb	1990 – 1991
Prof. Fawzy Moustafa	1991 – 1992
Prof. Wael Mansour	1992 – 1993
Prof. Abdel-Salam Goumaa	1993 – 1994
Prof. Galal Zaki	1994 – 1995
Prof. Hassan El-Zaher	1995 – 1997
Prof. Farouk Youssef	1997 – 1998
Prof. Raafat H. Badawi	1998 – 2001
Prof. Mamdouh Zaki	2001 – 2003
Prof. Abdel-Rahaman Amer	2003 – 2004
Prof. Nabil Khalifa	2004 - 2005
Prof. Mohamed Shafik	2005 - 2006
Prof. M. Osama Hegazy	2006 - 2007
Prof. Hazem Abdel Azeem	2007 - 2008
Prof. Khamis El Deeb	2008 - 2009
Prof. Samir Zaki Kotb	2009 - 2010
Prof. Abdel Mohsen Arafa	2010 - 2011
Prof. Gamal Ahmed Hosny	2011 - 2013

ACCOMPANYING PERSON PROGRAM

TUESDAY 8/12/2015

**10:00 am Day Trip to Dream park will start at 10:00 am,
lunch will be served during the trip.**

رحلة إلى دريم بارك والغذاء بها
وسوف تتحرك الأتوبيسات الساعة التاسعة صباحاً

WEDNESDAY 9/12/2015

**11:00 am Day Trip Al-Azhar Park will start at 11:00 a.m
lunch will be served during the trip.**

رحلة إلى حديقة الأزهر والغذاء بها
وسوف تتحرك الأتوبيسات الساعة الحادية عشر صباحاً

THURSDAY 10/12/2015

**11:00 am Day-trip to Falafel Village restaurant will start
at 11:00 am, lunch will be served during the trip.**

رحلة إلى قرية فلفل بالهرم والغذاء بها وسوف تتحرك الأتوبيسات الساعة
الحادية عشر صباحاً

عفواً: هذا البرنامج للمرافقين فقط وليس للمشاركين.

SOCIAL PROGRAM

MONDAY 7/12/2015

06:00 pm *Cocktail Reception at the Congress Venue*
For Participants and Accompanying Guests.

TUESDAY 8/12/2015

09:00 pm *Arabic Musical Performance*
For Participants and Accompanying Guests.
سهرة مع الموسيقي العربية

THURSDAY 10/12/2015

09:00 pm *Gala Dinner & Official Closing Ceremony*
For Participants and Accompanying Guests.
الحفل الختامي للمؤتمر.

عفواً: هذا البرنامج يشمل حاملي الدعوات من المشتركين و مرافقيهم

MONDAY 7/12/2015

- **06:00 Opening Ceremony**

- **Congress General Secretary**
 Prof. Abdel Mohsen Arafa
 Prof. Gamal Hosny

- **EOA & Congress Treasurer**
 Prof. Hani El Mowafi

- **EOA & Congress President**
 Prof. Adel Adawy
 (Former Minister of Health)

- **Lecture: Deformities in Ancient Egypt.**
 Prof. Gamal Hosny

- **Welcome Reception & Get Together Party**

الجمعية العمومية لجمعية جراحة العظام المصرية

- ٢] تعقد الجمعية العمومية العادية لجمعية جراحة العظام المصرية في تمام الساعة ١٢ صباحاً يوم الثلاثاء الموافق ٢٠١٥/١٢/٨ في القاعة الرئيسية للمحاضرات.
- ٣] حسب القانون يكون الاجتماع قانونياً بحضور الاغلبية المطلقة لأعضاء الجمعية الذين لهم حق حضور الجمعية العمومية وفي حالة عدم اكتمال العدد القانوني يؤجل الاجتماع لمدة ساعة ويعقد بعدد الحضور.
- ٤] حضور الجمعية العمومية حق لجميع الأعضاء العاملين الذين مضت علي عضويتهم مدة ٦ أشهر علي الأقل ومسددين لاشتراكات الجمعية حتي عام ٢٠١٥.

جدول أعمال الجمعية العمومية العادية

- ١- كلمة افتتاحية للسيد أ.د رئيس الجمعية .
 - ٢- تقرير السيد أ.د الأمين العام للجمعية عن نشاط الجمعية العام المنتهي (٢٠١٤ / ٢٠١٥).
 - ٣- تقرير السيد أ.د أمين صندوق الجمعية للميزانية والحسابات الختامية وتقرير المراقب المالي عن العام المنتهي (٢٠١٤ / ٢٠١٥). والمتاحة بمقر الجمعية لمن يرغب الاطلاع عليها.
 - ٤- عرض مشروع الموازنة التقديرية و خطة الجمعية للعام التالي (٢٠١٥ / ٢٠١٦).
 - ٥- تعيين مراقب حسابات وتحديد اتعابه لعام (٢٠١٥ / ٢٠١٦).
 - ٦- اجراء انتخابات مجلس الادارة بالكامل.
 - ٧- ما يستجد من اعمال.
- وسكرتارية الجمعية تهيب بالسادة الزملاء الاهتمام بحضور جمعيتهم العمومية

تعليمات هامة

□ برجاء الالتزام بارتداء البادج الخاص بالمؤتمر ولن يسمح بدخول المؤتمر من غير

البادج.

□ برجاء تسليم المحاضرات علي فلاشة لمسئول Data Show قبل موعد القاء المحاضرة

بساعتين ولن يسمح باستخدام الكمبيوتر الشخصي لعرض المحاضرات.

□ علي السادة المحاضرين برجاء الالتزام بالوقت المحدد لكل محاضرة وسوف يتم فصل

الصوت اتوماتيكيا مع نهاية المدة الزمنية المحدده كما يحدث بجميع المؤتمرات

العالمية.

SCIENTIFIC PROGRAM

**MONDAY,
DECEMBER 7TH , 2015
(Workshops)**

MONDAY, DECEMBER 7TH , 2015

**Hip Arthroplasty
Workshops**

HALL (A)

10:00-02:00

Moderator **Dr. Haythem Abdel Azeem**

10:00 Avantage double Mobility

02:00

End of the Day

MONDAY, DECEMBER 7TH , 2015

**Knee Arthroscopy
Workshops**

HALL (B)

09:00-03:00

Moderator Prof. Adel Adawy
Prof. Hesham Farag

09:00 **A C L**

Instructors M Goda - M Salah - Abdel Samie Halawa

Moderator Prof. Ahmed Saeed

11:00 **PCL**

Mosaic plasty

Instructors Ahmed Khaled - Amr Ahmed
Wesam Fakhry

Moderator Prof. Ahmed Abdel Samie

01:00 **Recurrent Dislocation**

Rotator Cuff Tear

Instructors Ahmed Wageih - Faisal Hassan
Moawad El Adawy - Mohamed Rakha

MONDAY, DECEMBER 7TH , 2015

**Ilizarov
Workshop**

HALL (C)

10:00-03:00

Moderator

Prof. Gamal Hosny

10:00 12:00

Tibial Application

Instructors

Abdel Salam Abdel Aleem

Adel Khamis

Amin Abdel Razek

AMR El Khouly

Mohamed Antar

Mahmoud El Rosasy

Wael Azzam

01:00 3:00

Femoral Application

Instructors

Ashraf Khanfour

Barakat El Alfy

Hatem Kotb

Mohamed Fadel

Nabil El Moughazi

Wael Shaaban

Yahia Rady



03:00

End of the Workshop

MONDAY, DECEMBER 7TH , 2015

**Foot & Ankle
Workshop**

HALL (D)

10:00 - 04:00

Moderator Prof. Hani El Mowafi

10:00 12:00 Ankle arthrodesis with valor nail

Hani El Mowafi
Annelies Reppel

01:00 02:30 Arthroresis with Bio arch.

Ahmed Kholief.
Nathalie Secher

02:30 04:00 Lisfranic injuries

Ossama El Shazly.
Nathalie Secher



04:00

End of the Workshop

MONDAY, DECEMBER 7TH , 2015

**Total Knee Replacement
Workshop**

HALL (E)

10:00-03:00

Moderator

Prof. Mahmoud El Sebaie

10:00 12:00 Primary Total Knee Replacement

01:00 03:00 Revision Total Knee Replacement

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03:00

End of the Workshop

MONDAY, DECEMBER 7TH , 2015

**SICOT
Trainee Day Program**

HALL (F)

10:00-03:00

Moderator

Dr. Ahmed Hazem Abdel Azeem

10:00

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04:00

End of the Workshop

MONDAY, DECEMBER 7TH , 2015

**Hand
Workshop**

HALL (G)

10:00 - 03:00

Moderator

**Prof. Abdel Hakim Abdallah
Prof. Magdy Nabil
Prof. Weal Abdel Aziz**

10:00 12:00 Flexor Tendon Repair

01:00 03:00 Internal Fixation of Distal Radius

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03:00

End of the Workshop

**TUESDAY,
DECEMBER 8TH , 2015**

TUESDAY, DECEMBER 8TH , 2015

Session 1	IFPOS
	Pediatric Course
	(DDH)
HALL (A)	09:00-10:15

Chairmen	Prof. Hany Ezzat Prof. Khamis El Deeb Prof. M. Osama Hegazy
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1	09:00	Guideline for the surgical treatment of DDH. Osama Hegazy Egypt
2	09:15	Early Treatment of the Irreducible DDH in new borns. Louahem M. Sabah Djamel France
3	09:35	Avascular Necrosis of the femoral head in DDH. Hany Ezzat Egypt
4	09:50	Complicated DDH Khamis El Deeb Egypt
⇒	10:05	Discussion
⇒	10:15	Change Break

TUESDAY, DECEMBER 8TH, 2015

Session 2

**SICOT
(ACL Course)**

HALL (B)

09:00-10:15

Chairmen	Prof. Adel Adawy Prof. Hossam Nagi Prof. Maged Samy
5	09:00 Introduction Prof. Adel Adawy Egypt
6	09:10 ACL anatomy and anatomic ACLR (transportal & outside-in versus transtibial drilling) Ashraf Abdelkafy Egypt
7	09:20 Comparison of the accuracy and reproducibility of the femoral tunnel Location between three portal viewing techniques: anterior 30°, posterolateral 70°, and trans-septal 30° arthroscopic viewing during outside-In anterior cruciate ligament reconstruction. Yong Seok Lee KOREA
8	09:35 Conservative treatment of ACL tears versus ACLR. Karl Fredrick Almqvist BELGIUM
9	09:50 Graft choices in ACLR. Maged Samy Egypt
10	10:00 Single bundle versus double bundle ACLR. Hazem Farouk Egypt
⇒	10:15 Change Break

TUESDAY, DECEMBER 8TH, 2015

Session 3	Lectures
HALL (C)	Deformity 09:00-10:15

Chairmen	Prof. David Goodier Prof. Kamal El Gaafary Prof. Yahia Rady
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11	09:00	The use of the Precice nail for simple limb lengthening. David Goodier	UK
12	09:20	Phalangeal lengthening Gamal Hosny	Egypt
13	09:40	Extended indications for the Precice nail. David Goodier	UK
⇒	10:00	Discussion	
⇒	10:15	Change Break	

TUESDAY, DECEMBER 8TH , 2015

Session 4	EFORT
	Arthroplasty
	Hip
HALL (D)	09:00-10:15

Chairmen	Prof. Per-Kjaersgaard Andersen Prof. Timour El-Husseini
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14	09:00	Open and Welcome Word
		Timour El-Husseini Egypt Per-Kjaersgaard Andersen Denmark
15	09:10	Periprosthetic Bone Remodeling after THA. Saleh Gameel Egypt
16	09:25	Ceramic on Ceramic Total Hip Replacement, Could Different Head Sizes Affect The Clinical Results? Ahmed Shawkat Rizk Egypt
17	09:40	Extreme Total Hips, The Giant and The Dwarf. Timour El-Husseini Egypt
⇒	10:00	Discussion
⇒	10:15	Change Break

TUESDAY, DECEMBER 8TH , 2015

Session 5	IFPOS
	Pediatric Course
	(Pediatric Spine)
HALL (A)	10:15-11:30

Chairmen	Prof. Lotfy El Adwar Prof. Nabil Abdel El Menaem Prof. Pierre Journeau
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18	10:15	Congenital abnormalities of cervical spine in children. Pierre Journeau France
19	10:35	Our experience in growing rods Lotfi Miladi France
20	10:55	Traumatology of cervical spine in children Pierre Journeau France
⇒	11:15	Discussion
⇒	11:30	Coffee Break

TUESDAY, DECEMBER 8TH, 2015

Session 6

**SICOT
(ACL Course)**

HALL (B)

10:10-11:30

Chairmen

**Prof. Emmanuel Papacostas
Prof. Hossam El Shafie
Prof. Karl Fredrick Almqvist**

21	10:10	Post-operative rehabilitation of ACLR. Emmanuel Papacostas GREECE
22	10:25	Partial ACL tears (what to do? Including augmentation techniques). Hazem Farouk Egypt
23	10:35	Role of ALL in knee rotatory function Ahmed Elguindy Egypt
24	10:45	Back to sports after ACLR. Emmanuel Papacostas GREECE
25	11:00	Does body mass index affect outcomes of ACLR in Asians? Hamid Rahmatullah SINGAPORE
26	11:15	Failed ACL reconstruction - take the tibial slope into consideration. Karl Fredrick Almqvist BELGIUM
⇒	11:30	Coffee Break

TUESDAY, DECEMBER 8TH, 2015

Session 7	October Pharma Symposium
HALL (C)	10:15-11:30

<i>Chairmen</i>	Prof. Alaa Elzohiery Prof. Khamis Eldeeb
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	10:15	Gout management update	
		Prof. Gamal Hosny	Egypt
⇒	11:15	Discussion	
⇒	11:30	Coffee Break	

TUESDAY, DECEMBER 8TH, 2015

Session 8

**EFORT
Arthroplasty
Hip**

HALL (D)

10:15-11:30

Chairmen

**Prof. Hani Basyoni
Prof. Raouf El Abbasy
Prof. Theofilos Karachalios**

27	10:15	THA -Current concepts in design and fixation Theofilos Karachalios Greece
28	10:35	Total hip arthroplasty, today and future Gösta Ullmark Sweden
29	10:55	What is needed to move your organization into very short length of stay after TJR? Per-Kjaersgaard Andersen Denmark
	11:15	Discussion
⇒	11:30	Coffee Break

TUESDAY, DECEMBER 8TH, 2015

Session 9

**IFPOS
Pediatric Course
(C.P)**

HALL (A)

12:00-01:15

Chairmen

**Prof. Ali Nagy
Prof. Jan Charvat
Prof. Nabil Khalifa**

30	12:00	Hip Surgery in Cerebral Palsy Jan Charvat	Czech Republic
31	12:20	Orthopaedic Management of Lower Limb Deformities in Cerebral Palsy Shah Alam Khan	India
32	12:40	Management of Chronic Gouty Arthritis. Bahaa Kornah	Egypt
⇒	01:10	Discussion	
⇒	01:15	General Assembly of E.O.A	
⇒	02:30	Lunch	

TUESDAY, DECEMBER 8TH , 2015

Session 10

**SICOT
(ACL Course)**

HALL (B)

12:00-01:15

Chairmen

**Prof. Adel Adawy
Prof. Ahmed Saeed
Prof. Hesham El Kady**

33	12:00	Biologic failure of ACLR. Emmanuel Papacostas	GREECE
34	12:15	Does ACLR prevent OA? Ashraf Abdelkafy	EGYPT
35	12:25	ACL injury in the skeletally immature. Karl Fredrick Almqvist	BELGIUM
36	12:40	Recent advances in ACLR. Ahmed Hany	EGYPT
37	12:50	Management of ACL Injury in Patients with Varus Deformity. Hesham El Kady	EGYPT
38	01:00	WHAT HAVE WE LEARNED Adel Adawy & Ashraf Abdelkafy & Hazem Farouk	EGYPT
⇒	01:15	General Assembly of E.O.A	
⇒	02:30	Lunch	

TUESDAY, DECEMBER 8TH, 2015

Session 11	EVA
HALL (C)	Symposium Cymbatex 12:00-01:15

Chairmen	Prof. Ashraf El Nahal Prof. Gamal Hosny Prof. Hassan El Hussein
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	12:00	Fibromyalgia	
		Prof. Adel Mahmoud	Egypt
⇒	12:45	Discussion	
⇒	01:15	General Assembly of E.O.A	
⇒	02:30	Lunch	

TUESDAY, DECEMBER 8TH, 2015

Session 12

**EFORT
Arthroplasty
Hip**

HALL (D)

12:00-01:15

Chairmen

**Prof. Ahmed Hassaan
Prof. Hassan Hussien
Prof. Rob Nelissen**

39

12:00

Quality of Implants & Patient Safety.

Rob Nelissen

Netherlands

40

12:20

Pain-programmes for accelerated joint replacement programmes – and the patient outcomes

Per-Kjaersgaard -Andersen

Denmark

41

12:40

Extended trochanteric osteotomy in revision THA.

Theofilos Karachalios

Greece

⇒

01:00

Discussion

⇒

01:15

General Assembly of E.O.A

⇒

02:30

Lunch

TUESDAY, DECEMBER 8TH , 2015

Session 14

**SICOT
(Achills Tendon Course)**

HALL (B)

03:30-04:45

Chairmen

**Prof. Ahmed kholief
Prof. Hani El-Mowafi
Prof. Maher El Assal**

45	03:30	Achilles Tendon Pathoanatomy Hani El-Mowafi	Egypt
46	03:40	Acute rupture: Diagnosis and non operative treatment. Ahmed Hazem	Egypt
47	03:50	Acute rupture : operative treatment. Ahmed kholief	Egypt
48	04:00	Absorbable polydioxanone suture provides fewer wound complications in acute tendo-Achills rupture repair. Mohamed Baig	Ireland
49	04:10	Chronic Achilles Rupture: Challenges & Solutions. Ossama El Shazly	Egypt
50	04:20	Achellis Enteropathy/ Haglund's disease Mohamed Mokhtar	Egypt
51	04:30	Chronic Achilles Pathology Thanos Badekas	Greece
⇒	04:45	Change	

TUESDAY, DECEMBER 8TH , 2015

Session 15

Symposium

Injuries Around The Elbow Joint

HALL (C)

03:30-04:45

Chairmen

**Prof. Alaa El Zoheiry
Prof. Wolf Mutschler**

03:30 (including fractures, traumatic instabilities, complex injuries, new implants, the role of endoprosthesis and arthroscopy, treatment of late sequelae)

Case Presentations:

A- Surgical anatomy and pathomechanics

B- Monteggia (like) lesions-what is special?

Wolf Mutschler

Germany

04:10 Osteosyntheses and the role of arthroscopy in distal humeral, radial head and olecranon fractures

Florian Haasters

Germany

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04:30

Discussion

⇒

04:45

Change

TUESDAY, DECEMBER 8TH , 2015

Session 17

**IFPOS
Pediatric Course
(General)**

HALL (A)

04:45-06:00

Chairmen

**Prof. Abdel Rahman Amer
Prof. Khaled El Adwar
Prof. Pierre Journeau**

55	04:45	Congenital abnormalities of the hand in children Pierre Journeau France
56	05:00	Ultrasound Imaging in Neuroorthopaedic Patients. Jan Charvat Czech Republic
57	05:15	Physiopathology and bones lesions in mucopolysaccharidosis Pierre Journeau France
58	05:30	Arthroscopy of Hip in Children. Shah Alam Khan India
59	05:45	Spontaneous hip Dislocation in Down Syndrome Jan Charvat Czech Republic
⇒	06:00	End of the Day

TUESDAY, DECEMBER 8TH, 2015

Session 18	Lectures Spine
HALL (B)	04:45-06:15

Chairmen	Prof. Gad Ragheb Prof. Lotfi Miladi Prof. Mohamed Abdel Nabi
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60	04:45	Advantages of iliosacral screw technique for pelvic fixation. Lotfi Miladi France
61	05:00	Long segment posterior fixation and fusion, using locally harvested bone graft in traumatic fracture dislocations of the thoraco lumbar spine. Kamran Farooque India
62	05:15	Severe Rigid Scoliosis (Cobbs>90) - Management Strategies. Arvind Jayaswal India
63	05:30	Minimally invasive surgery for neuromuscular scoliosis. Lotfi Miladi France
64	05:45	High grade Spondylolisthesis – is there a need to reduce. Arvind Jayaswal India
65	06:00	Neglected Thoraco Lumbar Traumatic Spine Injuries: A Retrospective Study of forty patients at JPNATC, AIIMS, New Delhi a level one Trauma Center. Kamran Farooque India
⇒	06:15	End of the Day

TUESDAY, DECEMBER 8TH, 2015

Session 19

**Symposium
injuries Around the Knee Joint**

HALL (C)

04:45-06:00

Moderator

**Prof. Alaa El Zoheiry
Prof. Karsten Dreinhöfer
Prof. Wolf Mutschler**

04:45 Fractures of the distal femur
Fractures of the patella
Wolf Mutschler **Germany**

05:10 Tibial Plateau Fractures / Prox Tibial Fractures
Mareen Braunstein **Germany**

05:30 Post-op Rehab.: Facts and Fiction
Karsten Dreinhöfer **Germany**

⇒ **05:50** **Discussion**

⇒ **06:00** **End of the Day**

TUESDAY, DECEMBER 8TH, 2015

Session 20	EFORT
	Arthroplasty
	Hip
HALL (D)	04:45-06:00

Chairmen	Prof. Elsayed Morsi Prof. Gösta Ullmark Prof. Ibrahim Mostafa
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66	04:45	The influence of femoral head size following total hip replacement and hip resurfacing on hip biomechanics during walking, stair use and sit-to-stand Paul Banaszkiwicz UK
67	05:00	Revision of Failed Hip Hemiarthroplasty, Classification, Management, and Follow-up. Elsayed Morsi Egypt
68	05:15	Management of the painful metal on metal hip replacement Paul Banaszkiwicz UK
69	05:30	No Increased Dislocation Rate with Minimal Precautions after Total Hip Arthroplasty Surgery using the Posterolateral Approach. A Prospective, Comparative Safety Study T. Sijbesma Netherlands
70	05:40	THA after complex acetabular fracture. Wael Abdel Rahman Egypt
71	05:50	Incidence, treatment and survival of deep prosthetic joint infection after primary hip or knee arthroplasty in two community hospitals in the Netherlands. A 15 years retrospective study T. Sijbesma Netherlands
⇒	06:00	End of the Day

**WEDNESDAY,
DECEMBER 9TH , 2015**

WEDNESDAY, DECEMBER 9TH , 2015

Session 21

IFPOS
Pediatric Course
(General)

HALL (A)

09:00-10:15

Chairmen

Prof. Salah Abdel Hafeez
Prof. Stanley Jones
Prof. Tarek Hassan

7 ^٢	09:00	Distal radius fractures in children . K wire or not? Stanley Jones UK
7 ^٣	09:20	Identification of Paediatric Non-accidental Injuries Fazal Ali UK
7 ^٤	09:40	Bone grafting In children undergoing elective orthopaedic surgery. Stanley Jones UK
7 ^٥	10:00	Management of sequelae of obstetric brachial plexus palsy Tarek Hassan Egypt
⇒	10:15	Change Break

WEDNESDAY, DECEMBER 9TH , 2015

**Session 22 World Spinal Column Society
Review Course**

HALL (B)

09:00-10:15

Chairmen

**Prof. Abdelfattah Saoud
Prof. Abdel Mohsen Arafa**

**7⁶ 09:00 Welcome and Introduction
Abdelfattah Saoud Egypt**

**7⁷ 09:15 Thoracolumbar Trauma
Mohamed Fawzy Khattab Egypt**

**7⁸ 09:45 Treatment of spondylolysis
Abdel Mohsen Arafa Egypt**

⇒ 10:15 Change Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 23

**Lectures
Upper Limb
Elbow**

HALL (C)

09:00-10:15

Chairmen

**Prof. Abdel Hakim Abdallah
Prof. Hassaan El Nomani
Prof. Elshazli Saleh**

7⁹

09:00

Osteoarthritis of the elbow.

Nicole Pouliart

Belgium

8⁰

09:20

Revision total elbow arthroplasty failures and the lessons I learned.

John Elfar

USA

8¹

09:40

Neurological Complications following elbow Arthroscopy.

Moheb Moneim

USA

⇒

10:00

Discussion

⇒

10:15

Change Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 24

EFORT
Arthroplasty
Hip

HALL (D)

09:00-10:15

Chairmen

Prof. Ashraf El Wakeel
Prof. Magdy El Sayed
Prof. Mamdoh Zaki

٨٢

09:00

Hip Preservation Surgery in Adolescents and Young Adults

Mohamed Abdel-Moneim Eid **Egypt**

8٣

09:15

Unstable Trochanteric Fractures in the Elderly, Fixation VS Replacement

Wael Samir Elbehairy **Egypt**

8٤

09:30

TMARS in Revision Hip Arthroplasty, Experience in Egypt

Ibrahim Elganzoury **Egypt**

8٥

09:45

Indications for Low Profile Cup in Reconstruction of Dysplastic Acetabulum

Ashraf El Wakeel **Egypt**

⇒

10:00

Discussion

⇒

10:15

Change Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 25

IFPOS
Pediatric Course
(Hip)

HALL (A)

10:15-11:30

Chairmen

Prof. Hesham Abdel Ghani
Prof. Samir Shaheen
Prof. Sanjeev Madan

8⁶

10:15

Hip Arthroscopy: Preservation Techniques.

Sanjeev Madan

UK

8⁷

10:35

Perthes Disease, Results of Conservative Management at Soba University Hospital.

Samir Shaheen

Sudan

8[^]

10:55

Minimally Invasive Periacetabular Osteotomies: Joint Preservation Techniques.

Sanjeev Madan

UK

⇒

11:15

Discussion

⇒

11:30

Coffee Break

WEDNESDAY, DECEMBER 9TH , 2015

**Session 26 World Spinal Column Society
Review Course**

HALL (B)

10:15-11:30

Chairmen
Prof. Faisal F. Adm
Prof. Galal Kazem
Prof. Mohamed Maziad

8⁹	10:15	Introduction to management spinal tumors and Role of Steriotactic Radiosurgery Mahmoud El Abbasy	Egypt
9⁰	11:00	Case Discussion Abdel Mohsen Arafa	Egypt
⇒	11:30	Coffee Break	

WEDNESDAY, DECEMBER 9TH , 2015

Session 27

**LIPTIS
Symposium**

HALL (C)

10:15-11:30

Chairmen

**Prof. Abdel Rahman Amer
Prof. Bahaa Kornah
Prof. Gamal Hosny**

10:15

"Knee Arthroplasty (DVT)"

Prof. Fabio Valerio Sciarretta

Italy

10:35

"DVT, The- Underestimated Problem"

Prof. Gamal Hosny

Egypt

10:50

"Vaxato[®], the Next Era in DVT Prevention"

Prof. Sharif Omar

USA

11:05

"Dorofen[®], Overcoming Osteoarthritis Disability"

Prof. Sharif Omar

USA

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11:20

Discussion

⇒

11:30

Coffee Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 28

EFORT
Arthroplasty
Hip

HALL (D)

10:15-11:30

Chairmen

Prof. Ibrahim Elganzoury
Prof. Ihab Negm
Prof. Yousry Mousa

9 ¹	10:15	Risk factors and treatment of dislocations of the THA. Gösta Ullmark Sweden
9 ²	10:35	10 DO NOTs in infection arthroplasty. Rob Nelissen Netherlands
9 ³	10:55	Approach to the painful hip after total hip arthroplasty. Per-Kjaersgaard Andersen Denmark
⇒	11:15	Discussion
⇒	11:30	Coffee Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 29

IFPOS
Pediatric Course
(SCFE)

HALL (A)

12:00-01:15

Chairmen

Prof. Mohamed Reda
Prof. Sanjeev Madan
Prof. Yousef Sheta

9€ **12:00** Morphological restoration of the hip by subcapital osteotomy in sever stable SCFE in adolescent Surgical technique-Evaluation X-ray, 3-D EOS and MRI.

Louahem M. Sabah Djamel **France**

9° **12:20** Surgical dislocation and femoral neck osteotomy for severe grade healed Slipped a upper femoral Epiphysis.

Sanjeev Madan **UK**

9¶ **12:40** Guidelines in Diagnosis and Treatment of SCFE

Mohamed Reda **Egypt**

⇒ **01:00** **Discussion**

⇒ **01:15** **Change Break**

WEDNESDAY, DECEMBER 9TH , 2015

**Session 30 World Spinal Column Society
Review Course**

HALL (B)

12:00-01:15

Chairmen

**Prof. Abdelfattah Saoud
Prof. Hany Zaki Said
Prof. Ezzat El Hawi**

9^v

12:00

Coccydinia

Abdel Mohsen Arafa

Egypt

9[^]

12:45

Assessment and treatment of Failed back

Abdelfattah Saoud

Egypt

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01:15

Change Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 32

EFORT
Arthroplasty
Hip

HALL (D)

12:00-01:15

Chairmen

Prof. Gamal Hosny
Prof. Rob Nelissen

99	12:00	Role of Apixaban in VTEp Michael Rud Lassen Denmark
100	12:40	Outcome of the Netherlands Hip Arthroplasty Register for young patients. Rob Nelissen Netherlands
⇒	01:00	Discussion
⇒	01:15	Change Break

WEDNESDAY, DECEMBER 9TH , 2015

**Session 34 World Spinal Column Society
Review Course
Case discussion
HALL (B) 01:15-02:30**

Panel

**Prof. Abdelfattah Saoud
Prof. Mohamed Maziad
Prof. Mohamed Fawzy Khattab
Dr. Ahmed Morsy**

10€

01:15

Stem cell: Future treatment of SCI?

Basem Awad

Egypt

01:45

Case discussion

Abdelfattah Saoud

Mohamed Maziad

Mohamed Fawzy Khattab

Ahmed Morsy

Egypt

⇒

02:30

Lunch

WEDNESDAY, DECEMBER 9TH , 2015

Session 35

**NOVARTIS
Symposium**

HALL (C)

01:15-02:30

Chairmen

**Prof. Abdel Rahman Amer
Prof. Gamal A Hosny**

01:15

Management of Osteoarthritis

Prof. Bahaa Kornah

Egypt

⇒

02:15

Discussion

⇒

02:30

Lunch

WEDNESDAY, DECEMBER 9TH , 2015

Session 36

EFORT
Arthroplasty
Hip

HALL (D)

01:15-02:30

Chairmen

Prof. Amr Khairy
Prof. Safwat Shalaby
Prof. Mostafa Abdel Khalik

10° 01:15 Congenital hip disease in adults. Management strategies.

Theofilos Karachalios **Greece**

10¹ 01:35 Periprosthetic fractures round the total hip. Treatment strategies.

Rob Nelissen **Netherlands**

10^v 01:55 DVT prophylaxis in healthy patients undergoing TJR. What length of treatment is needed?

Per-Kjaersgaard Andersen **Denmark**

⇒ 02:15 **Discussion**

⇒ 02:30 **Lunch**

WEDNESDAY, DECEMBER 9TH , 2015

Session 37

**Lectures
Trauma**

HALL (A)

03:30-04:45

Chairmen

**Prof. Adel Khamis
Prof. Anis Sheha
Prof. Kiran Saldanha**

108	03:30	Initial management of open fractures Kiran Saldanha	India
109	03:50	Stabilization of Open Fractures Kiran Saldanha	India
110	04:10	Tibial Non Union; Current update Hemant Sharma	UK
⇒	04:30	Discussion	
⇒	04:45	Change Break	

WEDNESDAY, DECEMBER 9TH , 2015

**Session 38 World Spinal Column Society
Review Course**

HALL (B)

03:30-04:30

Chairmen

**Prof. Andrew Wakefield
Prof. El Moataz El Sabrout
Prof. Essam El Sharef**

111

03:30

Ventral exposures and techniques

Andrew Wakefield

USA

112

04:00

Spine infections TB Epidural abcess, discitis.

Khaled Saoud

Egypt

⇒

04:30

Change Break

WEDNESDAY, DECEMBER 9TH , 2015

Session 40	EFORT
	Arthroplasty
	Hip
HALL (D)	03:30-04:45

Chairmen	Prof. Adel Ghazal Prof. Emmanuel Tolessae Prof. Eissa Ragheb
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116	03:30	Revision of Metal on Metal Arthroplasty- a case presentation Emmanuel Tolessae UK
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117	03:50	Development of the metaphyseal-loading anterolaterally-flared anatomic femoral stem: mid-term outcome and results of three-dimensional finite element analysis. Yasuo Kokubo Japan
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118	04:10	Reconstructive Orthopedic Surgery and Arthroplasty; keeping an eye on the future. Elsayed Morsi Egypt
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⇒	04:30	Discussion and End of the EFORT
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⇒	04:45	Change Break
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WEDNESDAY, DECEMBER 9TH , 2015

Session 41

**Lectures
Trauma
(Foot & Ankle)
04:45-06:00**

HALL (A)

Chairmen

**Prof. Ali Zin El Abdin
Prof. Gamal El Adl
Prof. Hemant Sharma**

119	04:45	Pilon Fracture.	
		Hemant Sharma	UK
120	05:00	Hindfoot Arthrodesis	
		Hani El Mowafi	Egypt
121	05:15	Arthrodesis of infected ankle	
		Hemant Sharma	UK
122	05:30	Management of infected Charcot Ankle.	
		Ahmed Allam	Egypt
⇒	05:45	Discussion	
⇒	06:00	End of the Day	

WEDNESDAY, DECEMBER 9TH , 2015

**Session 42 World Spinal Column Society
Review Course**

HALL (B)

04:30-06:00

Chairmen

**Prof. Hussein Abou El Ghait
Prof. Mohamed Hafez Ramadan
Prof. Ahmed Morsy**

123	04:30	Cranio Cervical pathologies & stabilization Mohamed Hafez Ramadan Egypt
124	05:00	Thoracolumbar spine&Ventral Fixation techniques/Interbody fusion Andrew Wakefield USA
12°	05:30	Vertebroplasty / kyphoplasty Ahmed Morsy Egypt
⇒	06:00	End of the Day

WEDNESDAY, DECEMBER 9TH , 2015

Session 43

**Lectures
Shoulder**

HALL (C)

04:45-06:00

Chairmen

**Prof. John Elfar
Prof. Khaled Shohaib
Prof. Mohamed Sobhy**

12⁶

04:45

Partial thickness tear repairs.

John Elfar

USA

12⁷

05:00

Management of shoulder instability

Shantanu Shahane

UK

12⁸

05:15

Rehabilitation following shoulder injuries in athletes

Karsten Dreinhöfer

Germany

12⁹

05:30

Rotator cuff surgery

Volker Braunstein

Germany

⇒

05:45

Discussion

⇒

06:00

End of the Day

WEDNESDAY, DECEMBER 9TH , 2015

Session 44

Lectures
Knee Arthroplasty

HALL (D)

04:45-06:00

Chairmen	Prof. Fabio Valerio Sciarretta Prof. Hesham El Mowafi Prof. Maher Fansah
130	04:45 Single step biological resurfacing of osteochondral defects of the patella Fabio Valerio Sciarretta Italy
131	05:00 Whether to do simultaneous or staged bilateral TKA - approach & rationale. Chandra Shekhar India
132	05:15 Impacts of rotational deformity and posterior cruciate ligament of knee replacement. Abdallah Al Malki Egypt
133	05:25 Total Knee Arthroplasty, Our Experience in Kuwait Ali Al Mukaimi Kuwait
134	05:40 CAS& PSI in arthroplasty - whether hype or hope Chandra shekhar India
⇒	05:55 Discussion
⇒	06:00 End of the Day

**THURSDAY,
DECEMBER 10TH , 2015**

THURSDAY, DECEMBER.10TH , 2015

Session 45

**Lectures
Trauma**

HALL (A)

09:00-10:15

Chairmen

**Prof. El Zaher Hassan
Prof. Narinder Kumar Magu
Prof. Yasuo Kokubo**

135 09:00

Biological fixation of acetabular fractures

Narinder Kumar Magu

India

136 09:20

Clinical and radiological outcome of the surgically-treated acetabular fractures.

Yasuo Kokubo

Japan

137 09:40

Modified Pauwel intertrochanteric osteotomy in the management of neglected non-union of femoral neck fractures

Narinder Kumar Magu

India

⇒ 10:00

Discussion

⇒ 10:15

Change Break

THURSDAY, DECEMBER.10TH , 2015

**Session 46 World Spinal Column Society
Review Course**

HALL (B)

08:30-10:00

Chairmen

**Prof. Doug Orr
Prof. Edward Benzel
Prof. Wael Kobtan**

138	08:30	Biomechanics 101 Edward Benzel	USA
139	09:00	Sub Axial dorsal fixation Doug Orr	USA
140	09:30	Cervical spondylotic myelopathy and deformity. Edward Benzel	USA
⇒	10:00	Change Break	

THURSDAY, DECEMBER.10TH , 2015

Session 47	Lectures Tumor
HALL (C)	09:00-10:15

Chairmen	Prof. Kamal Abdel Rahman Prof. Samir Kotb Prof. Shah Alam Khan
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141	09:00	Induced membrane technique in management of extensive bone defect. Early results. Yasser Abed Egypt
142	09:10	Simple unicameral bone cysts (UBC) of the proximal tibias in children and adolescents treated by curettage and intralesional filling with bone substitute granules. Sherif Naseef Girgis Bishay Egypt
143	09:20	Biological reconstruction in bone tumour surgery. Samir Kotb Egypt
144	09:40	Principles in Limb Salvage in Bone Sarcomas Shah Alam Khan India
⇒	10:00	Discussion
⇒	10:15	Change Break

THURSDAY, DECEMBER.10TH , 2015

Session 48	Symposium Pilon Fracture
HALL (D)	09:00-10:15

<i>Moderator</i>	Prof. Gamal Hosny Prof. Hani El Mowafi
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	09:00	<u>Panel:</u> Gamal Hosny Hani El Mowafi Mez Acharya Wagih Moussa	Egypt Egypt UK UK
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⇒	10:00	Discussion	
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⇒	10:15	Change Break	
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THURSDAY, DECEMBER.10TH , 2015

Session 49

**Lectures
Trauma**

HALL (A)

10:15-11:30

Chairmen

**Prof. Abdel Salam Gomaa
Prof. Ashraf El Nahal
Prof. Abo El Foutoh Eid**

145	10:15	Periprosthetic fractures around the hip. Mez Acharya	UK
146	10:35	Management of the dislocated knee Fazal Ali	UK
147	10:55	Periprosthetic fractures around the knee Mez Acharya	UK
148	11:15	Atypical periprosthetic subtrochanteric femur fractures during bisphosphonates therapy. A case report. Mohamed Baig	Ireland
	11:25	Discussion	
⇒	11:30	Coffee Break	

THURSDAY, DECEMBER.10TH , 2015

**Session 50 World Spinal Column Society
Review Course**

HALL (B)

10:00-11:30

Chairmen

**Prof. Ahmad El Badrawy
Prof. Emad El Mihy
Prof. Gad Ragheb**

**149 10:00 Subaxial Dorsal Approaches and techniques include
laminoplasty lamino-foraminotomy
Doug Orr USA**

**150 10:30 Adjacent Segment Disease
Edward Benzel USA**

**151 11:00 Dorsal Thoracic instrumentation
Doug Orr USA**

⇒ 11:30 Coffee Break

THURSDAY, DECEMBER.10TH , 2015

Session 51	LILLY Symposium
HALL (C)	10:15-11:30

<i>Chairmen</i>	Prof. Adel Adawy Prof. Gamal Hosny
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	10:15	Controversies in osteoporosis management Prof. Alaa El Zoheiry	Egypt
⇒	11:15	Discussion	
⇒	11:30	Coffee Break	

THURSDAY, DECEMBER.10TH , 2015

Session 52	Symposium
	Hand Surgery
	Carpal Injuries
HALL (D)	10:15-11:30

Moderator	Prof. Abdel Hakim Abdallah
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	10:15	<u>Panel:</u>	
		Abdel Hakim Abdallah	Egypt
		Yasser El Safoury	Egypt
		Essam El Karef	Egypt
		Amro Mostafa	Egypt
⇒	11:15	Discussion	
⇒	11:30	Coffee Break	

THURSDAY, DECEMBER.10TH , 2015

Session 53	Lectures Trauma
HALL (A)	12:00-01:15

Chairmen	Prof. Mohamed Fadel Prof. Mohamed Abdel Salam Prof. Wagih Moussa
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15ʹ	12:00	Metatarsal fractures treatment options Thanos Badekas Greece
15ʹ	12:20	Lisfranc Injuries Kiran Saldanha India
15ʹ	12:40	How to avoid complications of Calcaneal fractures Wagih Moussa UK
15º	01:00	Indirect reduction of the Calcaneous Mohamed Gomaa Egypt
⇒	01:10	Discussion
⇒	01:15	Change Break

THURSDAY, DECEMBER.10TH , 2015

**Session 54 World Spinal Column Society
Review Course**

HALL (B)

12:00-01:00

Chairmen

**Prof. Abdel Mohsen Arafa
Prof. Mohamed Wafa
Prof. Samir El Moula**

15^h

12:00

Lumbosacral fixation techniques

Abdelfattah Saoud

Egypt

15^h

12:30

Kyphosis correction strategies

Ahmad El Badrawy

Egypt

⇒

01:00

Change Break

THURSDAY, DECEMBER.10TH , 2015

Session 55	AMGEN Symposium
HALL (C)	12:00-01:15

Chairmen	Prof. AbdelRahman Amer Prof. Adel Adawy Prof. Gamal Hosny Prof. Hani El Mowafi
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	12:00	Denosumab; An Increase in Bone Strength and Reduction Of Fracture Risk Prof. Timour El – Hussein	Egypt
⇒	12:45	Discussion	
⇒	01:15	Change Break	

THURSDAY, DECEMBER.10TH , 2015

Session 56

**Lectures
Hand**

HALL (D)

12:00-01:15

Chairmen

**Prof. Essam El karef
Prof. Mohamed El Mahy
Prof. Moheb Moneim**

158	12:00	Greater Arc Wrist injuries Moheb Moneim USA
159	12:20	Long Term Clinical and radiological outcome following partial trapeziectomy and capsular interposition Moheb Moneim USA
160	12:40	Epidemiology and patterns of hand and distal forearm fractures at King Abdul-Aziz Medical City, Riyadh, Kingdom of Saudi Arabia. Turki AlMurgen Saudi Arabia
161	12:50	Distal radial fracture manipulation in an acute setting: quality improvement project Langhit Kurar UK
⇒	01:00	Discussion
⇒	01:15	Change Break

THURSDAY, DECEMBER.10TH , 2015

Session 57

**Lectures
Trauma**

HALL (A)

01:15-02:30

Chairmen

**Prof. Ahmed Shama
Prof. Mez Acharya
Prof. Mohamed Bahy El-Shafie**

162	01:15	Use of combined Mini external fixators with k wires fixation in treatment open fractures of hand Mohamed El Deeb Egypt
163	01:25	Augmentive Plate in Treating Diaphyseal Nonunion Fractures Fixed by Primary Interlocking Nail. (Serial 2) Gamal El Mashad Egypt
164	01:35	Management of proximal humeral fractures by illizarov external fixator Mohammed Anter Egypt
165	01:45	Crossing screws Superiority proved clinically & experimentally Mohamed Bahy El-Shafie Egypt
166	02:00	Tibial plateau fractures Mez Acharya UK
⇒	02:20	Discussion
⇒	02:30	Lunch

THURSDAY, DECEMBER.10TH , 2015

**Session 58 World Spinal Column Society
Review Course**

HALL (B)

01:00-02:30

Chairmen

**Prof. Edward Benzel
Prof. Hesham Shaker
Prof. Mohamed Alam Eldin**

167	01:00	Role of surgery in spine care Edward Benzel	USA
168	01:30	Biomechanics 201 Edward Benzel	USA
169	02:00	Case discussion. Andrew Wakefield Mohamed Maziad Basem Awad	USA Egypt Egypt
⇒	02:30		Lunch

THURSDAY, DECEMBER.10TH , 2015

Session 59	Global Napy Symposium
HALL (C)	01:15-02:30

<i>Chairmen</i>	Prof. Adel Adawy Prof. Gad Ragheb Prof. Khamis EIDeeb
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	01:15	Management of Neuropathic Pain	
		Prof. Gamal A Hosny	Egypt
⇒	02:15	Discussion	
⇒	02:30	Lunch	

THURSDAY, DECEMBER.10TH , 2015

Session 60

Lectures
Foot and Ankle

HALL (D)

01:15-02:30

Chairmen

Prof. Mohamed Shafik
Prof. Thanos Badekas
Prof. Yassein El Ghouli

170	01:15	Hindfoot arthritis: Treatment alternatives Thanos Badekas Greece
171	01:35	Osteochondral lesions of the talus: osteochondral grafting single incision technique - long term results Thanos Badekas Greece
172	01:55	Ostrigonum / posterior impingement Ossama El Shazly Egypt
173	02:10	ankle arthroscopy Samir Abdulsalam Kuwait
⇒	02:25	Discussion
⇒	02:30	Lunch

THURSDAY, DECEMBER.10TH , 2015

Session 61

Lectures
Miscellaneous

HALL (A)

03:30-04:45

Chairmen

Prof. Abdel Salam Eid
Prof. Bahaa El Serwy
Prof. Hisham El Kady

- | | | |
|------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 174 | 03:30 | The kinespring : mid term clinical and imaging results
Fabio Valerio Sciarretta Italy |
| 175 | 03:45 | The accessory Bands of the Hamstring Tendons: A Clinical Anatomical Study
Hisham El Kady Egypt |
| 176 | 04:00 | A clinical cohort study comparing traction splinting with open reduction and internal fixation for comminuted fractures of the proximal phalanx.
Lachlan Cornford Australia |
| 177 | 04:10 | Lisfranc injuries Percutaneous fixation versus open treatment
Morgan Gendi Hanna Farah KSA |
| 178 | 04:20 | Piriformis Muscle syndrome
Hisham Dolieb Sudan |
| 179 | 04:30 | Evaluation of the efficacy of autologous platelet rich plasma injection versus local corticosteroid injection for the treatment of lateral epicondylitis
Osama Gamal Ahmed Egypt |
| ⇒ | 04:40 | Discussion |
| ⇒ | 04:45 | Change Break |

THURSDAY, DECEMBER.10TH , 2015

**Session 62 World Spinal Column Society
Review Course**

HALL (B)

03:30-04:30

Chairmen

**Prof. Ali Ibrahim
Prof. Mohamed Alam Eldin
Prof. Mohamed El Meshtawy**

**180 03:30 Scoliosis diagnosis & decision making and
correction strategies**

Doug Orr USA

**181 04:00 Cervical & Lumbar Arthroplasty options and
evidence**

Doug Orr USA

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04:30

Change Break

TH

URSDAY, DECEMBER.10TH , 2015

Session 63	Lectures Tumor
HALL (C)	03:30-04:45

Chairmen	Prof. Emad Eldin Esmat Prof. Walid Ebeid Prof. Sherif Naseef Girgis Bishay
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182	03:30	Management of Cysts of the Proximal Femur in Children Shah Alam Khan India
183	03:50	Limb Salvage in Skeletally Immature Children Walid Abeid Egypt
184	04:10	Giant nonossifying fibroma (NOF) of the distal tibia in adolescents treated by curettage and intralesional cementation Sherif Naseef Girgis Bishay Egypt
185	04:20	Epiphyseal Sparing and Reconstruction by Frozen Bone Autograft after Malignant Bone Tumor Resection in Children. Ahmed Hamed kassem Abdelaal Egypt
186	04:30	Double tendon transfer for reconstruction after resection of tumors of the distal ulna. Yasser Abed Egypt
⇒	04:40	Discussion
⇒	04:45	Change Break

THURSDAY, DECEMBER.10TH , 2015

Session 64

**Lectures
Foot and Ankle**

HALL (D)

03:30-04:45

Chairmen

**Prof. Hani El Mowafi
Prof. Imtiyaz S. Talkhani
Prof. Wagih Moussa**

187	03:30	Decision Making in Hallux Valgus Wagih Moussa	UK
188	03:45	Overview tips and tricks about SCARF osteotomy Thanos Badekas	Greece
189	04:00	Distal Osteotomies : Chevron Wael Nassar	Egypt
190	04:15	Metatarsalgia Kamal Samy Abdelmaguid	Egypt
⇒	04:30	Discussion	
⇒	04:45	Change Break	

THURSDAY, DECEMBER.10TH , 2015

Session 65		Papers General	
HALL (A)		04:45-06:00	
Chairmen		Prof. Ahmed Allam Prof. Mahmoud El Rosasy Prof. Nehad El Mahboub	
191	04:45	Total Knee Replacement (TKR) in a contralateral Amputee	
		Anand Kumar	Malaysia
192	04:55	Preoperative Varus-Valgus Difference is more Helpful than Simple Valgus Stress Angle for the Prediction of Medial Release Strategies in the Primary Total Knee Arthroplasty	
		Ashraf Elazab	Egypt
193	05:05	Topical Intra-Articular versus Intravenous Tranexamic Acid in Controlling Blood Loss During Primary Total Knee Replacement	
		Osama Gamal Ahmed	Egypt
194	05:15	Revision THA after Vancouver B2/3 periprosthetic fracture.	
		Wael Abdel Rahman	Egypt
195	05:25	Biplanar open-wedge high tibial osteotomy with locking plate for treatment of varus knee	
		Mohamed Abdel-AAI	Egypt
196	05:35	Ilizarov hip reconstruction osteotomy for Neglected dislocation of the hip in young adults	
		Osman abdellah Mohamed	Egypt
197	05:45	Thromboembolism prophylaxis for multiple Trauma Patients; How to be more safe and efficacious?	
		Makram Radwan	Egypt
	05:55	Discussion	
⇒	06:00	End of the Day	

THURSDAY, DECEMBER.10TH , 2015

Session 67	Papers General
HALL (C)	04:45-06:00

Chairmen	Prof. Abdel Salam Hefni Prof. Ali El Goushey Prof. Ali El Zawahry
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203	04:45	Local application of calcium sulphate impregnated with vancomycin and tobramycin in the treatment of chronic osteomyelitis Ibrahim Abuomira Egypt
204	04:55	Management of Infected Non-Unions by Using Antibiotic impregnated bone cement Rashed Emam Rashed Egypt
205	05:05	Minimally invasive reconstruction of chronic Achilles tendon rupture with free semitendinosus graft Adel Abdel Azim Egypt
206	05:15	Subluxation? dislocation peroneal tendons Khalaf Moussa UAE
207	05:25	The role of arthrogram in evaluation of closed reduction of developmental dysplasia of the hip Maged ElBaz Egypt
208	05:35	Terez Major Transfer to restore shoulder external rotation in obstetric brachial plexus palsy Waleed Ewais Egypt
209	05:45	Pedicle screw placement in spine surgery: A retrospective review of O-arm/Stealth vs Non-Computerized Navigation Techniques Khaled Zaghloul Egypt
⇒	05:55	Discussion
⇒	06:00	End of the Day

THURSDAY, DECEMBER.10TH , 2015

Session 68

**Papers
Foot and Ankle**

HALL (D)

04:45-06:00

Chairmen

**Prof. Ahmed Kholeif
Prof. Atef El Beltagy
Prof. Osama El Shazly**

210	04:45	Management of complex ankle ligamentous injuries (high ankle sprains) Thanos Badekas	Greece
211	05:05	Fracture navicular and cuboid Atef El Beltagy	Egypt
212	05:20	5 th metatarsal fracture Mohmed Mokhtar	Egypt
213	05:35	Fracture Talus Ahmed El-Hawary	Egypt
⇒	05:50	Discussion	
⇒	06:00	End of the Day	

ABSTRACT

001

Guideline for the surgical treatment of DDH.

Osama Hegazy

002

**EARLY TREATMENT OF THE IRREDUCIBLE
DDH IN NEWBORNS**

***D. Louahem M'sabah, C. Baud, Ch. Assi, Ph. Mazeau,
J.Cottalorda***

The treatment of the irreducible DDH in newborns is very controversial. The option to abandon the dislocated hip, wrongly called "teratological hip for a surgical reduction at an older age is the most accepted. Should imperatively treat them from birth?

AIM:

To analyze the results of the early therapeutic strategy based on ten days of traction in Zenith followed by adductors and iliopsoas tenotomies and application of a Pavlik harness.

Materials and Methods:

Retrospective series of 20 newborns (15 Girls, 5 boys) with 23 irreducible dislocated hip according to Couture's ultrasound classification, all treated and followed between 2005-2011 - Average age of the clinical and ultrasound diagnosis: 24 days (range, 4 to 30 days) - Birth by caesarean-section for seat position in 9 cases-Positive family history in 7 cases - Unilateral irreducible DDH in 17 cases (10 rights, 7 left). Among them, 8 were initially bilateral with a reducible side.- Irreducible bilateral DDH in 3 cases- Hip abduction was severely limited with impossibility to reduce the hip dislocation. -Hip dynamic ultrasound confirmed the hip irreducibility and showed a flat acetabulum with hypertrophy and convexity of acetabular cartilage and eversion of the limbus.

Treatment:

It is based on 10 days of traction in zenith which is a simple suspension of the lower limbs; the pelvis must be removed from the plan of the bed. The weight of the body will ensure traction. When the ultrasound of the hip will confirm the lowering of the femoral head, located in front of the acetabulum, adductors and iliopsoas tenotomise were performed. A Pavlik harness is applied to maintain the hip in abduction (80°) and flexion (90°). A post-operative dynamic ultrasound guidance is performed every week showing a progressive widening of the acetabulum and femoral head penetration. The Pavlik harness is removed when the hip is clinically and sonographically normal and stable. A clinical examination and Pelvic X-ray were performed on the 4th month, then annually until the age of 4 years .

Results:

The average follow-up is 3.9 years (range, 2 to 7,2 years). The average duration of the Pavlik harness is 40 days (range, 30 to 53 days) . No avascular necrosis of the femoral head was observed. A Salter's innominate osteotomy was performed in one patient four year old for residual acetabular dysplasia. At the last follow-up, all the hips have a normal mobility, congruency and concentricity.

Conclusion:

Our therapeutic strategy of the irreducible DDH allows to obtain a stable reduction of the hip dislocation and optimal joint concentricity and congruency which are the only guarantee for a harmonious growth. The gradually digging of the acetabulum is real under the effect of the pressure of femoral head, enabling reintegration and harmonious growth of the femoral head. The adductors and iliopsoas tenotomies avoid the avascular necrosis of the femoral head.

003**Avascular Necrosis of the femoral head in DDH.****Hany Ezzat****004****Complicated DDH**

Khamis El Deeb

005

Introduction

Adel Adawy

006

ACL anatomy and anatomic ACLR (transportal & outside-in versus transtibial drilling)

Ashraf Abdelkafy

007

Comparison of the accuracy and reproducibility of the femoral tunnel Location between three portal viewing techniques: anterior 30°, posterolateral 70°, and trans-septal 30° arthroscopic viewing during outside-In anterior cruciate ligament reconstruction

Yong Seok Lee

Introduction:

The purpose of this study was to compare the accuracy and reproducibility of the femoral tunnel location between three different viewing techniques (using an anterolateral (AL) or anteromedial (AM) portal with a 30° arthroscope (A group) vs. posterolateral (PL) portal with a 70° arthroscope (PL group) vs. trans-septal (TS) portal with a 30° arthroscope (TS group) by 3-dimensional (3D) computed tomography (CT) in outside-in anterior cruciate ligament (ACL) reconstruction

Methods:

Between June 2011 and August 2014, a prospective comparative study was performed in two different institutes. One-hundred and six outside-in ACL construction patients were recruited. Patients were divided into three groups according to the viewing techniques (36 A vs. 35 PL vs. 35 TS patients). Femoral tunnel locations were evaluated with a quadrant method and anatomic coordinate axes measurement (ACAM) method in the medial wall of the lateral femoral condyle using 3D reconstructed CT. The accuracy and reproducibility of the femoral tunnel locations were compared between three techniques.

Results:

The accuracy of the tunnel location was higher in the TS group by the quadrant method (AL group vs. TS group: $p < 0.001$, PL group vs. TS group: $p < 0.001$) as well as the ACAM method (A group vs. TS group: $p < 0.001$, PL group vs. TS group: $p = 0.02$). The reproducibility of the femoral tunnel location was the highest in the TS group, followed by the PL group (standard deviation: AL group (4.68%), PL group (3.75%), and TS group (1.34%) by the quadrant method; AL group (5.18%), PL group (3.85%), TS group (1.92%) by the ACAM method).

Discussion & Conclusion:

The accuracy and reproducibility of the femoral tunnel location was better with

posterior viewing (PL portal viewing using a 70°arthroscope and TS portal viewing using a 30°arthroscope) than anterior viewing, with TS portal viewing being the best viewing technique.

008

Conservative treatment of ACL tears versus ACLR

Karl Fredrick Almqvist

009

Graft choices in ACLR

Maged Samy

010

Single bundle versus double bundle ACLR

Hazem Farouk

011

The use of the Precice nail for simple limb lengthening.

David Goodier

012

Phalangeal lengthening

Gamal Hosny

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Extended indications for the Precice nail.

David Goodier

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017 Extreme Total Hips, The Giant and The Dwarf <u>Timour El-Husseini</u>
018 Congenital abnormalities of cervical spine in children. <u>Pierre Journeau</u>
019 Our experience in growing rods <u>Lotfi Miladi</u>
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021 Post-operative rehabilitation of ACLR. <u>Emmanuel Papacostas</u>
022 Partial ACL tears (what to do? Including augmentation techniques). <u>Hazem Farouk</u>
023 Role of ALL in knee rotatory function <u>Ahmed Elquindy</u>
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THA -Current concepts in design and fixation
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Total hip arthroplasty, today and future
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very short length of stay after TJR?**
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030

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**Orthopaedic Management of Lower Limb
Deformities in Cerebral Palsy**
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Management of Chronic Gouty Arthritis
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033

Biologic failure of ACLR.
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035

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036

Recent advances in ACLR.
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037

**Management of ACL Injury in Patients with
Varus Deformity.**

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WHAT HAVE WE LEARNED

Adel Adawy , Ashraf Abdelkafy ,Hazem Farouk

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Quality of Implants & Patient Safety

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**Pain-programmes for accelerated joint
replacement programmes – and the patient
outcomes**

Per-Kjaersgaard -Andersen.

041

**Extended trochanteric osteotomy in revision
THA**

Theofilos Karachalios

042

**Use of flexible intramedullary nailing in
pediatric orthopedic surgery.**

Pierre Journeau

043

**Elastic Stable Intramedullary Nails for the
Treatment of Severely Displaced
Proximal Humeral Fractures in Children**

D. Louahem, F. Alkar, A. Toffoli, J. Cottalorda

Purpose:

To demonstrate the efficacy of Elastic Stable Intra-medullary Nails (ESINs) in the alignment and stability of severely displaced proximal humeral fractures (PHF) in children and to analyse the results.

Materials and Methods:

Retrospective study of 34 patients (15 boys, 19 girls) with a severely displaced PHF, all treated and followed in our pediatric orthopedic department from 1996-2011.

The average age at time of injury was 12.2 years (range 7 to 14.6 years). The mechanism of injury was 52% RTAs (7 multiple trauma) and 38% outdoor play and falls. The fracture site was located in the proximal metaphysis of the humerus in 65% of cases. The most of them were observed in prepuberty stage. The remainder of fractures were Salter- Harris type II lesions and occurred in puberty. According to the Neer classification, all fractures were severely displaced, Type III or Type IV. Initial AP and lateral radiographs and CT scans / intra-operative traction radiographs were performed in all cases.

Clinical follow-up was performed using the DASH and CONSTANT scoring systems and radiological follow-up with standard radiographs plus upper limb telemetry at the end of puberty.

The treatment of an early closed reduction /temporary percutaneous K-wire assisted reduction followed by fixation with two retrograde percutaneous ESINs in 28 cases. Open reduction was performed in 6 patients in which the closed irreducibility of the fractures was caused by the incarceration of the long portion of biceps. The post-operative immobilization for two weeks was followed by early rehabilitation.

Results:

Average follow-up was 4.9 years (range 3.4 to 15.2 years). All cases achieved radiological union at an average time of 6.5 weeks (range 6 to 8). Complete remodelling of the proximal humerus occurred within the 2 years post-operatively. Final result was excellent in 90% of cases and good in 10%. For the younger patients with Salter-Harris type II fractures, the limb length discrepancy was 0.6cm (range 0.5 to 1.5 cm). Hardware removal was carried at 4 months post-operatively.

Conclusion:

The management of severely displaced proximal humeral fractures with retrograde ESINs is an excellent option, particularly in children more than 10 years old and polytraumatism. This procedure allows good fracture alignment, early mobilization with an excellent outcome. Growth disturbances are rare and without functional or cosmetic impairments.

044

Acute Vascular Injuries in 404 Gartland Type Iii Supracondylar Fractures of the humerus in children: Urgency Management and Therapeutic Consensus

***D. Louahem M'sabah, Ch. Assi, Ph. Mazeau,
J.Cottalorda***

Purpose of the study:

The treatment of the acute vascular injuries in Gartland Type III supracondylar humeral fractures in children is still debated. Our experience of twenty years based on the urgent management of 404 Gartland type III supracondylar humeral fractures in children and their vascular complications allowed to determine a therapeutic consensus in France.

Material and Methods:

Four hundred and four patients aged 18 months to 14 years were treated for

Gartland type III supracondylar fracture of the humerus at the pediatric orthopedic surgery department of the Montpellier's university hospital center. Extension-fractures occurred in 383 (95%) patients; flexion-fractures in 21 (5%) patients. Acute vascular compromise was noted in 68 cases (17%) of which 33 (8%) were associated with nerve injuries. The median nerve impairment was the most common, occurred in 87% of cases, mainly represented by damage to the anterior inter-osseous nerve. The radial pulse was absent in all patients with two clinical situations: 'pink hand' with well perfused hand in 63 (16%) cases and 'white hand' with ischemia in 5 (1%) cases. Emergency management included repeated assessment of the vascular and nervous status using a departmental protocol and Doppler control together with oxygen saturation. Emergency anatomical reduction and stable percutaneous fixation, with lateral and medial wires via a minimal internal exposure to control the ulnar nerve, was performed in all cases. Post-operative immobilization with a posterior splint with 90° elbow flexion. Repeated postoperative closed clinical observation: distal perfusion, Oxygen- saturation and Doppler assessment. Angiography MRI post-operatively is required to identify late-developing vascular compromise when the distal perfusion of the limb deteriorates, developing a pale hand.

Results:

Sixty-three (93%) of all the cases with vascular compromise had posterolateral displacement. After closed reduction and percutaneous pinning performed in 63 cases of pink hand, the radial pulse was restored immediately in 42 (67%) cases and secondarily in 18 (28%). The 3 (5%) remaining cases with an absent radial pulse but with a pink hand developed ischemia necessitating surgical exploration revealing incarceration of the brachial artery and medial nerve within the fracture site. Release of the brachial artery restored a well perfused hand. The pulse radial return was postoperatively observed between few hours to eleven days. The 5 cases of primary ischemia underwent open exploration of vascular structures and vascular repair which restored blood flow.

Conclusion:

Early vascular complications after Gartland type III supracondylar humeral fractures are common in children. This study identified the following points and determine our defensive therapeutic strategy: - Priority is required for closed reduction of these fracture and emergency percutaneous stabilization- Posterolateral displacement is associated with a higher risk of vascular complications; these injuries should be treated in a specialized center- The absence of a radial pulse with a pink hand warrants repeated observation during the postoperative period; it is not an absolute indication for immediate invasive investigation and surgical exploration- The absence of a pulse with a white hand or secondary changes of the distal perfusion requires surgical vascular exploration.

045

Achilles Tendon Pathoanatomy

Hani El-Mowafi

046

Acute rupture: Diagnosis and non operative treatment.

Ahmed Hazem

047

**Acute rupture : operative treatment INTERNAL
FIXATION(MAX. FIX.)**

Ahmed kholief

048

**Absorbable polydioxanone suture provides
fewer wound complications in acute tendo-
Achills rupture repair.**

Mohamed Baig

Introduction:

We prospectively studied acute Achilles tendon acute rupture patients over a 2 year period and reviewed the causes, repair method, outcome and complications.

Methods:

There were 53 consecutive patients included in our study, who attended our hospital with an acute Achilles rupture. We prospectively collected their bio-data, medical history, cause and mode of treatment. We followed them up for a minimum period 6 months with regards to outcome using Boyden score and complications.

Results:

We randomized the 53 patients into two groups according to admitting consultant. Out of fifty three 53 Achilles tendon ruptures 19 patients were repaired using Polyester (Ethibond) and 34 patients were repaired using Polydioxanone (PDS). There were 6 surgical infections of the operative site and one DVT.

Discussion & Conclusion:

In majority of patients the functional outcome results were good to excellent according to Boyden score. We observed that those patients treated with a non-absorbable suture (ethibond) material for repair of the achilles tendon had a higher incidence of infection, there were no infections in the absorbable PDS suture group. We also observed one post operative DVT and DVT prophylaxis should b

049

**Chronic Achilles Rupture: Challenges &
Solutions**

Ossama El Shazly

050

Achellis Enteropathy/ Haglund's disease

Mohamed Mokhtar

051

Chronic Achilles Pathology

<u>Thanos Badekas</u>
052 Swedish Hip Arthroplasty Register, results and effects on surgeons <u>Gösta Ullmark</u>
053 Alternative bearing surfaces in THA. <u>Theofilos Karachalios</u>
054 Femoral head fractures, Hemiarthroplasty or THA <u>Gösta Ullmark</u>
055 Congenital abnormalities of the hand in children <u>Pierre Journeau</u>
056 Ultrasound Imaging in Neuroorthopaedic Patients <u>Jan Charvat</u>
057 Physiopathology and bones lesions in mucopolysaccharidosis <u>Pierre Journeau</u>
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059 Spontaneous hip Dislocation in Down Syndrome <u>Jan Charvat</u>
060 Advantages of iliosacral screw technique for pelvic fixation

Lotfi Miladi

061

**Long segment posterior fixation and fusion,
using locally harvested bone graft in traumatic
fracture dislocations of the thoraco lumbar
spine**

Kamran Farooque

Forty cases of traumatic fracture dislocations of thoraco lumbar spine , were treated at JPN Apex Trauma Centre, A.I.I.M.S., New Delhi.

All patients had long segment posterior surgery , with pedicle screw fixation , two levels above and below the dislocation level. In all cases, 360°global fusion was done .All patients had complete discectomy and interbody fusion along with posterior fusion, using locally harvested bone graft.

All patients had an average follow up of sixteen months.

Two cases had surgical site infection, which responded to surgical debridement and antibiotics.

Four patients developed sacral bed sores, which were treated with local flaps.

All patients achieved excellent sitting balance and all patients could be wheel chair mobilized.

Twenty patients (50%) could mobilize independently, using callipers and walker.

Neurologic improvement of at least one grade was seen in 12 patients and by two grades in 6 patients .

All patients had good fusion at last follow up, and there was no implant failure seen in any patient.

Conclusion: Long segment posterior fixation with pedicle screws, and 360°global fusion using locally harvested bone graft, is a satisfactory method to treat thoraco-lumbar fracture dislocations of the spine.

062

**Severe Rigid Scoliosis (Cobbs>90) -
Management Strategies**

Arvind Jayaswal

063

**Minimally invasive surgery for neuromuscular
scoliosis**

Lotfi Miladi

064

**High grade Spondylolisthesis – is there a
need to reduce.**

Arvind Jayaswal

065

Neglected Thoraco Lumbar Traumatic Spine Injuries: A Retrospective Study of forty patients at JPNATC, AIIMS, New Delhi a level one Trauma Center
Kamran Farooque

A Retrospective Study of forty patients at JPNATC, AIIMS, New Delhi a level one Trauma Center

Forty patients with neglected traumatic thoraco lumbar spine injuries were included in this retrospective study from Jan 2008 to March 2014.

This study was conducted at JPNATC, AIIMS, New Delhi a level one trauma center in India.

Only patients with more than three weeks of traumatic thoraco lumbar spine fractures were included in the study, and classified as neglected spine trauma.

A total of forty patients fulfilled the inclusion criteria and were recruited in this study. The minimum follow up period was twelve months . There were 33 males and 07 females. The age was from 09 years to 58 years with an average age of 26 years. Mechanism of spine injuries was,

fall from height in 31 cases (2 attempted suicides) and RTA in 09 cases.

There were 20 cases of Burst fractures, 17 cases were fracture Dislocation and one case each of soft tissues chance fracture, traumatic spondylptosis and traumatic spondylolisthesis .

The patients were analysed for demographic data, mode of injury, reason for delay, treatment given, complications and pre and post operative neurologic status (ASIA).

An anterior surgery from anterior approach was done in 09 cases (Burst Fractures).

A posterior surgery by standard posterior mid line approach was done in 26 cases.

A combined posterior and anterior surgery was done in 05 cases.

The patients were mobilized with brace in wheel chair or walker depending on their neurologic status.

The functional assessment was done by spinal cord Independence measure (SCIM).

Results:

Forty patients were available for final analysis in our retrospective study.

Inadequate treatment at the primary treatment center (45%) was the leading cause followed by late presentation (38%) and missed injury (17%) for the delay in proper management of these neglected spine fractures.

The delay in definitive treatment was 03-06 weeks in 22 patients and more than six weeks in 18 patients.

The pre operative neurologic status was ASIA A-17patients, B-3 patients , C-10 patients D-5 patients and E-5 patients.

The neurologic status at final follow up was ASIA A-14 patients , C-3 patients , D-6 patients , E-17 patients.

A neurologic improvement of at least one ASIA grade was seen in 48% (19 pts).

There was no neurologic improvement seen in 40% (14 pts), who were all ASIA 'A' (14 pts).

Five patients (12%) were neurologically intact at presentation, and remained the same at follow up.

The average SCIM score at final follow up was 73.

The most common complication was pressure sores which were present in 35 % (14 cases) .Other complications were urinary tract infection & respiratory tract infection.

Conclusion:

Neglected spine trauma is common in developing country like India.

A variety of surgical strategies are required to manage such cases, however with adequate treatment an acceptable outcome can be achieved.

066

The influence of femoral head size following total hip replacement and hip resurfacing on hip biomechanics during walking, stair use and sit-to-stand

Paul Banasziewicz

067

Revision of Failed Hip Hemiarthroplasty, Classification, Management, and Follow-up.

Elsayed Morsi

068

Management of the painful metal on metal hip replacement

Paul Banasziewicz

069

No Increased Dislocation Rate with Minimal Precautions after Total Hip Arthroplasty Surgery using the Posterolateral Approach. A Prospective, Comparative Safety Study

T. Sijbesma

Introduction:

To prevent hip dislocation patients have to adhere to precautions in the first postoperative months after total hip arthroplasty (THA). We hypothesized that a protocol with minimal precautions after primary THA using the posterolateral approach would not increase the short-term (<3 months) risk of dislocation.

Methods:

We prospectively monitored a cohort of unselected primary elective THA patients managed with standard precautions (n=109, median age 68.9; interquartile range 61.2 to 77.3) and a cohort managed with less precautions (n=142, median age 67.3; interquartile range 61.7 to 73.4). There were no significant differences between the restricted group and the less restricted group regarding predisposing

risk factors. Femoral head diameter ranged from 28mm to 36mm and meticulous soft tissue repair was done in all cases. Besides hospital chart review, all patients were contacted three months postoperative to check for dislocations.

Results:

There were no dislocations in the less restricted group compared to 1 dislocation in the restricted group ($p=0.25$).

Discussion & Conclusion:

For experienced surgeons using the posterolateral surgical approach and femoral head diameters ≥ 28 mm, it appears safe to manage THA patients in the immediate post-operative phase with minimal precautions. Larger studies with adequate statistical power are needed to verify this conclusion.

070

THA after complex acetabular fracture

Wael Abdel Rahman

Post-traumatic arthritis of the hip can develop in 12-57% of patients after an acetabular fracture. Once it develops, salvage treatment options include arthroplasty or arthrodesis. Delayed total hip arthroplasty (THA) has been shown to be a viable treatment option to decrease pain, improve stability and increase functional outcomes. The goal of this presentation is to outline the methods of management of acetabular bone deficiency in revision Total hip arthroplasty. Unique complications are commonly encountered in patients with previous acetabular fractures, including acetabular bone deficiency, heterotopic bone around the hip, increased operative times and blood loss, aseptic loosening, sciatic nerve injury and dislocation. The outcomes and complications of delayed THA in patients with previous acetabular fracture will be reviewed.

Conclusion : total hip arthroplasty carried out after acetabular fracture is technically demanding. The prerequisite for a good result is to achieve primary stability of the acetabulum. Acetabular reconstruction is based, in the first place, on replacement of the missing bony tissue, and on providing conditions for correct alignment of the acetabulum and reliable primary and early secondary osteointegration.

071

Incidence, treatment and survival of deep prosthetic joint infection after primary hip or knee arthroplasty in two community hospitals in the Netherlands. A 15 years retrospective study T. Sijbesma

Introduction:

Deep prosthetic joint infections (PJI) have major consequences for patients with a hip or knee prosthesis. PJI may lead to re-operation including revision surgery, worsening the quality of life for these patients. The aim of our study was to present an overview of the incidence, treatment and outcome of deep prosthetic joint infections (PJI) after primary hip or knee arthroplasty over a 15 year period.

Methods:

We retrospectively reviewed the records of patients with a deep infected primary elective total hip or knee prosthesis in two community hospitals in the Netherlands

between 1998 and 2012. Only patients with a hip or knee replacement due to osteoarthritis were included. Deep prosthetic joint infections were classified as follows: acute infections (<3 months after primary surgery), delayed infections (3-12 months after primary surgery), or late infections (>12 months after surgery), according to national surveillance guidelines.⁸ Late infections were defined as two positive periprosthetic cultures with phenotypically identical organisms, or a sinus tract communicating with the joint, or having three of the following minor criteria: elevated serum C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), elevated synovial fluid white blood cell (WBC) count or ++change on leukocyte esterase test strip, elevated synovial fluid polymorphonuclear neutrophil percentage (PM N%), positive histological analysis of periprosthetic tissue, a single positive culture.

Results:

The most common micro-organisms associated with PJI were coagulase-negative staphylococci and Staphylococcus aureus. Debridement, antibiotics and irrigation was used to treat the infection in 84 patients after THA (77.1%) and in 56 patients after TKA (86.2%). After 1 year follow-up, prosthesis retention was achieved in 81 THA patients (74.3%) and 48 TKA patients (73.8%). Acute infections showed a significant better prosthesis retention compared to late infections (84.0% vs 46.6% respectively; $p < 0.01$). Multivariable logistic regression analyses showed that a younger age and a longer time from primary surgery to infection were significantly associated with an increased risk of revision within 1 year after infection ($p < 0.01$).

Discussion & Conclusion:

Our data showed that debridement and irrigation in acute PJI may lead to retention of the prosthesis in a majority of cases. Since there are limitations of deep PJI data in national registries, there is a need for large patient cohort studies

072

Distal radius fractures in children . K wire or not?

Stanley Jones

073

Identification of Paediatric Non-accidental Injuries

Fazal Ali

074

Bone grafting In children undergoing elective orthopaedic surgery

Stanley Jones

075

Management of sequelae of obstetric brachial plexus palsy

Tarek Hassan

076

Welcome and Introduction

Abdelfattah Saoud

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Thoracolumbar Trauma

Mohamed Fawzy Khattab

078

Treatment of spondylolysis

Abdel Mohsen Arafa

079

Osteoarthritis of the elbow.

Nicole Pouliart

080

**Revision total elbow arthroplasty failures and
the lessons I learned**

John Elfar

081

**Neurological Complications following elbow
Arthroscopy.**

Moheb Moneim.

In the published literature, complications resulting from elbow arthroscopy are uncommon. The overall rate for both minor and major complications has been reported to be 0% to 14%. Among those, neurologic complications have been reported as infrequent and transient. Furthermore, radial nerve injury resulting from elbow arthroscopic procedures has been reported to be 3%. There have been few published case reports of such injuries, and most specifically described PIN injury. Nerve injury during elbow arthroscopy has been attributed to compression during distension of the joint, the presence of joint contracture, and rheumatoid arthritis. These have also been reported after arthroscopic treatment of lateral elbow

tendinopathy. However, nerve laceration is rarely reported as a complication of elbow arthroscopy. The radial nerve is especially vulnerable to injury because it can be within 3 mm of the cannula during anterolateral portal placement. However, the outcome after repair of the lacerated radial nerve is reported as fair to excellent. Although the incidence of major nerve lacerations during elbow arthroscopy is rare, we believe that every effort should be made to avoid this serious complication. A patient that had a radial nerve laceration will be presented. The radial nerve laceration with segmental loss in our patient probably resulted from multiple portals and instrumentation on the lateral elbow, including a portal 3 cm distal and 1 cm anterior to the lateral epicondyle. This could have been prevented by exposing the nerve and making an arthrotomy before placing the arthroscopic portal. If nerve deficit is noted postoperatively, one should not hesitate to explore and repair the nerve if there is no recovery within 6 to 8 weeks and electro diagnostic studies confirm the clinical examination findings. Successful recovery of radial nerve lacerations can be achieved after nerve grafting, as is the case in our patient. Complications should be assessed immediately and appropriate care expedited to provide the best outcome. Understanding the anatomy around the elbow in the vicinity of arthroscopic portals is paramount in avoiding nerve injury. fair to excellent.

082

Hip Preservation Surgery in Adolescents and Young Adults

Mohamed Abdel-Moneim Eid

083

Unstable Trochanteric Fractures in the Elderly, Fixation VS Replacement

Wael Samir Elbehairy

084

TMARS in Revision Hip Arthroplasty, Experience in Egypt

Ibrahim Elganzoury.

085

**Indications for Low Profile Cup in
Reconstruction of Dysplastic Acetabulum**

Ashraf El Wakeel.

086

Hip Arthroscopy: Preservation Techniques

Sanjeev Madan

087

**Perthes Disease, Results of Conservative
Management at Soba University Hospital**

Samir Shaheen

Introduction:

Background: Legg-Calve- Perthes' Disease (LCPD) is an idiopathic avascular necrosis of the femoral head. Children between 4 and 10 years are affected. Male to females ratio is 4:1. Getting a spherical head contained head with good range of movement is the aim of treatment. The ideal treatment remains controversial.

Objectives: To study patterns of presentations and outcome of management of patients with LCPD at Soba University Hospital.

Methods:

Records of patients with LCPD treated at Soba University Hospital between 2005 and 2013 were reviewed. Patterns of presentation, clinical and radiological outcome were reviewed.

Results:

43 patients; 29 Males and 14 females (2:1) with 46 hips. Their ages ranged between 4 and 12 years (mean 7.7). 74.4% of patients were from low socioeconomic group. 9.3% had family history and 58.1% had history of trauma. Painless limp was the presenting complaint in 88.4%. Using Herring lateral pillar classification; 43.5% group A, 37.0% B, 13.0% B/C and 6.5% C. 34 hips (73.9%) had conservative treatment using Ischial Weight Bearing Calliper (IWBC) and physiotherapy in Lotus (Fagir) sitting Position. 12 hips (26.1%) had surgical treatment. 31 hips (67.4%) of the

conservatively treated group healed with Stulberg I or II, compared to 7 hips (58%) of those who underwent surgery. Majority of those who presented at age less than 6 years healed with Stulberg I or II.

Discussion & Conclusion:

Conclusion: * LCPD affects children of low class. Prognosis is good when age at onset is below 6 years. Herring's lateral pillar classification is a reliable classification. Treatment using Ischial Weight Bearing Calliper and physiotherapy in Lotus (Fagir) sitting position has good outcome.

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**Minimally Invasive Periacetabular Osteotomies:
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Morphological restoration of the hip by subcapital osteotomy in sever stable SCFE in adolescent Surgical technique-Evaluation X-ray, 3-D EOS and MRI.

D. Louahem M'sabah, L. Dagneaux, E. Peraut, A. Toffoli, C. Cyteval, J. Cottalorda

Introduction:

The severe stable slipped capital femoral epiphysis "SSCFE" cause a cam-type femoroacetabular impingement 'FAI' of the proximal femoral epiphysis against the labrum and the acetabular cartilage during hip motion. Painful hip with stiffness, limp evolve a real functional handicap in adolescents. The FAI and mechanical derangement induced by morphologic changes in the proximal femur lead to early osteoarthritis. The aims of treatment are to correct deformity and to achieve stability that can lead to impingement, without compromising the blood supply to the femoral head. The "modified Dunn subcapital osteotomy through an anterolateral Watson-Jones approach were performed to restore the capital realignment and normal articular congruency. The purpose of this preliminary study is to describe our surgical procedure and to evaluate it with regard to avascular necrosis "AVN" rate, the function and the morphological correction on standard radiographic, 3-D EOS and IRM.

Patients and Methods:

Between 2010 and 2013, we treated 12 patients for severe SSCFE with "modified Dunn" subcapital osteotomy performed by the same surgeon through an anterolateral Watson-Jones approach without trochanteric osteotomy and no anterior hip dislocation. Symptoms in all patients include painful hip, limp, Drehmann sign, severe limitation of range of the hip motion, specially internal rotation , flexion and abduction. The mean preoperative slip angle on CT-scan was 58° (range, 54° to 75°).

The surgical procedure need to respect strictly the stages of the periosteum release, subcapital osteotomy and the reduction. The periosteum of the neck, including the retinaculum, was gradually and carefully released from the femoral neck. Two wide round-ended retractors are placed against the posterior face, protecting the posterior periostum and the vessels. External

hyper-rotation of the limb exposes clearly the head-neck junction, invisible in the severe SSCFE. The equivalent of Salter I fracture is performed. Then, the epiphysis was carefully and gradually separated from the metaphysis by levering with a curved chisel. The femoral neck with the callus well released, the trapezoidal subcapital osteotomy bringing the callus (anterior base of 1 centimeter and posterior base of 0.5 centimeter) was performed requiring shortening of the femoral neck to prevent tension on the posterior periosteum. The epiphysis is always in its position into the acetabulum. The guidewire is positioned under fluoroscopic guidance from the lateral cortex under the great trochanter and pushed on to the center of the neck until to see its proximal extremity. The anatomic reduction is easily performed by internally rotating the hip to bring the neck to the head. The guidewire is advanced into the epiphysis, aiming at the exact center of the femoral head. Then, the limb is placed on neutral position, discovering the femoral head correctly realigned on the femoral neck. A compressive cannulated screw (7mm of diameter) is inserted over the guide wire to stabilize the reduction. The periosteum and the capsule were closed loosely to avoid injury to the femoral head blood supply. Our postoperative protocol includes traction-mobilization for 6 weeks.

The patients were not allowed to bear weight and used crutches to ambulate.

Total weight bearing was allowed when radiographs or CT-Scan showed complete healing of the osteotomy, usually around the end of the third month post-operative

The post-operative capital realignment was evaluated, compared to the normal contralateral hip, according to anatomical criteria and angular measurements on A-P and Lauenstein X-rays, EOS 3-D analysis et MRI. Clinical, functional and quality of life assessment was carried out by Postel-Merle d'Aubigné score and Harris hip

Resultats:

The mean follow-up was 24 months (range, 20 to 46 months). Ten patients had excellent clinical results and two had good results. The mean time to healing of the neck osteotomy was 84 days (range, 80 to 96 days). No delayed or nonunion were noted. No labrum or acetabular cartilage injuries and no sign of AVN were observed on MRI. The mean postoperative slip angle was less than 5°. The mean femoral head-neck offset is 10% on standard X-Rays and 13,5 % on 3-D EOS less than that in the normal contralateral side. The decrease of the length of the femoral neck was from 17% to 20 % compared with the normal side. Anterior bump at the neck-head junction was noted in two cases despite a complete slip correction

without symptomatic FAI. The average of limb length discrepancy was 1 cm (range, 0.5 to 1.5 cm).

Conclusion:

Subcapital osteotomy through an anterolateral Watson-Jones approach without trochanteric osteotomy and anterior hip dislocation is the best procedure for moderate to severe SSCFE to restore mechanical alignment and contour of the femoral head-neck and also to improve the function. The strict application of this surgical procedure, preferentially performed by the same surgeon lead to avoid the risk of AVN.

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**Development of the metaphyseal-loading
anterolaterally-flared anatomic femoral
stem: mid-term outcome and results of three-
dimensional finite element analysis.
Yasuo Kokubo**

We have designed a proximal-fitting, anterolaterally-flared, arc-deposit hydroxyapatite-coated anatomical femoral stem (FMS-anatomic™ stem; KYOCERA Medical, Osaka, Japan) for cementless total hip arthroplasty (THA) for Japanese patients with dysplastic hip osteoarthritis. The Anatomic Fit™ stem was modified in the region of the arc-sprayed surface, to allow more proximal appearance of spot welds. We reviewed consecutive 162 patients (180 hips; 22 men 24 hips; 140 women 156 hips; age at surgery, 58.9 years, range, 35-80) who underwent cementless THA using the Anatomic Fit™ stem, at a follow-up period of 8 years (range, 5-12). Harris Hip score improved from 40.2±17.6 before surgery to 90.1±5.1 points at follow-up. The 10-year stem survival rate was 100%. Radiographs at follow-up confirmed the stability of the femoral stems within the femoral canal in all cases, with sufficient bone ingrowth. None of the patients had subsidence of the stem exceeding 2.0 mm within the femoral canal or changes in varus or valgus position of more than 2.0°. The Anatomic Fit™

stem provided excellent results. The nonlinear three-dimensional finite element analysis demonstrated that the stem-bone relative motion was 10 μm at the proximal end of the stem and proximal load transfer. Our analysis confirmed reduced radiolucency around the stem, minimal subsidence, appropriate stress shielding, and promising medium-term stability within the femoral canal.

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Clinical and radiological outcome of the surgically-treated acetabular fractures.

Yasuo Kokubo

IAcetabular fracture presents with a wide spectrum of osteocartilaginous disruption patterns, and more significantly, the anatomical congruity with the hip joint as well as femoral head within the capsule should be again correctly repaired shortly after the trauma, to minimize the risk of future joint complications. We analyzed the clinical/radiographic outcome in 87 patients with acetabular fractures, according to fracture type and treatment modality. The mean age of subjects (66 men, 21 women) at trauma was 46 years (range, 18-78). Judet-Letournel classification was used for assessment of type of fracture. Matta's rating regimen was used for functional and radiographic follow-up assessment. The mean follow-up period was 9 years (range, 2-18). Open reduction/fixation was conducted in 87 patients with a mean operation time of 4.8 hours and blood loss of 1,038 grams. Patients with posterior wall fractures (n=24) attained excellent/good clinical/radiographic outcomes in 21 and poor in 3. Twenty of 24 patients

with both column fracture and 14 with other associated fracture types attained excellent/good clinical results. Four of 24 patients with both column fracture achieved fair/poor radiographic results. None developed deep vein thrombosis, nerve palsy, or bone/soft tissue infections. Late postoperative complications were 1 femoral head avascular necrosis and 6 hip joints osteoarthritis. Review of 87 surgically-treated patients with acetabular fractures showed that 80 (92%) attained excellent/good and 7 (8%) fair/poor clinical outcomes, and that 77 (89%) attained excellent/good and 10 (11%) fair/poor postoperative radiographic outcome. Five of the latter group required THA during follow-up. There was significant relationship between poor clinical and poor radiographic outcome.

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Simple unicameral bone cysts (UBC) of the

proximal tibias in children and adolescents treated by curettage and intralesional filling with bone substitute granules.

Sherif Naseef Girgis Bishay

Introduction:

Unicameral bone cysts (UBC) are benign lesions present in the metaphyses of long bones in children and adolescents, often asymptomatic; however, large cysts in weight-bearing bones may present with pain and/or pathological fractures. The aim of the study was to evaluate the results of curettage of proximal tibial cysts and intralesional filling with bone substitute on pain, functional activity, pathological fractures, and recurrence of the lesions.

Methods:

Twenty patients, 16 males and 4 females, with mean age 14 years and 6 months (range, from 6 to < 21 years); presented to the National Institute of Neuromotor system, Egypt, between September 2007 and September 2009, with unicameral bone cyst (UBC) of the proximal tibia. Diagnosis was made by clinical examination, plain radiographs, magnetic resonance imaging (MRI), and histopathological reports. Treatment was achieved by curettage without bone graft, but with intralesional filling with bone substitute. Evaluation concerning pain, functional activity using MSTS scoring, pathological fracture, and local recurrence were done over a mean follow-up period of 6 years and 2 months (range, 5 to 7 years).

Results:

Pain and functional activity improved in the twenty patients with MSTS score of 30. There was no pathological fracture, no local recurrence over the follow-up period. The p value was < 0.05.

Discussion & Conclusion:

Simple or unicameral bone cysts (UBC) of the proximal tibia can be treated simply and effectively by curettage and intralesional filling with bone substitute with excellent functional results.

Level of Evidence:

The study is therapeutic, type IV clinical evidence.

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Biological reconstruction in bone tumour surgery

Samir Kotb

Reconstruction of bone defect in bone tumour surgery is the second challenge after successful excision .the aim of reconstruction is not only to bridge a defect or fill a cavity or even replace a whole bone, but also to achieve a reasonable function superior or at least equal to an appliance after amputation .biological reconstruction is a modality which uses biological tissue to replace the defect or fill the cavity. bone as a tissue and morphology is the best answer to the question of tissue needed., the

source of bone as a graft may be sufficient as auto graft in benign tumours, however in malignant lesions allograft is required. another modality of biological reconstruction is the creation of bone tissue by distraction osteogenesis or membrane induced osteogenesis, this is a salvage for the salvage, which can help in complicated cases especially after secondary infection of a previous prosthetic replacement, bone recycling by whatever means

is a promising solution in suitable cases. the results of different methods of biological reconstruction depends on the selection of cases according to many factors including the patient personality, tumour personality, available resources and surgeon.

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Atypical periprosthetic subtrochanteric femur fractures during bisphosphonates therapy. A case report.

Mohamed Baig

Introduction:

Bisphosphonates are used to treat postmenopausal and glucocorticoid induced osteoporosis, Paget's disease of bone and malignant hypercalcemia. They have been related to the atypical femur shaft fracture.

Methods:

We describe a case of a 83 yr old lady on long term bisphosphonates presenting

to us with atypical femur shaft fracture. She had to go under surgery for that and then after few months she presented with same fracture non-union as periprosthetic fracture .She had to be treated with another surgery and discontinuation of bisphosphonates.

Results:

As more and more atypical femur shaft bisphosphonate fractures are being reported and literature coming out on them, they should not be neglected.

Discussion & Conclusion:

Prolongation of bisphosphonate treatment, however, does not appear to improve the initial benefit any further, but the risk of atypical femoral fracture increases with every year of use. Bisphosphonate treatment should therefore be limited, regarding both treatment duration and indication for treatment

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Greater Arc Wrist injuries

Moheb Moneim

Greater arc injuries are fracture dislocations that involve the perilunar carpal bones. The commonest of these injuries is the dorsal trans scaphoid perilunate fracture dislocation. The recommended treatment for acute injuries is open reduction and Kirschner wire fixation of the scaphoid fracture through a dorsal midline approach. Alternatively, if closed reduction is possible, percutaneous screw fixation of the Scaphoid can be used. Stability of the midcarpal joint is thus provided and no further pins are needed. Established scaphoid nonunion are treated by bone grafting and screw fixation through a volar approach. Scapho Capitate fracture syndrome is treated by open reduction and screw fixation of the displaced capitate fragment through the dorsal approach. If the scaphoid remained displaced it is also openly reduced and fixed by cannulated screw. Un-displaced or minimally displaced scaphoid fractures can be treated by cast immobilization or percutaneous screw fixation through a dorsal or volar approach. Early diagnosis is essential in order to avoid non- union. Best indication for percutaneous screw fixation is in cases of delayed union of the fracture (up to 5-6 months from the injury). Non-union of the scaphoid fracture will result in traumatic arthritis of the wrist.

Long Term Clinical and radiological outcome following partial trapeziectomy and capsular interposition Moheb Moneim

Materials:

23 patients (28 thumbs) who underwent surgical treatment with PTCI for osteoarthritis of the CMC joint of the thumb were invited to return for follow-up (mean 62.25-month F/U). All surgeries were performed by the senior author (MSM). Follow-up clinical examinations included measures of grip and pinch, web space and MCP ROM. All measurements were compared to the preoperative values. Three x-ray views of the hand were obtained. Measurements of the trapezial space ratio (TSR; normalized to proximal phalanx) and joint subluxation (normalized to metacarpal base) were done by a research faculty and compared to the preoperative values. DASH questionnaire and VAS results are reported.

Results:

The average preoperative grip was 22 kg-force and the average postoperative grip was 26.6 kg-force with 21 % improvement. This was statistically significant. There was no significant improvement in pinch. The first web was maintained at 4 cm. There was a non-significant increase of TSR (0.448 +- 0.039 vs. 0.456 +- 0.071; p=0.285). There was a significant reduction in subluxation (0.54 +- 0.11 vs. 0.45 +- 0.14; p=0.002). The average DASH score was 3.7 and the average VAS was 1.75 of 10.

Conclusions:

The long term results of our procedure indicate a stable thumb with good outcomes both clinically and radiologically. The procedure is simpler than other complex procedures that require tendon harvest or prosthetic replacement.

Epidemiology and patterns of hand and distal forearm fractures at King Abdul-Aziz Medical City, Riyadh, Kingdom of Saudi Arabia. Turki AlMurgan

Introduction:

In Saudi Arabia there is no published data about the number of hand fractures or

their distribution in Saudi population. So, this study was done at King Abdul-Aziz Medical City in Riyadh about the epidemiology of hand fractures in adult Saudi population and fractures distribution in the hand. Also we mentioned whether these patients had received any surgical interventions.

Methods:

It is a retrospective chart reviews of all hand X-rays done among adult patients who presented to emergency room in King Abdul-Aziz Medical City from January 2010 to December 2011 to rule out hand fractures. In this review we will assess the prevalence of X-rays confirmed fractures.

Results:

In this study, we reviewed around three thousand X-rays for hand and distal forearm (n=2993). One third of these X-rays came with confirmed fractures (n=948), and more than two thirds of these fractures were in male patients (n=702). There was no major difference in the distribution of fractures between left and right hand. Patients in young age group (18-30 years) got the half of these fractures(n=472). The study showed that phalanges got the highest proportion of fractures (n=362, 40%). Distal forearm fractures represented one third of these fracture as the second most common (n=287). Almost half of the metacarpal fractures were in the fifth metacarpal (n=104), and this make it as the commonest fractured bone in the hand. One fifth of the fractures were managed surgically (n=190, 20%).

Discussion & Conclusion:

One third of the X-rays we reviewed have shown confirmed fractures. Both hands were affected equally. Patients in young age group are more prone to have fractures, and phalanges got highest proportion of the fractures followed by distal forearm.

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Distal radial fracture manipulation in an acute setting: quality improvement project

Langhit Kurar

Introduction:

Fracture of the distal radius is a common clinical presentation in emergency medicine; however limited knowledge on appropriate manipulation techniques as well as satisfactory reduction parameters has directly led to poor longer-term functional outcomes for patients.

Methods:

A patient-centered questionnaire was devised looking at key demographics influencing choice of management, preferred methods of analgesia and reduction, as well as fracture complications that would warrant urgent orthopaedic input. This was distributed to all clinical staff performing manipulation routinely. Following data collection, results were published and teaching using simulation models was delivered to the faculty. The questionnaire was then redistributed amongst the staff and any improvements highlighted. XRAYs were then looked at pre- and post-teaching to identify any significant improvement.

Results:

Junior and senior SHOs with limited experience of fracture management had clearly benefitted from the focused teaching. The results from re-evaluation of the questionnaire showed a significant improvement, and this was reciprocated with

greater incidence of appropriate radiological reduction.

Discussion & Conclusion:

The project identified discrepancies between recommended manipulation techniques and practical use amongst clinical staff in the local emergency department. This was particularly palpable amongst the junior doctor contingent. With targeted practical simulation teaching, qualitative assessment revealed a marked improvement in radiological outcome post – manipulation. Overall, the project is an important advance towards patient-centered management of distal radial fractures in an acute setting.

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Use of combined Mini external fixations with k wires fixation in treatment open fractures of hand

Mohamed El Deeb

INTRUDUTION

Sever crushed hand injuries are challenges in orthopedic practice which need urgent intervention and safe rigid fixation. In our study we evaluate the efficiency of use of mini external fixators in treatment in different open fractures in phalanges and metacabals using combined mini external fixators with percutaneous K wires fixationm

MATERIAL &METHODS

17 cases of different causes treated in KSA from year 2012-2014. Age group from 21-45 year old ,15 male ,2 females . Follow up from 3 months to one year. AO classification of fracture phalanges and metacarpals were used. All cases were treated by mini external fixators (universal type) with K wires fixation Causes were 7 machinery injuries, 5 fall from a height , 4 RTA, one sport injury. All cases we use intra operative flourscopy, Local Anastasie was used in10 cases , 7 cases with general Anastasie

RESULT

Long stay in hospital range from 7 -21 days Healing rate is ranging from 3 weeks to 12 weeks .Very good range of movement were gained in majority of cases. Complication were gained in 3cases with stiffens, 2 cases with pin tract infection and one with loosing. Excellent result were found in 11 cases , 4 cases good, 2 cases fair, one cases were poor result

CONCLUSION

Combined Mini external fixators with Kwires fixation have excellent results in management of open fractures of phalanges and metacarpals. They have advantages, less stiffness with early range of movement of fingers ,short stay in hospital, less rate of infection and easy to be removed.

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Augmentive Plate in Treating Diaphyseal Nonunion Fractures Fixed by Primary Interlocking Nail. (Serial 2)

Gamal El Mashad

The use of interlocking nails for fixation of diaphyseal fractures remains the gold standard of treatment but nowadays we are facing nonunion of many fractures so we are shifting to other solutions such as change the nail, plate and graft, Ilizarov etc. In this study we augment the nail fixation by plate and screws with autogenously bone graft or without for different long bones fractures nonunion management. 20 adult patients selected with aseptic nonunion diaphyseal fracture fixed by interlocking nail treated with augmentative plate that leaves the nail in situ after primary nailing. Patients with infected nonunion fractures were excluded from this study. The follow-up was (range 2- 4 years). Meantime for healing was 16 weeks. Union occurred in (90%). There were no infections. We recommend this technics in treating such these cases for less invasive, shorter time of healing and better cosmetic.

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Management of proximal humeral fractures by illizarov external fixator

Mohammed Anter

Purpose

To evaluate the effectiveness and safety of illizarov external fixator in management of proximal humeral fractures.

Methodology

15 patients, 10 males 66.7% and 5 females 33.3%, 11 right side fractures 73.3%, where 4 left side fracture 26.7%, The mean age of patients was 35.87, range (21-55) years.

According to Neer classification, there were 6 patients 40% with two part fracture, one of them presented by fracture dislocation, while 9 patients 60% presented by three part fracture two of them presented by fracture dislocation.

Proximal illizarov arch connected to the humeral head, while distal arch connected to the shaft either above the insertion of the deltoid muscle (high level) or distal in the humerus (low level) technique.

Results

Follow up period up to 20 months post operatively, the mean time for fracture healing was 9.33 weeks, range (8-13) weeks.

The mean active shoulder elevation was 80.87 degree, range (10-130) degrees; the mean external rotation was 28.33 degrees, range (0-45) degrees.

Pin tract infection presented in 100% of the patients; Sudekes atrophy was present in 2 patients 13.3%. There was no pain in 4 patients 26.7%, pain was mild in 3 patients 20%, it was moderate in 6 patients 40%, where pain was sever in 2 patients 13.3%.

Results were excellent in 7 patients 46.7%, satisfactory in 2 patients 13.3%, unsatisfactory in 4 patients 26.7%, and poor in 2 patients 13.3%.

Conclusion

Application of illizarov external fixator for the proximal humeral fractures and fracture dislocation is safe, effective, allow early mobilization.

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Crossing screws Superiority proved clinically & experimentally

Mohamed Bahy El Shafie

Background:

Fractures in poor bones whether porotic or cavitary are difficult to fix, Locked plating was a step forward specially in the periarticular fractures, however in many cases does not give adequate fixation. We propose that crossing of screws of the locked plates in the juxta-articular areas is the main mechanical factor in improving purchase. We applied this principle in conventional plating whenever purchase is poor.

Methods:

A new technique of crossing the screws in conventional plating has been discussed, biomechanical studies reviewed and principles used in technique were shown.

Pull out strength of fixation by plate & conventional screw set in 5 specimens from 3 types of materials (wood bars, polyethylene tubes, and bovine bones) (15) was compared to other similar group fixed by plate & crossing screws (15 specimens). 120 patients with fractures in insufficient bones were fixed by this new technique, half of theses (59 cases) were revisions for fixation failure. The rest were poor bone quality. They were 80 females and 40 males with an average age of 42.8 years. Follow up duration was of minimum 1 year.

Results:

Total number of 30 specimen tested in traction till failure in engineering lab showed the mean was 2394 ± 221.8 kN for conventional screws, and was 4720 ± 541.4 kN with P value $< 0.001^*$

Intraoperative and postoperative data were collected and analysed, as well as the complications. There were only 2 cases of loss of fixation (1.6%), and 9 cases of plate failure without pull out of screws (7.5%). The union rate and time to weight bearing was better than those in similar groups of patients in the literature.

Conclusion:

Excellent clinical results with low failure rate (1.6%) confirm the hypothesis of improved mechanical efficiency of the plating by the new crossing screws. We advice its use as a rule in difficult fractures in the presence of bone insufficiency.

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Tibial plateau fractures

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Hindfoot arthritis: Treatment alternatives

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**Osteochondral lesions of the talus:
osteochondral grafting single
incision technique - long term results**

Thanos Badekas

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Ostrigonum / posterior impingement

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Ankle arthroscopy

Samir Abdulsalam

Arthroscopy is an important diagnostic and therapeutic technique for management of disorders of the ankle joint. Ankle arthroscopy can be useful in treating a variety of intra-articular disorders, which may be caused by trauma or by degenerative, inflammatory, or neoplastic conditions.

As the indications for ankle arthroscopy have increased, so has its usage. The availability of fiberoptic arthroscopy, modern arthroscopic instrumentation, and ankle distraction techniques has allowed orthopedic surgeons to manage a growing of ankle disorders arthroscopically.

Surgical procedures of the ankle performed arthroscopically are generally associated with lower morbidity, faster rehabilitation, and better cosmetic results as compared with conventional open surgical methods.

Between 2012 to 2015, 95 ankle arthroscopy cases were done in Al Razi hospital in Kuwait, we will show our technique, indications and results.

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The kinespring : mid term clinical and imaging results

Fabio Valerio Sciarretta

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The accessory Bands of the Hamstring Tendons: A Clinical Anatomical Study

Hisham El Kady

Gracilis and semitendinosus tendons are commonly used as grafts in ligamentous reconstruction. Awareness of accessory bands of these tendons is essential in preventing inadvertent diversion of the tendon harvester into the main tendon resulting in premature tendon amputation

and inadequate tendon graft.

The aim of this study was to describe the characteristics of these accessory bands.

Two hundreds patients undergoing ligament reconstruction around knee using hamstring tendons were included.

The number of accessory bands and distance of the bands from the distal periosteal insertion point on the tibial crest was recorded for both gracilis and semitendinosus.

two (1%) semitendinosus & 23(11.7%) gracilis tendons did not have any accessory bands

For tendons of semitendinosus measured in 200 pt. show:

The length range 21.0 – 38.0 cm.

The range of accessory bands was 0 - 3

The distance of the nearest band from the tendon's insertion range was 3.2-8.5 cm

The distance of the farthest band from the tendon's insertion range was 11.1-14.4 cm .

For tendons of Gracilis measured in 197 pt. show:

The length range 19.4 – 32.8 cm.

The range of accessory bands was 0 - 2

The distance of the nearest band from the tendon's insertion range was 4.4 – 10.4 cm

The distance of the farthest band from the tendon's insertion range was 7.8 – 11.1 cm

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Lisfranc injuries Percutaneous fixation versus open treatment

Morgan Gendi Hanna Farah

INTRODUCTION:

The Lisfranc Joint (mid-foot)Injuries named for Jacques Lisfranc (1790-1847) a field surgeon in Napoleon"s army.

Lisfranc joint injuries are rare, complex and often misdiagnosed.

Classified into simple and complex types according site and degree of injuries.

INCIDENCE:

One case per 55,000 persons/year. These injuries account for less than 1% of all fractures.

As many as 20% of Lisfranc injuries are missed on initial radiography, this type of injuries need attention.

Mechanism of injury:

High energy forces in RTA, Industrial accidents and falls from high places.
Less stressful mechanism such as twisting fall in athletes.

Methods and Materials:

This type of Fr. Has no age of high prevalence, It affect any age .

High suspicious of Lisfranc injury in any foot trauma with inability to weight bear.

Accurate examination of the foot for compartment syndrome, swelling dorsally and volarly of the foot.

Tarsometatarsal tenderness, movements of toes.

INVESTIGATIONS:

Radiography:

An accurate plain x-ray of both feet, AP, Lateral and Oplique views to avoid missing of subtle fractures.

CT .scan:

Done mainly in high energy trauma patient : - Improves detection and delineation of fractures, degree of comminution and intraarticular extension.

MRI:

Useful in low velocity injuries and equifocal radiography, allows direct visualization of integrity of Lisfranc ligament and surrounding soft tissue structures.

OUR TREATMENT PLAN:

First aid RICE to improve , prevent excess swelling and decrease pain. We operate all displaced and subtle injuries after improvement of swelling. Percutaneous fixation either cannulated screws for first and second ray and K.wire for mobile joints even associated with metatarsal injuries.

No primary arthrodesis for the time except late osteoarthritis .

RESULTS:

In comparison with others who treat with open technique we have less incidence of infection either superficial or deep as no manipulation of an already damaged tissues and no skin dehiscence .

Only pin track infection that rarely seen in our cases with good care and follow up management.

K-wire removal after 4-6 weeks for mobile joints, cannulated screws in fixed joints left .

Full weight bearing after 12-16 weeks

CONCLUSIONS:

Lisfranc Fr. Dislocations are often missed so we must suspect it in any foot

Surgical treatment is a must in subtle and displaced injuries.

our experience of closed reduction and percutaneous treatment is easy, safe , rapid and good results.

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Piriformis Muscle syndrome

Hisham Dolieb

Piriformis syndrome is an uncommon neuromuscular disorder that is caused when the piriformis muscle compresses the sciatic nerve. This topic presentation explore this rare condition as cause of sciatica with few clinical examples.

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Evaluation of the efficacy of autologous platelet rich plasma injection versus local corticosteroid injection for the treatment of lateral epicondylitis

Osama Gamal Ahmed

Introduction:

Local corticosteroid injection is a common practice for lateral epicondylitis treatment. In recent studies, no statistically significant or clinically relevant results in favour of corticosteroid injections were found. Platelet rich plasma (PRP) extract has shown to be a general stimulant for repair and is currently used widely in various sports injury. The present study was performed to evaluate efficacy of autologous PRP injection versus local corticosteroid injection for the treatment of lateral epicondylitis.

Methods:

A total of 40 patients were included in this prospective randomized study: group A of 20 patients received 2 ml PRP prepared from blood drawn from contralateral upper limb vein, and group B of 20 patients received 2 ml local corticosteroid at the lateral epicondyle. Outcome was measured using visual analogue scale (VAS) and Nirschl staging of lateral epicondylitis. Follow-up was continued for total of six months, with assessment at one week, four weeks, 12 weeks and six months.

Results:

The corticosteroid injection group showed a significant decrease in pain compared with autologous PRP injection group in both visual analogue scale (VAS) and Nirschl stage at one week and at four weeks after injection. At the 12-week, the scores for group B had slowed, and the VAS and Nirschl scores were significantly lower in group A. At six-month follow-up, PRP injection group showed statistically significant decrease in pain compared with corticosteroid injection group (VAS $p = 0.001$ and Nirschl $p = 0.002$). At the six-month final follow-up, a total of 9 patients (45%) in the corticosteroid injection group and 18 patients (90%) in PRP injection group were completely relieved of pain ($p = 0.007$).

Discussion & Conclusion:

Autologous PRP is an efficient treatment modality compared to corticosteroid injection, with less side-effects and minimal recurrence rate.

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Scoliosis diagnosis & decision making and correction strategies

Doug Orr

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Cervical & Lumbar Arthroplasty options and evidence

Doug Orr

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Management of Cysts of the Proximal Femur in Children

Shah Alam Khan

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Limb Salvage in Skeletally Immature Children

Walid Abeid

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Giant nonossifying fibroma (NOF) of the distal tibia in adolescents treated by curettage and intralesional cementation

Sherif Naseef Girgis Bishay

Introduction:

Fibrous cortical defects (FCD) and nonossifying fibromas (NOF) are the most common benign non-neoplastic bone lesions occurring in the metaphyses of long bones in children and adolescents. Giant nonossifying fibromas (NOF) are not asymptomatic but usually present with pain and/or pathological fractures due to increased stress.

Methods:

Twenty adolescent patients, 14 males and 6 females, with mean age 18 years and 6 months (range, from 16 to < 21 years); presented to the National Institute of Neuromotor system, Egypt, between September 2007 and September 2009, with giant nonossifying fibromas (NOF) of the distal tibia. Diagnosis was made by clinical examination, plain radiographs, magnetic resonance imaging (MRI), and histopathological reports. Treatment was achieved by curettage without bone graft, but with intralesional filling with bone cement. Evaluation concerning pain,

functional activity using MSTs scoring, pathological fracture, and local recurrence were done over a mean follow-up period of 6 years and 2 months (range, 5 to 7 years).

Results:

Pain and functional activity improved in the twenty patients with mean MSTs score of 29.2 (range, 25 to 30). There was no pathological fracture, no local recurrence, no change in the cement-bone interface, and no arthrogenic problems over the follow-up period. The p value was < 0.05.

Discussion & Conclusion:

Giant nonossifying fibromas (NOF) can be treated simply and effectively by curettage and intralesional cementation with excellent functional results.

Level of Evidence:

The study is therapeutic, type IV clinical evidence.

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Epiphyseal Sparing and Reconstruction by Frozen Bone Autograft after Malignant Bone Tumor Resection in Children

Ahmed Hamed kassem Abdelaal

Introduction:

Limb reconstruction after malignant bone tumor resection in children is a challenging procedure, because most of malignant bone tumors arise near the metaphyseal-epiphyseal area, which may affect the physis, leading to growth arrest of the bone, or affecting the epiphysis leading to various deformities and eventually functional impairment, which might also develop as a sequel of the treatment.

Several options are available now for limb reconstruction in children, we report the results of epiphyseal sparing and reconstruction by frozen bone autograft after malignant bone tumor resection.

Methods:

We retrospectively reviewed the medical records of 18 children with malignant bone tumors who had undergone epiphyseal-sparing tumour resection and reconstruction by frozen bone autograft, average age was 12 ± 3.4 y (6-18 y). The mean follow-up period for the all patients included in this study is 63 ± 26 m (32-146 m). Pathological diagnosis was osteosarcoma in 16 patients, Ewing sarcoma in one patient and undifferentiated round cell sarcoma in one patient. In 9 cases the lesion was in the femur, in 8 patients it was in the tibia, and in one patient it was in the calcaneus.

Results:

Eight patients remained disease-free, seven patients lived with no evidence of disease, two were alive but with disease, and one patient died of the disease. Five- and ten -year rates of survival were 94.4%. Graft 5 year survival rate was 94.4%. Function on the Enneking scale was excellent in 17 patients (94.4%), and poor in one patient (5.5%).

Discussion & Conclusion:

Epiphyseal sparing tumor resection and reconstruction by frozen bone autograft for treatment of malignant bone tumor in children is a good reconstructive choice in a child with primary or secondary bone tumor, with good response to chemotherapy,

with non osteolytic lesion, without involvement of the articular cartilage or the subchondral bone. This method is easy, effective, biological, low-cost, immediate mobilization of joints, possible cryo-immune effects, with excellent long term functional outcome and with much less complication than other reconstructive procedures in children. Free freezing, Pedicle freezing and Hemicortical freezing are different freezing techniques used in the freezing process, attempting a biological reconstruction, enhancing a rapid and excellent functional recovery after tumor resection in children <mailto:deepabose@yahoo.com>

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Double tendon transfer for reconstruction after resection of tumors of the distal ulna.

Yasser Abed

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Decision Making in Hallux Valgus

Wagih Moussa

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Overview tips and tricks about SCARF osteotomy

Thanos Badekas

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Distal Osteotomies : Chevron

Wael Nassar

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Metatarsalgia

Kamal Samy Abdelmaquid

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Total Knee Replacement (TKR) in a contralateral Amputee

Anand Kumar

With the increase in the number of patients with a lower extremity amputated because of a various injuries, there may be an increase in the number of cases of Osteoarthritis (OA) in these patients. It has shown that

patients who had a lower extremity amputated are more likely to develop OA in the contralateral knee.

In this article we present a case of a woman who had a right Below Knee Amputation (BKA) (60 years ago) and developed Tri-compartmental OA in the contra-lateral knee and underwent a left TKR in June 2014.

TKR has proven to be successful in alleviating pain and improving physical function in patients with debilitating arthritis. Given the incidence with which BKA are performed, orthopaedic surgeons are likely to encounter this unique situation with increasing frequency.

Based on our experience on the case discussed above, who underwent a TKR on the contra-lateral amputated limb, TKR should be considered a practical treatment alternative for patients with debilitating arthritis following BKA who have exhausted all conservative modalities.

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Preoperative Varus-Valgus Difference is more Helpful than Simple Valgus Stress Angle for the Prediction of Medial Release Strategies in the Primary Total Knee Arthroplasty

Ashraf Elazab

Introduction:

The purpose of this study was to evaluate the value of valgus stress angle (VSA) and difference between the varus and valgus stress angle (VVD) in prediction of the medial release strategies in primary total knee arthroplasty (TKA).

Methods:

From March 2014 to March 2015, a total of 108 varus osteoarthritic knees (78 patients) that received primary TKA in our institution were enrolled in this study. They were divided into three groups according to the medial release strategies (group A, B, and C, for ordinary, moderate, and severe release, respectively). Standing anterior-posterior view of the weight bearing whole leg radiographs and varus-valgus stress radiographs were used for the evaluation. Preoperative VSA and VVD were evaluated. In addition, preoperative and postoperative distal lateral femoral angles (DLFA), proximal medial tibial angle (PMTA), distal lateral tibial angle (DLTA), femoral mechanical anatomical angle (MAA), hip-knee-ankle angle (HKAA), and weight bearing ratio (WBR) were also evaluated. The VSA, VVD, preoperative HKAA, postoperative HKAA, and WBR were tested for difference and correlation with medial release strategies in the tested groups.

Results:

The VSA were $6.57^\circ \pm 3.98^\circ$, $-3.53^\circ \pm 6.15^\circ$ and $-5.14^\circ \pm 6.08^\circ$ in groups A, B, and C, respectively. The VVD were $28.9^\circ \pm 6.74^\circ$, $19.7^\circ \pm 8.4^\circ$, and $11.5^\circ \pm 9.42^\circ$ in groups A, B, and C, respectively. Both VSA and VVD showed significant difference between the group A and B. However, only VVD showed significant difference between the group B and C. Other parameters were not significantly different between groups

Discussion & Conclusion:

The preoperative stress radiograph could help in the prediction of the medial release strategies. However, VVD was more helpful in the prediction of the medial release of the knee that shows severe medial contracture than that of the simple VSA.

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Topical Intra-Articular versus Intravenous Tranexamic Acid in Controlling Blood Loss During Primary Total Knee Replacement

Osama Gamal Ahmed

Introduction:

Many trials in the literature were done regarding the use of intravenous tranexamic acid (TXA) in primary total knee replacement. Randomized controlled studies have confirmed the efficacy of topical intra-articular TXA compared with placebo. The comparison between topical intra-articular and intravenous TXA is unclear. The prospective randomized controlled study was done to verify efficacy and safety of topical intra-articular TXA compared with intravenous TXA in primary total knee replacement.

Methods:

A randomized controlled clinical study was performed to compare topical intra-articular TXA (3 g of TXA in 100 mL of physiological saline solution) with intravenous TXA in the form of two doses (each was 15 mg/kg in 100 mL of physiological saline solution). The outcome measures were primary and secondary. The primary outcome measure was the blood transfusion rate and the secondary outcome measures included visible blood loss through the drain at 24 hours after surgery and invisible blood loss measured by the Nadler formula at 48 hours postoperatively. Fifty patients were included in the study. Twenty five patients were allocated for each of the two groups.

Results:

The transfusion rate was zero in both groups; thus, no significant difference was demonstrated between the two groups for the primary outcome measure. In addition, no significant differences were also demonstrated for the secondary outcome measures. Mean drain blood loss at twenty four hours was 310.2 mL in the experimental group and 300.7 mL in the control group ($p = 0.846$, Mann-Whitney). Also, estimated blood loss at forty eight hours was 1251.2 mL in the experimental group and 1309.2 mL in the control group ($p = 0.637$, Mann-Whitney). No significant differences in terms of safety were seen between the two groups.

Discussion & Conclusion:

Topical intra-articular administration of TXA according to the described protocol in terms of efficacy and safety was comparable to intravenous TXA. This randomized controlled trial supports the use of topical intra-articular administration of TXA in primary total knee replacement.

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Revision THA after Vancouver B2/3 periprosthetic fracture

Wael Abdel Rahman

Treatment of periprosthetic femur fractures around total hip arthroplasty (THA) is challenging, because these fractures occur at a high stress area and often are associated with deficient or markedly damaged proximal bone. A validated classification system and treatment algorithms to treat periprosthetic femur fractures have been developed that provide guidance about the best form of treatment.

The goal of this presentation is to outline the classification system, discuss methods of management Vancouver B 2/3 periprosthetic fractures.

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Biplanar open-wedge high tibial osteotomy with locking plate for treatment of varus knee

Mohamed Abdel-AAI

Introduction:

To introduce and characterize the modified biplanar opening high tibial osteotomy with rigid fixation to treat varus knee in young and active patients.

Methods:

28 patients (9 females) with monocompartmental degeneration of the knee combined with varus malalignment of the leg. Mean age of 53 years (range, 42 to 61 years). They were treated and followed between June 2010 to May 2013 (35 months). Biplanar opening high tibial osteotomy technique used and it was fixed Locking Compression Plate System. Pre-operative mean varus deformity was 16.5° ($9^\circ \sim 19^\circ$). The knee was stable in 21 patients, but deficient anterior cruciate ligaments were found in 3 patients and flexion contracture presented in 4 patients. We utilized Lysholm score and Knee Society Score for evaluation of preoperative and follow-up data.

Results:

The average correction angle was $11.50 \pm 2.50^\circ$ ($7^\circ \sim 19^\circ$). Preoperative posterior tibial slope was $9.15 \pm 1.60^\circ$ and at last follow-up $8.04 \pm 1.30^\circ$, respectively ($p = 0.437$). The joint space distance increased from 4.05 ± 1.30 mm to 4.83 ± 1.33 mm ($p < 0.001$). The average time to complete bone union was 14.69 ± 1.5 weeks. There were no cases of delayed union or non-union. No major complications like broken plate, nerve injury, or blood vessel injury occurred. No degenerations developed in the three compartments of the knee. The mean score on the Lysholm-Gillquist knee functional scoring scale was 45.5 ± 21.7 preoperatively, and it improved to 77.0 ± 23.9 ($P < .001$). There was no obvious difference in the range of motion before and after operation. The average knee score improved from 51.19 ± 11.82 to 93.49 ± 5.10 .

Discussion & Conclusion:

Biplanar opening high tibial osteotomy fixed with locking compression plate gives good results for symptomatic genu varum. Also this technique can be applied for medial compartment degeneration of the knee without deformity with good functional outcomes.

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Ilizarov hip reconstruction osteotomy for Neglected dislocation of the hip in young adults

Osman Abdellah Mohamed

Introduction:

Neglected dislocation of the hip joint in the young adult is a difficult problem. Patients with an unstable hip secondary to any aetiology usually have loss of bone from the proximal femur or shortening of the limb or both.

Methods:

From 2007 to 2015, 30 patients (20 females and 10 males) with Neglected dislocation hip joint were treated in the orthopaedic department of Al azhar University Hospital, Damietta Egypt. Their mean age was 22.5 years (range: 19 to 35). The main complaints were pain, leg length discrepancy, limping, and limited abduction of the hip. All patients underwent valgus extension osteotomy in the proximal femur and distal femoral osteotomy for lengthening. The average follow-up ranged from 2 to 8 years.

Results:

All hips were pain free at follow-up. The Trendelenburg sign became negative in 25 patients. There was no limb length discrepancy and alignments of the extremity were re-established. Five patients had a lurch gait. Valgus extension osteotomy has provided stability of the hip joint and maintained some motion of the hip joint. By using the Ilizarov technique, we could prevent the valgus effects created by the valgus extension osteotomy while achieving lengthening of the femur through the distal osteotomy in the femur.

Discussion & Conclusion:

The aim of the treatment of neglected dislocation hip in a young adult is to reduce pain, improve range of hip motion and equalize limb length. Total hip arthroplasty is now the first choice in the treatment of neglected dislocation hip in a young adult, with the current surgical techniques and prosthesis designs . Theoretically it should significantly improve these patients' ability to walk efficiently and greatly reduce pain .

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Thromboembolism prophylaxis for multiple Trauma Patients; How to be more safe and efficacious?

Makram Radwan

Introduction:

Multiple trauma patients are at high risk of venous thromboembolism (VTE) and can be life threatening. Without prophylaxis, the risk of DVT exceeds 50%, and fatal PE is the most cause of death in those of who survive the first day. Among trauma

patients, those with spinal fracture and spinal cord injury have the highest rates of DVT, ranging from 47%-90%. There is an insufficiency of high-qualified clinical studies to lit clinicians to decide the definite way for prophylaxis. Despite the fact that none of the methods of prophylaxis provides complete prevention from VTE, it is clear that without prophylaxis the incidence of DVT would be higher with the potential for increased risk of VTE morbidity and mortality. LMWH is the most efficacious method of DVT prophylaxis. The goal of aggressive chemical prophylaxis needs to be in balance against the risk of hemorrhage, making this a most challenging problem to adequately prophylax. So Special consideration in some particularly chal lenging trauma sub populations, including those with renal failure, nonoperative managed solid organ injury, traumatic brain injury with intracranial hemorrhage, spinal cord injury and the bariatric trauma patient. Mechanical prophylaxis was also advocated by many studies as an adjuvant therapy to LMWHs or if there is a contraindication for LMWHs. Currently EAST guidelines also recommend the use of VCFs in very-high-risk major trauma patients in case of a contraindication for LMWHs.

Methods:

Results:

Discussion & Conclusion:

very important subject

Have a Comment?:

Lecture

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Lumbar complications avoidance and treatment.

Andrew Wakefield

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MIS decompression & fusion techniques

Doug Orr

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Post op Surgical infections

Andrew Wakefield

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Role of Injections in Spine Care

Amr Abdelfattah

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Wrap up

Abdelfattah Saoud

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**Local application of calcium sulphate
impregnated with vancomycin and tobramycin
in the treatment of chronic osteomyelitis**

Ibrahim Abuomira

Introduction:

Background: Despite the variety of available treatment options, including surgical procedures and antimicrobial therapy, bone infections are still a medical challenge as they are difficult to treat and cure.

Methods:

From January 2011 to October 2013 a series of 14 chronic osteomyelitis procedures were performed. All patients underwent surgical debridement followed by application of synthetic pure dissolvable calcium sulphate beads impregnated with antibiotics were employed.

Results:

Results and conclusion: The clinical outcome after six months amounted to successful treatment assessed as eradication of infection in 14 patients over the time of observation.

Discussion & Conclusion:

Results and conclusion: The clinical outcome after six months amounted to successful treatment assessed as eradication of infection in 14 patients over the time of observation.

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**Management of Infected Non-Unions by Using
Antibiotic impregnated bone cement**

Rashed Emam Rashed

205

**Minimally invasive reconstruction of chronic
Achilles tendon rupture with free
semitendinosus graft**

Adel Abdel Azim

Introduction:

Management of chronic Achilles tendon ruptures is difficult especially in presence of large gap, different methods have been described, however till now consensus has not been reached.

Methods:

Between August 2010 and January 2013, 12 patients with chronic Achilles tendon ruptures with a gap between the ruptures ends more than 5cm were treated with free semitendinosus graft through a small incision centered over the proximal

stump of Achilles tendon. The mean follow up period was 20.5 months.

Results:

The overall results were excellent according to American orthopaedic foot and ankle society hindfoot score, there were no wound complications and all patients returned to pre injury functional level.

Discussion & Conclusion:

Minimally invasive Achilles tendon reconstruction with free semitendinosus graft is successful in restoring the functional integrity of chronic Achilles tendon ruptures without notable wound complications or functional deficit.

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Subluxation? dislocation peroneal tendons

Khalaf Moussa

Introduction:

Subluxation or dislocation of the peroneal tendon is an uncommon injury that is frequently misdiagnosed as a lateral ankle sprain in the acute setting. . 92% originated during an athletic activity. The peroneal tendons course from the lateral aspect of the leg to their insertion in the foot by passing around the lateral part of the ankle within a fibro-oseous tunnel. The superior peroneal retinaculum (SPR) is an important structure in maintaining the position of the peroneal tendons behind the fibula. Extreme discomfort or apprehension during attempted eversion of the foot against resistance is a key feature of the acute injury while popping or snapping sensation around the lateral aspect of the ankle which may or may not be associated with pain is a feature of a chronic condition.

Routine radiographs are essential because they can disclose the characteristic rim. Fracture of the distal portion of the fibula that is produced by avulsion of the SPR. When present, the rim fracture is diagnostic MRI defined the soft tissue structures more exactly.

In acute conditions conservative treatment with immobilization in a molded splint or cast with non weight bearing ambulation for 6 weeks is a safe approach that yields good results in more than 50% of patients. However, there is potential for recurrence even with adequate conservative management. Surgical treatment is recommended for the acute injury and chronic conditions.

In acute conditions direct repair of the retinaculum and periosteum back to bone through three or four drill holes in the postero-lateral aspect of the fibula. Patients are kept non-weight bearing in their splint or cast for 5 – 10 days which is replaced by a short leg walking brace for additional 4 weeks.

In chronic situation more than 20 different procedures to use including anatomic soft tissue reconstruction, bone block procedure, rerouting procedures and groove-deepening procedures.

Bone block procedures have been used for this condition since the original description. The treatment principle is coverage and containment of the peroneal tendons with bone block created from the fibula.

Advantages are preservation of the fibro-oseous tunnel for smooth gliding of the tendons, Creation of a physiologically deeper groove. The advantage includes the failure of the technique to address the underlying problem in the pouch into which the tendon dislocate technical complexity, screw related problems. In our review we want to bring a highlight of this rare condition and present our experience in the management of such cases.

Methods:

Results:**Discussion & Conclusion:**

Advantages are preservation of the fibro-oseous tunnel for smooth gliding of the tendons, Creation of a physiologically deeper groove. The advantage includes the failure of the technique to address the underlying problem in the pouch into which the tendon dislocate technical complexity, screw related problems. In our review we want to bring a highlight of this rare condition and present our experience in the management of such cases.

207**The role of arthrogram in evaluation of closed reduction of developmental dysplasia of the hip****Maged ElBaz****Introduction:**

Developmental dysplasia of the hip includes femoral head subluxation or dislocation and/or acetabular dysplasia Proper performance and interpretation of the closed reduction is difficult and requires experience.

Arthrography assists in the accurate assessment of the concentricity of hip reduction

Methods:

from March 2011 and September 2012, there were 20 patients with 21 involved hips who presented with DDH, with a mean age of 16.83 ± 5.11 months. There were 2 males (and 18 female, one patient with bilateral hip involvement and 19 patients with unilateral involvement, the right side was involved in 6 hips while the left side involved in 13 hips Arthrogram done under general anesthesia and meticulous surgical prepping of proposed puncture site was carried out, The medial or the adductor technique was used

Results:

all cases presented with acetabular dysplasia with mean acetabular index of 42.5 ± 3 degrees, The ossific nucleus was present in 18 femoral heads (85.7%), it was concentrically placed in eleven hips (53%) and eccentrically placed in seven hips (33.7%). And absent in three hips (14.3%), the femoral head was not spherical in 5 hips (24%). there was 17 hips (81%) dislocated and 4 hips (19%) was subluxed. The arthrogram of 8 hips (38.1%) showed obstacles to closed reduction and these cases were not continued closed reduction and were prepared for open reduction

Discussion & Conclusion:

Arthrography has the advantages of showing the shape and size of the cartilaginous part of both the acetabulum and the femoral head, and soft tissue obstacles, which are clearly seen before reduction while the femoral head is dislocated Closed reduction without arthrography is usually the routine procedure but we recommend doing arthrography as it increases the objectivity of assessment of reduction.

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Terez Major Transfer to restore shoulder external rotation in obstetric brachial plexus palsy

Waleed Ewais

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Pedicle screw placement in spine surgery: A retrospective review of O-arm/Stealth vs Non-Computerized Navigation Techniques

Khaled Zaghloul

Study Design. Retrospective review

Objectives. To compare the accuracy of pedicle screw placement using O-arm/Stealth Navigation to that of non-navigated pedicle screw placement techniques.

Background Summary. Pedicle screws are commonly used for posterior stabilization of the thoracolumbar spine. Misplacement of pedicle screws poses substantial risk for damaging nerves, vasculature, and fracturing pedicles. Intraoperative CT based navigation techniques are commonly used to decrease the risk of pedicle screw misplacement. The results of this study will help guide surgeons as to the best choice for pedicle screw placement to minimize the risk associated with pedicle screw misplacement.

Methods. 597 pedicle screws were measured in 70 patients in the axial and sagittal planes using intraoperative CT or postoperative CT. Patients were assigned to either the CT based navigation group or the non-navigated group. Pedicle screws that were entirely within the pedicle were grade I, while screws that had breached the cortex of the pedicle or vertebral body were graded in 2mm increments in the direction of the breach. . The two groups were compared for accuracy in screw placement using χ^2 test. Results. 15 screws (3.7%) breached the pedicle or vertebral body cortex in the navigated group, while 19 screws (9.7%) breached the pedicle or vertebral body cortex in the non-navigated group. The number of cortical breaches in the non-navigate group was significantly higher than in the navigated group (0.36 [95%CI] , $P=0.002$)

Conclusion. This study suggests that CT based navigated techniques are more accurate than non-navigated techniques for the placement of pedicle screws.

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Management of complex ankle ligamentous injuries (high ankle sprains)

Thanos Badekas

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Fracture navicular and cuboid

Atef El Beltagy

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5th metatarsal fracture

Mohmed Mokhtar

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Fracture Talus

Ahmed El-Hawary

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