70th Annual International Congress
Of the
Egyptian Orthopaedic Association

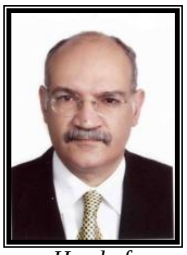
10-13, DECEMBER, 2018
Intercontinental- City Stars Hotel,
Cairo - Egypt

PROGRAM
2018

Congress Board

EOA & Congress President
Prof. Anis Shiha

EOA & Congress Treasurer
Prof. Hani El Mowafi



Head of
Scientific Committee
Prof. Gamal A. Hosny

Dear EOA Congress participants,

It's our honour to welcome you to the 70th annual international congress of the Egyptian Orthopaedic Association held in Cairo from 10-13, December, 2018, under Patronage of His Excellency the Prime Minister Mostafa Madbouly.

The EOA Congress has been known worldwide as a rich, productive and true international gathering of the most well known names in the world of orthopaedic surgery throughout its long & successful history. "Our gathering at this time is considered to be the most efficient & effective way to acquire knowledge through exchange of experience among different Orthopaedic experts from all over the world .

We hope you enjoy with us every single moment of learning, teaching, and sharing thoughts. And to have a happy valuable time from the opening till the closing ceremony. Additionally, we wish you all to have a wonderful stay in Cairo where the glory and history of ancient Egypt merge with the beauty and wonders of the modern state.

We are looking forward to start the EOA Congress with the exceptional presence of all of you.

Prof. Adel Adawy
Congress General Secretary

EGYPTIAN ORTHOPAEDIC ASSOCIATION BOARD

Prof. Anis Shiha	President
Prof. Abdelsalam Eid	Secretary General
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Egyptian Orthopaedic Association
Previous Presidents

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Prof. Gawad Hamada	**1968 - 1969**
Prof. Abdel-Hay El-Sharkawy	**1970 - 1971**
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Prof. Wael Mansour	**1992 – 1993**
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Prof. Khamis El Deeb	**2008 - 2009**
Prof. Samir Zaki Kotb	**2009 - 2010**
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Prof. Gamal Ahmed Hosny	**2011 - 2013**
Prof. Adel Adawy	**2013 - 2015**
Prof. Alaa El Zoheiry	**2015 - 2016**

Scientific Committee

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Prof. Abdelfattah Saoud

Prof. Alaa El Zoheiry

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Partner International Societies

- ***EFORT***
- ***IFPOS***
- ***SICOT***
- ***APOA***
- ***WAIOT***
- ***World Spine Society***
- ***EFAS***

International Faculty

Andrew wakefield	***USA***
Ashok N. Johari	***India***
Boyko Gueorguiev Ruegg	***Switzerland***
Cagatay Ulucay	***Turkey***
Ceasar Grey	***Philippine***
Chingiz Alizade	***Azerbaijan***
Christiaan van der Werken	***Netherlands***
David Choon	***Malaysia***
Elizabeth Moulder	***UK***
Fatih Küçükdurmaz	***Turkey***
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Jan Ragnar Haugstvedt	***Norway***
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Konstantinos N. MALIZOS	***Greece***
Michalis Zenios	***Cyprus***
Michiel van de Sande	***Netherlands***
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Nicos Maroudias	***Cyprus***
Nuno Corte Real	***Portugal***
Önder AYDINGÖZ,	***Turkey***
Patricia Fucs	***Brazil***
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Peter Calder	***UK***
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Raid Abutalib	***Saudi Arabia***
Ralph Sakkers	***Netherlands***
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Sayed Latif Alsagoff	***Malaysia***
Sharad Prabhakar	***India***
Thanos Badekas	***Greece***
VIJAY KUMAR	***India***
Vikas Gupta	***India***
Wagih Moussa	***UK***
Wolf. Mutschler	***Germany***

SOCIAL PROGRAM

MONDAY 10/12/2018

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

THURSDAY 13/12/2018

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

عفواً: هذا البرنامج يشمل حاملي الدعوات فقط من المشتركين و مرافقيهم

MONDAY 10/12/2018

- ***06:00 Opening Ceremony & welcome words.***

  EOA Opening Speech

- **Lecture:** ***"Sixty Years in Orthopaedic Practice."***

  Prof. Loutfy El Adwar ***(10 min)***

- **Lecture:** ***"Future of Medical Education."***

  Prof. Nadia Badrawi ***(15 min)***

- **Lecture:** ***"lessons learned in 44 years as orthopedic surgeon"***

  Prof. Wolf Mutschler ***(10 min)***

- **Lecture:** ***"SICOT – EOA Cooperation"***

  Prof. Ashok Johari ***(10 min)***

Welcome Reception & Get Together Party

الجمعية العمومية

لجمعية جراحة العظام المصرية

- *تعقد الجمعية العمومية العادية لجمعية جراحة العظام المصرية في تمام الساعة ١٢ صباحا يوم الثلاثاء الموافق* **٢٠١٨/١٢/١١** *في القاعة الرئيسية للمحاضرات.*
- *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.*
- *حضور الجمعية العمومية حق لجميع الأعضاء العاملين الذين مضت علي عضويتهم مدة ٦ أشهر علي الأقل ومسددين لاشتراكات الجمعية حتي عام ٢٠١٨ .*

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 (٢٠١٧ / ٢٠١٨).

٣- تقرير السيد أ.د أمين صندوق الجمعية للميزانية والحسابات الختامية وتقرير المراقب المالي عن العام المنتهي(٢٠١٧ / ٢٠١٨).

٤- عرض مشروع الموازنة التقديرية و خطة الجمعية للعام التالي (٢٠١٨ / ٢٠١٩).

٥- تعيين مراقب حسابات وتحديد اتعابه لعام (٢٠١٨ / ٢٠١٩).

٦- ما يستجد من اعمال.

EOA Rules and Regulation

1) Wearing badges is a must to attend all sessions and meetings.
2) Lectures materials must be delivered to the data show team two hours in advance , no personal computer allowed.
3) Speakers must observe lecture timing as PA system will be turned off automatically.

- *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.*

MONDAY,
DECEMBER,10TH,2018
(Workshops)

MONDAY, DECEMBER,10TH,2018

	Internal Fixation Articular Fracture Fixation
HALL (1)	**10:00-04:00**
Chairmen	**Prof. Alaa El Zoheiry** **Prof. Christian Van Der Werken** **Prof. Wolf Mutschler**
	Changes of Concepts of Internal Fixation. **(Alaa Elzoheiry)**
Panel:	**Dr. Amr Azzam** **Dr. Mohamed Zaki** **Dr. Ashraf Abdel Aziz** **Dr. Emad El Zoheiry** **Dr. Amr El-Batouty**
Upper Limb:	**Shoulder Joint, Elbow Joint and Wrist Joint.**
Lower Limb:	**- Distal Femur Fractures.** **- Upper Tibial Fractures.** *Internal Fixation. **Prof. Alaa El Zoheiry** *External Fixation. **Prof. Gamal Hosny** **- Distal Tibial Fractures.**
04:00	**Closing Remarks & End of the Day**

MONDAY, DECEMBER,10TH,2018

	Arthroscopy Work Shops
HALL (2)	**10:00-04:00**
Chairmen	**Prof. Adel Adawy**
	Knee arthroscopy **Diagnostic knee arthroscopy** **ACL reconstruction**
Panel:	**Abdelsamie Halawa** **Sayed Mahmoud** **Sherif Abdelmonem**
	Shoulder Arthroscopy. **Diagnostic Shoulder Arthroscopy** **Arthroscopic Bankart Repair**
Panel:	**Amr Kandeel** **Hosam Elbegawy** **Mohammed Rabie** **Ahmed Ramy**
04:00	**End of the Day**

MONDAY, DECEMBER,10TH,2018

		Foot & Ankle Workshop
HALL (3)		**10:00 - 03:00**
Moderator		**Prof. Hani El Mowafi** **Prof. Wagih Moussa**
10:00	**12:00**	Hallux Valgus Osteotomy **Wagih Moussa** **Hani El Mowafi** **Osama El Shazly**
12:30	**03:00**	Forefoot Osteotomies **Wagih Moussa** **Ahmed Kholeif** **Ali Reda** **Mohamed Mokhtar**
⇒	**03:00**	**End of the Workshop**

MONDAY, DECEMBER,10TH,2018

	Ilizarov External Fixator Workshop	
HALL (4)	**10:00-03:00**	
Moderator	**Prof. Adel Khamis** **Prof. Peter Calder** **Prof. Hatem Kotb** **Prof. Mahmoud El Rosasy**	
10:00	**Coronal plane Deformity Correction by Ilizarov External Fixator**	
Panel	**Ahmed Ekram** **Mohamed Azmy** **Ossam Metwally** **Saad Gaballah** **Sameh El Safty** **Gamal El Mashed**	
⇒	**03:00**	**End of the Workshop**

MONDAY, DECEMBER,10TH,2018

	Unilateral Fixator Workshop
HALL (5)	10:00-03:00

Moderator	Prof. Ahmed Allam

10:00	1) UL & LL fractures, deformity correction and bone lengthening. 2) Pelvic fractures.
⇒ 03:00	End of the Workshop

MONDAY, DECEMBER,10TH,2018

	Hip & Knee Arthroplasty Workshop
HALL (6)	**10:00-04:00**
Moderator	**Prof. Elsayed Morsi** **Prof. Taher Abdel Sattar**
10:00	Total Knee Arthroplasty: Top Tips. **Prof. Taher Abdel Sattar** **Dr. Amro Elsayed**
	Dual mobility THR cemented and cementless **Prof. Abdallah Hamad**
	Short stem ceramic on ceramic THR **Prof. Sameh Marie**
⇒ **04:00**	**End of the Workshop**

MONDAY, DECEMBER,10TH,2018

	Pelvic Osteotomies Workshop
HALL (7)	**10:00-03:00**
Moderator	**Prof. Ashok N. Johari** **Prof. Osama Hegazy** **Prof. Bahaa Kornah** **Prof. Sherif Nasif** **Prof. Tarek Hassan**
10:00- 03:00	**Pelvic Osteotomies**
⇒ **03:00**	**End of the Workshop**

MONDAY, DECEMBER,10TH,2018

	Fixator Assisted Deformity Correction Workshop
HALL (8)	**10:00-03:00**

Moderator	**Dr. Ahmed Elsheikh**

	10:00	**Fixator Assisted Deformity Correction**
⇒	**03:00**	**End of the Workshop**

MONDAY, NOVEMBER 28TH , 2016

	Hand Workshop
HALL (9)	**10:00 - 03:00**
Moderator	**Prof. Muhammad Quolquela**
10:00 - 03:00	**Flexor Tendon Repair**
⇒ **03:00**	**End of the Workshop**

MONDAY, DECEMBER,10TH,2018

	Hip Arthroplasty Workshop
HALL (10)	**10:00-03:00**

Moderator	**Dr. Khaled Farouk**

10:00	**Bipolar Hemiarthroplasty**

⇒ **03:00** **End of the Workshop**

SCIENTIFIC

PROGRAM

TUESDAY,
DECEMBER,11TH,2018

TUESDAY, DECEMBER,11TH,2018

Session 1	Papers
HALL (A)	09:00-10:00

Chairmen	**Prof. Mahmoud Ezz El Din** **Prof. Mohamed Abdel Aal** **Prof. Mamdouh Zaki**

1	**09:00**	Score or not to score for Total Knee Arthroplasty **Mohamed Khairi Elgamal**	**Egypt**
2	**09:07**	Can UKA be converted to TKA using primary implants? **Ahmed Khalifa**	**Egypt**
3	**09:14**	High tibial opening-wedge osteotomy for treatment of osteoarthritis of the knee: early results **Khaled El Hout**	**Egypt**
4	**09:21**	Biplanar open-wedge high tibial osteotomy with locking plate for treatment of OA varus knee. **Mohamed A Abdel Aal**	**Egypt**
5	**09:28**	Deformity Correction by use of New Femoral Targeting Device. **Mohamed Khairi Elgamal**	**Egypt**
6	**09:35**	Is It Safe To Treat Femoral Head Fracture Through Surgical Hip Dislocation? **Ahmed Khalifa**	**Egypt**
7	**09:42**	Cross-cultural adaptation and validation of the Arabic translation of the non arthritic hip score (NAHS **Mohamed Etman**	**Egypt**
⇒	**09:49**	**Discussion**	

TUESDAY, DECEMBER,11TH,2018

Session 2	Lectures
HALL (B)	09:00-10:00

Chairmen		**Prof. Christian Van Der Werken** **Prof. Hatem Kotb** **Prof. Khaled El Adwar**
8	**09:00**	Acute and gradual correction of adolescent tibia vara; obstacles and outcome **Abdel-Salam Abdel-Aleem Ahmed** **Egypt**
9	**09:10**	Burning infected nonunion in the fire of regeneration. **Hatem Kotb** **Egypt**
10	**09:20**	Proximal femoral osteotomies **Khaled El Adwer** **Egypt**
11	**09:30**	The role of (local) antibiotics in open fracture **Christian Van Der Werken** **Netherland**
12	**09:40**	Neglected tibial plafond fractures; is arthrodesis mandatory? **Abdel-Salam Abdel-Aleem Ahmed** **Egypt**
13	**09:50**	Compartment syndrome of foot **Christian Van Der Werken** **Netherland**
⇒	**10:00**	**Coffee Break**

TUESDAY, DECEMBER,11TH,2018

Session 3	Papers
HALL (C)	09:00-10:00

Chairmen		**Prof. Amr Bayoumi** **Prof. Muhammad Quolquela** **Prof. Mohamed Zada**	
14	**09:00**	Recent Trend in management of severe type of Cerebral palsy.	
		Amr khalil	**Egypt**
15	**09:07**	Pedicled posterior tibial artery perforator flap for coverage of soft tissue defects over the medial side of the ankle.	
		Muhammad Quolquels	**Egypt**
16	**09:14**	Outcome of Aneurysmal Bone Cysts Treated by Extended Curettage, Cryosurgery and Bone Grafting	
		Osman Abd Ellah	**Egypt**
17	**09:21**	Post traumatic and post tumors Lower limb bone reconstruction	
		Amro A Fouad	**Egypt**
18	**09:28**	Suture Anchor Technique for Bony Mallet Injury	
		Ahmed Wahba	**Egypt**
19	**09:35**	Results of treatment of oplique and spiral fractures of metacarpals and hand phalanges by mini lag screws	
		Hossam Elden Ahmed	**Egypt**
20	**09:42**	Hand Replantation at the Wrist Level	
		Asser Abdelhay Sallam	**Egypt**
21	**09:49**	Evaluation of finger proximal inter-phalangeal joint fusion using Herbert screws.	
		Muhammad Quolquela	**Egypt**
⇒	**10:00**	**Coffee Break**	

TUESDAY, DECEMBER,11TH,2018

Session 4	Papers Upper Limb
HALL (D)	09:00-10:00

Chairmen		**Prof. Ahmed Shamma** **Prof. Ali El Guoshi** **Prof. Mohamed Gamal El Ashhab**	
22	09:00	Technical Restoration of Rotator Cuff Function	
		Amr Abdel-Mordy Ali Kandeel	**Egypt**
23	09:07	Arthroscopic Rotator Cuff Repair: Transosseous versus Anchor Technique	
		Mustafa Mohamed Mesriga	**Egypt**
24	09:14	Subscapularis tendon tear is more frequent than previously estimated.	
		Amro Saber Elsayed	**Egypt**
25	09:21	How long should we wait to create the Goutallier stage 2 fatty infiltrations in the rabbit shoulder for repairable rotator cuff tear model?	
		Mohamed Attia	**Egypt**
26	09:28	Reconstruction of acromioclavicular joint using hemi-conjoint tendon (new technique)	
		Saied K. Abdel-Hameed	**Egypt**
27	09:35	Prosthetic replacement in massive proximal humeral bone loss	
		Mohamed Galhoum	**UK**
28	09:42	Fracture dislocation of the proximal humerus with diaphyseal extension associated with wrist drop in 57 years old gentleman	
		Mohamed Shalaan	**Ireland**
29	09:49	Assessment of active Range of motion after tendon transfer around the shoulder in obpp	
		Amro A Fouad	**Egypt**
⇒	09:56	**Discussion**	
⇒	10:00	**Coffee Break**	

TUESDAY, DECEMBER,11TH,2018

Session 5

EFORT- EOA
Arthroplasty course

HALL (A) **10:30-11:30**

Chairmen	**Prof. Mahmoud Hafez** **Prof. Mohamed Bahy El Shafie** **Prof. Per Kjaersgaard-Andersen** **Prof. Shazly S. Mousa**

30	**10:30**	Patients satisfaction and objective outcome after TKA **Roland Becker**	**Germany**
31	**10:45**	Recent advances in TKR techniques **Mahmoud Hafez**	**Egypt**
32	**11:00**	When I am going for a Uni? **Roland Becker**	**Germany**
⇒	**11:15**	**Discussion**	
⇒	**11:30**	**Change Break**	

TUESDAY, DECEMBER,11TH,2018

Session 6	Spine World Spinal Column Society	
HALL (B)	10:30-11:30	
Chairmen	**Prof. Abdel Mohsen Arafa** **Prof. Abdelfattah Saoud** **Prof. Douglass Orr** **Prof. Andrew wakefield**	
33	**10:30**	Introduction and Welcome note **Abdelfattah Saoud** **Egypt**
34	**10:35**	Why to think Minimally invasive is Spinal surgery? **Douglass Orr** **USA**
35	**10:50**	Debate Minimally invasive TLIF,evidence and outcomes **Paulo Pireira** **Portugal**
36	**11:05**	Open and Mini open TLIF,evidence and outcomes **Wael Kobtan** **Egypt**
⇒	**11:20**	**Discussion**
⇒	**11:30**	**Change Break**

TUESDAY, DECEMBER,11TH,2018

Session 7	IFPOS – EOA Course Pediatric	
HALL (C)	10:30-11:30	
Chairmen	**Prof. Ashok Johari** **Prof. Osama Hegazy** **Prof. Patricia Fucs**	
37	**10:30**	Cerebral palsy: principles of treatment **Patricia Fucs** **Brazil**
38	**10:45**	The role of gait analysis in cerebral palsy. **Michalis Zenios** **Cyprus**
39	**11:00**	Foot deformities in cerebral palsy **Patricia Fucs** **Brazil**
40	**11:15**	Dynamic thumb in palm deformity in spastic hemiplagia **Francisco Soldado** **Spain**
⇒	**11:30**	**Change Break**

TUESDAY, DECEMBER,11TH,2018

Session 8	Symposium
	LIPTIS
HALL (D)	10:30-11:30

Chairmen	**Prof. Adel Adawy** **Prof. Alaa El Zoheiry** **Prof. Gamal Hosny** **Prof. Hazem Abdel Azeem**

	10:30	"Vaxato®, a Trusted Name in DVT Prevention" "Dorofen®, Overcoming Osteoarthritis Disability" "Prinorelax®, the 1st Once Daily Skeletal Muscle Relaxant"	
		Sharif Omar	**USA**
⇒	**11:15**	**Discussion**	
⇒	**11:30**	**Change Break**	

TUESDAY, DECEMBER,11TH,2018

Session 9

EFORT- EOA
Arthroplasty course

HALL (A) **11:30-12:30**

Chairmen	**Prof. Ahmed Hassaan** **Prof. Ahmed El Baqari** **Prof. Hesham El Mowafi**

41	**11:30**	What do we have to know about ligament balancing?	
		Roland Becker	**Germany**
42	**11:45**	Valgus TKA: Challenges & solutions	
		Nevzat Reha Tandogan	**Turkey**
43	**12:00**	Total knee replacement in stiff and ankylosed knee	
		Vijai Kumar	**India**
⇒	**12:15**	**Discussion**	

TUESDAY, DECEMBER,11TH,2018

Session 10	Spine World Spine Society	
HALL (B)	11:30-12:30	

Chairmen	**Prof. Andrew Wakefield** **Prof. Bahaa Kornah** **Prof. Paulo Pireira** **Prof. Shazly S. Mousa**

44	**11:30**	Learning curve in minimally invasive spine surgery **Andrew Wakefield**	**USA**
45	**11:40**	Debate Thoracolumbar decompression techniques using tubular retractors,outcomes. **Douglass Orr**	**USA**
46	**12:00**	Standard decompression techniques , outcomes **Fady Michael**	**Egypt**
⇒	**12:20**	**Discussion**	
⇒	**12:30**	**Change Break**	

TUESDAY, DECEMBER,11TH,2018

Session 11	IFPOS – EOA Course Pediatric	
HALL (C)	11:30-12:30	
Chairmen	**Prof. Khamis El Deeb** **Prof. Mohamed Samy El Zahar** **Prof. Tarek Hassan**	
47	**11:30**	New developments in limb reconstruction. **Ralph Sakkers** **Netherland**
48	**11:45**	The mechanical properties of the Taylor Spatial Frame and its clinical implications. **Michalis Zenios** **Cyprus**
49	**12:00**	Adolescent Limb Lengthening: Experience with the Precice Intramedullary Limb Lengthening System **Peter Calder** **UK**
⇒	**12:15**	**Discussion**
⇒	**12:30**	**Change Break**

TUESDAY, DECEMBER,11TH,2018

Session 12	Symposium
	M S D
HALL (D)	11:30-12:30

Chairmen	**Prof. Adel Adawy** **Prof. Gamal Hosny**	
	11:30	"Osteoarthritis: from diagnoses to management " **Timour El Hussieni** **Egypt**
	12:00	"Selective COX 2 inhibitors facts and fictions" **Kamel Heshmat Gado** **Egypt**
⇒	**12:30**	**Change Break**

TUESDAY, DECEMBER,11TH,2018

Session 13	EFORT-EOA Arthroplasty course	
HALL (A)	12:30-01:30	
Chairmen	**Prof. Amr Khairy** **Prof. El Sayed Morsi** **Prof. Raouf El Abbasy**	
50	**12:30**	Management of extensor mechanism disruptions in TKA **Nevzat Reha Tandogan** **Turkey**
51	**12:45**	Rational for all poly tibial components in knee replacement **David Choon** **Malaysia**
52	**01:00**	Instability after TKA **Nevzat Reha Tandogan** **Turkey**
53	**01:15**	Navigation Assisted knee arthroplasty **Ayman Sorial** **UK**
⇒	**01:30**	**General Assembly of E.O.A**
⇒	**02:30**	**Lunch**

TUESDAY, DECEMBER,11TH,2018

Session 14	Spine World Spine Society	
HALL (B)	12:30-01:30	
Chairmen	**Prof. Atif Morsy** **Prof. El Moataz El Sabrout** **Prof. Faisal F. Adm**	
54	**12:30**	Standard deformity correction and stabilization techniques and outcomes **Abdelfattah Saoud** **Egypt**
55	**12:50**	Minimally invasive deformity correction and stabilization , Techniques, outcomes **Douglass Orr** **USA**
56	**01:10**	Percutaneous Pedicle Screw Placement Techniques and Indications in Dorsolumbar spine **Paulo Pereira** **Portugal**
⇒	**01:30**	**General Assembly of E.O.A**
⇒	**02:30**	**Lunch**

TUESDAY, DECEMBER,11TH,2018

Session 15	IFPOS – EOA Course Pediatric	
HALL (C)	12:30-01:30	
Chairmen	**Prof. Ali El Zawahry** **Prof. Hesham Ghoneem** **Prof. Makram Radwan**	
57	**12:30**	Paediatric limb deformities
		Michalis Zenios — **Cyprus**
58	**12:45**	Percutaneous surgery in foot deformities
		Knörr Jorge — **Spain**
59	**01:00**	Congenital Limb Deformity, the Rising Popularity of Amputation (Cultural Differences Between Egypt and the UK)
		Peter Calder — **UK**
60	**01:15**	Foot and ankle endoscopy in children
		Knörr Jorge — **Spain**
⇒	**01:30**	**General Assembly of E.O.A**
⇒	**02:30**	**Lunch**

TUESDAY, DECEMBER,11TH,2018

Session 16	Symposium
	AMRIYA
HALL (D)	12:30-01:30

Chairmen	**Prof. Adel Adawy** **Prof. Alaa El Zoheiry** **Prof. Hani El Mowafi**	
	12:30	Pain Management
		Gamal Hosny **Egypt**
⇒	**01:15**	**Discussion**
⇒	**01:30**	**General Assembly of E.O.A**
⇒	**02:30**	**Lunch**

TUESDAY, DECEMBER,11TH,2018

Session 17	Symposium SICOT And EOA Periprosthetic Joint Infection	
HALL (A)	03:30-04:30	
Chairmen	**Prof. Galal Zaki** **Prof. Essam Elsherif** **Prof. Ashok Johari**	
Part (1)	**Introduction and Diagnosis Update**	
61	**03:30**	Introduction and SICOT Egypt **Essam Elsherif** — **Egypt**
62	**03:40**	Definition and classification update **Mohamed Aboelsood** — **Egypt**
63	**03:50**	Patients related risk factors **Ahmed H. Abdel Azeem** — **Egypt**
64	**04:00**	Update - pathophysiology and biofilm **Fatih Kucukdurmaz** — **Turkey**
65	**04:10**	Update - Radiological Diagnosis **Cagatay Ulucay** — **Turkey**
66	**04:20**	Update - Laboratory Diagnosis **Fatih Kucukdurmaz** — **Turkey**

TUESDAY, DECEMBER,11TH,2018

Session 18	Spine EFORT	
HALL (B)	03:30-06:00	

Chairmen	**Prof. Ahmed Hassan** **Prof. Ashref El Tabie** **Prof. Mohamed El Meshtawy**	
67	**03:30**	Pyogenic spondylodiscitis, spondylitis and degenerative disc disease: How to diagnose **Haluk Berk** **Turkey**
68	**03:50**	Changes in the aging spine **Onder Aydingoz** **Turkey**
69	**04:10**	Adolescent idiopathic scoliosis, how do I do it? **Haluk Berk** **Turkey**
70	**04:40**	Thoracolumbar spine trauma **Onder Aydingoz** **Turkey**
71	**05:00**	Surgical site infections, how to manage? **Haluk Berk** **Turkey**
72	**05:20**	The decade of action for road safety **Onder Aydingoz** **Turkey**
⇒	**05:40**	**Discussion**
⇒	**06:00**	**End of the Day**

TUESDAY, DECEMBER,11TH,2018

Session 19

IFPOS – EOA Course
Pediatric

HALL (C) **03:30-04:45**

Chairmen	**Prof. Abdel Sabour Ghoneem** **Prof. Hesham Farhoud** **Prof. Essam El Abbasy**

73	**03:30**	What is clinical relevant hip dysplasia in the first 6 months of life?	
		Ralph Sakkers	**Netherland**
74	**03:45**	Developmental Dysplasia of the Hip: The Stanmore Experience - A UK Perspective	
		Peter Calder	**UK**
75	**04:00**	Hip disorders in childhood.	
		Michalis Zenios	**Cyprus**
76	**04:15**	Pelvic osteotomies in Perthes disease	
		Knörr Jorge	**Spain**
77	**04:30**	Vascularized fibular epiphyseal transfer for hip reconstruction	
		Francisco Soldado	**Spain**
⇒	**04:45**	**Change Break**	

TUESDAY, DECEMBER,11TH,2018

Session 20	Symposium
	SANDOZ
HALL (D)	03:30-04:45

Chairmen		**Prof. Adel Adawy** **Prof. Alaa El Zoheiry** **Prof. Ashraf El Nahal**
	03:30	Low back pain with neuropathic component **Gamal Hosny** **Egypt**
⇒		**Discussion**
⇒	**04:45**	**Change Break**

TUESDAY, DECEMBER,11TH,2018

Session 21	Symposium SICOT And EOA Periprosthetic Joint Infection	
HALL (A)	04:30-06:00	
Chairmen	**Prof. Mohamed Bahy El Shafie** **Prof. Khaled Fawzy** **Prof. Ibrahim El Ganzoury** **Prof. Ahmed Hazem Abdelazeem**	
Part (2)	**Treatment**	
78	**04:30**	Prophylaxis **Cagatay Ulucay** — **Turkey**
79	**04:40**	Antimicrobials **Mohamed Younes** — **Egypt**
80	**04:50**	Debridement, Antibiotics and implant retention **Khaled Fawzy** — **Egypt**
81	**05:00**	One stage replacement arthroplasty **Ayman Ebeid** — **Egypt**
82	**05:10**	Spacers **Ibrahim El Ganzoury** — **Egypt**
83	**05:20**	Two stages replacement arthoplasty **Sherif Aboelenin** — **Egypt**
84	**05:30**	One versus two stages revision- results **Mohamed Mahran** — **Egypt**
	05:40	Cases Discussion **Cagatay Ulucay - Fatih Kucukdurmaz**
⇒	**06:00**	**End of the Day**

TUESDAY, DECEMBER,11TH,2018

Session 22	IFPOS – EOA Course Pediatric	
HALL (C)	04:45-06:00	
Chairmen	**Prof. Khaled Hassan** **Prof. Ralph Sakkers** **Prof. Khaled El Adwar**	
85	**04:45**	Diagnosis and treatment of pathological fractures in Osteogenesis Imperfecta **Ralph Sakkers** **Netherland**
86	**05:00**	Anterior approach to the elbow for lateral condyle fractures in children **Francisco Soldado** **Spain**
87	**05:15**	Paediatric supracondylar humeral fractures **Michalis Zenios** **Cyprus**
88	**05:30**	Musculoskeletal reconstruction with vascularized periosteal flaps in children **Francisco Soldado** **Spain**
89	**05:45**	Hip Sepsis – Sequelae and Reconstruction **Ashok Johari** **UK**
⇒	**06:00**	**End of the Day**

TUESDAY, DECEMBER,11TH,2018

Session 23	Lectures Foot & Ankle	
HALL (D)	04:45-06:00	
Chairmen	**Prof. Ahmed Kholeif** **Prof. Atif El Beltagy** **Prof. Mark Herron**	
90	**04:45**	The late reconstruction of Calcaneal fractures" **Mark Herron** **UK**
91	**05:00**	Tentinopathies around the ankle **Nicos Maroudias** **Cyprus**
92	**05:15**	Limited open approach for calcaneus fracture (open envelope) **Sharad Prabhakar** **India**
93	**05:30**	TTC fusion with hindfoot nail **Samir Abdulsalam** **Kawit**
94	**05:45**	OrthOracle on-line Orthopaedic atlas **Mark Herron** **UK**
⇒	**06:00**	**End of the Day**

WEDNESDAY,
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WEDNESDAY, DECEMBER 12TH , 2018

Session 24 — Papers

HALL (A) — 09:00-10:00

Chairmen **Prof. Ahmed Mahroos**
Prof. Emad Esmat
Prof. Mohamed Shabana

95	**09:00**	Fixation of pilon fracture & comminuted distal tibial fractures with triangular external fixator	
		Moustafa Ismail	**Egypt**
96	**09:07**	Less Invasive Surgery in Management of Intra-articular Calcaneal Fractures	
		Mohamed Alahmady	**Egypt**
97	**09:14**	Treatment of intra articular distal femoral committed fractures by Ilizarov	
		Saad Gaballah	**Egypt**
98	**09:21**	Incidence and risk factors for DVT among patients with pelvic, hip and femur fracture	
		Mohamed Saleh Al-Saifi	**Yemen**
99	**09:35**	Fibular Guided Growth Surgery in Treatment of Blount Disease	
		Khaled Emara	**Egypt**
100	**09:45**	Comparing the use of sutures versus staples in skin closure after orthopaedic surgery: systematic review and meta-analysis	
		Mohamed A Abdel Aal	**Egypt**
⇒	**09:55**	**Discussion**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 25

Spine
Free Papers and Plenary Talks

HALL (B) **09:00-10:00**

Chairmen	**Prof. Kamran Farooque** **Prof. Mahmoud Hadhoud** **Prof. Paulo Piriera**

101	**09:00**	MIDLIF: a transition technique between open and MIS fusion **Paulo Piriera**	**Potugal**
102	**09:15**	Is paraspinal approach useful for surgical treatment of failed back surgery? **Mahmoud M.Hadhoud**	**Egypt**
103	**09:23**	Hydatid cyst in sacrum **Eslam Shafik**	**Egypt**
104	**09:31**	Is it possible to decompress the lumbar spine by splitting the spinous process? **Mahmoud M.Hadhoud**	**Egypt**
105	**09:39**	Long Segment Fixation Short Fusion Surgery for Unstable Thoracolumbar Spine Injuries **Tamer Abdel Mawla**	**Egypt**
106	**09:47**	All posterior corpectomy for burst fractures **Kamran Farooque**	**India**
⇒	**10:00**	**Coffee break**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 26	Papers	
HALL (C)	09:00-10:00	
Chairmen	**Prof. Abdel Salam Hefny** **Prof. Ali Zin El Abbdin** **Prof. Galal Kazem**	
107	**09:00**	Outcome of Management of Kienböck Disease by limited carpal fusion **Bahaa Zakarya Mohammed Hasan** **Egypt**
108	**09:07**	Dorsal percutaneous screw fixation of delayed scaphoid fractures augmented with bone marrow injection **Eslam Abd Elshafi Tabl** **Egypt**
109	**09:14**	scaphocapitate fusion in kienbook disease **Ahmed Wahba Salam** **Egypt**
110	**09:21**	Scaphoid excision with lunatocapitate fusion for the treatment of scaphoid nonunion advanced collapse wrist **Ashraf Abdelaziz** **Egypt**
111	**09:28**	How to deal with LT lig injuries **Jan Ragnar Haugstvedt** **Norway**
112	**09:43**	Fractures Schaphoid of treatment assisted Arthroscopically **Jan Ragnar Haugstvedt** **Norway**
⇒	**10:00**	**Coffee Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 27	WIAOT Symposium	
HALL (D)	09:00-10:00	
Chairmen	**Prof. Bahaa Kornah** **Prof. Hazim Al Khawashki** **Prof. Ashok Johari**	
113	**09:00**	WAIOT in the era of increased MSI burden **H Alkhawashki** **KSA**
114	**09:05**	The socioeconomic burden of MSI **K Malizos**
115	**09:20**	Infected nonunion management alternatives **K Malizos**
116	**09:35**	Infected nonunion, Is radical resection mandatory? **Gamal Hosny** **Egypt**
117	**09:50**	Acute infection after THA **K Malizos**
⇒	**10:00**	**Coffee Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 28	Symposium Cross Fire Discussion Polytrauma	
HALL (A)	10:30-11:30	
Chairmen	Prof. Alaa El-Zoheiry Prof. Christian Van Der Werken Prof. Elizabeth Moulder Prof. Osama Farouk	
	10:30	**Panel:**
		Nicos Maroudiad — Cyprus Alaa El-Zoheiry — Egypt Gamal Hosny — Egypt Osama Farouk — Egypt
⇒	11:30	Change Break

WEDNESDAY, DECEMBER 12TH , 2018

Session 29	Spine World Spine Society	
HALL (B)	10:30-11:30	
Chairmen	**Prof. Khaled Saoud** **Prof. Yousri Emad** **Prof. Mohamed Gamal**	
118	**10:30**	Debate on Spinal cord injury treatment updates **Khaled Saoud** — **Egypt**
119	**11:00**	Exposure to radiation for patients and surgeons during spinal surgery, open and MIS **Hany El Zahlawy** — **Egypt**
⇒	**11:15**	**Discussion**
⇒	**11:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 30	Lectures Arthroscopy & Sports Medicine	
HALL (C)	10:30-11:30	
Chairmen	**Prof. El Shenawy Mostafa** **Prof. Maher El Assal** **Prof. Maged Samy** **Prof. Mohamed Iraqui**	
120	**10:30**	Anatomic Points in ACL Reconstruction **Maged Samy** — **Egypt**
121	**10:40**	The Central Pivot **Karl Fredrik Almqvist** — **Belgium**
122	**10:55**	Allelic Polymorphisms in COL12A1 and COL1A1 Genes in Patients with ACL tears **Sharad Prabhakar**
123	**11:10**	Primary ACL Reconstruction: Early vs Late. **Raid Abutalib** — **KSA**
⇒	**11:25**	**Discussion**
⇒	**11:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 31	Symposium Aspen Healthcare
HALL (D)	10:30-11:30

Chairmen		**Prof. Ashraf El Nahal** **Prof. Gad Ragheb**
	10:30	Updates in chronic gout management **Bahaa Kornah** **Egypt**
⇒	**11:15**	**Discussion**
⇒	**11:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 32	Lectures Upper Limb Trauma	
HALL (A)	11:30-12:30	
Chairmen	**Prof. Abdel-Hakim Massoud** **Prof. Ashraf Moharam** **Prof. Sherif Amr**	
124	**11:30**	Lateral clavicula fractures **Christian Van Der Werken** **Netherland**
125	**11:45**	Outcome of bone defect reconstruction with lateral clavicle titanium prosthesis after comminuted fracture resection : A Case Report **Sherif Amr** **Egypt**
126	**11:55**	Arthroscopic transosseous suture fixation of proximal humeral fractures **Basim Fleega** **Germany**
127	**12:05**	Sterno-clavicular dislocations **Christian Van Der Werken** **Netherland**
⇒	**12:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 33	Spine World Spine Society	
HALL (B)	11:30-12:30	
Chairmen	**Prof. Ali Ibrahim** **Prof. Fahmy Anwar** **Prof. Mohamed Shafik**	
128	**11:30**	When is MISS a good option for spinal tumors? **Andrew wakefield** **USA**
129	**12:00**	Complications of MIS spinal surgery **Hussein Abou El Ghait** **Egypt**
⇒	**12:25**	**Discussion**

WEDNESDAY, DECEMBER 12TH , 2018

Session 34	Lectures Arthroscopy & Sports Medicine	
HALL (C)	11:30-12:30	
Chairmen	**Prof. Hossam Nagy** **Prof. Mohamed Radwan** **Prof. Mohamed Yahia**	
130	**11:30**	Graft choices in ACL Reconstruction: Does it Matter? **Saeed Al-Thani**
131	**11:40**	Evolving Concepts on Tunnel Position **Karl Fredrik Almqvist** — **Belgium**
132	**11:50**	Anteromedial vs Transtibial Techniques **Raid Abutalib** — **KSA**
133	**12:00**	Outside-In and All-Inside Techniques **Ashraf Abdelkafy** — **Egypt**
134	**12:10**	Knee osteoarthritis in ACL deficiency and after reconstruction **Adel Adawy** — **Egypt**
⇒	**12:20**	**Discussion**
⇒	**12:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 35	Symposium	
	OCTOBER PHARMA	
HALL (D)	11:30-12:30	

Chairmen	**Prof. Alaa El Zoheiry** **Prof. Hani El Mowafi**		
	11:30	Gout Management Update	
		Gamal Hosny	**Egypt**
⇒	**12:30**	**Discussion**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 36	Symposium Trauma
HALL (A)	12:30-01:30

Chairmen	**Prof. Hassan El-Zaher** **Prof. Hazem Abdel-Azeem** **Prof. Sherif Khaled**

135	**12:30**	Fragility fractures: What happens with bone?	
		Sherif Khaled	**Egypt**
136	**12:40**	Why and how do locking plates fail?	
		Boyko Gueorguiev	**Switzerland**
137	**12:50**	Implant augmentation	
		Mahmoud Abdel Karim	**Egypt**
138	**12:00**	Modern implants in periprosthetic fractures	
		Christian Van Der Werken	**Netherland**
139	**01:10**	It goes beyond the bones	
		Osama Farouk	**Egypt**
140	**01:20**	Co-managed care of older patients with hip fracture.	
		Radwan Metwaly	**Egypt**
⇒	**01:30**	**Change Break**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 37	Spine World Spine Society	
HALL (B)	12:30-01:30	
Chairmen	**Prof. Bahaa Kornah** **Prof. Khaled Sabry** **Prof. Yousry El Hawary**	
141	**12:30**	Radiological land marks for thoraco lumbar spinal surgey (Open and MIS) **Bahaa Kornah** **Egypt**
142	**01:05**	Vertebroplasty and Kyphoplasty **Ahmed Morsy** **Egypt**
⇒	**01:25**	**Discussion**
⇒	**01:30**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 38

Lectures
Arthroscopy & Sports Medicine

HALL (C) **12:30-01:30**

Chairmen	**Prof. Ibrahem Mostafa** **Prof. Hossam El Shafie** **Prof. Ahmed Anan**

143	**12:30**	Proprioception and the ACL Remnant: Fact or Fiction? **Sharad Prabhakar**	
144	**12:45**	Fixation Methods in ACL Reconstruction **Mohamed Gomaa**	**Egypt**
145	**01:00**	Graft Healing in ACL Reconstruction **Vijay kumar**	**India**
146	**01:15**	ACL Reconstruction in Females **Saeed Al-Thani**	
⇒	**01:25**	**Discussion**	
⇒	**01:30**	**Change Break**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 39	Symposium
	LILLY
HALL (D)	12:30-01:30

Chairmen		**Prof. Adel Adawy** **Prof. Alaa El Zoheiry**	
	12:30	Topic osteoporosis case study	
		Gamal Hosny	**Egypt**
	01:00	Osteoporosis: missed facts	
		Basel El Zorkany	**Egypt**
⇒	**01:15**	**Discussion**	
⇒	**01:30**	**Change Break**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 40	Trauma Symposium Infected Non-Union: Different Treatment Modalities
HALL (A)	01:30-02:30

Chairmen		**Prof. Alaa El-Zoheiry** **Prof. El-Zaher Hassan** **Prof. Osama Farouk,**	
147	**01:30**	Infected nonion after IMN **Christian Van Der Werken**	**Netherland**
148	**01:45**	Infected non-union managed by Ilizarov external fixator **Mohamed El Gebeily**	**Egypt**
149	**02:00**	Vascularized fibular graft for infected non union with poor soft tissue and vascular bed **Waleed Riad**	**Egypt**
	02:15	**Discussion** **Panel:** **Hassan El-Zaher** **Hazem Abdel-Azeem** **Ahmed Kholeif**	 **Egypt** **Egypt** **Egypt**
⇒	**02:30**	**Lunch**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 41	Spine World Spine Society	
HALL (B)	01:30-02:30	
Chairmen	**Prof. Gad Ragheb** **Prof. Mohamed Maziad** **Prof. Ezzat Elhawy**	
150	**01:30**	Thoraco lumbar Trauma, MIS management **Douglass Orr** **USA**
151	**01:50**	Open management **Magdy Gamal Yousef** **Egypt**
152	**02:10**	MIS Sacral fracture treatment **Abdelfattah Saoud** **Egypt**
⇒	**02:30**	**Lunch**

WEDNESDAY, DECEMBER 12TH , 2018

Session 42	Lectures Arthroscopy & Sports Medicine
HALL (C)	01:30-02:30

Chairmen		**Prof. Adel Shafik** **Prof. Sherif Sokkar** **Prof. Moheb Fadel**	
153	**01:30**	ACL Reconstruction in Children & Adolescents **Nader Darwich**	**UAE**
154	**01:45**	ACL and MPFL reconstruction in children: Indications **Knörr Jorge**	**Spain**
155	**02:00**	Combined ACL Reconstruction with Extra-Articular Tenodesis. **Nader Darwich**	**UAE**
156	**02:15**	Long-term Outcomes after ACL Reconstruction – Is Osteaoarthritis really inevitable? **Karl Fredrik Almqvist**	**Belgium**
⇒	**02:30**	**Lunch**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 43	Symposium
	E V A
HALL (D)	01:30-02:30

Chairmen	**Prof. Adel El Adawy** **Prof. Ahmed Galal** **Prof. Timour El Hussieni**

	01:30	The pathogenetic approach of peripheral Neuropathy	
		Gamal Hosny	**Egypt**
⇒	**02:30**	**Lunch**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 44

EFORT – EOA
Arthroplasty Course

HALL (A) **03:30-04:45**

Chairmen	**Prof. Ahmed Farag Sakr** **Prof. Hassan Hussein** **Prof. Taher Abdel Sattar**

157	**03:30**	Strategy when selecting implants and bearings in total hip replacement in 2018	
		PerKjaersgaard-Andersen	**Denmark**
158	**03:45**	The role of cemented hip replacement and long term results	
		David Choon	**Malaysia**
159	**04:00**	Use of registry data to improve health cost and delivery of orthopaedic services	
		PerKjaersgaard-Andersen	**Denmark**
160	**04:15**	Same day discharge following hip replacement	
		Elizabith Moulder	**UK**
⇒	**04:30**	**Discussion**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 45		Spine World Spine Society	
HALL (B)		03:30-06:00	
Chairmen		**Prof. Hisham El Saghir** **Prof. Yaser Allam** **Prof. Hussein Abou El Ghait**	
161	**03:30**	MIS spinal procedures in the economically challenged situations More for less	
		Hisham El Saghir	**Egypt**
162	**04:00**	Microscopic assisted percutaneous techniques (MAPT)	
		Yaser Allam	**Egypt**
163	**04:30**	Treatment options for Thoraco lumbar burst fractures	
		kamran Farooque	**India**
164	**05:00**	Neglected cervical dislocation with intact neurology: Which Approach	
		kamran Farooque	**India**
⇒	**05:30**	**Discussion**	
⇒	**06:00**	**End of the Day**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 46	Lectures Foot & Ankle
HALL (C)	03:30-04:45

Chairmen	**Prof. Ali Reda** **Prof. Nuno Corte-Real** **Prof. Wagih Mousa**

165	**03:30**	Turf toe. **Nuno Corte-Real**	
166	**03:50**	bilateral hallux valgus outpatient surgery with locoregional anaesthesia, study about 20 cases. **Julien Remi**	***France***
167	**04:10**	Scarf osteotomy **Thanos Badekas**	**Greece**
168	**04:30**	Cavo varus foot - update **Wagih Mousa**	**UK**
⇒	**04:45**	**Change Break**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 47	Symposium AVERROES
HALL (D)	03:30-04:45

Chairmen		**Prof. Adel Adawy** **Prof. Hani El Mowafi** **Prof. Raafat Kamal** **Prof. Timour ElHussieni**
	03:30	The Golden Period to prevent intra-operative infections **Mahmoud El Lahouny** **Egypt**
⇒	**04:30**	**Discussion**
⇒	**04:45**	**Change Break**

WEDNESDAY, DECEMBER 12TH , 2018

Session 48

EFORT – EOA
Arthroplasty Course

HALL (A) **04:45-06:00**

Chairmen	**Prof. Adel Anwar** **Prof. Kamal Abdel Rahman** **Prof. Timour ElHussieni**		
169	**04:45**	Fast track in hip arthroplasty **Julien Remi**	***France***
170	**05:00**	Total hip replacement in ankylosed hip **Vijai Kumar**	**India**
171	**05:15**	Challenge in the adolescent patient when total hip replacement is the only left option **PerKjaersgaard-Andersen**	**Denmark**
172	**05:30**	Periprosthetic fracture of hip **David Choon**	**Malaysia**
⇒	**05:45**	**Discussion**	
⇒	**06:00**	**End of the Day**	

WEDNESDAY, DECEMBER 12TH , 2018

Session 49	Lectures Foot & Ankle	
HALL (C)	04:45-06:00	
Chairmen	**Prof. Hani El Mowafi** **Prof. Thanos Badekas** **Prof. Nicos Maroudias**	
173	**04:45**	Tentinopathies around the ankle **Nicos Maroudias** — **Cyprus**
174	**05:00**	Chronic ruptures of Achilles tendon. **Nuno Corte-Real**
175	**05:15**	Therapy of achilles tendon pain **Thanos Badekas** — **Greece**
176	**05:30**	Ankle Instability. **Nuno Corte-Real**
⇒	**05:45**	**Discussion**

WEDNESDAY, DECEMBER 12TH , 2018

Session 50	Lectures Hand & Wrist	
HALL (D)	04:45-06:00	
Chairmen	**Prof. Hany Morsy** **Prof. Jan Ragnar Haugstvedt** **Prof. Vikas Gupta**	
177	**04:45**	Distal RadioUlnar joint. Functional Anatomy and Pathomechanics **Jan Ragnar Haugstvedt** — **Norway**
178	**05:05**	Arthroscopic TFCC repair **Vikas Gupta** — **India**
179	**05:20**	TFCC repair **Jan Ragnar Haugstvedt** — **Norway**
180	**05:35**	Open TFCC reconstruction **Hany Morsy** — **Egypt**
⇒	**05:50**	**Discussion**
⇒	**06:00**	**End of the Day**

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Session 51

Papers

HALL (A) 09:00-10:00

Chairmen	**Prof. Mohamed Bahy El Shafie** **Prof. Mohamed Saleh** **Prof. Shazly S. Mousa**

181	**09:00**	Could it be an end for era of laterjet procedure? A cadaveric study of a new technique	
		Amr Abdel-Mordy Ali Kandeel	**Egypt**
182	**09:07**	Anatomic Total Shoulder Replacement Using Hybrid Glenoid: No Evidence Of Glenoid Loosening At A Mean Follow-Up 3.7 Year	
		Ahmed A Elsheikh	**Egypt**
183	**09:14**	Short term results for Custom made glenoid in patients with Walch Type B2/C glenoid defects"	
		Mohamed Galhoum	**UK**
184	**09:21**	Shoulder Joint Infection with Negative Culture results: Clinical Characteristics and Treatment Outcome	
		Mohamed Attia	**Egypt**
185	**09:28**	Reverse Polarity Shoulder Arthroplasty: Trauma and Elective; primary and revision	
		Ahmed A Elsheikh	**Egypt**
186	**09:35**	Stemless shoulder arthroplasty using glenoid patient specific instrumentations, functional outcomes and unexpected intraoperative incidents	
		Mohamed Galhoum	**UK**
	09:45	**Discussion**	
⇒	**10:00**	**Coffee Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 52

Papers

HALL (B) 09:00-10:00

Chairmen		**Prof. Alaa El Tahaan** **Prof. Nehad El Mahboub** **Prof. Rafid A. Al Adhab**	
187	**09:00**	Early results of new technique of calcaneus fracture treatment using transarticular kwires using minimal invasive sinus tarsi approach	
		Ayman Eltabaa	**Egypt**
188	**09:07**	Primary plating over an IMN in treating complex femur fractures	
		Amr Aboelfadle	**Egypt**
189	**09:14**	Open unstable metaphyseo-diaphyseal fractures of the tibia in adolescents: treatment by flexible intramedullary nails augmented by external fixator	
		Ahmed El Tantawy	**Egypt**
190	**09:21**	Efficacy of MIPO technique for lower extremity fractures	
		Rafid A. Al Adhab	Iraq
191	**09:28**	MIPO technique for treatment of proximal tibia fractures, outcome and long term follow-up	
		Mohamed Saleh Al Saifi	**Yemen**
192	**09:35**	Outcome of membrane induced technique in teatment of congenital pseudoarthrosis tibia. short term follow up	
		Mohamed Anter	**Egypt**
193	**09:42**	Combined membrane induced technique with free fibular and iliac graft in treatment of infected non union of long bones.	
		Mohamed Anter	**Egypt**
194	**09:49**	Results of Delta Frame External Fixator in treating complex distal tibial fracture cases	
		Gamal El Mashad	**Egypt**
⇒	**09:56**	**Discussion**	
⇒	**10:00**	**Coffee Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 53	Papers	
HALL (C)	09:00-10:00	
Chairmen	**Prof. Abdelsalam Eid** **Prof. Ashraf Lotfy** **Prof. Hesham El Kady**	
195	**09:00**	Ultrasonographic axillary nerve mapping: an alternative cost-effective tool with Implications in Surgery **Shenouda Shalaby** **UK**
196	**09:07**	New Surgical treatment of proximal femoral deformities in perthe's and Perthe's like condition **Abdelkhalek Alzalabany** **Egypt**
197	**09:14**	The Use of Insulin, Site Enhancement Oil and Liquid Injectable Silicone in a Bodybuilder and their Dangerous Effects. **Shenouda Shalaby** **UK**
198	**09:21**	Reliability of clinical examination and magnetic resonance imagining findings versus arthroscopic findings in meniscal and anterior cruciate ligament acute injuries.(our experience at Misurata Central Hospital in Libya) **Muad Ben-Sasi** **Libyan**
199	**09:28**	Open reduction and internal fixation of PCL avulsion fractures using hooked 1/3 tubular plate **Moustafa Ismail Elsayed** **Egypt**
200	**09:35**	Multi-ligament Injured Knee: Is There Still a Role for Biceps Femoris Re-routing? **Amr Abdel-Mordy Ali Kandeel** **Egypt**
201	**09:42**	Meniscal Root Tears **Hesham El Kady** **Egypt**
⇒	**09:57**	**Discussion**
⇒	**10:00**	**Coffee Break**

THURSDAY, DECEMBER.13TH , 2018

Session 54	Papers	
HALL (D)	09:00-10:00	
Chairmen	**Prof. Abdelazim wahsh** **Prof. Hazem El Tayeby** **Prof. Khaled Edris**	
202	**09:00**	Closed reduction in developmental dysplasia of the hip with percutaneous iliopsoas tenotomy and adductor tenotomy (preliminary study) **Mohamed H. Fadel** — **Egypt**
203	**09:07**	Combined Imhauser-type intertrochanteric osteotomy plus osteochondroplasty in slipped capital femoral epiphysis through surgical hip dislocation approach **Mostafa Baraka** — **Egypt**
204	**09:14**	Treatment of developmental coxa vara by the dynamic hip screw **Abdelazim wahsh** — **Egypt**
205	**09:21**	Treatment of Developmental Dysplasia of the Hip: Short and Mid-term Outcome in Alnoor specialized hospital **Mohamed Shalaan** — **Ireland**
206	**09:28**	Open reduction in slipped capital femoral epiphysis: how to avoid the risk of osteonecrosis **Mostafa Baraka** — **Egypt**
207	**09:35**	An Update on the Role of Dega Osteotomy in DDH **Khaled Edris** — **Egypt**
208	**09:45**	Revision of failed reconstruction of neglected developmental dysplasia of the hip: common pitfalls and results **Hazem El Tayeby** — **Egypt**
⇒	**10:00**	**Coffee Break**

THURSDAY, DECEMBER.13TH , 2018

Session 55	Papers	
HALL (A)	10:30-11:30	
Chairmen	**Prof. Hesham El Ashry** **Prof. Maged Mostafa** **Prof. Mohamed Fadel**	
209	**10:30**	The Role of Nerve Transfer in Lower Extremity Nerve Injuries **Asser Abdelhay Sallam** **Egypt**
210	**10:37**	Tibialis posterior tendon transfer for correction of drop-foot in common peroneal nerve palsy **Ashraf Abdelaziz** **Egypt**
211	**10:42**	Short term results of platelet rich plasma and steroid injection in treatment of chronic planter fasciitis, a comparative study. **Moustafa Ismail Elsayed** **Egypt**
212	**10:49**	Minimal invasive use of distraction histogenesis in relapsed club foot **Mohamed Fadel** **Egypt**
213	**10:59**	Casting under general anesthesia in Ponseti technique **Khaled Emara** **Egypt**
214	**11:09**	Outcome of Congenital vertical talus at Soba University Hospital **Samir Shaheen** **Sudan**
⇒	**11:24**	**Discussion**

THURSDAY, DECEMBER.13TH , 2018

Session 56	Papers	
HALL (B)	10:30-11:30	
Chairmen	**Prof. Ahmed Hashem** **Prof. Barakat Elalfy** **Prof. Sherif Naseef**	
215	**10:30**	fibrodysplasia ossificans progressiva (stone man disease): a case report **Ahmed Gamal** — **Egypt**
216	**10:37**	Combination of taylor spatial frame and malleoplasty technique in treatment of varus ankle deformity due to traumatic physeal arrest odf distal tibia. **Mohamed Anter** — **Egypt**
217	**10:44**	Intramedullary Nailing Compared with Spica Casts for Isolated Femoral Fractures in Four and Five-Year-Old Children **Ahmed Hashem** — **Egypt**
218	**10:51**	The power of remodeling in pediatric orthopedic fractures: when to operate **Hazem Eltayeby** — **Egypt**
219	**11:00**	Comminuted long bone fractures in children. Could combined fixation improve the results? **Barakat Elalfy** — **Egypt**
220	**11:15**	Osteosarcopenia: a new musculoskeletal Syndrome **Adel Adawy** — **Egypt**
⇒	**11:30**	**Change Break**

THURSDAY, DECEMBER.13TH , 2018

Session 57	Symposium Pain Management
HALL (C)	10:30-11:30

Chairmen	**Prof. El Sayed Morsy** **Prof. Mohamed Maziad** **Prof. Puneet Khanna**

221	**10:30**	Anesthesia and Pain management in TKR, hand surgery and spine surgery	
		Puneet Khanna	**India**
	11:00	**Panel**	
		El Sayed Morsy **Mohamed Maziad**	**Egypt** **Egypt**
⇒	**11:30**	**Change Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 58	Symposium
	M N B
HALL (D)	10:30-11:30

Chairmen	**Prof. Khamis El Deeb**		
	10:30	Osteoarthritis	
		Said El Thani	**UAE**
⇒	**11:20**	**Discussion**	

THURSDAY, DECEMBER.13TH , 2018

Session 59	Lectures Miscellaneous
HALL (A)	11:30-12:30

Chairmen	**Prof. Adel Anwar** **Prof. Amr Azzam** **Prof. Sherif Amr** **Prof. Wagih Mousa**

222	**11:30**	Acute versus gradual correction of the deformity	
		Elizabith Moulder	**UK**
223	**11:45**	Novelties in Sprengel deformity	
		Francisco Soldado	**Spain**
224	**12:00**	Applications of finite element modeling in Orthopedic surgeries :Review article	
		Sherif Amr	**Egypt**
225	**12:15**	Fibular Nail	
		Wagih Mousa	**UK**
⇒	**12:30**	**Change Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 60	Symposium WAIOT Infection	
HALL (B)	11:30-12:30	
Chairmen	**Prof. Ashok Johari** **Prof. Mamdouh Zaki** **Prof. Hazem Alkhawashki**	
226	**11:30**	Treatment of Chronic Osteomyelitis Metaphyseal Part of Long Bones Using the Bonalive® granules **G Alizadeh**
227	**11:45**	MSI in Saudi Arabia **H Alkhawashki** **KSA**
228	**12:00**	Application of wire-rod external fixation of knee joint arthrodesis in patients with chronic suppurative osteoarthritis **G Alizadeh**
	12:15	**Discussion**
⇒	**12:30**	**Change break**

THURSDAY, DECEMBER.13TH , 2018

Session 61	Lectures Hand & Wrist
HALL (C)	11:30-12:30

Chairmen	**Prof. Abdel-Hakim Massoud** **Prof. Moheb Moneim** **Prof. Ferdinando Da Rin De Lorenzo**

229	**11:30**	Sports related injuries of the hand	
		Moheb Moneim	**USA**
230	**11:45**	Conservative treatment of TMJ arthritis	
		Abdel-Hakim Massoud	**Egypt**
231	**12:00**	Arthroscopy of TMJ	
		Ferdinando Da Rin De Lorenzo	**Italy**
⇒	**12:15**	**Discussion**	
⇒	**12:30**	**Change Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 62	Symposium
	GLOBAL NAPI
HALL (D)	11:30-12:30

Chairmen	**Prof. Adel Adawy** **Prof. Ahmed Galal** **Prof. Gamal Hosny**	
	11:30	DVT complication post arthroscopic and trauma surgery **Gamal El Mashad** **Egypt**
⇒	**12:00**	**Discussion**
⇒	**12:30**	**Change Break**

THURSDAY, DECEMBER.13TH , 2018

Session 63	Lectures	
HALL (A)	12:30-01:30	
Chairmen	**Prof. Adel Refaat** **Prof. Samir Kotb** **Prof. Walied Ebied**	
232	**12:30**	Surgical treatment of benign bone leasion of the proximal femur in children **Michiel van de Sande** **Netherland**
233	**12:45**	Limb salvage for bone malignancy 20+years follow up . **Samir Kotb** **Egypt**
234	**01:00**	multimodality treatment in extremity Ewing sarcoma **Michiel van de Sande** **Netherland**
235	**01:15**	Management of Unicameral Bone Cyst of Proximal Femur **Bahaa Zakaryia Mohammed Hasan** **Egypt**
236	**01:22**	Management of Fibrous Dysplasia of Proximal Femur by Internal Fixation without Grafting: A Retrospective Study of 19 Cases **Bahaa Zakaryia Mohammed Hasan** **Egypt**
⇒	**01:30**	**Change Break**

THURSDAY, DECEMBER.13TH , 2018

Session 64	Lectures Foot & Ankle
HALL (B)	12:30-01:30

Chairmen	**Prof. Ahmed Kholeif** **Prof. Hani El Mowafi** **Prof. Nuno Corte-Real**

237	**12:30**	Current concepts in the treatment of Diabetic Foot Ulcer in Malaysia	
		Syed Abdul Latiff Alsagoff	**Malaysia**
238	**12:45**	Minor Amputation in Diabetic Foot	
		Ceasar Grey	**Philippine**
239	**01:00**	Necrotising Fasciitis in Diabetic Foot Infection	
		Syed Abdul Latiff Alsagoff	**Malaysia**
240	**01:15**	Charcot ankle and foot	
		Hani El Mowafi	**Egypt**
⇒	**01:30**	**Change break**	

THURSDAY, DECEMBER.13TH , 2018

Session 65	Lectures Hand & Wrist
HALL (C)	12:30-01:30

Chairmen	**Prof. Ashraf Moharram** **Prof. Mostafa Hegazy** **Prof. Moheb Moneim**

241	**12:30**	Outcome following scapholunate ligament repair	
		Moheb Moneim	**USA**
242	**12:45**	Scapholunate instability	
		Vikas Gupta	**India**
243	**01:00**	Arthroscopic Scapho capitate fusion	
		Ashraf Moharram	**Egypt**
⇒	**01:15**	**Discussion**	
⇒	**01:30**	**Change Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 66	Symposium
	E V A
HALL (D)	12:30-01:30

Chairmen	**Prof. Adel El Adawy** **Prof. Alaa EL Zohairy** **Prof. Gamal Hosny** **Prof. Hani El Mowafi**	
	12:30	Medical management of osteoarthritis, what is new? **Adel Mahmoud** **Egypt**
	12:50	Vitamin D: The Truth or The Myth **Gamal Hosny** **Egypt**
⇒	**01:20**	**Discussion**

THURSDAY, DECEMBER.13TH , 2018

Session 67	IFPOS –EOA Pediatric Symposium	
HALL (A)	01:30-02:30	
Chairmen	**Prof. Ashok Johari** **Prof. Gamal El Adl** **Prof. Mahmoud El Rosasy**	
244	**01:30**	Congenital Posteromedial Bowing of Tibia – an enigma, a mystery **Ashok Johari** **UK**
245	**01:45**	Congenital pseudoarthrosis tibia **Mahmoud El Rosasy** **Egypt**
246	**02:00**	Proximal Focal Femoral Deficiency – Issues in management **Ashok Johari** **UK**
247	**02:15**	DDH in the 2nd decade **Ashok Johari** **UK**
⇒	**02:30**	**Lunch**

THURSDAY, DECEMBER.13TH , 2018

Session 68	Symposium
	Erb's Palsy
HALL (B)	01:30-02:30

Chairmen		**Prof. Abdelsalam Eid** **Prof. Hassaan El Noamany** **Prof. Mostafa Mahmoud**	
248	**01:30**	Overview and preliminary management **Abdelhakim Massoud**	**Egypt**
249	**01:40**	Exploration and nerve repair **Ahmed Addosooki**	**Egypt**
250	**01:50**	Neurotization **Mostafa Mahmoud**	**Egypt**
251	**02:00**	Reconstruction of shoulder and elbow **Abdelsalam Eid**	**Egypt**
252	**02:10**	Reconstruction of hand function **Ahmed Naeem**	**Egypt**
253	**02:20**	Free tissue transfer **Amr Elsayed**	**Egypt**
⇒	**02:30**	**Lunch**	

THURSDAY, DECEMBER.13TH , 2018

Session 69	Lectures Hand & Wrist
HALL (C)	01:30-02:30

Chairmen	**Prof. Eissa Ragheb** **Prof. Ferdinando Da Rin De Lorenzo** **Prof. Tarek Abdelaziz**

254	**01:30**	Kienböck's disease. **Moheb Moneim**	**USA**
255	**01:45**	DRUJ instability **Vikas Gupta**	**India**
256	**02:00**	Arthroscopy for articular fracture **Ferdinando Da Rin De Lorenzo**	**Italy**
⇒	**02:15**	**Discussion**	
⇒	**02:30**	**Lunch**	

THURSDAY, DECEMBER.13TH , 2018

Session 70	Symposium
	UTOPIA
HALL (D)	01:30-02:30

Chairmen	**Prof. Adel Adawy** **Prof. Alaa El Zoheiry** **Prof. Hani El Mowafi**

	01:30	Think differently **Gamal Hosny**	**Egypt**
⇒	**02:15**	**Discussion**	
⇒	**02:30**	**Lunch**	

THURSDAY, DECEMBER.13TH , 2018

Session 71	Symposium
	HYGINT
HALL (D)	03:00-04:00

Chairmen	**Prof. Adel Adawy** **Prof. Alaa El-Zoheiry** **Prof. Gamal Hosny**

	03:00	New gate in management of osteoarthritis	
		Khamis El Deeb	**Egypt**
⇒	**03:45**	**Discussion**	
⇒	**04:00**	**Change Break**	

THURSDAY, DECEMBER.13TH , 2018

Session 72	Instructional Course Lecture Basics of IM Nailing	
HALL (1)	04:00-06:00	
Chairmen	**Prof. Alaa El-Zoheiry** **Prof. Osama Farouk** **Prof. Emad Saweeres**	
04:00	Biomechanics & Designs of IM Nails	
	Boyko Gueorguiev	**Switzerland**
04:15	Proximal femoral nail or DHS	
	Alaa El-Zoheiry	**Egypt**
04:30	Reduction Techniques & Instruments	
	El-Zaher Hassan	**Egypt**
04:45	To Ream or Not To Ream?	
	Emad Saweeres	**Egypt**
05:00	Interlocking options	
	Mahmoud Badran	**Egypt**
05:15	Tibial Nailing: Tips, Tricks & Controversies	
	Amr Azzam	**Egypt**
05:30	Femoral Nailing: Tips, Tricks & Controversies	
	Wael Samir	**Egypt**
05:45	Case Discussion	
	Sherif Khaled - Mahmoud Abdel Karim	**Egypt**
⇒ **06:00**	**End of the Day**	

THURSDAY, DECEMBER.13TH , 2018

Session 73	Instructional Course Lecture Foot & Ankle Trauma
HALL (2)	04:00-06:00

Chairmen	***Prof. Wagih Mousa*** ***Prof. Hani El Mowafi*** ***Prof. Ahmed Kholeif***
Moderator	**Dr. Amro Farouk** **Dr. Samer Ali**
	Committee **Ahmed Kholeif** **Ali Reda** **Osama El Shazly** **Ahmed El Hawary** **Mohamed Gomaa** **Yasser Roshdy** **Mohamed Mokhtar**

⇒ **06:00** **End of the Day**

THURSDAY, DECEMBER.13TH , 2018

Session 74	Specialty Day Acute Knee Injuries Diagnosis and Management	
HALL (3)	04:00-06:00	
Chairmen	**Prof. Adel Adawy** **Prof. Adel Anwar** **Prof. Hesham El Kady**	
Moderator	**Prof. Abdelsamie Halawa**	
04:00	Extensor mechanism injury	
	Mahmoud Abdelwahab	**Egypt**
	MCL and posterior medial corner	
	Hazem Farouk	**Egypt**
	LCL and posterior lateral corner	
	Ahmed Hany	**Egypt**
	Acute meniscal injuries	
	Walid Reda	**Egypt**
	Acute ACL injury	
	Abdelsamie Halawa	**Egypt**
	Acute PCL injury	
	Emad Zaid	**Egypt**
	Ligamentous bony avulsions	
	Hesham El Kady	**Egypt**
	Acute Dislocations	
	Faisal Elsharif	**Egypt**
⇒ **05:45**	**Discussion**	
⇒ **06:00**	**End of the Day**	

THURSDAY, DECEMBER.13TH , 2018

Session 75	Symposium
	Pediatric Orthopaedics
HALL (4)	04:00-06:00

Chairmen	**Prof. Khamis El Deeb** **Prof. Osama Hegazy** **Prof. Nabil Khalifa** **Prof. Abdelsabour Ghoniem** **Prof. Nabil Abdul Moneim**	
Moderator	**Prof. Gamal Hosny** **Prof. Osama Hegazy**	
	Overview of different indications of Osteotomies around the hip in children **Mohamed Osama Hegazy**	**Egypt**
	Hip osteotomies: How to stay out of trouble **Gamal Hosny**	**Egypt**
	The "Modified" Imhäuser osteotomy. **Tarek Hassan**	**Egypt**
	Proximal femoral osteotomies in Children: planning and execution **Khaled El Adwar**	**Egypt**
	Pelvic osteotomies in Perthe's Disease **Khamis El Deeb**	**Egypt**
⇒ **05:45**	**Case Discussion**	
⇒ **06:00**	**End of the Day**	

THURSDAY, DECEMBER.13TH , 2018

Session 76	Symposium Tumors Metastatic Bone Disease (MBD)	
HALL (5)	04:00-06:00	
Moderator	**Prof. Walid Ebeid**	
04:00	Diagnosis and staging of MBD	
	Walid Ebeid	**Egypt**
	Algorithm for treatment of pathological fractures in extremities	
	Adel Refaat	**Egypt**
	Algorithm for treatment of pathological fractures of vertebra	
	Mohamed Abdelwanis	**Egypt**
	Use of PET scan in staging MBD	
	Magdy Kotb	**Egypt**
	Case Discussion (Interactive session)	
	Adel Refaat **Ahmed Shahin** **Awad Elmalky** **Bahaa Zakaria** **Mahmoud Seddik** **Mohamed Abdelrahman** **Mohamed Thabet** **Mustafa Salah** **Sherif Ishak** **Walid Ebeid** **Wesam Abousenna**	**Egypt**
⇒ **06:00**	**End of the Day**	

THURSDAY, DECEMBER.13TH , 2018

Session 77	Symposium Upper Limb Peripheral Nerve Surgery Updates
HALL (6)	04:00-06:00

Moderator	**Prof. Amr Elsayed**	
04:00	Diagnosis and evaluation of a nerve lesion	
	Ramy Elnakeeb	**Egypt**
	Nerve repair, graft or conduit ?	
	Hassan Noaman	**Egypt**
	Rational and current trends of nerve transfer	
	Amr Elsayed	**Egypt**
	Tendon transfer (when, why and how).	
	Amr Foad	**Egypt**
	Entrapment neuropathies: pathophysiology and diagnosis.	
	Amr Mostafa Aly	**Egypt**
	Nerve entrapments around the elbow.	
	Ahmad Adosooky	**Egypt**
	Nerve entrapments around the wrist.	
	Abdel Hakim Abdullah	**Egypt**
⇒ **06:00**	**End of the Day**	

THURSDAY, DECEMBER.13TH , 2018

Session 78	Symposium
	Arthroplasty
HALL (7)	04:00-06:00

Chairmen	**Prof. Elsayed Morsi** **Prof. Mahmoud Hafez** **Prof. Timour El Husseini**		
	04:00	THR in difficult cases, planning and management	
		Elsayed Morsi	**Egypt**
		Uni-condylat knee replacement	
		Ibrahim El Ganzoury	**Egypt**
		TKR in sever varus or valgus knee	
		Mahmoud Hafez	**Egypt**
		Instability after revision THA: what have we learned	
		Ayman Ebeid	**Egypt**
		THR for the bride	
		Timour El Husseini	**Egypt**
		cases for discussion	
		Sameh Marie	**Egypt**
⇒	**06:00**	**End of the Day**	

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ABSTRACTS

001
SCORE OR NOT TO SCORE FOR TOTAL KNEE ARTHROPLASTY

MOHAMED KHAIRI ELGAMAL
EGYPT

002
CAN UKA BE CONVERTED TO TKA USING PRIMARY IMPLANTS?

AHMED KHALIFA, ARUN MULLAJI.
EGYPT

Introduction:
Unicompartmental knee arthroplasty (UKA) is advertised as a more conservative, bone- and tissue-sparing procedure than total knee arthroplasty (TKA). Loosening, progression of disease, wear, and instability are the main reasons of UKA failure. Revision of UKA to TKA is generally a simpler procedure than revision of TKA to TKA and can be accomplished with primary TKA components in most cases, but conflicting results regarding surgical complexity is present in the literature.
Aim:
To evaluate the need for revision component in a small case series of UKA converted to TKA.
Patient and Methods:
10 patients, mean age was 61 years, revision was done due to loosening in 5 cases, varus collapse of the tibial component in 3, progression of OA in 2, 1 case of peri-prosthetic fracture, malalignment of the components in 2. Radiographic assessment of the overall limb anatomical and mechanical alignment and each component alignment was done. Bony defects on both sides was classified according to AORI classification system. Implant data were collected.
Results:
All cases were revised using PS implants, primary femoral component without augmentation or stems was used in all cases, Augments on the tibial side were used in 6 knees, Stem was used in 8 cases on the tibial side, all were cemented, no cones or sleeves were used. defects were F1 in all knees, T2A in 7 cases and T1 in 3 cases, anatomical TF angle improved from a mean of 176.7 to 185.5 (p: 0.0007), HKA improved from 169.8 to 178 (p: 0.0003), MPTA improved 80.3 to 89.7 (p: 0.002)
Conclusion:
We believe that revising UKA into TKA can be done using primary implants, more constraint component still should be accessible, revision of the tibial side is more demanding.

003
HIGH TIBIAL OPENING-WEDGE OSTEOTOMY FOR TREATMENT OF OSTEOARTHRITIS OF THE KNEE: EARLY RESULTS

KHALED EL HOUT
EGYPT

Abstract::
Background: Medial opening wedge high tibial osteotomy (MOWHTO) is an established procedure in the treatment of patients with medial compartmental osteoarthritis (O.A.), its advantages includes preservation of the joint and the induction of biological remodeling with reduced synovitis, and local osteosclerosis and repair of articular cartilage. It not only improves knee function but also allows for the healing of articular cartilage. MOWHTO is easier to perform, corrects the deformity close to its origin, provides more predictable corrections and better preservation of the bone stock, and avoids injuries to the peroneal nerve and proximal tibiofibular joint than lateral closing wedge techniques.
Patients & methods: Patients included in this study were 30 patients (30 knees). Patient's follow- up from 12 to 36 months. These patients mean age was 47 years, ranging from 36 to 59 years, with symptomatic osteoarthritis knee of the medial compartment, and genu varum. They treated with an oblique medial opening wedge high tibial osteotomy and fixation by using a T-buttress plate.
Result: The mean correction angle was 9.6 degrees. Full weight-bearing was achieved after an average of ten weeks (range: 8-12 weeks).The mean preoprative oxford knee score (OKS) was 20; while the mean postoprative oxford knee score (OKS) was 37.
Conclusion: Using a T-buttress plate fixation with MOWHTO provide satisfactory union rates, acceptable complication rates, and a successful option in treating unicompartmental O.A.. Achieving successful outcomes requires proper patient selection, effective planning, meticulous surgical techniques, and good rehabilitative programs.

Details (Optional)::
Keywords: Medial opening wedge, High tibial osteotomy, medial unicompartment osteoarthritis knee.

004

BIPLANAR OPEN-WEDGE HIGH TIBIAL OSTEOTOMY WITH LOCKING PLATE FOR TREATMENT OF OA VARUS KNEE.

MOHAMED A ABDEL AAL
EGYPT

Abstract:
Aim: To introduce and characterize the modified biplanar opening high tibial osteotomy with rigid fixation to treat unicompartmental knee arthritis with varus deformity in active lifestyle patients.
Patients and Method: 48 patients (19 females) with monocompartmental gonarthrosis of the knee combined with varus malalignment, 41 with bilateral affection and 7 cases with unilateral gonarthritis (total 89 knees). Mean age 53 years (range, 42 to 61 years). They were treated and followed between June 2010 to May 2014 (35months).Biplanar opening high tibial osteotomy technique used and fixed by low profile locked T-plate (21 cases) and low profile anatomical proximal tibial plate(27cases). Pre-operative mean varus deformity was 16.5° (9°~19°). We utilized Lysholm score and Knee Society Score for evaluation of preoperative and follow-up data.
Results: The average correction angle was 11.50 ± 2.50°(7°~19°). Preoperative posterior tibial slope was8.04 ± 1.30°and at last follow-up 9.15 ± 1.60°, respectively ($p = 0.437$). The joint space distance increased from 4.05 ± 1.30mm 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 0f delayed union or non-union. No major complications like broken plate, nerve injury, or blood vessel injury occurred. No progression of degenerations developed in the three compartments of the knee at final follow-up. 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.
Conclusion: Biplanar opening high tibial osteotomy fixed with locking compression plate gives good results for symptomatic unicompartmental gonarthrosis with genu varum. Also this technique can be applied for medial compartment degeneration of the knee without deformity with good functional outcomes.

- Keywords: Osteotomy, biplanar, Varus, Osteoarthritis, Locked plate.

005

DEFORMITY CORRECTION BY USE OF NEW FEMORAL TARGETING DEVICE.

MOHAMED KHAIRI ELGAMAL
EGYPT

006

IS IT SAFE TO TREAT FEMORAL HEAD FRACTURE THROUGH SURGICAL HIP DISLOCATION?

AHMED A. KHALIFA, MOHAMMAD K. ABD-ELNASSER, OMAR A. EL-REFAI, OSAMA A. FAROUK
EGYPT

Introduction: Femoral head fractures are complex and rare injuries; surgery is indicated when incongruency and instability are present. Many surgical approaches have been described for treatment, with the disadvantage of limited exposure. 360-degree view of the head can be achieved through Surgical hip dislocation which facilitate reduction in selected head fractures.
Objective: We report on the 1- quality of fracture reduction, 2- clinical function at a minimum of 1year 3- frequency of complications especially avascular necrosis in a case series with treated with this approach.
Methods: we retrospectively reviewed 31 cases of fracture head femur treated through surgical hip dislocation in the period from 2011 to 2017 with a minimum follow up of 12 months (range 12:60) 4 cases were lost during follow up leaving 27 patients for study, the average age was 34 years (SD,8.3). 6 cases pipkin Ⅰ, 13 cases pipkin Ⅱ and 8 cases pipkin Ⅳ. Radiographic evaluation of reduction was done using the Matta's criteria, Harris hip score and modified Merle d'Aubigne hip score for clinical assessment.
Results: Anatomic Fracture reduction in 21 hips and satisfactory in 6. Mean HHS was 88 points (range 80:100), mean modified Merle d'Aubigne hip score was 15 (SD,1). 2 patients developed symptomatic hip arthritis. No femoral head AVN was reported. 2 patients had asymptomatic Brooker type 1 heterotopic bone formation.
Conclusions: Management of femoral head fractures through surgical hip dislocation is a surgically demanding but safe procedure with clinical results comparable to previous reports with nearly similar rate of complications.

007
CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE ARABIC TRANSLATION OF THE NON ARTHRITIC HIP SCORE (NAHS
MOHAMED ETMAN
EGYPT

Abstract::
Back ground: The Non Arthritic Hip Score (NAHS) is a simple, short and self-administered questionnaire. It has 20 questions divided into four domains: pain, function, mechanical symptoms and physical activity level(1). NAHS has been proved to be reliable and shows content, and construct validity, as well as being highly responsive to clinical change.
Patients and methods: A prospective study of 60 patients was performed between March 2016 and November 2017 with the aim of performing a transcultural adaptation and validation of the Arabic translation of the NAHS.
The original NAHS English was first translated into Arabic (version 0.1) then it was reviewed, followed by back-translation into English, which was followed by a Review of both the back and forward translations. Then Pretesting of the work (version 0.2) by a panel of 4 orthopaedic surgeons and applying the score to 30 patients to assure that the text could be understood.
Results: There were no major linguistic or grammatical issues observed in both versions. During the Pre-testing of version 0.2, no further complications or comprehension issues were revealed and thus it was upgraded to version 1.0.
Conclusion: Given the above mentioned results, a correct cross-cultural adaptation and Arabic validation has been proven, showing that the NAHS questionnaire can be used in Arabic-speaking countries.
Also, it has a high reliability, feasibility and a large sensitivity to change with significant internal consistency in patients with hip disability. This validation of the NAHS allows health care professionals to evaluate the results in patients in Arabic-speaking countries.

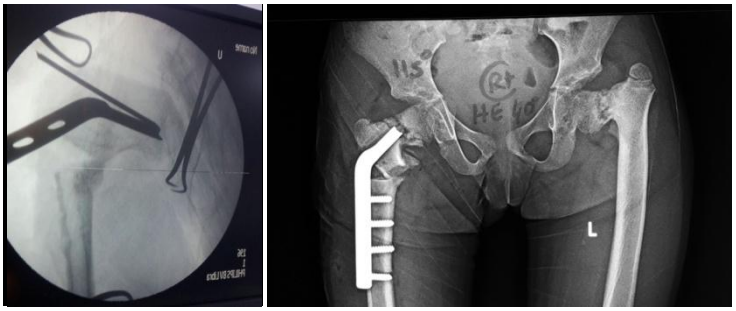
008
ACUTE AND GRADUAL CORRECTION OF ADOLESCENT TIBIA VARA; OBSTACLES AND OUTCOME
ABDEL-SALAM ABDEL-ALEEM AHMED
EGYPT

Abstract
Introduction: Adolescent tibia vara is usually characterized by combined marked genu varum, procurvatum, and internal tibial torsion. Corrective tibial osteotomy is the standard treatment protocol when no growth remains. This study the obstacles and the outcomes following acute and gradual corrections of these deformities.
Patients and Methods: The study included 29 patients with 43 tibias and a mean age of 16.7 years (range, 15 to 20 y). Eleven patients were females, and 20 were males. All patients underwent correction Ilizarov external fixator. Acute correction was done for 19 tibias in 17 patients (Group A) with up to 35° of angular deformity, and gradual correction and lengthening was done for 24 tibias in 12 with severe deformities (Group B). Femoral deformity was corrected in an earlier session in five patients. After analysis of the medial proximal tibial angle and posterior proximal tibial angle, the oblique plane deformity with the antero-lateral apex averaged 31.1° in Group A, and 67.4° in Group B.
Results: The mean follow-up period was 43 (Range 24-61) months. All cases were corrected with sound osteotomy union without secondary procedure or bone grafting. The mean External Fixation Period (EFP) was 17.14 weeks in Group A, and 42.85 weeks in Group B. The average lengthening was 1.75 cm in group A, and 6.27 cm in group B. Complications included delayed union (one case), superficial pin-tract infection (18 patients) and a broken Schanz screw (two cases). There was no neurovascular affection.
Conclusion:
Ilizarov fixator is a viable treatment option for adolescent tibia vara, with the ability of both acute and gradual correction. It is a versatile device with correction of different elements of the deformity. Bilateral cases had the opportunity of simultaneous limb lengthening.

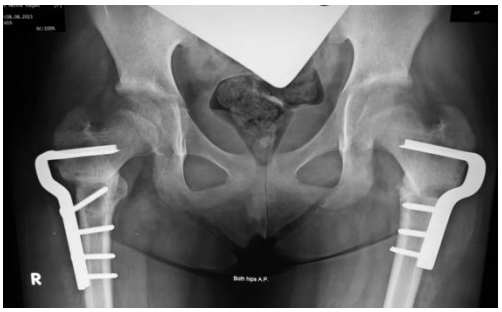
009
BURNING INFECTED NONUNION IN THE FIRE OF REGENERATION.
HATEM KOTB
EGYPT

010
PROXIMAL FEMORAL OSTEOTOMIES IN CHILDREN: PLANNING AND EXECUTION
KHALED EL ADWAR
EGYPT

Femoral osteotomies in children around the hip mostly include derotation, valgus, varus or a combination. Quantification of the deformity clinically or radiologically is crucial to achieve the precise correction.
Patients with a torsional problem mostly increased anteversion,, is either idiopathic or may be associated with hip dysplasia. All present with intoeing, squinting patellae or a gait with valgus stress on the knee. Anteversion is measured using trochanteric prominence test. An inter or subtrochanteric derotation osteotomy is performed using a 130o paediatric blade plate introduced at angle of 50o with the lateral femoral cortex. Two K wires (at the required angle) inserted on the anterior aspect of the femur are used to guide the needed correction. A varus or valgus osteotomy could be added to the derotation if needed.
In congenital (developmental) coxa vara a valgus intertrochanteric osteotomy is indicated if the Hilgenreiner epiphyseal angle exceeds 60o. This angle should be reduced to around 30o using a 130o blade plate introduced at a wide angle consistent with the desired degree of correction. The plate would then be sticking out laterally and when coapted with the femoral shaft the latter should be lateralized to maintain a correct mechanical axis.



Coxa valga in hip dysplasia is usually associated with increased femoral anteversion. In children younger than 6 years a varus osteotomy can take the neck-shaft angle down to 105o, as the proximal femur grows back into a valgus position. However, in older children and adolescents, this angle should not be reduced to less than 120o, to avoid Trendelenburg gait and to preserve a reasonable range of abduction. A 90o paediatric blade plate, with medial offset, is inserted at an acute angle, consistent with the required angle of correction. After fixation the femoral shaft is medialized to maintain a correct mechanical axis.



011
THE ROLE OF (LOCAL) ANTIBIOTICS IN OPEN FRACTURE
CHRISTIAN VAN DER WERKEN
NETHERLAND

012
NEGLECTED TIBIAL PLAFOND FRACTURES; IS ARTHRODESIS MANDATORY?
ABDEL-SALAM ABDEL-ALEEM AHMED
EGYPT

013
COMPARTMENT SYNDROME OF FOOT
CHRISTIAN VAN DER WERKEN
NETHERLAND

014
RECENT TREND IN MANAGEMENT OF SEVERE TYPE OF CEREBRAL PALSY.
AMR KHALIL
EGYPT

Abstract::
Recent Trend in management of severe type of Cerebral palsy. using adjuvant stem cell therapy as well as surgical correction of the present deformities .
Bone marrow was aspirated from the patent and send to a specific laboratory for separation of stem cells while doing surgical correction of the deformities then separated stem cells where injected to same patient through intra- thecal, intra-venous and sometimes intra- muscular rout in some cases .
The patient changing from a completely dependent to independent one
The trail was done on almost 900 patient since 2004 with success rate about 60% , this improvement varies between 50% – 80 % .

Details (Optional)::
THE TRIAL WAS DONE ALSO IM myasthenia gravis and muscle dystrophy

015
PEDICLED POSTERIOR TIBIAL ARTERY PERFORATOR FLAP FOR COVERAGE OF SOFT TISSUE DEFECTS OVER THE MEDIAL SIDE OF THE ANKLE.
MUHAMMAD QUOLQUELS
EGYPT

Introduction
We transferred a cutaneous flap from the medial side of leg based on a cutaneous perforator. This perforator emerges from the posterior tibial artery about 5 cm above the medial malleolus This perforator is the lowermost one of a series of three perforators located along a vertical line 1 cm behind the medial subcutaneous border of the tibia.
Patients and Methods
This study included 19 patients .Average age of patients was 31 years old. Soft tissue defect ranged in size between 5 cm X 7 cm as the smallest defect and 8 cm X 12 cm as the largest one. In 5 patients , the raw area was debrided thoroughly with immediate flap coverage. After locating the site of the perforator using hand held vascular Doppler. Dissection started proximally through the skin , subcutaneous fat and the deep fascia and it was continued deep to the fascia until the perforator was encountered and protected.
Results
Average follow up of the patients was 38 months. All patients were pain free and the flap healed well in all of them. No infection was observed in any patients. Two female patients were unhappy about the aesthetic appearance and bulkiness of the flap but they refused debulking peocedure for the flap
Conclusions
Pedicled flap based on the lowermost perforator of the posterior tibial artery is a relatively easy and safe procedure

016
OUTCOME OF ANEURYSMAL BONE CYSTS TREATED BY EXTENDED CURETTAGE, CRYOSURGERY AND BONE GRAFTING

OSMAN ABD ELLAH
EGYPT

ABSTRACT
Background:
Aneurysmal bone cyst has a variable radiological appearance and should be considered in the differential diagnosis of any uni-locular or multi-locular radiolucent lesion. No role for conservative management as it is a surgical problem. ABC in the extremities can be managed by curettage and different kind of bone grafts. Recurrence rate is high especially in a young age with open growth plates. The use of liquid nitrogen as an adjuvant measure after extended curettage decrease tumor recurrence rate.
Patients and Methods:
A case series of 25 patients with aneurismal bone cyst involving different anatomic locations in the skeleton who evaluated and staged according to Enneking et al. system as 20 active benign and 5 aggressive benign lesions. Extended curettage was achieved in all the patients followed by application of liquid nitrogen for 2 cycles and lastly reconstruction of the cavity by bone graft. The mean age at surgery was 14. 7 years at operation (3 – 35 years). The average follow-up was 48 months (24-72 months).
Results
The Musculoskeletal tumor Society (MTS) score described by Enneking et al. was used to assess functional outcome. Follow-up the functional score ranges from 70% to 94%, with an average of 86%. One case developed local recurrence and managed by second operation. 2 cases developed superficial post-operative wound infection and treated conservatively.
Conclusion
Extended curettage of aneurismal bone cyst with adjuvant cryotherapy had similar results to those of marginal resection and no major bony reconstruction was required. We recommend use of cryotherapy as adjuvant to the surgical treatment of aneurismal bone cysts. Combination with bone grafting achieved consolidation of the lesion in all our patients with no major complications.

017
POST TRAUMATIC AND POST TUMORS LOWER LIMB BONE RECONSTRUCTION

AMRO A FOUAD
EGYPT

018
SUTURE ANCHOR TECHNIQUE FOR BONY MALLET INJURY

AHMED WAHBA
EGYPT

ABSTRACT
Objectives: to evaluate the clinical outcome of Suture Anchor Technique for Bony Mallet Injury. Background: it is a finger deformity caused by disruption of the terminal extensor tendon distal to DIP joint, may be bony or tendinous. It is common in young to middle-aged males and older females. Mechanism of injury may be traumatic impaction blow or dorsal laceration. X-ray usually shows bony avulsion of distal phalanx. Treatment may be conservative or operative .the Patient was treated with the new suture anchor technique and after 6 weeks were started on physical therapy for 2 weeks.

019
RESULTS OF TREATMENT OF OPLIQUE AND SPIRAL FRACTURES OF METACARPALS AND HAND PHALANGES BY MINI LAG SCREWS

AHMED FOUAD SHAMS ELDEEN; YASSER SAAD ELDEEN HANNOUT; HOSSAM ELDEN AHMED ABODONIA
EGYPT

Abstract:
Introduction:
Hand fractures represent a considerable burden upon society in terms of medical costs and reduced workplace productivity. Optimal treatment for metacarpal and phalangeal fractures remains to be debated. In general they

can be treated conservatively or surgically with Kirschner wires, screws or plates.

Methods:
This study evaluated the range of motion, functional and radiological results after treatment of 35 oblique and spiral metacarpal and phalangeal fractures by open reduction and internal fixation using lag 2 mm screws. Twelve phalangeal and 23 metacarpal fractures were followed up for 31.47 (26 – 42) weeks. Gender distributed as four females and 26 males with Patients' mean age of 29.4 (17-54) years old. Seventeen patients were manual workers, four housewives, four students, four drivers and a lawyer. Time lag between the trauma and the surgical procedure was 3.6 (1-7) days.

Results:
Proximal phalanges revealed TAM score of 222 ± 11.35 (200-240) while middles of 195 ± 7.07 (190-200). Regarding Quick DASH score, metacarpals revealed 9.09 ± 2.93 (4.5-15.9), proximal phalanges 14.32 ± 5.03 (6.8-22.7) and middles 28.4 ± 1.56 (27.3-29.5). The mean period for radiologic union was 7.51 ± 1.22 (5-11) weeks.

Conclusion:
Using mini screws with lag technique is a suitable option for oblique and spiral hand fractures. However metacarpal fractures revealed better range of motion and hand function than phalangeal. Proximal phalangeal fractures also revealed better results than middles. Smoking, increased time lag before surgery and postoperative splint duration have a significant negative effect on outcome.

020
HAND REPLANTATION AT THE WRIST LEVEL

ASSER ABDELHAY SALLAM
EGYPT

Abstract: Hand amputation at wrist level is a debilitating injury. Beside a major psychological trauma, it has a dramatic influence on the patient's capability to perform most of the activities of daily living. Limb salvage by replantation should be always attempted by a multidisciplinary team including an orthopedic, plastic, and vascular surgeon as well as a well-trained hand therapist. Replantation has been defined by the American Society for Surgery of the Hand as "the surgical reattachment of a body part, most commonly a finger, hand or arm, that has been completely cut from a person's body". The main goal of replantation surgery is preservation of the patient's quality of life as much as possible. There are several steps in the replantation procedure including removal of the damaged tissues, bone shortening and fixation, and repair of the muscles, tendons, arteries, nerves and veins, followed by physiotherapy. Patients awareness and cooperation are essential during the
process of the functional and emotional recovery.
Therefore, this report reviewed the current literature related to the surgical technique, indications, contraindications and outcomes of hand replantation at wrist level to offer a guide to those who are involved in the management of theses complex cases.

021
EVALUATION OF FINGER PROXIMAL INTER-PHALANGEAL JOINT FUSION USING HERBERT SCREWS.

MUHAMMAD QUOLQUELA
EGYPT

022
REPLACEMENT ARTHROPLASTY IN SHOULDER FRACTURE DISLOCATION TECHNICAL RESTORATION OF ROTATOR CUFF FUNCTION

AMR ABDEL-MORDY ALI KANDEEL
EGYPT

Background: Over few decades, shoulder replacement arthroplasty has gained increasing popularity for the management of different pathologic conditions. On the other hand, there are increasing numbers of failed shoulder replacement arthroplasty especially in trauma patients. Largely, such failure is due to rotator cuff deficiency which in turn could be explained by either preoperative (degenerative), intraoperative (technical), or postoperative (biological & rehabilitation) causes. In the current work, part of experience of Orthopedic Department of Menoufia University in shoulder replacement arthroplasty is presented with especial notion of the detrimental effects of rotator cuff on success/failure of such replacement arthroplasty.

023
ARTHROSCOPIC ROTATOR CUFF REPAIR: TRANSOSSEOUS VERSUS ANCHOR TECHNIQUE

BAHAA EL DIN EL SERWI MD, AYMAN EBIED MD, AMRO SABER ELSAYED MD, MUSTAFA M MESRIGA MSC
EGYPT

Introduction
In the 1990, the transosseous suture technique was considered the gold standard of care, Transosseous sutures were used in open and mini open rotator cuff repairs. More recently, advances in surgical techniques and equipment allowed surgeons to perform arthroscopic rotator cuff repairs
Method
A prospective study in Menoufia University Hospital was performed for 30 shoulders with rotator cuff tear in patients undergoing arthroscopic cuff repair.
Repair was either with suture anchor single row repair or with the transosseous tunneler. Transosseuos repair was done by using orthocord suture.
Preoperative physical examination includes range of motion measurement (ROM), Anteroposterior and axillary view of the affected shoulder. And MRI of affected shoulder.

Result
The follow up ranged from 26 to 37 months with a mean of 25 months. All patients presented for follow up assessment.
Postoperative UCLA score showed that the range of scores was from 64.6 to 99 points, with a mean of 85.6 points. We found that 65% of the patients had excellent results, 15%, good, and 20% adequate

024
SUBSCAPULARIS TENDON TEAR IS MORE FREQUENT THAN PREVIOUSLY ESTIMATED.

AMRO SABER ELSAYED
EGYPT

Abstract::
Subscapularis tendon tear is more frequent than previously estimated. The worldwide use of arthroscopy in rotator cuff surgery has allowed recognizing the true prevalence of subscapularis tendon lesions. The purpose of this study was to evaluate subscapular tear by clinical examination and MRI scan. And to assess the clinical outcomes after arthroscopic repair with single-row mattress suture for subscapularis tendon tears.
Method
This study consisted of 20 shoulders that presented with subscapularis tear and had arthroscopic surgery between January 2014 and March 2016. The arthroscopic surgeries were performed by a single senior surgeon using all suture anchors in single-row mattress configuration between April 2014 and July 2017.
Preoperative physical examination includes range of motion measurement (ROM), the lift off, and the belly press, and the bear-hug test.
Preoperative radiology included: AP and Axial x-ray, and MRI of the affected shoulder. Pre-operative and Post-operative UCLA score was obtained for patients

Result
The follow up ranged from 26 to 37 months with a mean of 25 months. All patients presented for follow up assessment.
Postoperative UCLA score showed that the range of scores was from 64.6 to 99 points, with a mean of 85.6 points. We found that 65% of the patients had excellent results, 15%, good, and 20% adequate

025
HOW LONG SHOULD WE WAIT TO CREATE THE GOUTALLIER STAGE 2 FATTY INFILTRATIONS IN THE RABBIT SHOULDER FOR REPAIRABLE ROTATOR CUFF TEAR MODEL?

MOHAMED ATTIA
EGYPT

Abstract::
Background:
The incidence of supraspinatus tendon tear is common and affects most aged population. The loss of the

attached tendon to bone with unloading of tensile forces leads to tendon and muscle changes in physiology, structure and function. However, exact period of fatty infiltration, muscle atrophy and chronicity require further understanding with histological evidence. Using rabbit models, these changes can be investigated in a controlled manner.
Hypotheses: The chronic supraspinatus tendon tear pathology will be evident at four weeks from the initial tear time and shows as a grade 2 on Goutellair classification system.
Study Design: Controlled laboratory study.
Methods: Supraspinatus tendon tears were created for forty Male New Zealand White rabbits at their right shoulder (n= 8 for each group), Sham operation at the left side. Rabbits were divided after tendon detachment into five groups according to time factor (2w, 4w, 6w, 8w, and 12wks. Then, three specimens are harvested from central portion of supraspinatus muscle musclefor histological evaluationby both histological and Goutellair grading systems.
Results: after 4weeks, fatty infiltration within skeletal muscles was demonstrated using hematoxyline and eosin stains with fat cells are less than muscle consistent with grade 2 Goutellair classificationsin chronic rotator cuff tear patients , while at 8 week ; samples was shown grade 4 with advanced muscle atrophy .
Conclusion:At two and four weeks, both fat distribution in rabbit supraspinatus muscles and Goutellair grading scale are mostly appeared as a grade 2. Therefore, we can consider four weeks to be a suitable period for making a repairable rotator cuff tear in animal model, considering the early acute tissue reaction after the tendon tears.
Keywords: Rotator cuff tears, supraspinatus muscle, fatty infiltration, rabbit model.

026
RECONSTRUCTION OF ACROMIOCLAVICULAR JOINT USING HEMI-CONJOINT TENDON (NEW TECHNIQUE)

SAIED K. ABDEL-HAMEED
EGYPT

One of the most common injury in sport medicine. representingf 9% of sport injuries affecting the shoulder girdle.. It is more common in young males. with male to female ratio 10-1.
Commonly associate gleno-humeral injuries in SLAP lesions. Severity depends on the extent of ligamentous-soft tissue disruption. Rehabilitation is an important part of care for these patients with either conservative or operative intervension

027
PROSTHETIC REPLACEMENT IN MASSIVE PROXIMAL HUMERAL BONE LOSS

MOHAMED GALHOUM
UK

Abstract::
Background: Rate of total shoulder replacements has risen dramatically throughout the last decades subsequent to expanding indications and its leading outcomes in controlling pain, improving functions and life quality. Proximal humeral bone defects are considered one of the predominant difficulties in reconstructive surgeries which may be due to primary cause such as, (Post. tumour resection, post resection of osteomyelitis and highly comminuted fractures) or prior to failed previous shoulder replacement. Controversy has still existed regarding the ideal reconstructive procedure. In our centre we prospectively report the short-term outcomes proximal humeral reconstruction with modular endoprosthesis.
Methods: 23 shoulder reconstructions were performed for 21 patients in same centre by single surgeon (11 males and 10 females). The Indications for reconstruction showed great discrepancies, 10 patients presented with one of the aforementioned primary causes and 13 revised their primary prosthesis due to multi-failure factors. Prostheses were evaluated radiologically. The outcomes were assessed using DASH score, pain experience, limitations and patient satisfaction
Results: The mean follow-up period was 41.4 months with minimum of 6 months. Minor differences have been noticed in follow-up between preoperative and postoperative scoring because of complexity of the cases. The mean DASH score has improved from 78.5±15 to 66±19. Average of pain intensity decreased from 6±3.6 to 4.3±3. Patients' satisfaction found to be in average of 6±2. Major postoperative complications included dislocation in 6 patients which has been managed by linked prosthesis, deep infection, recurrent notching in one patient. Traumatic Periprosthetic fracture occurred in 2 patients. No radiological loosening detected throughout the follow-up.
Conclusion: Despite the complexity of patients, satisfactory results have been found for massive proximal humeral deficiency. Long term follow-up is required to assess survivorship of the prosthesis.

Details (Optional)::

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Conclusion: Despite the complexity of patients, satisfactory results have been found for massive proximal humeral deficiency. Long term follow-up is required to assess survivorship of the prosthesis.

028
FRACTURE DISLOCATION OF THE PROXIMAL HUMERUS WITH DIAPHYSEAL EXTENSION ASSOCIATED WITH WRIST DROP IN 57 YEARS OLD GENTLEMAN

MOHAMED SHALAAN
IRELAND

029
ASSESSMENT OF ACTIVE RANGE OF MOTION AFTER TENDON TRANSFER AROUND THE SHOULDER IN OBPP

AMRO A FOUAD
EGYPT

030
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ROLAND BECKER
GERMANY

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MAHMOUD HAFEZ
EGYPT

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ROLAND BECKER
GERMANY

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ABDELFATTAH SAOUD
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DOUGLASS ORR
USA

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FADY MICHAEL
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FIXATION OF PILON FRACTURE & COMMINUTED DISTAL TIBIAL FRACTURES WITH TRIANGULAR EXTERNAL FIXATOR

MOUSTAFA ISMAIL
EGYPT

Abstract::
Background
Treatment of Pilon fractures and comminuted distal tibia fractures represent a great challenge for surgeons. There are different methods of fixation with several complications including osteoarthritis and skin compromise.
Purpose
To evaluate the results of fixation of pilon fracture and comminuted distal tibia fractures using triangular external fixator.
Materials and Methods
It is a retrospective study of 20 adult patient with pilon fracture & comminuted distal tibial fractures admitted in orthopedics and traumatology department of Sohag university hospital who were treated by triangular external fixator. Patients with pathological fracture, pre-existing ankle arthritis, previous fracture around the ankle and prolonged use of steroids were excluded. Clinical and functional evaluation was done using Olerud and Molander ankle score and radiological evaluation was done at 6 weeks, 3 months and 6 months follow up.

Results
The average age was 39 (16 – 70) years old. 13 male patients and 7 females. 16 patients of them had pilon fractures & 4 of them had Extraarticular comminuted distal tibial fractures. 12 of them had simple fractures and 8 had compound fractures. The average time of healing was 3 months. 5 patients (25%) showed excellent results, 9 patients (45%) showed good results and 6 patients (30%) showed fair results.

Conclusion
Triangular external fixator is a good option in treatment of pilon and comminuted distal tibia fracture with good functional outcome and lower complication rate.

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LESS INVASIVE SURGERY IN MANAGEMENT OF INTRA-ARTICULAR CALCANEAL FRACTURES

MOHAMED ALAHMADY
EGYPT

Abstract
Intra-articular calcaneus fractures are commonly occured after high-energy trauma. Avariety of techniques exists for anatomic reduction and surgical fixation .The optimal management of displaced intra-articular calcaneus fractures is controversial and represents a topic of sustained interest and research for the past two decades .
Open reduction and internal fixation (ORIF) via an extensile L-shaped approach has gained many soft tissue complications.
These complications include deep and superficial infections and wound sloughs, which reportedly occur in 1.8% to 27% of patients. This high frequency of infection is likely attributed to thin soft-tissue envelope around the calcaneus especially the lateral wall, which is exposed for surgery .
Recently, less invasive surgical techniques for treating displaced intra-articular calcaneus fractures have been undertaken in an attempt to reduce complication rates and promising clinical and radiographic outcomes.These recent techniques include limited-incision sinus tarsi ORIF,percutaneous stabilization with pins and /or screws, and minimally invasive plate osteosynthesis (MIPO).
Objectives
The purpose of our study is to improve functional outcome in patients with intraarticular calcaneus fractures.
Methods
This study was done in Zagazig University Hospitals,Egypt on 24 patiens with displaced intraarticular calcaneal fractures including displaced Essex-Lopresti fractures, Sanders type II fractures, Sanders type III fractures in patients with multiple co morbidities.
Results & Discussion
Results
Collected data will be presented in tables and suitable graphs and analyzed by computer software (SPSS version 19) using appropriate statistical methods.
Discussion done on results compared to related relevant literatures and specific researches to explain the reasons for getting such results.
Conclusion
less invasive surgical techniques for treating displaced calcaneus fractures are very effective and smart procedurs

to reduce complications and improve recovery when surgery

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TREATMENT OF INTRA ARTICULAR DISTAL FEMORAL COMMITTED FRACTURES BY ILIZAROV

SAAD GABALLAH
EGYPT

Abstract::
Introduction: The treatment of distal femoral comminuted fractures is a major problem. The basic and important aim in treatment of these fractures is to assemble the condylar fragments and then fix the condyles to the femoral shaft by minimum handling of the bone and soft tissues. Our aim was to determine the clinical effectiveness and safety of Ilizarov external fixation for the treatment of comminuted intra-articular fractures of the distal femur
Methods: 30 patients (26 males and 4 females) with distal femoral comminuted fractures (14 type C2 and 16 type C3) were treated with Ilizarov fixator. 18 patients had open fractures(10 grade IIIA and 8 grade IIIA).The aim at the operation was to achieve adequate reduction of the articular surface either open or closed with or without minimal internal fixation then fix the articular segment to the shaft by Ilizarov frame. The age of the patients ranged from 18 to 65 years and the follow up period ranged from 24 to 51 months. The bone and functional results were evaluated according to ASAMI protocol.
Results: 26 patients had solid union, 2 patient had nonunion and 2 patients had refratures after union. Time to union ranged from 14 to 44 weeks. No fracture site infection was reported. The most disabling complication was stiff knee and the most common complication was pin tract infection.generally the bone results was superior to the functional results.
Discussion:The treatment of distal femoral comminuted fracture is difficult. In our study we found that Ilizarov is an excellant method of treatment espescially in open and/or comminuted fractures. The advantages of Ilizarov in these cases are minimal exposure and bleeding, early weight bearing, less infection, simultaneous correction of deformities and soft tissue care.
Conclusion: Ilizarov is an effective method for treatment of distal femoral comminuted fracture with acceptable rate of complications.

098
INCIDENCE AND RISK FACTORS FOR DVT AMONG PATIENTS WITH PELVIC, HIP AND FEMUR FRACTURE

MOHAMED SALEH AL-SAIFI
YEMEN

ABSTRACT:

Background: This study was prospectively designed to determine the incidence and risk factors of deep vein thrombosis (DVT) in patients with pelvic, hip and femur fracture admitted to the orthopedic and traumatology department in Althawra Modern General Hospital (TMGH)-Yemen.

Methods: From Jan 2015 to December 2017, 194 patients were admitted to the orthopedic and traumatology department and completed baseline measures (demographic characteristics, risk factors, site of fracture, associate injury, clinical signs of; and time of getting DVT, type of treatment) all estimated accordingly. Follow up during hospital stay through; time of operation and assessment of DVT clinically and by ultrasound post-operatively were completely done.

Result: Of the 194 patients in this study, DVT was confirmed in 38 (20%) patients based on ultrasonography findings, 18(47%) of them were clinically silent. Females, age group >60 years and patients with hip fracture have higher incidence with (31%, 27% and 22%) respectively. Delayed operation time, Obesity, multi trauma patients and conservative treatment were the significant risk factors for developing DVT (P = 0.018) with (38%, 31%, 33% and 41%) respectively.

Conclusion: This prospective study shows that the incidence of DVT among Yemeni patients with pelvic, hip and femur fractures is obviously high and risk factors can be categorized to four major (or main) groups according to percentage of DVT.

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FIBULAR GUIDED GROWTH SURGERY IN TREATMENT OF BLOUNT DISEASE

KHALED EMARA
EGYPT

Abstract::

Introduction Angular deformity in the lower extremities is one of the most common pediatric orthopedic issue to consider and manage properly. It usually results in gait disturbance, cosmetic deformity, pain, and early joint degeneration. Corrective osteotomy is the gold standard for angular deformity but is a major surgical intervention with significant morbidity. For these reasons, hemiepiphysiodesis is an attractive alternative in the growing child to allow guided growth surgeries to correct the angular deformity. With evolution of different methods of guided growth surgeries, stables, eight-plate and cannulated screws, a new technique added to improve the results of hemiepiphysiodesis which involve fibular guided growth surgery in treatment of blount disease.

Material and Methods 50 limbs have been involved in our retrospective study in 35 patients between 2011 to 2017 for management of blount angular deformity by using our technique which was managed by fibular guided growth in addition to lateral tibial epiphysiodesis to improve the results of angular deformity correction with measurement of medial proximal tibial angle (MPTA) and mechanical axis deviation (MAD) preoperative, and at 2 years follow up.

Results Mean age of patients involved in the study was 13 years old (range 11-15) and mean BMI was 34 kg/m2 (range 31-37). 42 limbs (84%) had completed normalization of their mechanical axis with average Follow up period of 20 months. 6 limbs showed undercorrection of the deformity throughout the final follow up where as 1 patient had been lost in the follow up with bilateral blount disease.

Conclusion Fibular guided growth surgery in addition to lateral proximal tibia epiphysiodesis improve the corrective power of hemiepyphysiodesis of posterolateral compartment of the knee with impressive results in blount disease cases.

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COMPARING THE USE OF SUTURES VERSUS STAPLES IN SKIN CLOSURE AFTER ORTHOPAEDIC SURGERY: SYSTEMATIC REVIEW AND META-ANALYSIS

MOHAMED A ABDEL AAL
EGYPT

Objective: To determine whether there still remains a significant advantage in the use of sutures to staples for orthopaedic skin closure in adult patients. Design: Systematic Review/ Meta-Analysis. Data sources: MEDLINE-OVID, EMBASE-OVID,CINAHL and Cochrane Library. Grey and unpublished literature was also explored by searching: International Clinical Trial Registry, Grey Matters BIOSIS Previews, Networked Digital Library of Theses and Dissertations, ClinicalTrials.gov, UK Clinical Trials Gateway, UK
Clinical Research Network Study Portfolio, Open Grey, Grey Literature Report, and Web of Science.
Selection criteria: Articles written in English and published after 2000 included. We included all randomised control trials and observational studies comparing adults (≥18 years) undergoing orthopaedic surgery and receiving either staples or sutures for skin closure. The outcome measures included the incidence of surgical site infection, closure time, inflammation, length of hospital stay, pain, abscess formation, skin necrosis, discharge, wound dehiscence, allergic reaction and health-related quality of life.
Results: 10 studies were included in our cumulative meta-analysis There was no significant difference in infection comparing sutures to staples. except for closure time, there was no significant difference in outcomes comparing sutures to staples.
Conclusions: Except for closure time, there was no significant difference in superficial infection and other outcomes measures comparing sutures to staples was found. We recommend considering the economic and logistic implications of using staples or sutures for skin closure.

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IS PARASPINAL APPROACH USEFUL FOR SURGICAL TREATMENT OF FAILED BACK SURGERY?
MAHMOUD M.HADHOUD
EGYPT

Failed back surgery following midline incision is frequently associated with adhesion, instability and nerve compression.so it is avery difficult and complex issue. Paraspinal approach enables pedicle screws fixation, canal and root decompression with less danger of dural tear and root injury. Eventually, this allows rapid rehabilitation.

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MAHMOUD M.HADHOUD
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Preservation of the paraspinal muscles is very important during spinal canal decompression with rapid rehabilitation and good long term results.
Doing midline incision and splitting of the spinous process longitudinally, retraction of the muscles attached to the bifid spinous process open a good route to reach the laminae , ligamentum flavum and facet joints. Adequate decompression can be done .At the end of the operation, suturing of the spinous process ,closure of soft tissue ,good results were obtained

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OUTCOME OF MANAGEMENT OF KIENBÖCK DISEASE BY LIMITED CARPAL FUSION

Bahaa Zakarya Mohammed Hasan MD. Ahmed Ali IbrahimWahba Salam M.B.B.Ch
EGYPT

ABSTRACT

Objectives: to evaluate the clinical and radiological outcome of kienböck's disease treatment by scaphocapitate fusion for in twenty patients.

Background:

Kienböck's disease remains a difficult entity to treat till understanding the etiology and natural history of the disease. Treatment will continue to be based on trails to decrease load across the lunate or revascularised it.

Methods:

This study was retrospectively performed on 20 patients with age 19-59 years. All of the patients presented with Kienböck disease grade II and IIIa and with no evidence of arthritis. They were treated with Scaphocapitate arthrodesis using the dorsal approach. The mean follow-up period was six months. Complications and adverse events were recorded.

Results:

The clinical results were classified on subjective base and were graded as excellent outcome in **six** patients (30 %), **good** in ten patients (50%) and fair in **four** patients (20 %).

Conclusion:

Scaphocapitate arthrodesis is a good procedure that mechanically decompresses the lunate and prevents progressive carpal instability with minimal complications.

Keywords: arthrodesis, Kienböck's disease, Scaphocapitate.

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DORSAL PERCUTANEOUS SCREW FIXATION OF DELAYED SCAPHOID FRACTURES AUGMENTED WITH BONE MARROW INJECTION

ESLAM ABD ELSHAFI TABL
EGYPT

Abstract

Background Management of delayed scaphoid fractures in physically demanding patients remain controversial ,this article discus simple treatment accelerate healing and allow early mobilization.

The purpose of the study was to evaluate results of percutaneous headless compression screw fixation with bone marrow injection in scaphoid delayed-union fractures and allow early mobilization of wrist to achieve early return to ADL.

Methods: Twenty patients (22 scaphoid) with scaphoid delayed-union fractures underwent percutaneous headless screw fixation with bone marrow injection from iliac bone. The inclusion criteria in this series were scaphoid fracture delayed-union with intact cartilaginous envelope, no sclerosis, no avascular necrosis.

Results: Mean follow up period 20.4 months (range from: 12 to 24) , average radiographic union was 7.8weeks (range 6–10 weeks) , average VAS score was 0.05 (range 0–1). Average wrist range of motion was flexion of 85° (range 75–90), extension 76.5° (range 70–85) , radial tilt 18.5° (range 15–20), ulnar tilt 42.5° (range 39–45) . Average grip strength was 95 % (85–100%).

Conclusion: Percutaneous technique fixation for scaphoid fractures is a reliable and less harmful method and help in early return to activity, dorsal approach allow proper screw positioning and allow use of hook to correct minimal displacement and gain best compression in fracture site .Refresh fracture ends by k-wire and bone marrow injection help to accelerate union with less invasive method. Best results of percutaneous technique in delayed union scaphoid fractures with intact cartilaginous envelope, no sclerosis, no avascular necrosis.

Keywords: Bone marrow injection; non-union; percutaneous fixation ; scaphoid fixation ,;scaphoid fractures.

LEVEL OF EVIDANCE: Therapeutic study, Level IV

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SCAPHOCAPITATE FUSION IN KIENBOOK DISEASE

AHMED WAHBA SALAM
EGYPT

Abstract::

Objectives: to evaluate the clinical and radiological outcome of Scaphocapitate fusion for Kienböck disease

treatment in twenty patients. Background: Until the etiology and natural history of the disease are understood, treatment will continue to be based on attempts to decrease load across the lunate or bring a blood supply to it. There is no single procedure that could be used to treat patients with Kienböck's disease. Methods: This study was performed on 20 patients with age 19-59 years. All of the patients presented with Kienböck disease grade II and III and with no evidence of arthritis were treated with Scaphocapitate arthrodesis using the dorsal approach. The mean follow-up period was 28 months. Complications and adverse events were also recorded. Results: Mean age of patients was 36 years. The clinical results were classified on subjective base and were graded as excellent in 6 patients (30 %), good in 10 patients (50%) and fair in 4 patients (20 %).The results of this study were comparable to the results of SC arthrodesis in other series in the literature. Conclusion: Scaphocapitate arthrodesis is a durable procedure that mechanically decompresses the lunate and prevents progressive carpal instability with minimal complications. Keywords: arthrodesis, Kienböck's disease, Scaphocapitate

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SCAPHOID EXCISION WITH LUNATOCAPITATE FUSION FOR THE TREATMENT OF SCAPHOID NONUNION ADVANCED COLLAPSE WRIST

ASHRAF ABDELAZIZ
EGYPT

Abstract::
Background: Scaphoid nonunion advanced collapse (SNAC) is a common cause of advanced degenerative osteoarthritis of the wrist. The affected wrist becomes symptomatic and eventually requires surgical treatment via lunatocapitate (LC) fusion, which fuses only the lunate and capitate.
Hypothesis: The aim of this study was to assess the results of patients undergoing LC arthrodesis for SNAC wrists and determine the effectiveness of this technique.
Patients and Methods: Fifteen men with painful SNAC stage III wrists (mean age, 32 years, range, 20–37 years; average follow-up time, 25.2 months, range, 20–36 months) underwent scaphoid excision and LC fusion at Alzhraa University Hospital. LC fusions were fixed with headless Herbert compression screws with or without K-wire fixation (antegrade direction). Radiographs, wrist range of motion, and Mayo Wrist Scores were recorded.
Results: All patients achieved radiographic and clinical union of the LC fusion during follow-up (average 10 months postoperatively). The flexion–extension arc was 70°. The average Mayo Wrist Score was 74.3 points, with eight excellent, four good, three satisfactory, and one poor results. Thirteen patients returned to work, whereas two with nonunion required surgical graft revision. Complete union was achieved at an average of 12 weeks after revision, with improved range of motion, and the patients returned to work with change in their jobs.
Conclusions: LC arthrodesis is a satisfactory therapeutic alternative to four-corner fusion for SNAC wrists with osteoarthritis.
Type of study: Therapeutic III.

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OUTCOME OF BONE DEFECT RECONSTRUCTION WITH LATERAL CLAVICLE TITANIUM PROSTHESIS AFTER COMMINUTED FRACTURE RESECTION : A CASE REPORT
Sherif M. Amr, Sahar A. Abdalbary and Khalid Abdelghany
EGYPT

Abstract

Rationale: Fractures of the clavicle are common in adults and represents about 4% of all fractures .
The clavicle contributes to the strength , coordinated scapulo humeral rhythm and overall range of motion of the shoulder girdle. With the great advanced diagnostic and therapeutic techniques , recently to reconstruct bony defect with materials to protect the subclavian vessels and brachial plexus , Restore the shape of shoulder and relieve the pain.
We have designed this titanium prosthesis for the lateral half of clavicle , We present a case of severe comminuted lateral half clavicle fracture treated with titanium prosthesis .
Methods: A 20-year-old girl was admitted to our hospital due to traffic accident , CT confirmed lateral haf comminuted fracture clavicle .
Prosthesis was designed and manufactured from titanium and Strength analysis of clavicle prosthesis fixation using finite element analysis with musculoskeletal force input was executed. We treated the patient with a novel prosthesis and postoperative rehabilitation care was continued till 6 months .

Results: Postoperative at the 6 months follow up CT showed good alignment of the prosthesis, VAS was 2 and DASH score 25.

Outcome: We recommend widespread use of our novel prosthesis for treating comminuted lateral half fracture .

Keywords: Lateral half clavicle titanium prosthesis, Finite element analysis, CT.
-The study was registered at clinical trials .gov(Nct033577678).

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ARTHROSCOPIC TRANSOSSEOUS SUTURE FIXATION OF PROXIMAL HUMERAL FRACTURES
Basim A. Fleega, Ahmad Abdel Aziz, Mo3taz El Deeb, Mahmoud Hafez, Mohamed Elassassy, Ahmad Rezk
GERMANY

Introduction: Arthroscopic techniques have proven to be advantageous in the treatment of greater tuberosity and lesser tuberosity fractures (suture bridging technique) and subcapital humeral fractures (arthroscopic nailing). A new one day surgery method of arthroscopic reduction and fixation of proximal humeral fracture using sutures will be presented. It's based on reduction of the bony fragments and fixation with temporary K-wires, fallowed by placing sutures through the fragments using a new developed penetrating suture wire technique and Giant Needle technique to fix the fragments together after removal of the K-wires. An immobilization period of 3 to 4 weeks follows, then exercises will start. Aim of the work: Describe the technique and evaluate the functional results in patients with acute posttraumatic two to four parts fracture of the proximal humerus.
Methods: Over a six-year period, a consecutive series of 33 patients with a specifically defined displaced fracture of the proximal part of the humerus underwent arthroscopic reduction and transosseous sutures fixation. All

fractures were fixed with arthroscopic transosseous, nonabsorbable, number-2 nonabsorbble sutures. Four patients were lost to follow-up and one died before the time of follow-up. 28 patients; 19 females (70%) and 9 males (30%) out of 33 treated with this technique between December 2011 and June 2017 were examined with an average follow up of two and a half years between 12 and 73 months, 20 of them with osteoporosis (62%), the average age was 60 years, between 24 and 90 years. There were 6 cases (21%) of greater tuberosity two parts fracture, 15 cases (54%) of displaced three parts fracture and 7 cases (25%) of 4 parts displaced proximal humerus fracture, three of them with head splitting displaced fracture and 4 with detected rotator cuff tear (14%) one with
2parts, one 3 parts and 2 four parts fracture were also repaired. The Giant Needle repair technique was used alone in 13 cases, the Penetrating Suture alone in 3 cases and a combination of both the penetrating suture and the giant Needle techniques were used in 12 cases. Follow-up radiographs were assessed for fracture consolidation, malunion, nonunion, heterotopic ossification, and signs of impingement, humeral head osteonecrosis, and degenerative osteoarthritis.
Results: according to Neer classification excellent results were present in all cases of the two parts fracture, 8 (53%) of the 3 parts and 2 (29%) of the 4 parts fracture, satisfactory results were in 7 of the 3 parts (47%) and 3 (42%) of the 4 parts (29%) while unsatisfactory results were present in 2 of the 4 parts (29%). No complications of AVN were present. All fractures, united within four months, no nonunion, no heterotopic ossifications and no osteoarthritis or avascular osteonecrosis was detected. Malunion was found in 2 of the 4 parts fracture cases and 3 cases of three parts fracture. Two patients had signs of impingement syndrome.
Conclusion: The clinical and radiographic result strongly encourage using the arthroscopic techniques to treat proximal humerus fractures without disturbing the blood supply as open technique irrespective to age or osteoporosis without complications of osteonecrosis or nonunion.

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ANATOMIC TOTAL SHOULDER REPLACEMENT USING HYBRID GLENOID: NO EVIDENCE OF GLENOID LOOSENING AT A MEAN FOLLOW-UP 3.7 YEAR

AHMED A ELSHEIKH
EGYPT

We report outcomes using a hybrid glenoid component in the anatomic TSA.

Glenoid component loosening is the most common cause of anatomic total shoulder arthroplasty (TSA), failure.

The Regenerex© hybrid glenoid component has a cementless porous-coated central peg and three cemented peripheral pegs. Between 2009 and 2016 30 shoulders in 28 patients (13:M and 15:F) received the comprehensive TSA with hybrid glenoid. 21 primary and 9 revisions for failed Copelands were performed. Underlying pathologies were 19 primary-OA, 3 secondary-OA, 3 posttraumatic and 2 rheumatoid arthritis. Mean age at surgery was 59±15 years (range: 23-79); mean follow up 3.72±1.79 years (range: 0.73-6.77). ROM and function scores OSS, CS, SF12v1, pain and limitation, were recorded pre- and post-operatively, together with postoperative satisfaction and radiological review.

No radiolucent lines, glenoid component loosening, or humeral stem loosening were identified at the final review. Three shoulders had rotator cuff failure (10%) and were revised; one had rupture of the subscapularis tendon (3.33%) which required repair.
Median Pain and limitation improved significantly, decreased from 8 to 2 out of 10 (P 0.001 and .002 respectively), the mean preoperative OSS was 15.38±10.26, doubled post-operatively to 31.85±15.14 (P0.005). Mean CS preoperatively was 23.86±13.120; this has increased to 58.22±22.01 (P <0.000), mean lateral elevation has also improved from 61°±28° to 107°±41° (P 0.034). While no statistical significance was appreciated in the mean forward flexion despite improving from 82°±33° to 121°±40° (P 0.17), nor SF12 PC which was 27.16±5.93 and improved to 36.2±13.79 (P 0.12). The mean postoperative satisfaction was 8±3 out of 10. No significant differences in outcomes were detected between primary and revision procedures or between the different pathologies.

These short-term results demonstrate the Regenerex© hybrid glenoid component to be reliable with few adverse events and significant improvements in shoulder function regardless of procedure or pathology.

Details (Optional)::
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SHORT TERM RESULTS FOR CUSTOM MADE GLENOID IN PATIENTS WITH WALCH TYPE B2/C GLENOID DEFECTS"

MOHAMED GALHOUM
UK

Abstract::
Background:
Reconstruction of massive glenoid deficiency (Walch type B2/C) is challenging. Numerous techniques have been described to address glenoid loss, however, the outcomes were unpredictable. Large glenoid defects (scapular vault) with excessive retroversion may cause inaccurate placement of baseplate which leads to early failure,

dislocation, scapular notching and further loss of glenoid bone stock (1). This prospective study reports the short-term results for Walch type B2/C glenoid deficiency reconstruction using custom made glenoid implants.
Patient and methods:
19 shoulders were operated in one centre by a single surgeon SPF with a mean glenoid version angle was 28.5±9 and average of scapular vault length was 17±3.3 mm.
Patients were divided into :
Group A: 4 patients received a custom Glenoid reversed baseplate combined with massive endo-prosthetic reconstruction.
Group B: 15 patients; 13 patients received a custom-made cementless reversed baseplate articulating with mini-stem humeral component and two had cemented, all polyethylene, custom glenoid with anatomic shoulder arthroplasty.
The mean follow-up was 18 months (range: 6-48 months).Implants were evaluated radiologically. Patient's pain, limitation and satisfaction were scored every 6 months. Group B were also assessed using the Oxford Shoulder and Constant scores.
Results:
No radiological loosening or glenoid displacement found throughout follow-up period except for one patient who sustained a trauma in early follow-up and decision was made to revise into hemiarthroplasty. Another patient had a trauma 1 year postoperatively and all fixation screws were broken, however complete osteo-integration between the baseplate and the glenoid has been identified by CT scan with no loosening or component displacement.
Conclusion:
Custom made glenoid resulted in improving functional outcomes, patient satisfaction and reducing pain in Walch type B2/C glenoid defects. Long-term results are required.

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SHOULDER JOINT INFECTION WITH NEGATIVE CULTURE RESULTS: CLINICAL CHARACTERISTICS AND TREATMENT OUTCOME

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Hee-Kyun Oh, Myung-Sun Kim*
EGYPT

Background
The incidence of septic arthritis of the shoulder joint is increasing as the population ages. The prevalence of the shoulder infection is also increasing due to the growing use of arthroscopy and expansion of procedures in the shoulder. Accurate diagnosis is required to get optimum treatment outcomes. However, cultures do not always identify of all microorganisms even in a symptomatic infection patients. The incidence of negative culture ranges from 0 to 25%. Few studies have reported the clinical features and treatment outcomes of culture-negative shoulder infections. Consequently, the aim of this study was to compare the clinical characteristics and treatment outcome of patients with culture-negative shoulder infections and those with positive culture results. Our hypothesis was that culture-negative infections would have less favorable outcome.
Methods
We retrospectively reviewed data from 36 patients with shoulder infection between June 2004 and March 2015, including 17 culture-negative and 19 culture-positive cases of shoulder infection. The minimum follow-up duration monitoring was 1.2 years (mean, 5 ± 3.8 years; range, 1.2 - 11 years). We assessed patient's pre-operative demographic characteristics, laboratory markers, imaging and functional scores, in addition to evaluation of both intraoperative and postoperative findings between the two groups.
Results
The culture negative patients, were 17 out of 36 (47.2%), showed lower WBC and CRP preoperative levels, and significantly lower number of repeated surgical debridement (Culture-negative/Culture-positive = 1.2 ± 0.4/2.4 ± 1.7) (p = 0.002) with no osteomyelitis. In multiple logistic regression, the bony destruction on plain radiograph [odds ratio (OR) = 9.686, 95% confidence interval (CI): 1.0-91.8] (p=0.04) and the number of surgical debridement (OR = 5.3, 95 % CI: 1.3-21.6) (p=0.02). There was no significant difference in age, gender, host conditions, initial diagnosis, preoperative symptoms, previous antibiotics treatment, other laboratory data, or functional scores between the two groups.
Conclusion
Culture-negative infection is less severe with no osteomyelitis and can be controlled better than culture-positive infection. Therefore, culture negativity is not necessarily a negative prognostic factor for shoulder joint infection.

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REVERSE POLARITY SHOULDER ARTHROPLASTY: TRAUMA AND ELECTIVE; PRIMARY AND REVISION

AHMED A ELSHEIKH

EGYPT

Reverse polarity shoulder replacement (RSTA) represents an established treatment for many shoulder conditions.
We report the outcomes of specific design in different pathologies and in primary/revision cases.
57 patients (20 men/37 women), were operated in Royal Liverpool University Hospital, UK. 54.1% had Primary osteoarthritis with rotator cuff insufficiency, 18.1% Rheumatoid arthritis with RC insufficiency, the rest were variety of trauma (acute/sequelae), RCA, osteonecrosis.
They were scored preoperatively using Oxford shoulder score (OSS), Constant score (CS), The SF-12v1 survey, VAS for pain, limitation level, and satisfaction level. Range of motion have been documented. All of them received The Reverse Shoulder System with inferior offset and 10° inferior tilt. Patients were followed up regularly and scored. Serial x-rays were analysed.

The Mean age was 67.3 years old, and mean follow-up was 45.98 (minimum 24 months). 52.5% were primary, while 47.5% were revision from previous surgery.

Paired data for each patient showed highly significant improvement in postoperative scores at the final follow ($P < 0.001$) in all parameters except the SF12 MCS. Median Postop pain was 4/10, limitation 5/10. Mean OSS, CS, Forward flexion, lateral elevation, SF(PCS) and SF(MCS) were 26, 45, 94°, 83°, 32, 52 respectively. Median post op satisfaction was 10/10. No significant difference in outcomes between males/females, primary/revision.
Baseplate positioning was optimum in 68.9%, no loosening happened, only 3.3% had non-progressive radiolucent lines, 4.9% had notching (grade1-2), 4.92% had hematoma that was surgically evacuated, and 2.63% had infection.
RSTA is a reliable treatment, with reproducible results in different groups.

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STEMLESS SHOULDER ARTHROPLASTY USING GLENOID PATIENT SPECIFIC INSTRUMENTATIONS, FUNCTIONAL OUTCOMES AND UNEXPECTED INTRAOPERATIVE INCIDENTS

MOHAMED GALHOUM
UK

Abstract::
Background: Stemless shoulder arthroplasty was first introduced in 2004 .The development of these prostheses allows restoration of the gleno-humeral centre of rotation without violation of the humeral shaft. Stemless prosthesis can be used to preserve humeral bone stock and to provide a solution for patients with proximal humeral deformities. Complications related to stem malalignment and periprosthetic fractures can be limited. Few studies have reviewed the outcomes of a stemless humeral replacement. This prospective study reports the intraoperative incidents and short-term outcomes for stemless humeral replacement.
Patient and methods: 52 patient consented for stemless shoulder arthroplasty operation; however, only 42 patients were available at final follow-up (26 anatomic, 15 reverse, and 1 hemiarthroplasty). All patients were operated in one centre by a single surgeon. Glenoid patient specific instrumentations have used for all patients. Patient's pain, stability, satisfaction, range of motion and Constant score are used for follow-up assessment 6, 12 months and then annually. Implants were evaluated radiologically.
Results: The mean follow-up was 16 months (range: 6-40 months). Pain intensity fell from 7.3 to 2.5±3. Stability improved from 2.6 to 0.6. Overall patients' satisfaction reached 73±28 out of 100. Constant score increased from 27 preoperatively to 54 at final follow-up. Improvement in range of motion was noticed in (forward flexion increased from 85 to 112 and Lateral elevation was 78 to 110) and arm strength reached 12 pounds postoperatively instead of 3 preoperatively. Intraoperatively, it was not possible to insert a stemless prosthesis in five cases as it was too difficult to release the soft tissue. Two patients' humeral components had completely displaced immediately postoperatively and both were revised into stemmed prosthesis. One patient had a glenoid component malposition and was revised. One patient had a fall 3 months postoperatively and fractured the proximal humerus and displaced the humeral component. One patient had postoperative instability. No loosening has
been detected on humeral or glenoid components.
Conclusion: Stemless total shoulder arthroplasty offers satisfactory results and improvement of functional outcomes. Alternative Planning for intraoperative conversion to a stemmed prosthesis is advised. Long-term follow-up is required.

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EARLY RESULTS OF NEW TECHNIQUE OF CALCANEUS FRACTURE TREATMENT USING TRANSARTICULAR KWIRES USING MINIMAL INVASIVE SINUS TARSI APPROACH

AYMAN ELTABAA
EGYPT

The calcaneus is the most commonly fractured tarsal bone, representing 60 percent of all tarsal fractures in adults. non operative management of these fractures is associated with inferior results than operative intervention with complications including arthritis, calcaneal broadening ,varus heel, peroneal impingment with usual need for later debulking, osteotomy and/or fusion . Standard open reduction and internal fixation although it can restore calcaneus shape, alignment and articular congruity yet it is associated with high rate of complications as well especially wound problems which are about 25% in some reports, sural neuritis, peroneal irritation by the prominent plate and screws with usually the need for later hardware removal. So ORIF has a long list of contraindications including Diabetes, Vascular insufficiency, Smokers, Severe swelling, Open fractures, Sanders type IV, Elderly, Neuropathic cases,Non-compliant patients, In-experienced surgeon. Percutaneous screws fixations have Fewer wound problems but C arm alone as the only intraoperative tool of judgment is deceiving so can't guarantee exact reduction, also using rafting screws should be subchondral to act as true rafting parallel to subtalar joint so entry should be from just post to posterior facet which is not practical and so posterior tuberosity screws are not perfect rafting. Our hypothesis is that sinus tarsi window plus c arm assisted reduction and fixation by transarticular kwires is a safe and effective method in displaced intraarticular fractures of the calcaneus

• Results3: 1 patients were included in our study. From august 2017 till august 2018. The time interval from trauma till surgey ranges from one day to 21 days. Preoperative ct is done for all cases and immediate postoperative x ray and ct and follow up ct at 12 weeks and 6 months.All the patients obtained complete union at the 12 weeks follow up. no loss of the first reduction occur in any patient, the ROM of the subtalar joint was normal at the 12 weeks follow up in 26 patients and near normal in 5 patients. Four cases have some degree of sudeks dystrophy with improvement on medical treatment. Two patients had infections one improved by debridment while the other lost follow up.

• Conclusion: The early follow up results are encouraging with no loss of reduction and maintaing ROM of the subtaar joint with avoidance of hardware and large incision complications.

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PRIMARY PLATING OVER AN IMN IN TREATING COMPLEX FEMUR FRACTURES

AMR ABOELFADLE
EGYPT

Introduction:

Multiply operated femur fracture represents a major challenge for the orthopedic surgeon, previously failed internal fixation, no-union with broken IMN and infected non-union are among these complex cases.

Mechanical stability deficiency as well as poor biological environment considered as a major concern when treating these complex cases.

Aim:

To retrospectively review our result of a small case series of complex femur fracture treated with a new technique of acute plating over an IMN

Patient and Methods:

8 patients 7 males and 1 female with a mean age of 48 yrs. (25:70) with previous multiply treated femur fracture, 4 cases with previous FAI, 1 case of a non-union with broken IMN,1 infected non-union, 2 cases of failed plated femur.

Results:

The previous surgeries average was 2 (range 1:4) all patients had Radiographic union at a mean of 4 months, bone graft was used in 4 cases, no metal failure was reported .

-Conclusion:

We believe that acute plating over an IMN may have a role in treating special situations of complex femur fracture

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OPEN UNSTABLE METAPHYSEO-DIAPHYSEAL FRACTURES OF THE TIBIA IN ADOLESCENTS: TREATMENT BY FLEXIBLE INTRAMEDULLARY NAILS AUGMENTED BY EXTERNAL FIXATOR

AHMED EL TANTAWY
EGYPT

Abstract:

Introduction The treatment of open and unstable metaphyseo-diaphyseal fractures of the tibia in adolescents is challenging. It is important to choose a fixation method that can maintain alignment, allow wound care and not violate the growth plate. The aim of this work was to evaluate the efficacy of using flexible intramedullary nails

(FIN) augmented by external fixator (EF) in the management of such fractures.
Patients and methods A total of 26 males, with a mean age of 14.08 years presented with open metaphyseo-diaphyseal tibial fractures. All cases were treated using FIN augmented by mono-lateral EF. The fractures were located at the upper third in 17 cases and at the lower third in nine cases. The fracture pattern was spiral in eight cases, oblique in seven and multi-fragmentary in 11. The results were evaluated according to the scoring system for femoral TENs.
Results All fractures united primarily after an average eight to 12 weeks with no evident angular deformity or limb-length discrepancy. None of the cases required cast immobilization or revision procedure. Twenty patients had excellent results, six patients showed good results and none had poor results.
Conclusions The use of FIN augmented by EF is a good alternative in the management of open metaphyseo-diaphyseal tibial fractures in adolescents. This fixation provides more stability, allows easy access to the wound and early patients' ambulation.

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EFFICACY OF MIPO TECHNIQUE FOR LOWER EXTREMITY FRACTURES

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IRAQ

Background: Submuscular and minimally invasive plate insertion is gaining popularity on the last decades. Reducing the need for large open approaches, interfragmentary fixation, and bone grafting. Furthermore Preserving fracture hematoma and periosteal vascularity, finally resulting in small, more cosmetic scars.
Locked plating is very popular with increasing indications: poor bone quality, fracture comminution and/or bone loss, short segment fixation.
Principles: Manipulation at a distance to fracture site, preserving soft tissues (Indirect reduction techniques).
Plate osteosynthesis is particularly advantageous in certain situations where an intramedullary nail may be contraindicated or technically not feasible.
Patients & Method: A Total of twenty four patients with 25 lower limbs fractures due to Motor Vehicle Accedant.Twenty two males and 2 females ,with age of 7-60 years (average =26.8)All had closed except one Castillo I leg bone fracture, Another two had Tscherne Grade II had been treated with MIPO technique.
Two separate incisions proximal and distal "away from fracture site". The plates were inserted in a retrograde or an antegrade manner depending on the presence or absence of butterfly or comminuted fragment to avoid it's jeopardize. Then the fractures were manipulated and anatomically aligned under image fluoroscopy intensification .Screws number were between 6-8 (locked and non-locked …accordingly).The patients were followed up for a periods of (1, 3, 6, 9, 12) months for radiographic callus formation. Full weight bearing started 12-14 weeks post operatively.
Conclusion: MIPO technique is an effective method of stabilization for closed tibial or femoral shaft fractures, yielding good bone alignment and protecting soft tissues, leading to higher union rates with good functional outcome.

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MIPO TECHNIQUE FOR TREATMENT OF PROXIMAL TIBIA FRACTURES, OUTCOME AND LONG TERM FOLLOW-UP

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YEMEN

ABSTRACT:
Background: Fractures of the proximal tibia are accompanied by a wide range of severity which may include stable undisplaced fractures with minimal soft tissue injury to highly comminuted unstable fractures, and severe soft tissue involvement. With the better understanding of fracture healing biology and biomechanics of fracture fixation and healing, the trend of treatment is towards biological fixation, which can be accomplished by Minimally Invasive Percutaneous Plating Osteosynthesis (MIPO) technique.

Methods: From Jan 2016 to Jun 2018, 28 patients were admitted with proximal tibia fracture. The fractures were assessed clinically and radiologically with AO classification. The surgeries included anterolateral approaches for all patients with "inverted hockey stick incision" and were treated with MIPO. A clinical and radiological follow up were carried out 6 – 8 weeks. Outcomes were evaluated based on modified Rasmussen clinical and radiological criteria.

Result: Out of the 28 patients treated, most of them were males and belonged to the age group of 20-40 years (82%), road traffic accident was the main cause of injury (89%), One patient each had infection, varus deformity and nonunion and tow have knee joint stiffness. 18 patients gave excellent result, 7 fractures healed with good

results. Only 2 of the patients showed fair results and 1 had poor result.

Conclusion: MIPO technique for treating proximal tibia fracture showed excellent results, with good outcome, fewer complications.

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OUTCOME OF MEMBRANE INDUCED TECHNIQUE IN TEATMENT OF CONGENITAL PSEUDOARTHROSIS TIBIA. SHORT TERM FOLLOW UP

MOHAMED ANTER
EGYPT

methodology
a prospective study was conducted in benha univ hospital, there were 5 patients, 3 rt side and 2 lt side, all patients were females.
all patients had previous surgical intervention as debridment and bone lengthening, grafting after resection of diseased peiosteum, but all failed to achieve solid bony union.
technique
two stage technique, ilizarov application resection of the diseased bone and periosteum,bone cement was inserted, wound closure in the 1st stage, the 2nd removal of the cement, isertion of contralateral fibulat strut graft non vascularised, iliac graft was inserted, wound closure.
results
bony union was achieved in 12to 36 weeks, short term follow up about 6 to 12 months no refracture or infection.

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COMBINED MEMBRANE INDUCED TECHNIQUE WITH FREE FIBULAR AND ILIAC GRAFT IN TREATMENT OF INFECTED NON UNION OF LONG BONES.

MOHAMED ANTER
EGYPT

A prospective study was conducted in between february 2013 and april 2016 in univerisity hospital, 45 patients were presented by infected non union of long bone,27 patients had infected non united fracture femur 18 patients were presented by infected non united fracture tibia, there were 40 males and 5 females, where there were 30 right side and 15 left side.
at time of examination there were 34 patients treated by open reduction and internal fixation, where there were 6 patients treated initially by uniplanner external fixator, while 5 patients were treated by cast.
Demographic and clinical data were obtained through history ,clinical examination and laboratory investigations, especially diabetes and chronic diseases.
Results:
90% of the patients had achieve bone union, 10% had active infection at the site of grafting we offer to change thetreatment protocol to conventional bone transport by ilizarov external fixator.
conclusion
membrane induced technique with free fibular and autogenous iliac graft fixed by ilizarov external fixator offer biological alternative intreatment of infected non union of long bone

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RESULTS OF DELTA FRAME EXTERNAL FIXATOR IN TREATING COMPLEX DISTAL TIBIAL FRACTURE CASES

GAMAL EL MASHAD
EGYPT

Distal tibial fractures pose a serious challenge to the surgeons because muscular coverage is very less and poorly vascularized. It is further complicated by comminution, joint involvement, open fractures and high energy trauma .The goals of management are proper care of the injured soft tissues, restoration of joint congruity, stable fixation .Ankle spanning external fixation ie Delta frame has become the initial treatment of choice for complex distal tibial fractures .The 'tripolar configuration' allows facilitation of wound care, plastic procedures and good xray or CT images .The Delta external fixator was found to be the most stable external fixator for treating unstable distal tibia fracture as type III according AO/OTA's classification .The IM nails often do not provide enough stability in distal tibial fractures and plating requires extensive soft tissue dissection External fixators can also be used in osteoporotic and unreconstructable comminuted metaphyseal fractures
with poor bone stock.we recommended the use of Delta frame in such this cases

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ULTRASONOGRAPHIC AXILLARY NERVE MAPPING: AN ALTERNATIVE COST-EFFECTIVE TOOL WITH IMPLICATIONS IN SURGERY

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UK

Aim: To identify the course of the axillary nerve and its distance from the shoulder joint. We also wanted to ensure this was a reproducible technique that could be taught to radiologists, radiographers and potentially surgeons as a pre-operative measure to avoid injury to the axillary nerve.
Method: Over 50 patients were recruited in this prospective study. Patients were randomly assigned to ultrasonographic studies of their shoulder by a radiologist with a specialist interest in musculoskeletal imaging. Patients were referred via their general practitioner and the orthopaedic department with symptoms suggestive of shoulder pathology. Exclusion criteria included patients over 60 years of age. Ultrasound scans were performed with identification of the axillary nerve and its course from the quadrangular space with measurements taken from the humeral head. Results were tabulated and the process was repeated.
Results: All patients recruited in the study underwent scans where the axillary nerve was identified in its course with the posterior circumflex humeral artery approximately 4cm from the humeral head.
Conclusion: We propose that ultrasonographic mapping of the axillary nerve is both cost-effective and can be performed with relative ease. This has major implications in surgery whereby the nerve is often at risk. Injury to this can cause devastating consequences to a patient's function. This study offers instructions and guidance in mapping the axillary nerve with the growing use of ultrasonography as an alternative to costly, time-consuming alternatives such as magnetic resonance imaging.

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NEW SURGICAL TREATMENT OF PROXIMAL FEMORAL DEFORMITIES IN PERTHE'S AND PERTHE'S LIKE CONDITION

ABDELKHALEK ALZALABANY
EGYPT

Abstract
Introduction :
The misshapen femoral head has been unsolved problem in Orthopedics leading to Pain, limp, limitation of motion, impengiment, acetabular dysplasia and arthritis.
Material and method :
Between January 2015 and January 2018 12 patients (3 female and 9 males, between the age of 8 and 19 years old, two patients was bilateral and 10 was unilateral). All Patients presented with abnormal gait due to proximal femoral deformities, and all of them underwent intraarticular femoral head osteotomies with relative femoral head lengthening and greater trochanter transfer with or without innomminate osteotomy osteotomieto to restore the nearly normal anatomical bony relationship and improve the biomechanics of the Proximal Femure and acetabulum.
Conclusion:
Intra-articular femoral head osteotomies is very challenging and difficult procedure, and need distinct indications, meticulous surgical technique, and qualified surgeons. Long term follow up is important to determine whether the early Excellent results will hold up and whether the natural history of the disease will be altered by this technique or not.

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THE USE OF INSULIN, SITE ENHANCEMENT OIL AND LIQUID INJECTABLE SILICONE IN A BODYBUILDER AND THEIR DANGEROUS EFFECTS.

Thayaparan AJ, Shalaby S, Sahu A, Zaman T
UK

A 29-year-old male had recurrent posterior shoulder dislocation of the shoulder . He suffered hypoglycaemic episodes secondary to exogenous insulin administration , to assist with his bodybuilding goals.
He developed osteoarthritis in his shoulder but continued with gym exercise with concomitant use of performance enhancers. Which include thyroxin and testosterone .

He had triceps tendon rupture. MRIrevealed multiple inflammatory regions within the triceps with associated collections and fibrosis.,He admitted using site enhancement oil (coconut oil)and silicone injections to improve the aesthetic and bulk appearance of muscles.
He was managed by a multidisciplinary team and underwent a tendon repair with allograft augment which aided his return to normal activities.
Insulin, site enhancement oils are now being used as performance and aesthetic enhancers with a growing trend amongst bodybuilders with a variety of dangerous consequences. Thisr may be the first case of tendon rupture .
On investigations , patient had abnormal liver function tests and hepatomegaly.
Multidisciplinary approach helped optimise his condition prior to his operation. Careful counselling was given to educate him regarding further risks.
Repeat tendon repair procedure with a tendinous graft and platelet-rich plasma injections simultaneously.
In body dysmorphia in bodybuilders (so called 'bigorexia') it is wise to consider a patient's mental health state and manage accordingly .
This case reveal the complex challenge posed to surgeons and their colleagues.

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RELIABILITY OF CLINICAL EXAMINATION AND MAGNETIC RESONANCE IMAGINING FINDINGS VERSUS ARTHROSCOPIC FINDINGS IN MENISCAL AND ANTERIOR CRUCIATE LIGAMENT ACUTE INJURIES.(OUR EXPERIENCE AT MISURATA CENTRAL HOSPITAL IN LIBYA)

MUAD BEN-SASI
LIBYAN

Abstract::
ABSTRACT
Background: The traumatic injuries of the knee requires certain investigations for the establishment of diagnosis, in addition to clinical history and a thorough physical examination.
The use of arthrography and arthroscopy improves the accuracy of the diagnosis. MRI scanning of the knee joint has often been egarded as the noninvasive alternative to diagnostic arthroscopy.
Aim: This study was established to compare the accuracy of the clinical examination and magnetic resonance imaging versus arthroscopic findings in acute knee injuries.
Patients and Methods: This is a prospective analytical study done from December 2016 to July 2017 in orthopedic department of Misurata central hospital for 42 patients who suffer from acute knee injury. Only patients who underwent an arthroscopy within 2 months following clinical examination (history, mode of trauma, McMuarry, anterior drawer and Lachmann's tests) and MRI. Arthroscopy was considered as gold stander for the diagnosis of knee injury.
The resulting population consisted of 42 patients, 32 (76.2 %) males and 10 (23.8 %) females.
Their ages ranged from 19 to 62 years, with a mean age of 31.9 years at the time of the arthroscopic surgery.
Results: The sensitivity, specificity, diagnostic accuracy of clinical examination were 84.6%, 75% and 80.95% respectively for Mc Murray test; 44.5%, 91.6% and 71.4% respectively for Anterior drawer test; 77.8%, 91.7% and 85.7% for Lachman test. The sensitivity, specificity, diagnostic accuracy of MRI were 91.7%, 80% and 95.2% for medial meniscal tear; 33.4%, 25% and 57.6% respectively for lateral meniscal tear; 90.1%, 90% and 95.3% for ACL tear.
Conclusion: the accuracy of predicting of acute knee injury depends on the level of the skilled orthopedics or trauma surgeons hand, MRI is accurate modality that can be used in uncertain indication for arthroscopy. The accuracy of clinical examination was relatively better in isolated knee injury.

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OPEN REDUCTION AND INTERNAL FIXATION OF PCL AVULSION FRACTURES USING HOOKED 1/3 TUBULAR PLATE

MOUSTAFA ISMAIL ELSAYED
EGYPT

Abstract
Purpose and hypothesis
To report clinical and functional outcomes following fixation of tibial avulsion fractures of posterior cruciate ligament (PCL) using hooked 1/3 tubular plate through a direct posterior approach.
Methods
This is a retrospective study of 10 patients with displaced PCL tibial avulsion fractures treated acutely by open reduction and internal fixation (ORIF) using spring plate. Hughston`s criteria and knee radiographs were used for

clinical assessment. Patients were assessed clinically at 2 weeks, and clinically and radiographically at 6 weeks, 3 months.
Results
According to Hughston's criteria, 9 patients (90%) showed good objective, 8 patients (80%) showed good subjective and 7 patients (70%) showed good functional results. Fair results were seen in 10% (one patient) objective, 20% (2 patients) subjective and 30% (3 patients) functional. There were no poor results.
Conclusions
This study supports that displaced avulsion fractures of the PCL should be treated with open reduction and stable internal fixation and introduce a stable and cheap method for fixation.

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MULTI-LIGAMENT INJURED KNEE: IS THERE STILL A ROLE FOR BICEPS FEMORIS RE-ROUTING?
AMR ABDEL-MORDY ALI KANDEEL
EGYPT

Background: One of the significant factors for satisfactory outcomes of multi-ligament knee reconstruction is sound restoration of anatomy and biomechanics of the postero-lateral corner of the knee. Effective postero-lateral reconstruction is challenging notably when allograft tissue bank is not available. Under such circumstances, literature reported several techniques of debatable outcomes especially of biceps femoris re-routing.
Hypothesis: Does biceps femoris re-routing yield satisfactory clinical outcomes?
Patients & Methods: Patients of injured postero-lateral corner of as part of multi-ligament injured knee were prospectively managed by two different techniques; Group-A patients were managed by biceps femoris re-routing; and Group-B patients were managed by Larson technique. Postoperative results were evaluated in terms of knee pain, range of motion and instability, functional activity, Lysholm score and return to work. Results: In both groups; there was a statistically significant improvement in knee pain, range of motion and stability, functional activity, Lysholm score and return to work. Inter-group comparison of clinical outcomes revealed statistically insignificant difference; however, positive provocative tests of postero-lateral corner were statistically-insignificant higher in group-A. Conclusion: The technique of biceps femoris re-routing for postero-lateral corner reconstruction as a part of multi-ligament knee reconstruction yielded satisfactory clinical outcomes
especially under the paucity of tendon graft.

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MENISCAL ROOT TEARS
HESHAM EL KADY
EGYPT

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CLOSED REDUCTION IN DEVELOPMENTAL DYSPLASIA OF THE HIP WITH PERCUTANEOUS ILIOPSOAS TENOTOMY AND ADDUCTOR TENOTOMY (PRELIMINARY STUDY)
MOHAMED H. FADEL
EGYPT

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COMBINED IMHAUSER-TYPE INTERTROCHANTERIC OSTEOTOMY PLUS OSTEOCHONDROPLASTY IN SLIPPED CAPITAL FEMORAL EPIPHYSIS THROUGH SURGICAL HIP DISLOCATION APPROACH
MOSTAFA BARAKA
EGYPT

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TREATMENT OF DEVELOPMENTAL COXA VARA BY THE DYNAMIC HIP SCREW
ABDELAZIM WAHSH
EGYPT

Introduction: Developmental coxa vara is a three- dimensional deformity of the proximal femur including varus in the coronal plane, retroversion in the transverse plane, anterior bowing or angulation in the sagittal plane, and shortening that appears when the child begins walking. There is usually associated elevated greater trochante andr positive Trendelenburg test. Different kinds of valgus osteotomy were used for correction of this deformity. Also different kinds of internal and external fixation were used. In this study we used the DHS in treating such cases.
Materials and Methods: Thirteen hips in 11 patients were treated in the period from 2001 to 2017. The average age was 10 years and the average follow up was 6 years. The averag Hilgenreiner-epiphyseal angel was 83 degrees and the average neck-shaft angel was 84 degrees. The average retroversion was 54 degrees and the average distance of elevation of the greater trochanter above the superior surface of acetabulum was six millimetrs(negative articulotrochanteric distance). In 10 hips we used the pediatric DHS and in three hips we used the adult size. In all the cases we started by fixing the DHS screw in the center of the neck followed by fixing the plate which is of angel of average 135 degrees then we made a transverse intertrochanteric osteotomy followed by removal of a small wedge about three millimters from the lateral part of the proximal femur to allow rotation of the proximal fragment. The desired correction is done by manipulating the DHS plate to reach the femoral shaft while internally rotating the distal femur to correct the retroversion then the desired correction achieved when the plate is fixed to the shaft of the femur. In this position the lateral surface of the proximal fragment becomes in contact with the superior surface of the distal one.
Results: All the osteotomies healed in an average nine weeks. The average post-op Hilgenreiner-epiphyseal angel was 34 degrees, the average neck-shaft angel was 137 degres. The articulotrochanteric distance imprved in all the hips to an average 11.5 millimeters(positive articulotrochanteric distance) and the retroversion improved in all the hips to an average 24 degrees. The average AIWA score improved from 74 to 97. One patient developed pull out of the lag screw and was revised and healed successfully.
Conclusion: This method can correct the three-diamensional deformity of developmental coxa vara successively with few complications.

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TREATMENT OF DEVELOPMENTAL DYSPLASIA OF THE HIP: SHORT AND MID-TERM OUTCOME IN ALNOOR SPECIALIZED HOSPITAL

MOHAMED SHALAAN
IRELAND

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OPEN REDUCTION IN SLIPPED CAPITAL FEMORAL EPIPHYSIS: HOW TO AVOID THE RISK OF OSTEONECROSIS

MOSTAFA BARAKA
EGYPT

Modified Dunn procedure; the open reduction of slipped capital femoral epiphysis theoretlly provide the best treatment option; reducing the deformity while protecting the blood supply of the femoral head. And compared to the distal realignment osteotomies, the procedure is capable of correcting the deformity without residual impingement. However, the rates of femoral head ostenecrosis have been variable in the literature, ranging between 0-66%. We hypothesized the state of physeal closure to have the greatest impact on the osteonecrosis rates. This variable has not been discuss in the literature. We present a series of 53 patients with SCFE and different stages of physeal closure. Slips with closed and partially closed physes had the highest rates of osteonecrosis. We recommend the modified Dunn procedure to be undertaken only in unstable slips and slips with an open physis

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AN UPDATE ON THE ROLE OF DEGA OSTEOTOMY IN DDH

KHALED EDRIS
EGYPT

Dega osteotomy is a versatile osteotomy with simple technique and short operative time.
With Dega osteotomy, we obtained normal or near normal radiological parameters.
Age has inverse relationship with the final results.
No statistically significant effect of different Tonnis grading , sex or affected side on the final results in this study.
We support the use of the Dega actabuloplasty in DDH patients between one and halve to five years.

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REVISION OF FAILED RECONSTRUCTION OF NEGLECTED DEVELOPMENTAL DYSPLASIA OF THE HIP: COMMON PITFALLS AND RESULTS

HAZEM EL TAYEBY
EGYPT

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THE ROLE OF NERVE TRANSFER IN LOWER EXTREMITY NERVE INJURIES

ASSER ABDELHAY SALLAM
EGYPT

Abstract: Neglected nerve injuries of the lower extremities have a great impact on the patients' gait pattern. The nerve-to-nerve transfers represent one of the greatest developments in nerve surgery, as they offer better treatment strategies for nerve injury where poor outcomes were expected due to high proximal injuries, long nerve gaps, or root avulsion. Nerve transfers has been well-described in the upper extremity. As the physiological and anatomic principles of reconstruction are similar for upper and lower extremities, they offer a new treatment approach for lower limb reanimation after either peripheral nerve or spinal cord injuries. As the innervation patterns of muscles and the internal topography of peripheral nerves are well-described, the concept of nerve transfers in the management of lower extremity nerve injuries is increasingly applied.
Thus, this article reviews the current nerve transfers in the lower extremity.

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TIBIALIS POSTERIOR TENDON TRANSFER FOR CORRECTION OF DROP-FOOT IN COMMON PERONEAL NERVE PALSY

ASHRAF ABDELAZIZ
EGYPT

Abstract::
Abstract
Background: Common peroneal nerve palsy has been reported to be the most frequent lower extremity palsy characterized by a supinated equinovarus foot deformity and foot drop. Dynamic tendon transposition represents the gold standard for surgical restoration of dorsiflexion. In this study the results of tibialis posterior tendon transfer for correction of drop-foot in common peroneal nerve palsy were reported, with fixation into an osseous tunnel in the lateral cuneiform.
Patients and Methods: During 2011-2014, tibialis posterior tendon transfer was performed at our department on 20 ankles in 20 patients with common peroneal nerve paralysis (20 men), median age 24 (9-45) years. All the patients had had a drop-foot for more than 1 year. All patients had a traumatic common peroneal nerve paralysis. All patients had complete preoperative dorsiflexion motor deficit, and electromyogram (EMG) The mean time of the operation was 2 years. In all cases the tibialis posterior tendon were grade 5, one patient (9y old) the exploration of the nerve was done and direct neurophy was done.
Results: The gait was assessed according to Hall (1977), 12 patients were extremely satisfied, six patients were satisfied and two patients were dissatisfied. The patients who were dissatisfied had ankle arthritis with pain that affected the result. No patients reported pain related to operative intervention. All patients had active dorsiflexion. Postoperatively All patients were able to walk without assistive devices. Ten patients (50%) were able to run, and ten patients (50%) were able to walk without assistive devices.
Conclusion: The results of this paper indicate that Posterior tibial tendon transfer for cases of drop foot showed good results and provide improved function.
Keywords: Common peroneal nerve, peroneal nerve palsy, Drop foot, Tibialis posterior tendon, Tendon transfer.

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SHORT TERM RESULTS OF PLATELET RICH PLASMA AND STEROID INJECTION IN TREATMENT OF CHRONIC PLANTER FASCIITIS, A COMPARATIVE STUDY.

MOUSTAFA ISMAIL ELSAYED
EGYPT

Abstract::

Background
Plantar fasciitis can be a difficult condition to treat. Results of platelet rich plasma (PRP) injection have been promising. Steroid injection has been routinely used with good results.
Purpose
To compare the short term results of steroid and PRP injections in treatment of chronic plantar fasciitis.
Materials and Methods
38 patients with chronic plantar fasciitis with failed conservative treatment were included. 20 patients received steroid injection and 18 received PRP. All patients were assessed by Visual Analogue Score (VAS) 2 weeks, one month and 3 months after injection.
Results
The starting average VAS were 8.6 for both groups. Both groups showed statistically significant improvement in all follow up visits. ($p<0.001$) The steroid group showed a significant lower VAS compared to PRP group in all visits. ($p<0.001$)
Conclusion
This study demonstrates that both steroid and PRP injection are highly effective in treatment of chronic plantar fasciitis but improvement in pain was more rapid with steroid injection.

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MINIMAL INVASIVE USE OF DISTRACTION HISTOGENESIS IN RELAPSED CLUB FOOT

MOHAMED FADEL
EGYPT

Introduction and aim of the work: Conventional surgical treatment of relapsed club foot deformities is not always successful or easy to apply. In this study we evaluate the use of the distraction histogenesis technique for management of relapsed club foot deformities. Methods: fifty three cases 2- 6 years old with relapsed club foot deformities with history of average 3 previous operations (range, 1-8 operations).This thesis based on 50 consecutive cases (61 feet), of average age 4 years and 3 months (range, 2- 6 years). We used preoperative assembly of the leg construct of the apparatus but ankle and foot construct was designed according to the condition of deformity. Twenty patients were discharged from the hospital the same day of the operation. Results: The range of operative time was 1 – 2.5 hours (average of 1.5 hours). Average time in the fixator was 18weeks (range, 10 weeks - 30 weeks). After fixator removal cast was applied for one month, followed by night splint and special shoes for their daily activities.The average follow-up period was 42 months (range,36 - 84 months) after fixator removal.The results were: good in 50 feet, fair in 7, bad in 4. Conclusion: Ilizarov Treatment is lengthy, difficult, fraught with complications, and a technically demanding procedure. However, we believe that Minimal invasive use of distraction histogenesis in relapsed club foot using Ilizarov external fixator in a closed management method in treating relapsed club foot deformities in the gray old age zone is an effective.

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CASTING UNDER GENERAL ANESTHESIA IN PONSETI TECHNIQUE

KHALED EMARA
EGYPT

Abstract::
Purpose: We assess the clinical outcomes and the number of casts required for correction using Ponseti manipulation technique in two groups. One was performed in the clinic and the second under mask anesthesia in the operation room (OR).
METHODS: Two groups with 25 children per each were treated using Ponseti manipulation technique and plaster casting and followed up a period of 1 year at least (range 12-30 months).
The Assessment parameters were clinical: Pirani score and Modified Hospital for Joint Disease Functional Rating System (MHJDFR System) before and 1 year after the treatment, and the number of casts required for cavovarus correction for each group before TA tenotomy.
RESULTS: The average number of casts applied for cavovarus correction was 3.9 for the case group and 7.9 for the control group. The difference was statistically significant. All cases required tendon achilles tenotomy for full correction. The average Pirani score before treatment was 5.5 for the case group and 6 for the control, and 1.5 for the case group and 2 for the control. The average score of MHJDFR System was 10 for cases and 11.25 for controls before the treatment, and 36.25 for the cases and 35 for the controls 1 year after.
CONCLUSION: Ponseti manipulation method and plaster casting under mask anesthesia was effective in reducing the number of casts needed to correct the cavovarus in comparison to those performed awake at the clinic.

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OUTCOME OF CONGENITAL VERTICAL TALUS AT SOBA UNIVERSITY HOSPITAL

SAMIR SHAHEEN
SUDAN

Abstract
Background: Congenital Vertical talus (CVT) is a rare abnormality; it can be idiopathic, part of multiple anomalies or part of a syndrome. Many systems were used to classify CVT and many protocols of management and systems for scoring the outcome of the treatment. **Materials and Methods:** Over ten year, 30 patients, 40 feet of congenital vertical talus were surgically treated at Soba University Hospital. Single stage three incisions technique was used. Preoperative and postoperative radiographic angles' measurements adopted from Abdel-Razzak & Vanderwilde et.al. Modified Walker's 32 points used to assess the outcome.
Results: There were 30 patients (40 feet), 19 males and 11 females; ages ranged 8 - 72 months (mean 30.4). Patients were grouped into two groups; group A from birth to 2 years (19 patients ***47.5%***), group B more than 2 years (21 patients ***52.5%***). Ten patients (33.3%) had idiopathic CVT and 20 patients (66.7%) had non-idiopathic of these 77.8% had arthrogryposis. Clinical and radiological outcome evaluation was performed after a mean follow up of 44.8 months. 23 feet (57.5%) had excellent outcome, 7 (17.5%) good, 3 (7.5%) fair and 7 (17.5%) poor. The mean functional score was 31.95 points and a statistically significant improvement was found in the measured radiological angles. Unsatisfactory results were associated with syndromic and secondary CVT and among those who presented at an age more than 2 years. One case of avascular necrosis of the talus was encountered in this study.
Conclusion: CVT is a rare abnormality. Early treatment is associated with better outcome and idiopathic type has better outcome too.

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FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (STONE MAN DISEASE): A CASE REPORT

AHMED GAMAL
EGYPT

Abstract::
Fibrodysplasia ossificans progressiva (FOP) is a very rare, and disabling genetic disorder characterized by the development of heterotopic ossification and big toe deformities. The main target is the axial musculature, but ectopic bone formation occurs in the ligaments, the fascia, the tendons and the joint capsules. Small soft tissue traumas and intramuscular injections can lead to flare ups . diagnosis mainly depends on clinical examination and radiological findings. There is no treatment for FOP, but preventive and conservative measures are important to enhance life quality of patient and prevent flare ups. We present an 8-year-old male patient who has osseous lumps and limb deformities and restricted movement since the age of 4 years. Diagnosis was based on clinical examination and radiological findings. The patient was the first case of FOP to be diagnosed in pediatric orthopedics unit in Tanta University.

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COMBINATION OF TAYLOR SPATIAL FRAME AND MALLEOPLASTY TECHNIQUE IN TREATMENT OF VARUS ANKLE DEFORMITY DUE TO TRAUMATIC PHYSEAL ARREST ODF DISTAL TIBIA.

MOHAMED ANTER
EGYPT

methodology
6 patients 4females and 2 males were presented by varus ankle deformity due to traumatic arrest of the distal tibia physeal growth.
the age of the patients range 4 to 9 years old.
technique
T.S.F was applied to correct the varus deformity of the distal tibia througth supra alleolar osteotmy.
whenthe distal tibia became in normal relation to the fibula, a second step of malleoplasty was performed through osteotomy of the anterior superior iliac spine with its long origin of sartous muscle, the osteomatised bone was implanted through medial approch and the tendon of the muscle was implanted into the talus as medial ligament.

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INTRAMEDULLARY NAILING COMPARED WITH SPICA CASTS FOR ISOLATED FEMORAL FRACTURES IN FOUR AND FIVE-YEAR-OLD CHILDREN

Ahmed H. Amin, Mohamed El-Sadek, Mohamed A. Sebai, Ibrahim Mehrez
EGYPT

Abstract
Purpose : to discuss the best method of management of femoral fractures in four and five year old children.
Methods: Acohort of 100 children with100 fractures (non-pathological;not involving condyles or cervicotrochanteric area; No associated injuries; and not open fractures) were prospectively examined (50 patients managed with spica casts and another 50patients managed with intramedullary nailing). Radiographic and clinical outcomes were compared between the groups. Statistical analysis of the results has been done.
Results: The mean follow-up was 12±4.3months,the mean hospital stay was 3.2±1.1days for IMN and 1±1 for spica cast, and the mean time to nail removal was 22.3±10.2weeks.The mean time to union was 45± 15 days in IMN and 55 ± 20 days in spica cast. Union was significantly correlated to age (p=0.000) and fracture shape (p=0.005), but not to the fracture level,nature,ormechanism.
Conclusion: IMN is a dependable, safe,and cost-effective alternative to traction and cast in four and five year old children.

Keywords: Femur fractures, intramedullary nailing four and five year children, elastic nail, spica cast.

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THE POWER OF REMODELING IN PEDIATRIC ORTHOPEDIC FRACTURES: WHEN TO OPERATE

HAZEM ELTAYEBY
EGYPT

Pediatric fractures should be dealt with in a different manner . The abuse of operative fixation might end with a catastrophe . This presentation deals with the rules of operative intervention and with examples of conservative treatment .

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COMMINUTED LONG BONE FRACTURES IN CHILDREN. COULD COMBINED FIXATION IMPROVE THE RESULTS?

Barakat El-Alfy, Ayman M. Ali and Sallam I. Fawzy
EGYPT

Comminuted diaphyseal fractures in the pediatric age group represent a major orthopedic problem. It is associated with a high incidence of complications and poor outcomes because of the instability and difficulty in treatment. The aim of this study was to evaluate the efficacy of combined external skeletal fixation and flexible intramedullary nails in reconstruction of comminuted diaphyseal fracture in skeletally immature patients. Combined external fixator and elastic stable intramedullary nails were used in the management of 27 pediatric patients (15 males and 12 females) with unstable comminuted diaphyseal fractures of the tibia and femur. There were 19 fractures of the femur and eight fractures of the tibia. The average age of the patients was 8.7 years (range 7–14 years) for the femur and 10.8 years (range 6–15 years) for the tibia. Fractures were classified according to the system of Winquist and Hansen as grade II (five cases), grade III (nine cases), and grade IV (13 cases). All cases were operated within 6 days (range 0–6 days) after injury. The mean follow-up period was 2.8 years (range 2–3.5 years). The average duration of the external fixation was 1.6 months for fractures of the tibia, whereas it was 1.4 months for fractures of the femur. The average time for tibia fracture union was 2.8 months for fractures of the tibia, whereas it was 1.9 months for fractures of the femur. Malalignment in varus less than 5° was noted in one patient. One patient had a limb-length discrepancy of 1.5 cms. There were five cases (18.5%) with pin-tract infection. According to the Association for the Study and Application of the Methods of Ilizarov evaluation system, bone results were excellent in 23 cases (85.2%), good in three cases (11.1%), and poor in one case (3.7%). Functional results were excellent in 22 (81.5%) cases and good in five (18.5%) cases. Combined use of external fixators and elastic intramedullary nails is a good method for the treatment
of comminuted long bone fractures in children.

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OSTEOSARCOPENIA: A NEW MUSCULOSKELETAL SYNDROME
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APPLICATIONS OF FINITE ELEMENT MODELING IN ORTHOPEDIC SURGERIES :REVIEW ARTICLE
Sherif M. Amr, Sahar A. Abdalbary and Mohamed Abdalgafar
EGYPT

Summary
In the past the finite element modelling has been developed as an effective tool for modelling and simulation of the normal biomechanics of bone.
Finite element modelling is a computational technique which can be used to solve the biomechanical bone problems based on theories of quantum mechanics.
This review presents the finite element modelling application in four areas of bone biomechanics:, analysis of stress and strain, determination of mechanical properties , fracture fixation design(implants & prosthesis) , and fracture load prediction.
Finite element modelling has Three stages to analyse the human bone:, pre-processor ,solution and the post process stage. In the pre-process stage CAD model is required to be generated. The geometry and material properties of bone scan acquired from Computed Tomography (CT). The geometry of fracture fixation (implant & prosthesis) is developed on CAD software.
Once the bone model is developed the mesh generation is carried out. The material properties of each model is assigned and finally the boundary conditions are applied .
The aim of our review is to provide a comprehensive details about the finite element modelling and it will help the researcher and orthopaedic surgeons for the better treatment of patients and future development of new Fixation and prosthesis designs.

Key Words: Finite element modelling, Biomechanics, Bone, Fixation & Prosthesis.

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FIBULAR NAIL
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LIMB SALVAGE FOR BONE MALIGNANCY 20+YEARS FOLLOW UP .
SAMIR KOTB
EGYPT

long term follow up is the only way to have a feed back directly from the patients ,it is not easy to have a patient for follow up after more than 20 years especially in cases of bone malignancy treated by limb salvage ,undergoing multiple operations ,suffering some complications and in many cases disappointed by the results .objective evaluation considering the oncological results as regards recurrence or other current complications in such difficult cases and surgeries as infection or skin coverage failure ,limb discrepency especially in lower limb ,defomities or prothetic failure can be assessed .the real problem is in the subjective evaluation especially as regards patient satisfaction and ability to perform function ,always after a long time the patient forget the nature of the disease as a malignancy ,but remember the the suffers of chemotherapy complications and the multiplicity of procedures with the assosciated complications .it was possible to call back 40 patients ,passing more than 20 years after limb salvage for bone malignancy ,full examination was done concentrating on the function and the

patient satisfaction after such a time ,the m odality of reconstruction,whether biological ,metallurgic or composite was not a significant element in the patient considerations as regards satisfaction ,the cost wise was not a factor because most patients were treated under the umberella of the health insurace or covered by the governemental organisations .limb discrepncy was the main cause of unsatisfaction

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MULTIMODALITY TREATMENT IN EXTREMITY EWING SARCOMA
MICHIEL VAN DE SANDE
NETHERLAND

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MANAGEMENT OF UNICAMERAL BONE CYST OF PROXIMAL FEMUR
BAHAA ZAKARYIA MOHAMMED HASAN
EGYPT

Abstract
Background
Unicameral bone cyst (UBC) in the proximal femur is a common benign lesion in skeletally immature patients who are very active and uncontrolled in weight bearing and various activities. UBC is painful only when complicated due to bone weakness. Our study was to compare two groups of patients with UBC in the proximal femur, group 1 without internal fixation but only external immobilization after open curettage, group 2 with internal fixation.
Methods
This was a retrospective comparative study which included analysis of 20 patients with UBC of proximal femur. Patients were divided into two groups. Group 1 involved 12 patients treated by external immobilization by spica cast or anti-rotation cast following curettage. Group 2 involved 8 patients treated with internal fixation following curettage or curopsy. Patients were followed up between 2007 and 2017 for at least one-year follow-up. The functional outcome was assessed by evaluating the Harris Hip Score (HHS) and recording any complications.
Results
Group 1 included 4 males (33.3%) and 8 females (66.7%) with a mean age of 8.6 years. Patients presented with pain, limping or both but none with a pathological fracture. All patients were treated with curettage and external immobilization in the form of hip spica or anti-rotation cast. The mean follow-up period was 2.8 years. The mean Harris Hip Score was 89.4 points. Postoperative complications occurred in 2 patients (16.7%).
Group 2 included 8 patients, 7 males (87.5%) and one female (12.5%) with a mean age of 6.5 years. Patients presented with pain, limping or both. Patients were treated with curettage (4 patients) or curopsy (4 patients), followed by internal fixation. The mean follow-up period was 1.8 years. The mean Harris Hip Score was 95 points. Postoperative complications occurred only in one patient (12.5%).
Conclusion
Internal fixation after curettage or curopsy is a safe and effective treatment for UBC of proximal femur with excellent functional outcome and low complication rate.
Level of Evidence
Level IV, retrospective case series.

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MANAGEMENT OF FIBROUS DYSPLASIA OF PROXIMAL FEMUR BY INTERNAL FIXATION WITHOUT GRAFTING: A RETROSPECTIVE STUDY OF 19 CASES
BAHAA ZAKARYIA MOHAMMED HASAN
EGYPT

Abstract
Background
Fibrous dysplasia is usually a painless lesion. However, in the proximal femur which is liable to a lot of stresses, minor fissures or fractures or deformities could happen and the patient manifests pain and limping. In this paper, we assessed if treating patients with fibrous dysplasia of proximal femur could be done by internal fixation with correction of the deformity, if present, without grafting is enough or not.
Methods
This was a retrospective study using patient's medical records including analysis of 19 patients with fibrous dysplasia of proximal femur who were treated by internal fixation only and followed up between 2000 and 2017 for at least 2 years. Epidemiological data, clinical manifestations, radiological and histological investigations, surgery, functional outcomes, complications were analyzed.
Results
There were 12 males (63.16%) and 7 females (36.84%) with a mean age of 20.74 years. Fibrous dysplasia was

monostotic in 18 patients and polyostotic in one patient. Two patients presented with pathological fractures, two patients with shepherd's crook deformity and other patients presented with hip pain and limping. The implants used for internal fixation were intramedullary nail in 4 patients, dynamic hip screw in 8 patients, cannulated screws in 4 patients, broad dynamic compression plate in 2 patients, and narrow DCPin one patient. Valgus osteotomy was done in 2 patients with shepherd's crook deformity. The mean follow-up period was 53.58 (range, 24 – 159) months. Four patients (21.05%) had postoperative complications. The mean Musculoskeletal Tumor Society (MSTS) score was 27.63 (range, 21 – 30) points.
Conclusion
Management of fibrous dysplasia of proximal femur with internal fixation without grafting has a good local controlandsatisfactory functional long-term outcome.
Level of Evidence
Level IV, retrospective case series.

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