

# 71<sup>th</sup>

## Annual International Congress of the Egyptian Orthopaedic Association

16-19, DECEMBER, 2019  
Intercontinental- City Stars Hotel,  
Cairo - Egypt



# PROGRAM

2019

***Dear EOA Congress participants,***

*It's our honour to welcome you to the 71th annual international congress of the Egyptian Orthopaedic Association held in Cairo from 16-19, December, 2019.*

*The EOA Congress, throughout its long and productive history, has been known worldwide as a rich, productive international gathering of the most renowned names in the world of orthopaedic surgery. Our gatherings are considered to be the most efficient and effective way to acquire knowledge, throughout the exchange of experience among the different Orthopaedic experts from all over the world . We truly hope you enjoy every moment of this event whether it's actual learning, teaching, or sharing of thoughts right from the inauguration till the closing ceremony on the last day.*

*We wish you all a wonderful stay in Cairo where the glory and history of ancient Egypt merge with the beauty and wonders of the modern state.*

*Looking forward to the start of the EOA Congress in your exceptional presence.*

***Sincerely***  
***Congress Board***

*Congress President  
& Head of Scientific Committee*



***Prof. Gamal A. Hosny***

*Congress General Secretary  
EOA & Congress Treasurer*



***Prof. Hani El Mowafi***

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<b>Prof. Talaat Ezz El-Din</b>	Member

## Egyptian Orthopaedic Association Previous Presidents

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Prof. Hussein K. Hassab	1972 - 1973
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Prof. Ahmus K. El-Hamamsy	1976 - 1977
Prof. Mansour Shawky	1978 - 1979
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Prof. Abdou Sallam	1982 - 1983
Prof. Amin Reda	1984 - 1985
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Prof. El-Sayed Wahb	1990 - 1991
Prof. Fawzy Moustafa	1991 - 1992
Prof. Wael Mansour	1992 - 1993
Prof. Abdel-Salam Goumaa	1993 - 1994
Prof. Galal Zaki	1994 - 1995
Prof. Hassan El-Zaher	1995 - 1997
Prof. Farouk Youssef	1997 - 1998
Prof. Raafat H. Badawi	1998 - 2001
Prof. Mamdouh Zaki	2001 - 2003
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Prof. M. Osama Hegazy	2006 - 2007
Prof. Hazem Abdel Azeem	2007 - 2008
Prof. Khamis El Deeb	2008 - 2009
Prof. Samir Zaki Kotb	2009 - 2010
Prof. Abdel Mohsen Arafa	2010 - 2011
Prof. Gamal Ahmed Hosny	2011 - 2013
Prof. Adel Adawy	2013 - 2015
Prof. Alaa El Zoheiry	2015 - 2016
Prof. Anis Shiha	2016 - 2019

## Scientific Committee

**Chairman:** Prof. Adel Adawy

Prof. Abdelfattah Saoud

Prof. Alaa El Zoheiry

Prof. Essam El Sherif

Prof. Osama Farouk

Prof. Shazly S. Mousa

Prof. Walid Ebeid

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≈ Prof. Mohamed A. Abdel Aal

≈ Dr. Ahmed El Sheikh

≈ Dr. Mohamed Abdel Aal Hussein

≈ Dr. Mohamed Abdel Kader

## **Partner International Societies**

➤ **EFORT**

➤ **IFPOS**

➤ **APOA**

➤ **Arab Board of Health Specialization**

➤ **World Spine Society**

➤ **EFAS**

➤ **AO International**

## INTERNATIONAL FACULTY

<i>Aarti Dewan</i>	<i>India</i>
<i>Andrew Wakefield</i>	<i>Usa</i>
<i>Antonio Dalmau</i>	<i>Spain</i>
<i>Atul Srivastava</i>	<i>India</i>
<i>Bahir Elias</i>	<i>France</i>
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<i>Wagih Moussa</i>	<i>Uk</i>
<i>Wolf Mutschler</i>	<i>Germany</i>
<i>Xiuzhi Ren</i>	<i>China</i>
<i>Yuki Funauchi</i>	<i>Japan</i>

## SOCIAL PROGRAM

**MONDAY 16/12/2019**

<b>06:00 pm</b>	<i>Cocktail Reception at the Congress Venue For Participants and Accompanying Guests.</i>
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**THURSDAY 19/12/2019**

<b>09:00 pm</b>	<i>Gala Dinner &amp; Official Closing Ceremony For Participants and Accompanying Guests.</i> الحفل الختامي للمؤتمر.
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**عفواً:** هذا البرنامج يشمل حاملي الدعوات فقط من المشتركين و مرافقيهم



## MONDAY 16/12/2019

- 06:00 Opening Ceremony & welcome words.

### *EOA Opening Speech*

- Lecture: *“Memorial of Prof. Mamdouh Zaki”*

*Prof. Ossama Hegazy (10 min)*

- Lecture: *“Memorial of Prof. Anis Shiha”*

*Prof. Gamal Hosny (10 min)*

- Lecture: *“Keynote Lecture.”*

*Prof. Bahir Elias (20 min)*

*Welcome Reception & Get Together Party*

# الجمعية العمومية

## جراحة العظام المصرية لجمعية

- تعقد الجمعية العمومية العادية لجمعية جراحة العظام المصرية في تمام الساعة ١٢ صباحا يوم الثلاثاء الموافق ٢٠١٩/١٢/١٧ في القاعة الرئيسية للمحاضرات.
- حسب القانون يكون الاجتماع قانونيا 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 ٢٠١٩.

### 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 (٢٠١٨ / ٢٠١٩).
- ٣- تقرير السيد أ.د أمين صندوق الجمعية للميزانية والحسابات الختامية وتقرير المراقب المالي عن العام المنتهي (٢٠١٨ / ٢٠١٩) والمتاحة بمقر الجمعية لمن يرغب الاطلاع عليها.
- ٤- عرض مشروع الموازنة التقديرية و خطة الجمعية للعام التالي (٢٠١٩ / ٢٠٢٠).
- ٥- تعيين مراقب حسابات وتحديد اتعابه لعام (٢٠١٩ / ٢٠٢٠).
- 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.

- برءاء الالءزام بارءءاء الباءء الءاء بالوءءمروءن ىسءء بءءول الووءءمروءن ؒىرالباءء.
- برءاء ءسلىم المءاضراء ءلى ؒلاشه لمسئول Data Show قبل موءء القاء المءاضرة بساءءىن وءن ىسءء باسءءءام الكمبىوءرالشءسى لعرض المءاضراء.
- ءلى الساءة المءاضرىن برءاء الالءزام بالوءء المءءء لكل مءاضرة وسوف ىءم ؒصل الصوء اءوماءىكىا مع نهاءة المءة الزمنىة المءءءه كما ىءء بءمىع الووءءمراء العالمىة.



**Monday,**  
**December, 16<sup>th</sup> 2019**  
**(Workshops)**

## Internal Fixation

**HALL (1) 10:00-03:00**

**Chairmen** Prof. Alaa El Zoheiry, Prof. Christian Van Der Werken

**10:00-12:00** Fractures Around Elbow

**12:30-03:00** Fractures Around Knee

**Panel:** Amr Azzam ; Mohamed Zaki ; Ashraf Abdel Aziz ; Mohamed Abdel Aal; Amr El-Batouty; Mohamed Abulsoud

## Arthroscopy Work Shops

**HALL (2) 10:00-04:00**

**10:00-12:00** Knee Arthroscopy

**Moderator** Prof. Adel Adawy

Pitfalls and tricks in ACI reconstruction

**Mohammed Rabie**

Portal and diagnostic arthroscopy

**Panel:**

**Sherif Menen**

Partial Meniscotomy

**Sayed Mahmoud**

Meniscal preservation

**Abdelsamie Halawa**

**12:30-02:00:** Shoulder Arthroscopy

**Moderator** Prof. Ahmed Abdel Samie

**02:30-04:00** Ankle Arthroscopy

**Moderator** Prof. Jesus Vila ; Prof. Hani El Mowafi ; Prof. Osama El Shazly

## Foot & Ankle Workshop

**HALL (3) 10:00 - 12:00**

**Moderator** Prof. Ahmed Kholief ; Prof. Wagih Moussa

## Application of External Fixation Pelvis Workshop

**HALL (3) 12:30-03:00**

**Moderator** Prof. Gamal Hosny ; Prof. Wagih Moussa

**Panel:** Hatem Kotb; Mohamed Abdel Aal; Ahmed El Sheikh; Mohamed Azmy; Osam Metwally; Mohamed Abdel Aal Hussein

## External Fixation Assisted Workshop

**HALL (4) 10:00-12:00**

**Moderator** Dr. Ahmed ElSheikh; Dr. Ibrahim Abou Omira  
Dr. Gamal El Mashad; Dr. Sameh El Safty

## Complicated Tibial Fractures Workshop

**HALL (4) 12:30-03:00**

**Moderator** Prof. Adel Khamis; Prof. Hatem Kotb;  
Prof. Hesham El Ashry; Prof. Mahmoud El Rosasy

**Panel:** Abdelsalam Abdel Aleem; Ashraf Atif

## Advanced Trauma Life Course

### Mini course- Hands on

**HALL (5) 09:00 - 12:35**

**Moderator** Prof. Mazen Samir Abulsaad; Prof. Adel Ali Hassan

09:00 – 09:15 Welcome and Introduction

09:15 –09: 45 “Bad” Initial Assessment Demonstration and Discussion

09: 45 - 10:15 “Good” Initial Assessment Demonstration and Discussion

10:15 –10:45 Break

10:45 –11:05 Shock

11:05–11:25 Systematic Approach for X-Ray Identifications of Spinal Injury

11:25 –11:40 Break and move to skill stations

11:40 –12:35 Hands on skill stations

## Poly Trauma Course

**HALL (5) 01:00-05:30**

**Moderator** Prof. Wolf Mutschler; Prof. Vera Pedersen;  
Prof. Evi Fleischhacker

**01:00- 03:00** Poly Trauma (Part 1)

**03:30- 05:30** Poly Trauma (Part 2)

## Ponseti Technique Workshop

**HALL (6) 10:00 - 12:00**

**Moderator** Prof. Khaled El Adwer

**Panel:** Prof. Khaled El Adwer; Prof. Hatem Kotb; Prof. Mostafa El Shrebini; Prof. Sherif Naseif; Prof. Abdelkhalik Elzlabany

## Pelvic Osteotomies in Children Workshop

**HALL (6) 12:30 - 03:00**

**Moderator** Prof. Khamis El Deeb; Prof. Ossama Hegazy

**Panel:** Prof. Khamis ElDeeb; Prof. Ossama Hegazy;  
Prof. Bahaa Kornah; Prof. Nabil Abdel Moniem

## Spine Workshop

**HALL (7) 10:00 - 03:00**

**Moderator** Prof. Abdel Fattah Saoud

1- Percutaneous Fixation of Dorsolumber Spine  
2- Posterior Cervical Fixation

**Panel** Prof Abdelfattah Saoud; Prof Ahmed Morsy; Prof Hany El Zahlawy

# Hand Workshop

**HALL (8) 10:00 - 12:00**

**Moderator** Prof. Amr El Sayed; Prof. Magdy Nabil;  
Prof. Muhammad Quolquela

**10:00 - 12:00**

**Flexor Tendon Repair**

# Orthopedic Review Course

**From TUESDAY, 17 To THURSDAY, 19**

**HALL**  
**(Dr. Mohamed Shawky)**

**09:00 - 05:00**

**09:00-05:00 TUESDAY, 17<sup>TH</sup>**


**09:00-05:00 WEDNESDAY, 18<sup>TH</sup>**

**09:00-05:00 THURSDAY, 19<sup>TH</sup>**





**SCIENTIFIC  
PROGRAM**



**Tuesday,**  
**December, 17<sup>th</sup> 2019**

<b>Session 1</b>		<b>Papers Infection</b>	
<b>HALL (A)</b> Prof. Anis Shiha		09:00-10:00	
<b>Chairmen</b>		<b>Prof. Abdel Azeem Wahsh; Prof. Mohamed Abdel-Aal ; Prof. Taher Abdel Sattar</b>	
<b>1</b>	<b>09:00</b>	One-Stage Surgery For Adult Chronic Osteomyelitis: Concomitant Use Of Antibiotic-Loaded Calcium Sulphate And Bone Marrow Aspirate	
		<b>Mohamed Safaa Arafa</b>	<b>Egypt</b>
<b>2</b>	<b>09:08</b>	Infected Tibial Nonunion: Is Radical Debridement Mandatory?	
		<b>Mohamed Anter</b>	<b>Egypt</b>
<b>3</b>	<b>09:16</b>	Propeller Flap For Traumatic Skin Necrosis Right Leg In Patient With Bilateral Chronic Cellulitis	
		<b>Mohamed Shaalan</b>	<b>Ireland</b>
<b>4</b>	<b>09:24</b>	Antibiotic Prophylaxis In The Management Of Open Fractures A Systematic Review And Current Recommendations	
		<b>Mohamed Abdel-Aal</b>	<b>Egypt</b>
<b>5</b>	<b>09:32</b>	Outcome of pin tract care protocol in Sudanese patient treated by ilizarov	
		<b>Mohamed Hamid Awadelsied</b>	<b>Sudan</b>
<b>6</b>	<b>09:40</b>	Fungal Mycetoma: A Case Report Of 'Madura Foot' In The Hand	
		<b>Shenouda Shalaby</b>	<b>UK</b>
<b>7</b>	<b>09:50</b>	Infected Nonunion Femur, Ilizarov Principles And FIAT (Fibula Ilizarov Assisted Technique)	
		<b>Mohamed Fadel</b>	<b>Egypt</b>
<b>P</b>	<b>10:00</b>	<b>Coffee Break</b>	

**Session 2****Papers  
Foot & Ankle****HALL (B)**Prof. Mahmoud  
Ezz El Din**09:00-10:00****Chairmen****Prof. Khaled Edris; Prof. Mohamed Eraky;  
Prof. Mohamed Shabana**

- |           |              |   |   |              |
|-----------|--------------|---|---|--------------|
| <b>8</b>  | <b>09:00</b> | Distal Metaphyseal Dorsal Closing Wedge In Freiberg Disease (Preliminary Study)   | <b>Ahmed Ramy Zakaria</b>                 | <b>Egypt</b> |
| <b>9</b>  | <b>09:07</b> | Lateral Column Lengthening Versus Medial Displacement Calcaneal Osteotomy In Stage II Tibialis Posterior Tendon Dysfunction                                   | <b>Amr Abo El Fadle El Sayed Mohammed</b> | <b>Egypt</b> |
| <b>10</b> | <b>09:14</b> | Hindfoot Arthrodesis Nailing Indications & Results In District General Hospital.  | <b>Mohammed Diab</b>                      | <b>Egypt</b> |
| <b>11</b> | <b>09:21</b> | What Is The Effective Technique For Syndesmotoc Stabilization Tight Rope Or Screw?  | <b>Elsayed Ibrahim Shaheen</b>            | <b>Egypt</b> |
| <b>12</b> | <b>09:28</b> | Joint Preserving Surgeries In Spasmodic Flat Feet In Adolescent   | <b>Amr Abo El Fadle El Sayed</b>          | <b>Egypt</b> |
| <b>13</b> | <b>09:35</b> | Surgical Treatment Of Stephens And Sanders Type II Calcanean Malunion By Romash Osteotomy And Subtalar Fusion   | <b>Mohamed Hamed Fahmy</b>                | <b>Egypt</b> |
| <b>14</b> | <b>09:42</b> | Can polyaryletherketone cage be used to achieve union and maintain correction in anterior calcaneal lengthening osteotomy for treatment of flexible flatfoot? | <b>Khaled M Zaghloul</b>                  | <b>Egypt</b> |
| <b>15</b> | <b>09:49</b> | Management Of Ankle Fractures In Diabetec Patients  | <b>Khaled Edris Abdelrahman</b>           | <b>Egypt</b> |
| <b>P</b>  | <b>10:00</b> | <b>Coffee Break</b>   |   |              |

**Session 3****Symposium  
Fractures Around Knee****HALL (C)**Prof. Mamdoh  
Zaki**09:00-10:00****Chairmen****Prof. Alaa El Zoheiry; Prof. Chris Van Der Werken  
Prof. Mohamed Bahy El Shafei****Panel:**Hazem Abdel Azeem ;Ossama Farouk ;  
Gamal Hosny ; Alaa El Zoheiry**09:50****Discussion****P****10:00****Coffee Break****Session 4****Spine  
World Spinal Column Society****HALL (D)**Prof. Abdelsalam  
Shohayeb**09:00-10:00****Chairmen****Prof. Abdelfattah Saoud ; Prof. Abdel Mohsen Arafa ;  
Prof. Doug Orr****16****09:00**

Welcome note

**Abdelfattah Saoud****Egypt****17****09:10**

Building multidisciplinary spine teams

**Doug Orr****USA****18****09:30**

Mimics of spinal pathology

**Doug Orr****USA****19****09:45**Role of family medicine physicians: Misdiagnosis and over  
Investigation and treatment**Mohamed Farouk Allam****Egypt****P****09:55****Discussion****P****10:00****Coffee Break**

<b>Session 5</b>		<b>Tumor</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Sameh Shalaby; Prof. Samir Kotb; Prof. Waleed Ebaid</b>	
<b>20</b>	<b>10:30</b>	Metastatic bone disease and management of pathological fracture <b>Waleed Ebaid</b>	<b>Egypt</b>
<b>21</b>	<b>10:45</b>	Usefulness of navigation-assisted surgery for bone and soft-tissue sarcoma; more accurate, reduce bleeding, and non-time-consuming <b>Yuki Funauchi</b>	<b>Japan</b>
<b>22</b>	<b>11:00</b>	Reconstructive option in limb salvage surgery <b>Waleed Ebaid</b>	<b>Egypt</b>
	<b>11:15</b>	<b>Discussion</b>	
<b>▷</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 6</b>		<b>Foot &amp; Ankle</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Hani El Mowafi; Prof. Jesús Vila Prof. Wagih Moussa</b>	
<b>23</b>	<b>10:30</b>	Ankle endoscopy: State of the art <b>Jesús Vila</b>	<b>Spain</b>
<b>24</b>	<b>10:45</b>	OLT of talar dome : treatment management algorithm <b>Mohamed Gomaa</b>	<b>Egypt</b>
<b>25</b>	<b>10:55</b>	AMIC for OLT treatment <b>Antonio Dalmau</b>	<b>Spain</b>
<b>26</b>	<b>11:10</b>	Management of Osteochondral Cysts: <b>Ossama El Shazly</b>	<b>Egypt</b>
<b>27</b>	<b>11:20</b>	Micro or Macrofracture failure : Now what : <b>Antonio Dalmau</b>	<b>Spain</b>
<b>▷</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 7</b>		<b>Symposium NOVARTIS</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>10:30-11:30</b>	
<b>Chairman</b>		<b>Prof. Gamal Hosny</b>	
	<b>10:30</b>	Disease gravity of ankylosing spondylitis <b>Adel Mahmoud</b>	<b>Egypt</b>
▷	<b>11:15</b>	<b>Discussion</b>	
▷	<b>11:30</b>	<b>Change Break</b>	

<b>Session 8</b>		<b>Spine World Spinal Column Society</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Ali Ibrahim; Prof. Bahaa Kornah Prof. Hussein Abo El Gheit</b>	
<b>28</b>	<b>10:30</b>	Psychological aspects of spinal complaints : The yellow flags <b>Hisham Ramy</b>	<b>Egypt</b>
<b>29</b>	<b>10:45</b>	Neuro radiology : Diagnostic Role, Updates <b>Ahmed Samir</b>	<b>Egypt</b>
<b>30</b>	<b>11:00</b>	how Geriatricians look into spinal disorders <b>Hala Sweed</b>	<b>Egypt</b>
<b>31</b>	<b>11:10</b>	How spinal surgeons look into spinal disorders for this age group <b>Bahaa Kornah</b>	<b>Egypt</b>
▷	<b>11:25</b>	<b>Discussion</b>	
▷	<b>11:30</b>	<b>Change Break</b>	

<b>Session 9</b>		<b>Tumor</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Ahmad Shaheen; Prof. Eissa Ragheb Prof. Mohamed Saleh Mostafa</b>	
<b>32</b>	<b>11:30</b>	Characteristics and prognosis after unplanned resection of superficial soft tissue sarcomas (UPS/MFS) in Japan.	
		<b>Yuki Funauchi</b>	<b>Japan</b>
<b>33</b>	<b>11:45</b>	Elbow Trauma When Myositis Ossificans Mimicking Sarcoma A Case Report And Review Of Literature	
		<b>Ahmad Shaheen</b>	<b>Egypt</b>
<b>34</b>	<b>12:00</b>	Tumor infiltrating lymphocyte in sarcomas and multi-omics analysis for myxoid liposarcoma ~ our progress of translational research in Cancer Institute Hospital of JFCR	
		<b>Yuki Funauchi</b>	<b>Japan</b>
<b>▷</b>	<b>12:15</b>	<b>Discussion</b>	

<b>Session 10</b>		<b>Foot and Ankle</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Abdel Salam Gomaa Prof. Ali Reda; Prof. Nasef Mohamed Nasef</b>	
<b>35</b>	<b>11:30</b>	FHL transfer for Acute Achilles injury	
		<b>Nasef Mohamed Nasef</b>	<b>Egypt</b>
<b>36</b>	<b>11:40</b>	Insertional Achilles Tendinopathy	
		<b>Wagih Moussa</b>	<b>UK</b>
<b>37</b>	<b>11:55</b>	Lateral Ligament Instability	
		<b>Ali Reda</b>	<b>Egypt</b>
<b>38</b>	<b>12:05</b>	Arthroscopic treatment of lateral ankle Instability	
		<b>Jesús Vila</b>	<b>Spain</b>
<b>39</b>	<b>12:20</b>	End stage ankle osteoarthritis, replacement or fusion?	
		<b>Wagih Moussa</b>	<b>UK</b>
<b>▷</b>	<b>12:30</b>	<b>Change Break</b>	



**Session 11****Symposium  
LIPTIS****HALL (C)**Prof. Mamdoh  
Zaki**11:30-12:30****Chairmen****Prof. Adel Adawy ; Prof. Alaa El Zoheiry  
Prof. Hazem Abdel Azeem**

**11:30** Gout Management Update: Elephant in the box  
**Gamal Hosny** **Egypt**

**12:00** Unsiatem, U-turn to Uricemia Control  
**Sharif Omar** **USA**

**▷ 12:30** **Change Break**

**Session 12****Spine  
World Spinal Column Society****HALL (D)**Prof. Abdelsalam  
Shohayeb**11:30-12:30****Chairmen****Prof. Ahmed Hassan; Prof. Ahmed El Badrawy  
Prof. Hossam Salah**

**40 11:30** Role of Clinical oncology: Diagnosis and treatment  
**Khaled Abdel Karim** **Egypt**

**41 11:45** Neuro radiology : Treatment including SRS : Updates :  
**Wael Abdelhalim** **Egypt**

**42 12:00** En Block Vertebrectomy for primary malignant spinal tumors: a multidisciplinary approach  
**Hossam Salah** **Egypt**

**12:20** **Discussion**

**▷ 12:30** **Change Break**

<b>Session 13</b>		<b>General</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Ashraf Lotfy; Prof. Chris Van Der Werken Prof. Mahmoud Mabrouk; Prof. Salah El Khatib</b>	
43	12:30	International collaboration in orthopaedics and traumatology <b>Onder Aydingoz</b>	<b>Turkey</b>
44	12:45	The future of fracture treatment. <b>Chris Van Der Werken.</b>	<b>Netherland</b>
45	01:00	Technology & Complex spinal surgery <b>Aarti Dewan</b>	<b>India</b>
46	01:15	Predicting the future of our profession after AI (artificial intelligence) <b>Onder Aydingoz</b>	<b>Turkey</b>
	01:30	<b>General Assembly of E.O.A</b>	
▷	02:30	<b>Lunch</b>	

<b>Session 14</b>		<b>Foot and Ankle</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Ahmed Mahrous; Prof. Antonio Dalmau Prof. Essam El Abbasy; Prof. Safwat Shalaby</b>	
47	12:30	Subtalar Joint Instability concepts and treatment <b>Jesús Vila</b>	<b>Spain</b>
48	12:45	Techniques of Subtalar Arthrodesis after calcaneal fracture <b>Antonio Dalmau</b>	<b>Spain</b>
49	01:00	Arthrosopic Subtalar Fusion <b>A Farouk</b>	<b>Egypt</b>
50	01:10	Complex Foot deformities <b>Hani El Mowafi</b>	<b>Egypt</b>
51	01:20	Arthroeresis <b>Ahmed Khedr</b>	<b>Egypt</b>
▷	01:30	<b>General Assembly of E.O.A</b>	
▷	02:30	<b>Lunch</b>	

<b>Session 15</b>		<b>Symposium M S D</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Adel Adawy ; Prof. Gamal Hosny</b>	
	<b>12:30</b>	Role Etoricxib in management of chronic pain <b>Sherif Khaled</b>	<b>Egypt</b>
	<b>12:50</b>	A closer look on osteoarthritis guidelines <b>El Zaher Hassan</b>	<b>Egypt</b>
▷	<b>01:10</b>	<b>Discussion</b>	
▷	<b>01:30</b>	<b>General Assembly of E.O.A</b>	
▷	<b>02:30</b>	<b>Lunch</b>	

<b>Session 16</b>		<b>Spine World Spinal Column Society</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. El Moataz El Sabrout ; Prof. Mohamed Shafik Prof. Rim El Kabarity</b>	
<b>52</b>	<b>12:30</b>	Role of rehabilitation <b>Rana El Hilaly</b>	<b>Egypt</b>
<b>53</b>	<b>12:45</b>	Pain Therapists : Enemies or partners <b>Amr Abdelfattah</b>	<b>Egypt</b>
<b>54</b>	<b>01:00</b>	Role of multimodal analgesia in the perioperative period <b>Rim El Kabarity</b>	<b>Egypt</b>
▷	<b>01:15</b>	<b>Discussion</b>	
▷	<b>01:30</b>	<b>General Assembly of E.O.A</b>	
▷	<b>02:30</b>	<b>Lunch</b>	

**Session 17****Symposium  
Fractures Around Shoulder****HALL (A)**

Prof. Anis Shiha

**03:30-04:45****Chairmen****Prof. Ahmed Abdel Samie ; Prof. Mohamed Gamal Morsy; Prof. Sherif sokkar****Panel :****Prof. Wolf Mutschler; Prof. Eva Fleischhacker  
Prof. Vera Pedersen**

Fractures of the proximal humerus – an algorithm for diagnostics and treatment

Complications after surgical reconstruction of proximal humeral fractures

Lateral Clavicle fractures: What needs to be considered?

Technical hints of arthroscopic assisted treatment of the laterale clavicle fracture

▷ **04:30****Discussion**▷ **04:45****Change Break****Session 18****Foot and Ankle****HALL (B)**Prof. Mahmoud  
Ezz El Din**03:30-04:45****Chairmen****Prof. Mazen Abulsaad; Prof. Samir Shahin  
Prof. Wagih Moussa****55 03:30**

outcome of congenital vertical talus

**Samir Shahin****Sudan****56 03:45**

Rigid pes planus

**Ahmed El Hawary****Egypt****57 03:55**

Calcaneal Osteotomies for Flexible Pes planus

**Wagih Moussa****UK****58 04:10**

Pes Cavus:

**Mohamed Mokhatar****Egypt****59 04:20**

Treatment of valgus ankle in myelomeningocele

**Mohamed abdelaal Hussein****Egypt****60 04:30**

Ponseti method : where we are and wher we are going :

**Mazen Abulsaad****Egypt**▷ **04:45****Change Break**

<b>Session 19</b>		<b>Symposium Multi Care</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>03:30-04:45</b>	
<b>Chairmen</b>		<b>Prof. Gamal Hosny ; Prof. Hani El Mowafi</b>	
	<b>03:30</b>	Osteoarthritis: What is New? <b>Gamal Hosny</b>	<b>Egypt</b>
	<b>04:00</b>	Osteoporosis, Focus on Alfacalcidol <b>Hani El Mowafi</b>	<b>Egypt</b>
▷	<b>04:30</b>	<b>Discussion</b>	
▷	<b>04:45</b>	<b>Change Break</b>	

<b>Session 20</b>		<b>Spine World Spinal Column Society Access surgeons: A must or luxury</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>03:30-04:45</b>	
<b>Chairmen</b>		<b>Prof. Ali Kotb ; Prof. Faisal Fahmy Adam Prof. Tarek Abdel Azeem</b>	
<b>61</b>	<b>03:30</b>	Neck surgeons point of view <b>Ossama Mansour</b>	<b>Egypt</b>
<b>62</b>	<b>03:45</b>	Vascular surgeons' point of view: <b>Tarek Abdel Azeem</b>	<b>Egypt</b>
<b>63</b>	<b>04:00</b>	General surgeons point of view <b>Abdel Wahab Ezzat</b>	<b>Egypt</b>
<b>64</b>	<b>04:15</b>	Neurosurgeon: enemies or success partners <b>Ali Kotb</b>	<b>Egypt</b>
▷	<b>04:35</b>	<b>Discussion</b>	
▷	<b>04:45</b>	<b>Change Break</b>	

<b>Session 21</b>		<b>Symposium</b>	
		<b>Articular Fractures: Cases Discussion</b>	
<b>HALL (A)</b> Prof. Abdelsalam Shohayeb		<b>04:45-06:00</b>	
<b>Chairmen</b>		<b>Prof. Alaa El Zoheiry ; Prof. Chris Van Der Werken</b>	
<b>Panel:</b>		<b>Amr Azzam ; Mohamed Zaki; Ashraf Abdel Aziz Amr El Battoty; Mohamed Abulsoud</b>	
	<b>05:45</b>	<b>Discussion</b>	
▷	<b>06:00</b>	<b>End of the Day</b>	

<b>Session 22</b>		<b>Foot and Ankle</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>04:45-06:00</b>	
<b>Chairmen</b>		<b>Prof. Ahmed Kholief; Prof. Antonio Dalmau Prof. Atef El Beltagy</b>	
<b>65</b>	<b>04:45</b>	<b>Lis franc injury</b> <b>Atef El Beltagy</b>	<b>Egypt</b>
<b>66</b>	<b>04:55</b>	<b>Talus Fracture Management</b> <b>Antonio Dalmau</b>	<b>Spain</b>
<b>67</b>	<b>05:10</b>	<b>Malunited Calcaneus</b> <b>Ahmed Kholief</b>	<b>Egypt</b>
<b>68</b>	<b>05:20</b>	<b>Posterior Malleolus Ankle Fractures: To fix or not to Fix</b> <b>Jesús Vila</b>	<b>Spain</b>
<b>69</b>	<b>05:35</b>	<b>Pilon Fracture: Non-union and Failure</b> <b>Antonio Dalmau</b>	<b>Spain</b>
<b>70</b>	<b>05:50</b>	<b>Ankle Replacement using a Lateral Approach</b> <b>Jesús Vila</b>	<b>Spain</b>
▷	<b>06:00</b>	<b>End of the Day</b>	

**Session 23****Deformity****HALL (C)**Prof. Mamdoh  
Zaki**04:45-06:00****Chairmen****Prof. Adel Khamis; Prof. Hesham El Ashry  
Prof. Yahia Rady**

<b>71</b>	<b>04:45</b>	Type V osteogenesis imperfecta- new challenges to orthopaedist	<b>Xiuzhi Ren</b>	<b>China</b>
<b>72</b>	<b>05:00</b>	How To treat the lower limb deformity in adults with osteogenesis imperfecta;	<b>Xiuzhi Ren</b>	<b>China</b>
<b>73</b>	<b>05:15</b>	One stage surgery for multiple joint deformity of lower extremity	<b>Jiancheng ZANG</b>	<b>China</b>
<b>74</b>	<b>05:30</b>	Rodding surgery in children with osteogenesis imperfect	<b>Xiuzhi Ren</b>	<b>China</b>
<b>75</b>	<b>05:45</b>	Development and innovation of Ilizarov technology in China	<b>Jiancheng ZANG</b>	<b>China</b>

**Session 24****Spine  
World Spinal Column Society****HALL (D)**Prof. Abdelsalam  
Shohayeb**04:45-06:00****Chairmen****Prof. Atef Morsi ; Prof. Hesham El Refae  
Prof. Mohamed El Meshtawy**

<b>76</b>	<b>04:45</b>	The Adolescent Idiopathic Scoliosis International Disease Severity Study : Does Presentation For Surgery Vary By Country?	<b>Mohamed Osama Ramadan</b>	<b>Egypt</b>
<b>77</b>	<b>04:55</b>	Transforaminal Endoscopic Lumbar Disc Surgery	<b>Ihab Hosny</b>	<b>Egypt</b>
<b>78</b>	<b>05:05</b>	A Less-Invasive Transforaminal Lumbar Interbody Fusion Through A Paramedian Muscle-Splitting Approach For Treatment Of Post-Laminectomy Spondylolisthesis	<b>Mohamed Osama Ramadan</b>	<b>Egypt</b>
<b>79</b>	<b>05:15</b>	Unhealthy Sitting Position and Back Pain	<b>Mohamed El Deeb</b>	<b>Egypt</b>



**Wednesday,**

**December, 18<sup>th</sup>, 2019**



**Session 25****Papers****HALL (A)**

Prof. Anis Shiha

**09:00-10:00****Chairmen****Prof. Abdullah Hammad ; Prof. Ashraf Khanfour  
Prof. Faisal Fahmy Adam**

<b>80</b>	<b>09:00</b>	Bone Defects Reconstruction In Revision Total Knee Arthroplasty For Aseptic Loosening <b>Ahmed A. Khalifa</b>	<b>Egypt</b>
<b>81</b>	<b>09:07</b>	All Types Of Component Malrotation Affect The Early Patient-Reported Outcome Measures After Total Knee Arthroplasty <b>Mohamed Eslam</b>	<b>Egypt</b>
<b>82</b>	<b>09:14</b>	Dual Mobility Arthroplasty for Fracture Neck of Femur <b>Mahmoud Faisal Adam</b>	<b>Egypt</b>
<b>83</b>	<b>09:21</b>	Knee Arthroplasty Pain Free &Early Mobilisation <b>Nafez Shilbayeh</b>	<b>KSA</b>
<b>84</b>	<b>09:28</b>	Comparative Study Between Dual Mobility Cup (DMC) THR And Bipolar Hemiarthroplasty In Displaced Femoral Neck Fractures <b>Mohamed M. Alaa</b>	<b>Egypt</b>
<b>85</b>	<b>09:35</b>	Smartphone Guided Cup Placement During THA, Easy and Cheap Technique <b>Ahmed A. Khalifa</b>	<b>Egypt</b>
<b>86</b>	<b>09:42</b>	Evaluation of the Results of Fixation of Comminuted Posterior Wall Acetabular Fractures using Spring Plate Technique <b>Abdullah Said Hammad</b>	<b>Egypt</b>
<b>▷</b>	<b>09:55</b>	<b>Discussion</b>	
<b>▷</b>	<b>10:00</b>	<b>Coffee Break</b>	

<b>Session 26</b>		<b>Papers</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>09:00-10:00</b>	
<b>Chairmen</b>		<b>Prof. Mahmoud M Hadhoud ; Prof. Mohamed El Manawy; Prof. Shenouda Shalaby</b>	
<b>87</b>	<b>09:00</b>	Outcomes Afterexcision Of Giant Cell Tumour Of Tendon Sheath Of The Hand	
		<b>Elsayed Ibrahim Shaheen</b>	<b>Egypt</b>
<b>88</b>	<b>09:08</b>	Clinical Outcome Of Combined Scaphocapitate Fusion And Posterior Interosseous Neurectomy For Stage III Kienböck's Disease	
		<b>Hossam Elden Ahmed Abodonia</b>	<b>Egypt</b>
<b>89</b>	<b>09:16</b>	Successful Technique For Minimal Invasive Release Of Trigger Finger	
		<b>Mahmoud M Hadhoud</b>	<b>Egypt</b>
<b>90</b>	<b>09:24</b>	New Technique Of Wrist Arthrodesis In Adolescent	
		<b>Sameh Alsafty</b>	<b>Egypt</b>
<b>91</b>	<b>09:34</b>	Trans-Brachiodialis Release For Radial Tunnel Syndrome	
		<b>Mohammad Quolquela</b>	<b>Egypt</b>
<b>92</b>	<b>09:44</b>	Get It Right First Time ( GIRFT) : Upper Limb Surgery Wake Up Call	
		<b>Shenouda Shalaby</b>	<b>UK</b>
<b>▷</b>	<b>10:00</b>	<b>Coffee Break</b>	

<b>Session 27</b>		<b>Symposium</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>09:00-10:00</b>	
<b>Chairmen</b>		<b>Prof. Abdel Hakim Abdallah; Prof. Mahmoud Mabrouk Prof. Wolf Mutschler; Prof. Ahmed Hazeem A. Azeem</b>	
	<b>09:00</b>	<b><u>Panel:</u></b>	
		<b>Wolf Mutschler; Vera Pedersen</b>	
<b>▷</b>	<b>10:00</b>	<b>Coffee Break</b>	

<b>Session 28</b>		<b>Spine</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>09:00-10:00</b>	
<b>Chairmen</b>		<b>Prof. Aarti Dewan; Prof. Gad Ragheb Prof. Konstantinos Kafchitsas</b>	
<b>93</b>	<b>09:00</b>	Cement augmentation of pedicle screws: To cement or not to cement?	
		<b>Konstantinos Kafchitsas</b>	<b>Germany</b>
<b>94</b>	<b>09:15</b>	A to Z : What are the risks for LIF Exposures	
		<b>Aarti Dewan</b>	<b>India</b>
<b>95</b>	<b>09:30</b>	Osteoporosis and Implant Ancorage in Spine	
		<b>Konstantinos Kafchitsas</b>	<b>Germany</b>
<b>96</b>	<b>09:45</b>	Management of Osteoporotic Vertebral Fractures	
		<b>Aarti Dewan</b>	<b>India</b>
<b>▷</b>	<b>10:00</b>	<b>Coffee break</b>	

<b>Session 29</b>		<b>EOA in Collaboration with EFFORT Hip</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Ashraf Eltabee; Prof. Amr Khairy Prof. Timour El Hussein</b>	
<b>97</b>	<b>10:30</b>	Preoperative planning and implant selection in dysplastic hips	
		<b>Luigi Zagra</b>	<b>Italy</b>
<b>98</b>	<b>10:50</b>	Treatment Of Recent Femoral Neck Fractures By Femoral Neck Locking Plate	
		<b>Ashraf Eltabee</b>	<b>Egypt</b>
<b>99</b>	<b>11:10</b>	Management of Vancouver B2 and B3 Periprosthetic Fractures	
		<b>Luigi Zagra</b>	<b>Italy</b>
<b>▷</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 30</b>		<b>Trauma</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. El Sazly Saleh ; Prof. El Zaher Hassan El Zaher Prof. Mohamed Reda ; Prof. Chris Van Der Werken</b>	
<b>100</b>	<b>10:30</b>	Intra-articular malunion: "Keep moving". <b>Chris Van Der Werken.</b>	<b>Netherland</b>
<b>101</b>	<b>10:45</b>	Management principles for the postero-medial fragment in proximal tibial fractures <b>Aarti Dewan</b>	<b>India</b>
<b>102</b>	<b>11:00</b>	Posttraumatic tibia malrotation. <b>Chris Van Der Werken.</b>	<b>Netherland</b>
	<b>11:15</b>	<b>Discussion</b>	
<b>⌋</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 31</b>		<b>Hip</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Galal Zaki; Prof. Adel Anwer; Prof. Ali El Guoshi</b>	
<b>103</b>	<b>10:30</b>	Femoral head fractures: Surgical algorithm <b>Santosh Kumar Singh</b>	<b>India</b>
<b>104</b>	<b>10:45</b>	Femoral neck fractures treated by BDSF technique <b>Atul Srivastava</b>	<b>India</b>
<b>105</b>	<b>11:00</b>	Unstable inter-trochanteric fractures: Why intrameduallary fixation is advocated? <b>Santosh Kumar Singh</b>	<b>India</b>
<b>106</b>	<b>11:15</b>	Intra-operative periprosthetic fractures in THR: Avoidance to treatment <b>Atul Srivastava</b>	<b>India</b>
<b>⌋</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 32</b>		<b>Spine World Spinal Column Society</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Abdelfattah Saoud ; Prof. Doug Orr Prof. Hisham El Sagheer</b>	
<b>107</b>	<b>10:30</b>	Evidence of Cervical disc replacement and new designs <b>Doug Orr</b>	<b>USA</b>
<b>108</b>	<b>10:50</b>	Evidence of MIS decompression techniques in Degenerative spinal pathology <b>Andrew Wakefield</b>	<b>USA</b>
<b>109</b>	<b>11:10</b>	Role of MIS in Ligamentum Flavum pathology <b>Hisham El Sagheer</b>	<b>Egypt</b>
<b>▷</b>	<b>11:30</b>	<b>Change Break</b>	

<b>Session 33</b>		<b>EOA in Collaboration with EFFORT Hip</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Ahmed Hashem; Prof. Ahmed Omar Youssif; Prof. Ali Zin El Abdin; Prof. Yossry Emad</b>	
<b>110</b>	<b>11:30</b>	Hip preservation in failed osteosynthesis femoral neck fractures <b>Narinder Kumar Magu</b>	<b>India</b>
<b>111</b>	<b>11:45</b>	Reconstruction of delayed and neglected Pelvi-acetabular fractures. <b>Narinder Kumar Magu</b>	<b>India</b>
<b>112</b>	<b>12:00</b>	Non arthroplasty management of hip problem <b>Hatem Kotb</b>	<b>Egypt</b>
<b>113</b>	<b>12:15</b>	Total Hip Arthroplasty After Failed Internal Fixation Of Femoral Neck Fractures. <b>Ahmed Hashem Amin</b>	<b>Egypt</b>
<b>▷</b>	<b>12:25</b>	<b>Discussion</b>	
<b>▷</b>	<b>12:30</b>	<b>Change Break</b>	

<b>Session 34</b>		<b>Lectures</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Bahir Elias; Prof. Barakat Elalfy Prof. Mahmoud El Rosasy</b>	
<b>114</b>	<b>11:30</b>	Masquelet induced membrane technique for the treatment of bone defects. <b>Bahir Elias</b>	<b>France</b>
<b>115</b>	<b>11:45</b>	The Induced Membrane Technique: Tips And Tricks <b>Barakat Elalfy</b>	<b>Egypt</b>
<b>116</b>	<b>11:55</b>	Tanta University integrated protocol ( TUIP) for management of infected nonunion of the tibia <b>Mahmoud El Rosasy</b>	<b>Egypt</b>
<b>117</b>	<b>12:05</b>	Femoral shaft fractures: Settling the controversies. <b>Atul Srivastava</b>	<b>India</b>
<b>▷</b>	<b>12:20</b>	<b>Discussion</b>	
<b>▷</b>	<b>12:30</b>	<b>Change Break</b>	

<b>Session 35</b>		<b>Symposium E V A</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Adel Adawy; Prof. Alaa El Zoheiry</b>	
	<b>11:30</b>	Neuropathic pain <b>Gamal Hosny</b>	<b>Egypt</b>
	<b>12:15</b>	<b>Discussion</b>	

**Session 36****Spine  
World Spinal Column Society****HALL (D)**Prof. Abdelsalam  
Shohayeb**11:30-12:30****Chairmen****Prof. Abdel Mohsen Arafa ; Prof. Mohamed Sery  
Prof. Wael Kobtan****118**    **11:30**    Evidence of MIS fixation techniques in thoracolumbar trauma:  
When and why?**Hossam Salah****Egypt****119**    **11:45**    Fusion versus fixation alone for Thoracolumbar trauma**Wael Kobtan****Egypt****120**    **12:00**    How long is long enough : Fixation of Thoracolumbar fractures**Ahmed Morsy****Egypt****121**    **12:15**    Clearance of trauma patients from spinal injuries: First day?  
Second day?**Abdelfattah Saoud****Egypt****▷**    **12:30****Change Break**

<b>Session 37</b>		<b>EOA in Collaboration with EFFORT Arthroplasty</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. El Sayed Morsy ; Prof. El Shenawy Mostafa Prof. Fayek Abdel Shahid; Prof. Mahmoud El Sebaei</b>	
122	12:30	Conservative surgery in knee osteoarthritis	
		<b>Philippe Neyret</b>	<b>France</b>
123	12:45	How to choose an implant in primary knee surgery?	
		<b>Philippe Neyret</b>	<b>France</b>
124	01:00	Dual Mobility hip acetabular components for all patients: is it reasonable?	
		<b>Jean-Alain Epinette</b>	<b>France</b>
	01:15	<b>Discussion</b>	
▷	01:30	<b>Change Break</b>	

<b>Session 38</b>		<b>Symposium Kienbock Disease</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Abdelsalam Eid ; Prof. Ibrahim Ahmed Mostafa; Prof. Moheb Moneim; Prof. Sherif Amro</b>	
125	12:30	Kienbock disease: What's going wrong?	
		<b>Amr El Sayed</b>	<b>Egypt</b>
126	12:45	Non-operative treatment of Kienböck's Disease, systematic review.	
		<b>Moheb Moneim</b>	<b>USA</b>
127	01:00	What if we abandon surgery?	
		<b>Ayman Shaheen</b>	<b>Egypt</b>
128	01:10	Revascularization of the lunate: A myth or a reality?	
		<b>Ahmed Addosoky</b>	<b>Egypt</b>
▷	01:20	<b>Discussion</b>	
▷	01:30	<b>Change Break</b>	



**Session 39****Symposium  
Adwia****HALL (C)**Prof. Mamdoh  
Zaki**12:30-01:30****Chairmen Prof. Alaa ElZoheiry; Prof. Hani El Mowafi****12:30** Updates in management neuropathic pain**Gamal Hosny****Egypt**P **01:15****Discussion**P **01:30****Change Break****Session 40****Spine  
World Spinal Column Society****HALL (D)**Prof. Abdelsalam  
Shohayeb**12:30-01:30****Chairmen Prof. Andrew Wakefield; Prof. Khaled Sabry  
Prof. Mohamed Mazied****129 12:30** Updates on diagnosis and treatment of spinal infections**Doug Orr****USA****130 12:45** failed spinal implants**Bahaa kornah****Egypt****131 01:00** Management of Polytrauma patients: Updates**Andrew Wakefield****USA****01:20****Discussion**P **01:30****Change Break**

**Session 41**

**EOA in Collaboration with EFFORT  
Arthroplasty**

**HALL (A)**

Prof. Anis Shiha

**01:30-02:30**

***Chairmen***

**Prof. Hazem Abdel Azeem; Prof. Tarek El Khadrawe  
Prof. Adnan El Sebaie**

<b>132</b>	<b>01:30</b>	A changing pattern of total hip arthroplasty failures	
		<b>Theofilos Karachalios</b>	<b>Greece</b>
<b>133</b>	<b>01:45</b>	Extended trochanteric osteotomy for revision arthroplasty and periprosthetic fracture surgery.	
		<b>Theofilos Karachalios</b>	<b>Greece</b>
<b>134</b>	<b>02:00</b>	Instability after THA causes, solutions, prevention.	
		<b>Jean Louis Prudhon</b>	<b>France</b>
	<b>02:15</b>	<b>Discussion</b>	
<b>↳</b>	<b>02:30</b>	<b>Lunch</b>	

Session 42		Hand	
HALL (B) Prof. Mahmoud Ezz El Din		01:30-02:30	
<i>Chairmen</i>		Prof. Abdelsalam Eid; Prof. Magdy Nabil Prof. Makram Radwan	
135	01:30	What is the rationale of different surgical procedures. What about their long term results?	
		<b>Ahmed Semaya</b>	<b>Egypt</b>
136	01:40	Does wrist arthroscopy help?	
		<b>Salah Abdel Kader</b>	<b>Egypt</b>
137	01:50	How can you set up a treatment plan?	
		<b>Ahmed Naeem Atiya</b>	<b>Egypt</b>
138	02:00	Long-term Outcomes of Partial Trapeziectomy With Capsular Interposition Arthroplasty (PTCI) for Osteoarthritis of the Thumb Basal Joint.	
		<b>Moheb Moneim</b>	<b>USA</b>
139	02:15	Long-term outcomes of delayed scapholunate ligament repair following complete rupture of the ligament	
		<b>Moheb Moneim</b>	<b>USA</b>
▷	02:30	<b>Lunch</b>	

Session 43		Symposium Utopia	
HALL (C) Prof. Mamdoh Zaki		01:30-02:30	
<i>Chairmen</i>		Prof. Adel Adawy; Prof. Alaa ElZoheiry Prof. Hani El Mowafi	
	01:30	Understanding pain physiology	
		<b>Tarek Tawfik</b>	<b>Egypt</b>
	02:00	Neuropathic pain any updates	
		<b>Gamal Hosny</b>	<b>Egypt</b>
▷	02:30	<b>Lunch</b>	

<b>Session 44</b>		<b>Spine World Spinal Column Society</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>01:30-02:30</b>	
<b>Chairmen</b>		<b>Prof. Mohamed El Sofy ; Prof. Tarek El Fiky; Prof. Yassin El Ghoul</b>	
<b>140</b>	<b>01:30</b>	MIS Treatment of sacral fractures <b>Abdel fattah Saoud</b>	<b>Egypt</b>
<b>141</b>	<b>01:50</b>	Overdoing the job in spinal surgery <b>Andrew Wakefield</b>	<b>USA</b>
<b>142</b>	<b>02:05</b>	Radiation exposure: Risking yourself and the patient: <b>Hany El Zahlawy</b>	<b>Egypt</b>
	<b>02:20</b>	<b>Discussion</b>	
<b>▷</b>	<b>02:30</b>	<b>Lunch</b>	

<b>Session 45</b>		<b>EOA in Collaboration with EFFORT Arthroplasty</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>03:30-04:45</b>	
<b>Chairmen</b>		<b>Prof. Lotfy El Adwar ; Prof. Hassan Hussein ; Prof. Ayman Ebied; Prof. Wael Samir</b>	
<b>143</b>	<b>03:30</b>	Customised total knee arthroplasty surgery <b>Theofilos Karachalios</b>	<b>Greece</b>
<b>144</b>	<b>03:45</b>	Return to sports activity after knee replacement <b>Philippe Neyret</b>	<b>France</b>
<b>145</b>	<b>04:00</b>	Indications for hinged total knee arthroplasty <b>Theofilos Karachalios</b>	<b>Greece</b>
<b>146</b>	<b>04:15</b>	Fixed bearing versus mobile bearing in TKA <b>Jean Louis Prudhon</b>	<b>France</b>
<b>▷</b>	<b>04:30</b>	<b>Discussion</b>	

**Session 46****Symposium  
Terrible Triad of the Elbow****HALL (B)**Prof. Mahmoud  
Ezz El Din**03:30-04:45****Chairmen****Prof. Ahmed Semaya; Prof. Chris Van Der Werken  
Prof. Mohamed Gamal El Ashhb**

147	03:30	Anatomy Pathomechanics & classifications.	
		<b>Amer Fouad</b>	<b>Egypt</b>
148	03:40	Principle of management	
		<b>Ahmed Dossoky</b>	<b>Egypt</b>
149	03:50	Coronoid fractures, when and how to fix ?	
		<b>Mokhtar Abdel Azeem</b>	<b>Egypt</b>
150	04:00	Case presentation	
		<b>Ahmed Semaya</b>	<b>Egypt</b>
151	04:10	Radial head arthroplasty tip & trick	
		<b>Mokhtar Abdel Azeem</b>	<b>Egypt</b>
152	04:20	Stiff elbow	
		<b>Chris Van Der Werken.</b>	<b>Netherland</b>
	04:35	<b>Discussion</b>	
▷	04:45	<b>Change Break</b>	

**Session 47****Symposium  
Drug Pharma****HALL (C)**Prof. Mamdoh  
Zaki**03:30-04:45****Chairmen****Prof. Adel Adawy; Prof. Alaa El Zoheiry  
Prof. Hani El Mowafi**

	03:30	Osteoarthritis	
		<b>Gamal Hosny</b>	<b>Egypt</b>
▷	04:30	<b>Discussion</b>	
▷	04:45	<b>Change Break</b>	

**Session 48****Spine  
World Spinal Column Society  
Clinical Case Solving****HALL (D)**Prof. Abdelsalam  
Shohayeb**03:30-06:00****Moderator Prof. Abdel Mohsen Arafa****03:30****Case Presentation****Abdel Mohsen Arafa****Egypt****Mahmoud Nafadi****Egypt****Mohamad Farid****Egypt****Tarek El Feky****Egypt**

▷

**Discussion**

▷

**06:00****End Of The Day****Session 49****EOA in Collaboration with EFFORT  
Arthroplasty****HALL (A)**

Prof. Anis Shiha

**04:45-06:00****Chairmen****Prof. Abdel Salam Hefny; Prof. Hani Bassiooni  
Prof. Jean-Alain Epinette****153****04:45**Lessons learned at 30 years of clinical personal experience with  
HA-coated Hip implants**Jean-Alain Epinette****France****154****05:05**

Dual mobility cup the added value to treat upper femoral fracture.

**Jean Louis Prudhon****France****155****05:25**Clinical Hip Outcomes at 15-yrs+ of new generations of sequentially  
annealed highly-cross linked polyethylene**Jean-Alain Epinette****France**

▷

**05:45****Discussion**

▷

**06:00****End of the Day**

**Session 50****Symposium  
Management of Shoulder Instability Repair  
Bony or Soft Tissue****HALL (B)**Prof. Mahmoud  
Ezz El Din**04:45-06:00****Chairman Prof. Ahmed Abdel Samie****04:45****Panel:**

Ahmed El Saeed

Egypt

Mohamed Sobhy

Egypt

Shereef Sokar

Egypt

▷ **05:45****Discussion**▷ **06:00****End of the Day****Session 51****Symposium  
Perths Disease****HALL (C)**Prof. Mamdoh  
Zaki**04:45-06:00****Chairmen Prof. Khamis El Deeb ; Prof. Osama Hegazy  
Prof. Abdel Sabour ghoneim**

Khamis El deeb

Hassan El barbary

Tarek Hassan

Hazem El Tayeby

Yasser Roshdy

▷ **05:50****Discussion**▷ **06:00****End of the Day**



**Thursday,**  
**December, 19<sup>th</sup>, 2019**



**Session 52****Papers****HALL (A)****09:00-10:00**

Prof. Anis Shiha

**Chairmen****Prof. Gamal El Adl ; Prof. Mohamed Fadel  
Prof. Mohamed Safaa Arafa**

<b>156</b>	<b>09:00</b>	Failed rotator cuff repair; role of trapezius tendon transfer	<b>Amr Abdel-Mordy Kandeel</b>	<b>Egypt</b>
<b>157</b>	<b>09:08</b>	Fracture-Dislocation Of The Proximal Humerus With A Diaphyseal Extension Associated With Wrist Drop In A 57 Years Old Gentleman, Case Report	<b>Mohamed Shaalan</b>	<b>Ireland</b>
<b>158</b>	<b>09:16</b>	Clinical And Radiological Outcomes Of The Xiros Infinity-Lock Button System, A Novel Suture Button Technique For The Management Of Acromioclavicular Joint Disruption	<b>Ahmed Elmorsy</b>	<b>UK</b>
<b>159</b>	<b>09:24</b>	Arthroscopic Soft Latarjet Procedure Role Of Biceps Tendon In Restoring Gleno-Humeral Stability	<b>Amr Abdel-Mordy Kandeel</b>	<b>Egypt</b>
<b>160</b>	<b>09:32</b>	Operative Management Of Fracture Shaft Humerus By Plate Osteosynthesis And Locked Intramedullary Nail,A Comparative Study.	<b>Mohamed Shaalan</b>	<b>Ireland</b>
<b>161</b>	<b>09:40</b>	The Dual Subscapularis Procedure: A Modified Hawkins' Technique For Neglected Posterior Fracture/Dislocation Of The Shoulder	<b>Mohamed Safaa Arafa</b>	<b>Egypt</b>
<b>162</b>	<b>09:48</b>	Reconstruction Versus Amputation in Upper Limb Injury: Which factors can lead the surgeon's decision?	<b>Mohamed Anter</b>	<b>Egypt</b>
	<b>09:56</b>		<b>Discussion</b>	
<b>P</b>	<b>10:00</b>		<b>Coffee Break</b>	

**Session 53****Papers****HALL (B)**Prof. Mahmoud  
Ezz El Din**09:00-10:00****Chairmen****Prof. Adel Anwer ; Prof. Fathy Salama  
Prof. Ismail Yassin Prof. Mohamed Yahia****163 09:00** Below Versus Above Knee Plaster Casting For Treatment Of Club Foot By Ponseti Method**Elsayed Abdelhalim****Egypt****164 09:08** Management Of Patella Alta With Semitendiosis Graft In Cerebral Palsy Patients, Preliminary Study**Mohamed H. Fadel****Egypt****165 09:16** Surgical Treatment Of Displaced Fractures Neck Of The Radius In Children By Elastic Intramedullary Nail**Fathy Salama****Egypt****166 09:24** Perforator Periosteal Flap As At Treatment Of Congenital Psodarthrosis Of The Fibula**Omar Refai****Egypt****167 09:32** Intrafocal Joystick Technique For Closed Reduction And Percutaneous Fixation Of Late-Presenting Supracondylar Fractures Of The Humerus**Ahmed Shawkat Rizk****Egypt****168 09:42** Current Treatment Of Osteogenesis Imperfecta**Ibrahim Abuomira****Egypt****▷ 09:52****Discussion****▷ 10:00****Coffee Break**

**Session 54****EOA in Collaboration with EFFORT  
Symposium  
Management of Unicompartmental Knee O.A****HALL (C)**Prof. Mamdoh  
Zaki**09:00-10:00****Chairmen****Prof. Ahmed Waly; Prof. Jean-Alain Epinette  
Prof. Mahmoud Hafez**

<b>169</b>	<b>09:00</b>	unicompartmental arthroplasty <b>Mahmoud Hafez</b>	<b>Egypt</b>
<b>170</b>	<b>09:15</b>	osteotomy , indication , results <b>Gamal Hosny</b>	<b>Egypt</b>
<b>171</b>	<b>09:30</b>	Total vs. unicompartmental knees arthroplasty <b>Jean-Alain Epinette</b>	<b>France</b>
<b>172</b>	<b>09:45</b>	Uni compartmental replacement versus high tibial osteotomy <b>Jean Louis Prudhon</b>	<b>France</b>

Ⓟ **10:00** **Coffee Break****Session 55****Papers****HALL (D)**Prof. Abdelsalam  
Shohayeb**09:00-10:00****Chairmen****Prof. Ahmed Allam; Prof. Ali Alamoudi  
Prof. Mohamed Awad; Prof. Mohamed Saleh Al-Saifi**

<b>173</b>	<b>09:00</b>	Surgical Treatment Of Comminuted Intraarticular Distal Radius Fracture With External Fixation. Functional Outcome And Short Term Follow Up. <b>Mohammed Saleh Al-Saifi</b>	<b>Yemen</b>
<b>174</b>	<b>09:10</b>	Atient Reported Outcome Measures Of A Cortical Endobutton System For Distal Biceps Reattachment Through A Single Incision <b>Ahmed Elmorsy</b>	<b>UK</b>
<b>175</b>	<b>09:20</b>	Results Of Repair Of Avulsed Distal Biceps Tendon Through Double Approaches <b>Mohammad Quolquela</b>	<b>Egypt</b>
<b>176</b>	<b>09:35</b>	Long segment femur lengthening with mono lateral frame <b>Ahmed Allam</b>	<b>Egypt</b>
<b>177</b>	<b>09:50</b>	Disaster Management & Local Experience <b>Ali Alamoudi</b>	<b>KSA</b>

Ⓟ **10:00** **Coffee Break**

<b>Session 56</b>		<b>Papers</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>10:30-11:30</b>	
<b>Chairmen</b>		<b>Prof. Bahaa El Serwy; Prof. Khaled Hassan Prof. Mohamed Adel Shafik ; Prof. Nehad El Mahboub</b>	
<b>178</b>	<b>10:30</b>	Does Lateral Opening Wedge Osteotomy Achieving Accurate Correction Of Valgus Knee Deformity?	<b>Egypt</b>
		<b>Elsayed Ibrahim Shaheen</b>	
<b>179</b>	<b>10:38</b>	The Novel Combination Of Arthroscopic Medial Release & Open Wedge High Tibial Osteotomy For Varus Knee With Medial Compartment OA	<b>Egypt</b>
		<b>Mohamed Ali</b>	
<b>180</b>	<b>10:46</b>	Results Of Biplanar Valgus Openwedge High Tibial Osteotomy For Medially Arthritic Varus Knees Fixed By Locking Plate	<b>Egypt</b>
		<b>Amr Hassan Elhoseiny</b>	
<b>181</b>	<b>10:54</b>	Acute Correction Of Varus Knee By Biplanar Medial Opening-Wedge High Tibial Osteotomy And Fixation With Tomofix Plate	<b>Egypt</b>
		<b>Elsayed Ibrahim Shaheen</b>	
<b>182</b>	<b>11:02</b>	Correction of Blount disease, Acute or Gradual ?	<b>Egypt</b>
		<b>Mohamed Abdelaal Hussein</b>	
<b>183</b>	<b>11:10</b>	Reconstruction Of Extensor Mechanism Of The Knee After Resection Of Giant-Cell Tumor Of The Patella And Patellar Tendon.	<b>Egypt</b>
		<b>Ahmad Shaheen</b>	
<b>184</b>	<b>11:20</b>	Rotational Malignment Of Tibial After Closed Fracture Treatment With Reamed Intramedullary Nailing, Clinical, Radiological Assessment And Impact On Functional Outcomes	<b>Egypt</b>
		<b>Mohamed Abdel-Aal</b>	
<b>⌂</b>	<b>11:30</b>	<b>Change Break</b>	

**Session 57****Papers****HALL (B)**Prof. Mahmoud  
Ezz El Din**10:30-11:30****Chairmen****Prof. Abdalla El Malki  
Prof. Hesham El Mowafi  
Prof. Mohamed Bahy El Shafie  
Prof. Sherif Naseef**

<b>185</b>	<b>10:30</b>	Case presentation( congenital ACL deficiency)	
		<b>Maher El Kamhawy</b>	<b>Egypt</b>
<b>186</b>	<b>10:38</b>	Arthroscopic Treatment Of Chronic Patellar Tendinopathy (Jumper's Knee)	
		<b>Ahmed El Zeiny</b>	<b>Egypt</b>
<b>187</b>	<b>10:46</b>	Paenibacillus Isolated From Superficial Infection Of The Left Knee Region In Middle Aged Man	
		<b>Mohamed Shalaan</b>	<b>Egypt</b>
<b>188</b>	<b>10:54</b>	Simltaneous Anterior Cruciate Reconstruction And Opening Wedge High Tibial Osteotomy	
		<b>Mohamed Salah Singer</b>	<b>Egypt</b>
<b>189</b>	<b>11:02</b>	Outcomes Of Osteochondral Autografting In Management Of Full-Thickness Chondral Defects In The Knee Joint	
		<b>Soliman Hassan Soliman Zalalo</b>	<b>Egypt</b>
<b>190</b>	<b>11:10</b>	Combined Anterior Cruciate Ligament And Anterolateral Ligament Reconstruction	
		<b>Mohamed Salah Singer</b>	<b>Egypt</b>
<b>191</b>	<b>11:18</b>	Management Of The Acute Mono-Arthropathy; Cohort Study And Review Of Guidelines	
		<b>Ayman Sorial</b>	<b>UK</b>
<b>P</b>	<b>11:28</b>	<b>Discussion</b>	

Session 58		Papers	
HALL (C) Prof. Mamdoh Zaki		10:30-11:30	
<b>Chairmen</b>		<b>Prof. Emad Essmat; Prof. Mahmoud Seddik Prof. Osman Abd Ellah El Sherif</b>	
192	10:30	Modified Dunn Procedure In Treatment Of Chronic Slipped Capital Femoral Epiphysis <b>Ahmed Abosalem</b>	<b>Egypt</b>
193	10:38	Hip Containment In Perthes Disease In Conjunction With Ilizarov Method <b>Mostafa Baraka</b>	<b>Egypt</b>
194	10:46	New approach for performing Ganz periacetabular osteotomy <b>Ahmed Saied</b>	<b>Egypt</b>
195	10:54	Mushroom shaped head reconstruction as a sequel of legg-Calve-Perthes disease. Mid term results <b>Basam Abo Elnas</b>	<b>Egypt</b>
196	11:02	Core Decompression Augmented With Autogenous Bone Grafts For Osteonecrosis Of The Femoral Head <b>Osman Abd Ellah Mohamed</b>	<b>Egypt</b>
197	11:12	Surgical Updates In Femoral Head And Neck Deformities ( 5 Years Follow Up) <b>Abdelkhalek Alzalabany</b>	<b>Egypt</b>
P	11:22	<b>Discussion</b>	

Session 59		Symposium Fracture Remodeling in Children	
HALL (D) Prof. Abdelsalam Shohayeb		10:30-11:30	
<b>Moderator</b>		<b>Prof. Adel Anwer; Prof. Hazem El Tayeby Prof. Kamal El Gafary; Prof. Khamis El Deeb; Prof. Nabel Abdel Moneem; Prof. Nabel Khalifa Prof. Osama Hegazy</b>	
	10:30	<b>Panel: Adel Anwer; Hazem El Tayeby; Kamal El Gafary; Khamis El Deeb; Nabel Abdel Moneem; Osama Hegazy</b>	
P	11:30	<b>Change Break</b>	

<b>Session 60</b>		<b>EOA in Collaboration with AO Trauma Symposium Reduction Techniques of Fractures</b>	
<b>HALL (A)</b> Prof. Anis Shiha		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Galal Zaki; Prof. Hassan El Zaher Prof. Osama Farouk</b>	
<b>198</b>	<b>11:30</b>	Closed Reduction as Deformity Correction <b>Gamal Hosny</b>	<b>Egypt</b>
<b>199</b>	<b>11:45</b>	<b>Hazem Abdel Azeem</b>	<b>Egypt</b>
<b>200</b>	<b>12:00</b>	Articular fracture reduction <b>Maged Samy</b>	<b>Egypt</b>
<b>201</b>	<b>12:15</b>	Closed reduction of calcaneal fractures <b>Hani El Mowafi</b>	<b>Egypt</b>
<b>▷</b>	<b>12:30</b>	<b>Change break</b>	

<b>Session 61</b>		<b>Knee</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Adel Adawy; Prof. Ahmed Saeed Prof. Mohb Fadel</b>	
<b>202</b>	<b>11:30</b>	Bone endoscopy in children <b>Knörr Jorge</b>	<b>Spain</b>
<b>203</b>	<b>11:45</b>	Management of unstable patella in the adolescent knee <b>Karl Fredrik Almqvist</b>	<b>Belgium</b>
<b>204</b>	<b>12:00</b>	Arthroscopy in femoropatellar instability in children and adolescents. <b>Knörr Jorge</b>	<b>Spain</b>
<b>205</b>	<b>12:15</b>	Patello-femoral arthroplasty <b>Karl Fredrik Almqvist</b>	<b>Belgium</b>
<b>▷</b>	<b>12:30</b>	<b>Change break</b>	

<b>Session 62</b>		<b>Symposium Roche</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Alaa El Zoheiry; Prof. El Bahy Reda</b>	
	<b>11:30</b>	Management paradigm of patients with multiple sclerosis: What are the Barriers and Gateways?	
		<b>Hatem Samir</b>	<b>Egypt</b>
▷	<b>12:15</b>	<b>Discussion</b>	
▷	<b>12:30</b>	<b>Change Break</b>	

<b>Session 63</b>		<b>Symposium Solutions for Bone Defects After Trauma</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>11:30-12:30</b>	
<b>Chairmen</b>		<b>Prof. Amr Elsayed; Prof. Kamal El Gafary</b>	
<b>206</b>	<b>11:30</b>	Introduction	
		<b>Amr Elsayed</b>	<b>Egypt</b>
<b>207</b>	<b>11:35</b>	Conventional Techniques	
		<b>Hatem Bakr</b>	<b>Egypt</b>
<b>208</b>	<b>11:45</b>	Masquelet technique	
		<b>Mostafa Baraka</b>	<b>Egypt</b>
<b>209</b>	<b>11:55</b>	vascularized bone transplant	
		<b>Amr Elsayed</b>	<b>Egypt</b>
<b>210</b>	<b>12:05</b>	External fixator and bone transport	
		<b>Gamal Hosny</b>	<b>Egypt</b>
	<b>12:20</b>	<b>Discussion</b>	
▷	<b>12:30</b>	<b>Change Break</b>	



**Session 64****Trauma****HALL (A)**

Prof. Anis Shiha

**12:30-01:30****Chairmen****Prof. Ibrahim Badran; Prof. Kamal Samy Abdel Meguid  
Prof. Osama Farouk**

<b>211</b>	<b>12:30</b>	I will do it early and closed <b>Mohamed Abou El Soud</b>	<b>Egypt</b>
<b>212</b>	<b>12:38</b>	I will do it delayed and open <b>Sherif Ishak</b>	<b>Egypt</b>
<b>213</b>	<b>12:46</b>	I will fix with multiple screws <b>Mohamed Younes</b>	<b>Egypt</b>
<b>214</b>	<b>12:54</b>	I will fix with DHS <b>Amr Azzam</b>	<b>Egypt</b>
<b>215</b>	<b>01:02</b>	Fixation failed: I will preserve the hip <b>Mohamed Kamal</b>	<b>Egypt</b>
<b>216</b>	<b>01:10</b>	Fixation failed: I will replace <b>Mohamed Mahran</b>	<b>Egypt</b>
<b>217</b>	<b>01:20</b>	State of the art <b>Osama Farouk</b>	<b>Egypt</b>

**01:30****Change Break**

<b>Session 65</b>		<b>Knee</b>	
<b>HALL (B)</b> Prof. Mahmoud Ezz El Din		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Gamal Abdel Maksoud; Prof. Mohamed Radwan Prof. Raouf El Abbasy</b>	
<b>218</b>	<b>12:30</b>	Current evidence in managing cartilage injuries of the knee in 2019- the more expensive the better?	
		<b>Karl Fredrik Almqvist</b>	<b>Belgium</b>
<b>219</b>	<b>12:45</b>	Management of OCD in the knee	
		<b>Karl Fredrik Almqvist</b>	<b>Belgium</b>
<b>220</b>	<b>01:00</b>	Femoral Condyle Full Thickness Cartilage Defects Resurfacing	
		<b>Fabio Valerio Sciarretta</b>	<b>Italy</b>
<b>221</b>	<b>01:15</b>	Management of knee cartilage defects by one-step LIPO-AMIC technique	
		<b>Fabio Valerio Sciarretta</b>	<b>Italy</b>
<b>▷</b>	<b>01:30</b>	<b>Change break</b>	

<b>Session 66</b>		<b>Symposium E V A</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>12:30-01:30</b>	
<b>Chairmen</b>		<b>Prof. Hani El Mowafi; Prof. Hazem Abdel Azeem</b>	
	<b>12:30</b>	Donifoxate	
		<b>Ashref El Nahal</b>	<b>Egypt</b>
	<b>12:50</b>	Ossofortin	
		<b>Ahmed Hazem</b>	<b>Egypt</b>
<b>▷</b>	<b>01:10</b>	<b>Discussion</b>	
<b>▷</b>	<b>01:30</b>	<b>Change Break</b>	

**Session 67**

**Symposium  
Obstetric Brachial Plexus Palsy**

**HALL (D)**

Prof. Abdelsalam  
Shohayeb

**12:30-01:30**

**Chairmen**

**Prof. Ashraf Moharam ; Prof. Essam El karef  
Prof. Hany Morsy ; Prof. Hassan El Noamany**

<b>222</b>	<b>12:30</b>	Over view and preliminary management <b>Ashraf Abd elaziz</b>	<b>Egypt</b>
<b>223</b>	<b>12:40</b>	Exploration -repair intra plexal neurotization <b>Ahmed Mashhour</b>	<b>Egypt</b>
<b>224</b>	<b>12:50</b>	Extra pedal Neurotization <b>Hassaan El Noamany</b>	<b>Egypt</b>
<b>225</b>	<b>01:00</b>	Reconstruction of shoulder and elbow <b>Abdelsalam Eid</b>	<b>Egypt</b>
<b>226</b>	<b>01:10</b>	Reconstruction of hand function <b>Ahmed Naeem</b>	<b>Egypt</b>
<b>227</b>	<b>01:20</b>	Free tissue transfer <b>Amr Elsayed</b>	<b>Egypt</b>
<b>▷</b>	<b>01:30</b>	<b>Change Break</b>	

**Session 68****EOA in Collaboration with AO  
Trauma Symposium  
Reduction Techniques of Fractures****HALL (A)**

Prof. Anis Shiha

**01:30-02:30****Chairmen****Prof. Alaa El-Zoheiry; Prof. Hassan El-Zaher  
Prof. Osama Farouk**

<b>228</b>	<b>01:30</b>	Types of fracture reduction <b>Chris Werken</b>	<b>Netherland</b>
<b>229</b>	<b>01:45</b>	Tools of reduction: Minimizing surgical footprint <b>Mahmoud Badran</b>	<b>Egypt</b>
<b>230</b>	<b>02:00</b>	Diaphyseal fracture reduction <b>Ahmed El-Malt</b>	<b>Egypt</b>
<b>231</b>	<b>02:15</b>	Subtrochanteric Fractures: Tips and Tricks in reduction <b>Mahmoud Abdel Karim</b>	<b>Egypt</b>
<b>⌘</b>	<b>02:30</b>	<b>Lunch</b>	

**Session 69****Arthroplasty****HALL (B)**Prof. Mahmoud  
Ezz El Din**01:30-02:30****Chairmen****Prof. Ashraf El Wakiel; Prof. Mohamed Samy El Zahhar  
Prof. Yasser Emam Khalifa**

<b>232</b>	<b>01:30</b>	Intraoperative diagnosis of infected THA <b>Luigi Zagra</b>	<b>Italy</b>
<b>233</b>	<b>01:45</b>	Arthroplasty: Description of A Novel Technique <b>Fabio Valerio Sciarretta</b>	<b>Italy</b>
<b>234</b>	<b>02:00</b>	THA in septic arthritis <b>Luigi Zagra</b>	<b>Italy</b>
	<b>02:15</b>	<b>Discussion</b>	
<b>⌘</b>	<b>02:30</b>	<b>Lunch</b>	

<b>Session 70</b>		<b>Symposium Mash Premiere</b>	
<b>HALL (C)</b> Prof. Mamdoh Zaki		<b>01:30-02:30</b>	
<b>Chairmen</b>		<b>Prof. Hani El Mowafi</b>	
	<b>01:30</b>	Pain management, What's New?	
		<b>Gamal Hosny</b>	<b>Egypt</b>
▷	<b>02:15</b>	<b>Discussion</b>	
▷	<b>12:30</b>	<b>Lunch</b>	

<b>Session 71</b>		<b>Symposium</b>	
<b>HALL (D)</b> Prof. Abdelsalam Shohayeb		<b>01:30-02:30</b>	
<b>Chairmen</b>		<b>Prof. Abdelslam Eid; Prof. Ahmed Naeem Prof. Mahmoud El Gandy</b>	
<b>235</b>	<b>01:30</b>	Ulnar nerve entrapment	
		<b>Waleed Riad Saleh</b>	<b>Egypt</b>
<b>236</b>	<b>01:40</b>	Thoracic outlet syndrome	
		<b>Ahmed Semaya</b>	<b>Egypt</b>
<b>237</b>	<b>01:50</b>	Radial nerve entrapment	
		<b>Ashraf Abd elaziz</b>	<b>Egypt</b>
<b>238</b>	<b>02:00</b>	Median nerve entrapment	
		<b>Amr Fouad</b>	<b>Egypt</b>
<b>239</b>	<b>02:10</b>	Suprascapular nerve entrapment	
		<b>Ahmed Fathy Sadek</b>	<b>Egypt</b>
▷	<b>02:20</b>	<b>Discussion</b>	
▷	<b>02:30</b>	<b>Lunch</b>	

**Session 72**

**Instructional Course Lecture  
Tibial Plateau Fractures**

**HALL (1)**

**03:30-05:30**

**Moderator**

**Prof. El-Zaher Hassan; Prof. Sherif Khaled  
Prof. Mohamed Hegazi; Prof. Mahmoud Abdel Karim**

<b>03:30</b>	Classification of tibial plateau fractures <b>Ahmed Hany Khater</b>	<b>Egypt</b>
<b>03:45</b>	Decision making & choice of Surgical approach <b>El-Zaher Hassan</b>	<b>Egypt</b>
<b>04:00</b>	Associated ligamentous knee injuries with tibial plateau fracture <b>Radwan Metwaly</b>	<b>Egypt</b>
<b>04:15</b>	Fixation principles <b>Mahmoud Abdel Wahab</b>	<b>Egypt</b>
<b>04:30</b>	External fixators in tibial plateau fracture <b>Mohamed Hegazi</b>	<b>Egypt</b>
<b>04:45</b>	Salvage after failed tibial plateau fixation <b>Emad Saweras</b>	<b>Egypt</b>
<b>05:00</b>	Interactive case discussion <b>Sherif Khaled</b>	<b>Egypt</b>
<b>05:15</b>	<b>Questions &amp; Answers</b>	
<b>05:30</b>	<b>End of the Day</b>	

**Session 73**

**Instructional Course Lecture  
Foot and Ankle  
Disorders Hallux**

**HALL (2)**

**03:30-05:30**

**Moderator**

**Prof. Ahmed Kholief; Prof. Nasef Mohamed Nasef  
Prof. Ossama El Shazly**

**03:30** Hallux valgus Anatomy and pathomechanics  
**Yaser Abdel Fattah** Egypt

**03:42** Chevron Osteotomy  
**Ahmed Hazem AbdelAzim** Egypt

**03:54** Scarf Osteotomy  
**Ahmed Ramy** Egypt

**04:06** Long Chevron versus scarf:  
**Wael abdelhady** Egypt

**04:18** Lapidus procedure  
**Yasser Roushdy** Egypt

**04:30** Weil's osteotomy  
**Samer Ali** Egypt

**04:42** Hallux rigidus:  
**Abobakr Zein** Egypt

**04:54** Hallux varus  
**Mohamed Mokhtar** Egypt

**05:08** Discussion

**05:30** End of the Day

**Session 74**

**Instructional Course Lecture  
Sport Medicine  
Trending Topics in Arthroscopic Knee Surgery**

**HALL ( 3 )**

**03:30-05:30**

**Chairman**

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

**Moderator**

**Dr. Mohamed Abo El Nour**

<b>03:30</b>	<b>03:40</b>	Outside in Meniscal repair. <b>Hatem Galal</b>	<b>Egypt</b>
<b>03:40</b>	<b>03:50</b>	Ramp Lesion of the meniscus when to repair? <b>Amr Ahmed</b>	<b>Egypt</b>
<b>03:50</b>	<b>04:00</b>	Meniscal Root repair <b>Ahmed Hany</b>	<b>Egypt</b>
<b>04:00</b>	<b>04:10</b>	<b>Discussion</b>	
<b>04:10</b>	<b>04:20</b>	Internal brace concept in ACL repair <b>Mohamed Sobhy</b>	<b>Egypt</b>
<b>04:20</b>	<b>04:30</b>	All inside ACL Reconstruction <b>Amr Rashwan</b>	<b>Egypt</b>
<b>04:30</b>	<b>04:40</b>	Extra articular tenodesis with ACL when and How? <b>Ahmed Waly</b>	<b>Egypt</b>
<b>04:40</b>	<b>04:50</b>	<b>Discussion</b>	
<b>04:50</b>	<b>05:00</b>	Posterolateral reconstruction, state of the ART. <b>Mohamed Aboelnour</b>	<b>Egypt</b>
<b>05:00</b>	<b>05:10</b>	Medial patellofemoral ligament reconstruction <b>Hazem Farouk</b>	<b>Egypt</b>
<b>05:10</b>	<b>05:20</b>	HTO and tibial Slope changes. <b>Ihab Ramadran</b>	<b>Egypt</b>
<b>05:20</b>	<b>05:30</b>	ACL Reconstruction <b>Abdel Samie Halawa</b>	<b>Egypt</b>
<b>P</b>	<b>05:30</b>	<b>End of the Day</b>	



**Session 75**

**Instructional Course Lecture  
Pediatric Bone Tumours**

**HALL ( 4 )**

**03:30-05:30**

**Moderator Prof. Walid Ebeid**

**Panel:**

**Walid Ebeid Egypt**

**Ahmed Kassem Egypt**

**wessam Abosena Egypt**

**Mostafa Salah Egypt**

**Wael Safwat Egypt**

**▷ 05:30**

**End of the Day**

**Session 76**

**Instructional Course Lecture  
Arthroplasty  
Debate Updates**

**HALL ( 5 )**

**03:30-05:30**

**Moderator Prof. Elsayed Morsi**

**03:30 Topics:**

- Cemented or Uncemented
- Mobile Bearing or Fixed Bearing
- Bone Graft or Metal Augment
- First Stage or Second Stage Revision in Infection
- Standard Approach or Mini- Invasive
- Long Stem or Short Stem

**Panel:**

**Ahmed Morrah  
Elsayed Morsi  
Ahmed Abdel Aal  
Yasser Khalifa  
Ayman Soliman  
Ibrahim El Ganzory**

**▷ 05:30**

**End of the Day**

**Session 77**

**Instructional Course Lecture  
Pediatric Lower Limb Fractures**

**HALL (6 )**

**03:30-05:30**

**Chairman**

**Prof. Abdel Sabour Ghoneim; Prof. Bahaa Kornah;  
Prof. Nabil Abdal Moneem**

<b>03:30</b>	<b>03:45</b>	Principles of treatment of LL fractures <b>Hassan El Barbary</b>	<b>Egypt</b>
<b>03:45</b>	<b>04:00</b>	Role of external fixation in Pediatric fracture <b>Gamal Hosny</b>	<b>Egypt</b>
<b>04:00</b>	<b>04:15</b>	Paediatric Femoral neck fractures <b>Tarek Hassan</b>	<b>Egypt</b>
<b>04:15</b>	<b>04:30</b>	Benign negligence pediatric fractures <b>Bahaa Kornah</b>	<b>Egypt</b>
<b>04:30</b>	<b>04:45</b>	Paediatric fractures distal end of femur <b>Shady El Bashry</b>	<b>Egypt</b>
<b>04:45</b>	<b>05:00</b>	Current concepts of treatment of diaphyseal femoral fractures <b>Mohamed Hussein Fadel</b>	<b>Egypt</b>
<b>05:00</b>	<b>05:15</b>	Paediatric injuries distal tibia and fibula <b>Mohamed Osama Hegazy</b>	<b>Egypt</b>
<b>05:15</b>	<b>05:30</b>	Pediatric pelvis fractures <b>Mohamed Younes</b>	<b>Egypt</b>
<b>⌂</b>	<b>05:30</b>	<b>End of the Day</b>	



# Abstracts

**001**  
**ONE-STAGE SURGERY FOR ADULT CHRONIC OSTEOMYELITIS:  
CONCOMITANT USE OF ANTIBIOTIC-LOADED CALCIUM SULPHATE  
AND BONE MARROW ASPIRATE**  
**MOHAMED SAFAA ARAFA**  
**EGYPT**

**Purpose**

To report our experience with one-stage treatment of chronic osteomyelitis using a prospective protocol involving the concomitant use of the antibiotic-loaded calcium sulphate pellets with addition of bone marrow aspirate after bony debridement.

**Patients and methods**

A total of 30 patients with the mean age of 26.2 years were treated according to a protocol that included (1) surgical debridement of bone and infected tissues, (2) local antibiotic therapy including vancomycin and garamycin loaded on calcium sulphate space filling biodegradable pellets, (3) bone marrow aspirate added to the biocomposite, (4) primary closure with external fixation (when needed) and (5) intravenous antibiotics according to culture and sensitivity results.

**Results**

After a minimum of one year follow-up, infection was eradicated in 23 (76.7%) patients, the average rate of filling of the bony defect was 70.47%, complete filling of defect in 15 patients (50%) and pathological fracture in one patient.

**Discussion & Conclusion:**

**Conclusion**

The technique proved safety and efficacy in eradicating the infection and bony healing of the defects after debridement. Simple bone marrow aspiration is cheap, reproducible, safe and not exhausting the scanty autograft resources.

**002**  
**INFECTED TIBIAL NONUNION: IS RADICAL DEBRIDEMENT  
MANDATORY?**  
**MOHAMED ANTER**  
**EGYPT**

**003**  
**PROPELLER FLAP FOR TRAUMATIC SKIN NECROSIS RIGHT LEG IN  
PATIENT WITH BILATERAL CHRONIC CELLULITIS**  
**MOHAMED SHAALAN**  
**IRELAND**

**Abstract**

Propeller flap for traumatic skin necrosis right leg in patient with bilateral chronic cellulitis  
Mohamed Shaalan, Tallaght university hospital, Dublin, Ireland

**Objective:** To review the outcome of propeller flap in post traumatic skin necrosis right leg in 67 y old patient who has chronic cellulitis both legs

**Comorbidities:** HTN, IHD, Aortic valve replacement, warfarin, diabetes mellitus

**Summary:** blunt trauma to the right leg resulted in tense haematoma on the anterolateral aspect of the mid leg which after two days followed by breakdown of the skin and raw area developed measuring 10\*7 cm, regular dressing done and in some stage VAC dressing, no signs of infection and decision of propeller flap made.

**Results:** after propeller flap which based on septocutaneous branch, follow up of the blood flow in the flap is good, no signs of ischemia, and the wound healed all around in a good time (two weeks) except the posterior edge of the wound healed within three weeks.

**Conclusion:** propeller flap is a good solution for skin defects especially in chronic skin problems.

**Key words:** skin flap, propeller, Leg ulcer, chronic cellulitis

Discussion & Conclusion:

Conclusion: propeller flap is a good solution for skin defects especially in chronic skin problems.

**004**

**ANTIBIOTIC PROPHYLAXIS IN THE MANAGEMENT OF OPEN FRACTURES A SYSTEMATIC REVIEW AND CURRENT RECOMMENDATIONS**

**MOHAMED ABDEL-AAL  
EGYPT**

Abstract:

Aim: Evidence regarding antibiotic prophylaxis for patients with open fractures of the extremities. We conducted a systematic review addressing current practice and recommendations.

Methods: publications from January 2009 to June 2018.

We searched Embase, MEDLINE, CINAHL, the Cochrane Central Registry of Controlled Trials (CENTRAL), and the Cochrane Database of Systematic Reviews for clinical studies and surveys of surgeons; and web sites for guidelines and institutional protocols.

Results: We identified 223 eligible publications that reported 100 clinical practice patterns and 276 recommendations with regard to systemic antibiotic administration, and 3 recommendations regarding local antibiotic administration alone. Most publications of clinical practice patterns used regimens with both gram-positive and gram-negative coverage and continued the administration for 2 to 3 days. Most publications recommended prophylactic systemic antibiotics. Most recommendations suggested gram-positive coverage for less severe injuries and administration duration of 3 days or less. For more severe injuries, most recommendations suggested broad antimicrobial coverage continued for 2 to 3 days. Most publications reported intravenous administration of antibiotics immediately.

Discussion & Conclusion:

Current practice and recommendations strongly support early systemic antibiotic prophylaxis for patients with open fractures of the extremities. Differences in antibiotic regimens, doses, and durations of administration remain in both practice and recommendations. Consensus with regard to optimal practice will likely require well designed randomized controlled trials.

**005**

**OUTCOME OF PIN TRACT CARE PROTOCOL IN SUDANESE PATIENT TREATED BY ILIZAROV**

**MOHAMED HAMID AWADELSIED  
SUDAN**

Descriptive and prospective study

Discussion & Conclusion:

Our current local protocol minimizing incidence of pin tract infection

**006**

**FUNGAL MYCETOMA: A CASE REPORT OF 'MADURA FOOT' IN THE HAND**

**MR ANTHONY J THAYAPARAN MBBCH MRCS MR TIM MAHESWARAN MBBS  
MRCS MRES DR FARIS KUBBA MBBS FRCPATH DR ADNAN AALI MBBS  
FRCPATH MR SHENOUDA SHALABY MBBS FRCS MR TARIQ ZAMAN MBCHB  
FRCS  
UK**

**Abstract:**

A 29 years old male from Sudan with a fluctuant mass in his left hand , referred from dermatology clinic . He had a slow growing swelling over the volar aspect of his left hypothenar eminence measured 2.5cm in diameter with two puncti, intermittently discharged black granules.

Plain radiographs confirmed a hypodense lesion with no bony involvement.

Ultrasound assessment and aspiration confirmed the above and did not reveal any positive microbiological results.

Excision biopsy of the lesion

Intra-operatively :the mass was locally invasive and had been very slowly invading the deeper structures of the hand. Surgical excision and careful curettage with wound packing was performed, with multiple samples sent for both microbiology and histopathology studies. No neurovascular deficit.

The tumour-like mass was found to be a

fungal mycetoma, caused by *Madurella mycetomatis*.

**Discussion & Conclusion:**

**Conclusion**

Management currently involves a multidisciplinary approach to care, combining surgical excision and anti-fungal therapy. Left untreated, this locally invasive problem can progress to such a degree that limb amputation is occasionally recommended. With a diverse population in the United Kingdom, a careful history and examination is paramount in aid of diagnosis and special referral for fungal culture .

**007**

**INFECTED NONUNION FEMUR, ILIZAROV PRINCIPLES AND FIAT  
(FIBULA ILIZAROV ASSISTED TECHNIQUE)**

**MOHAMED FADEL; GAMAL HOSNY  
EGYPT**

**Introduction:** Many conventional methods are used for management of nonunion of shaft femur.

We discuss use of Ilizarov principles in treatment of infected nonunion of the femoral shaft and FIAT (Fibula Ilizarov Assisted Technique)

**Materials and Methods:** We treated 43 cases of infected nonunion of the femoral shaft had been treated between September 2006 and 2012. Their average age was 30years (range: 18:62). There were 6 female. Patients presented with discharging sinus in 27 cases, intermittent discharging sinus in 8 cases, and past history of infection less than 6 months in 6 patients. There were past history of more than 2 previous surgical attempts for management in all cases. Nonunion was associated with stiff knee in 32 cases. The wound and bone were debrided and the bone fixed with Ilizarov device. Bone transport was needed for 7 cases. The wound was debrided and excision of the sinus was performed. The bone was explored, debrided, sequestrectomy was removed, and local antibiotic was added, if financially possible. Ilizarov external fixator was applied, then acute compression, compression followed by distraction compensating lengthening, bone transport using gradual compression with distraction at the corticotomy site, and correction of deformity.

**Results:** We used monofocal technique in 28, and bifocal in 11 (one with acute docking), free vascularized fibular graft in 1, and free nonvascularized fibular graft in 3. After mean follow-up were 24: 36 months. All fractures healed between 6 and 25 months. Ten limbs with mild intermittent discharging sinus continued on local dressing and antibiotics, and 6 limbs needed redebridement and both conditions resolved.

**Discussion & Conclusion:**

**Conclusion:** We concluded that the Ilizarov external fixator is effective in management of infected nonunion of the femoral shaft. FIAT provides advantages of acute docking, gain lengthening, and correction of deformity if needed with early rehabilitation.

**008**

**DISTAL METAPHYSEAL DORSAL CLOSING WEDGE IN FREIBERG  
DISEASE (PRELIMINARY STUDY)**

**AHMED RAMY ZAKARIA  
EGYPT**

Freiberg disease, or osteochondrosis of the lesser metatarsal head, is not an uncommon disease. It is the fourth most common osteochondrosis after Köhler disease, Panner's disease, and Sever's disease. It is more common in females than males (5:1). The second metatarsal head is the most commonly affected one followed by the 3rd & the 4th metatarsal heads. This is obviously observed in feet where the 1st metatarsal head is shorter than the 2nd one leading to excessive weight bearing on the 2nd

metatarsal head.

Treatment could be conservative especially in the early stage of the disease however; the patients usually present during later stages leading to poor results of the conservative treatment. There are many surgical procedures described in the literature for the treatment of Freiberg disease including joint debridement, core decompression, metatarsal osteotomies, metatarsal head resection, interpositional tissue arthroplasty, osteochondral distal metatarsal allograft replacement and synthetic implants. However, there is no consensus in the literature on a specific procedure for the surgical treatment of Freiberg disease.

The aim of this study is to evaluate the results of distal metaphyseal dorsal closing wedge as a surgical treatment for Freiberg disease.

**009**

**LATERAL COLUMN LENGTHENING VERSUS MEDIAL  
DISPLACEMENT CALCANEAL OSTEOTOMY IN STAGE II TIBIALIS  
POSTERIOR TENDON DYSFUNCTION**

**AMR ABO EL FADLE EL SAYED MOHAMMED; ABUBEIH HOSSAM; EL-ADLY  
WAEI; EL-GAFARY KAMAL ; OSMAN AHMED EKRAM  
EGYPT**

Abstract:

Objective: To compare lateral column lengthening versus medial calcaneal displacement osteotomy clinically and radiological in patients complaining from tibialis posterior tendon dysfunction stage II.

Material and methods: A total of 42 patients (21 males, 21 females) with a mean age of  $49.62 \pm 6.2$  years underwent surgical reconstruction for unilateral flatfoot deformity. All patients had pre- and Post-operative assessment using American Orthopedic Foot and Ankle Society (AOFAS) score and foot function index (FFI) for clinical evaluation, Talo-navicular coverage angle (TNCA), Talo-first metatarsal angle (Meary's), Talo-calcaneal lateral angle, Talo-calcaneal AP angle, Hind foot axial angle and calcaneal pitch angle (CPA) for radiological assessment. Follow up done in 3, 6 and 12 months. Tendoachilis lengthening and FDL transfer were done in all cases.

Results: while there was a significant clinical improved in both groups there was no significant difference in outcome between the two procedures. Pre-operative AOFAS improved in MDCO and LCL from  $42.73 \pm 12.1$  and  $44.80 \pm 11.2$  to  $88.68 \pm 12.5$  and  $85.95 \pm 11.2$  respectively and in FFI from  $61.86 \pm 7.6$  and  $60.40 \pm 8.2$  to  $32.18 \pm 8.5$  and  $30.10 \pm 11.1$ .

Radiologically while there was a significant difference pre and postoperative in all measured angles but In LCL the TNC and calcaneal pitch angles showed better improvement without loss of correction after one year follow up (  $19.05 \pm 3.2$  vs  $13.70 \pm 2.2$ , P-value < 0.001 and  $17.00 \pm 2.8$  vs  $13.95 \pm 2.2$ , P-value < 0.001)

while MDCO has better improvement in long axial angle(  $-8.77 \pm 1.9$  vs  $-14.75 \pm 2.0$ , P-value < 0.001 )

Discussion & Conclusion:

Conclusion : Conclusion : MDCO and LCL have good clinical improvement however, reconstructions performed with LCL produced a greater change in the realignment of a flexible flatfoot, maintained more of their initial correction over time, and were associated with a lower incidence of additional surgery than reconstructions with a MTO of the calcaneus

**010**

**HINDFOOT ARTHRODESIS NAILING INDICATIONS & RESULTS IN  
DISTRICT GENERAL HOSPITAL.**

**HUSSAM FRAIG; MOHAMMED DIAB  
EGYPT**

Abstract:

Hindfoot arthrodesis using retrograde intramedullary nailing has been described as a surgical strategy to reconstruct deformities of the ankle and hindfoot in patients with different hindfoot pathology. In this study we present 22 cases of hindfoot arthrodesis nailing in 19 patients including degenerative and trauma cases with early to mid-term follow up results.

Discussion & Conclusion:

Hind foot nailing is very versatile tool to reconstruct a deformed hind foot pathology or salvage the hind foot in complex ankle fracture in geriatric populations. Through relatively small surgical incision the technique can achieve very good correction of deformity preserving the soft tissue envelop and achieve solid fusion in high percentage of cases. In this study our results in various indications both elective and

trauma cases are comparable to that in literature. We recommend hind foot arthrodesis nailing for hind foot deformity in charcot neuro- arthropathy, rheumatoid arthritis and complex fracture ankle in elderly population.

**011**

## **WHAT IS THE EFFECTIVE TECHNIQUE FOR SYNDESMOTIC STABILIZATION TIGHT ROPE OR SCREW?**

**ELSAYED IBRAHIM SHAHEEN**

**EGYPT**

### **Abstract:**

**Background:** Complex syndesmotic ankle injuries (SAI) require restoration of normal biomechanics aiming to minimize expected complications.

**Aim:** The purpose of this study was to compare tightrope (Arthrex) technique in syndesmotic injury versus 3.5 mm tricortical transsyndesmotic screw in terms of accuracy and syndesmosis reduction.

**Methods:** prospective clinical for twenty-two patients presented by SAI randomly allocated into two groups. Group A was fixed using tightrope technique, while group B fixed using 3.5 mm trans-syndesmotic cortical screw. All patients underwent clinical examination, radiological investigations, functional evaluation using American Orthopedic Foot and Ankle Society (AOFAS); preoperative, 6th, 12th and 17th months as follow up. SPSS was used for statistical analysis.

**Results:** The mean participants' age was (39.4±3.7) years and mean follow up was (15.7±3.4) months. The study showed that AOFAS scores were better in Tightrope group (P value < 0.018); with faster weight bearing (4.9 weeks), which required 6 weeks in tricortical trans-syndesmotic screw group. Along follow up period, tightrope group was shown higher range of motion (ROM) than group B (P value < 0.042). Moreover, tightrope group not required secondary implant removal. **Conclusion:** Tightrope technique provides alternate safe, efficient SAI fixation and advantageous early weight bearing, plus long-term stability that radiologically confirmed as well shown higher AOFAS scores.

**Keywords:** Tightrope; Screw fixation; Syndesmosis; AOFAS scores; Ankle stability

### **Discussion & Conclusion:**

#### **Discussion**

Tightrope stabilization of a syndesmotic injury has been shown as an alternative that has significant outcomes and is more physiological than standard screw techniques [14]. The dynamic flexible fixation of tight rope permits micro-movement of the distal tibiofibular joint, which provides better outcomes in terms of mobility, accelerated ligament healing, earlier return to full weight-bearing and returns of physical abilities, as well unnecessary implant removal [15].

The present study has been shown that tightrope technique provides long standing and accurate syndesmosis reduction, better mobility, plus faster functional abilities, with significantly higher in AOFAS scores, range of motion and full-time weight bearing when compared the screw group along the latest follow up period. Furthermore, the study reported minor complications about (18%) one case skin irritation at medial ankle side, and another case had superficial infection at lateral malleolus when compared with screw technique about (27%), broken screw, prominent head of screw and diastasis after removal of screw, especially within second intervention, while routine implant removal.

The present result coincide with, Thomes et al. [16] reported that tightrope technique permitted earlier weight bearing, and stated its safe, efficient and simple nature versus screw technique, which required second removal surgery. In terms of functional abilities, it was reported higher AOFAS in patients underwent tightrope fixation than screw technique [17,18]. Plus, tightrope fixation patients were permitted earlier weight bearing (4.1 weeks) with no need for further surgical interventions as reported by Naqvi et al. [19] in advance no loading failure or residual diastasis were reported even with accelerated full weight bearing [20-22].

Cottom et al. [23] also reported that it was accelerated early weight bearing in the tightrope group with no complication such as implant failure or removal was noted. Degroot et al. [18] demonstrated that shorter average time to full weight-bearing of 5.7 weeks using tightrope, with no complication of implant failure or residual displacement at a follow-up of 2years. On the other hand, in this study usage of second tight rope was occurring in highly unstable distal tibiofibular joint with improper fixation



by single device. This agree with Naqvi et al. [19] usage of extra tightrope implant to gain accurate syndesmosis reduction was advised in 26% of population study and 75% as confirmed by DeGroot et al. [18] to prevent later enlarged tibial hole or implant subsidence or in case of oseolysis. This study was undertaken routine removal of syndesmotic screws range from 8-12 Weeks, however, did not occur routinely at tight rope group.

#### Conclusion

The dynamic stabilization or flexible fixation was done by tightrope provides an alternate to static fixation done by syndesmotic screw features a lot of advantages besides its complications. It permits remarkable earlier return to work with longer efficient syndesmosis reduction and better stability, as well preventable risks and correctable complications. In screw fixation group achieve rigid fixation with lack of mobility at syndesmosis to achieve ligament healing, however hardware removed had done routinely at a later date with minor complications attributable such as broken, prominent screw and superficial infection.

Have a Comment?:

PUBLISHED

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**012**

## **JOINT PRESERVING SURGERIES IN SPASMODIC FLAT FEET IN ADOLESCENT**

**AMR ABO EL FADLE EL SAYED; ABUBEIH HOSSAM, KHALIFA AHMED, EL-ADLY WAEL, EL-GAFARY KAMAL, OSMAN AHMED EKRAM  
EGYPT**

#### Abstract:

To detect early results of joint preserving surgeries as an approach to treat spasmodic flat feet in adolescents. Material and methods: A total of 18 patients (14 boys, 4 girls) with a mean age of 14.2 years underwent surgical reconstruction for unilateral flatfoot deformity. All patients had pre-operative CT scan, Pre- and Post-operative assessment was done using American Orthopedic Foot and Ankle Society (AOFAS) score for clinical evaluation, Talo-navicular coverage angle (TNCA), Talo-first metatarsal angle (Meary's), and calcaneal pitch angle (CPA) for radiological assessment. All cases were examined under anesthesia. Mean follow-up time was 18 months. Results: Medial calcaneal osteotomy, soft tissue release (Peroneus brevis, Peroneus Tertius, and Extensor digitorum longus) and Tendoachilis lengthening were done in all cases, in 13 (72.2%) cases, additional lateral column calcaneal lengthening osteotomy (Hinterman modification) was done. Preoperative mean AOFAS score improved

significantly from 45.9 to 93.4, radiographic angles changed significantly from pre-operative measurements as follows: TNCA from 13.7 to 5.2, Meary's angle from -18 to -4.9, and CPA from 17 to 18.8. loss of correction occurred in 2 (9.5%) cases, one patient had double arthrodesis for continuous pain, while the other presented with no pain and no further procedure was done.

#### Discussion & Conclusion:

Conclusion: In our early experience, joint preserving surgery (Soft tissue release and bony osteotomies) succeeded in obtaining good clinical as well as radiological results in adolescent patients diagnosed as spasmodic flatfeet.

**013**

## **SURGICAL TREATMENT OF STEPHENS AND SANDERS TYPE II CALCANEAN MALUNION BY ROMASH OSTEOTOMY AND SUBTALAR FUSION**

**MOHAMED HAMED FAHMY  
EGYPT**

#### Abstract

Background Non-operative treatment of displaced intra-articular calcaneal fracture usually results in calcaneal malunion that affects the function of the ankle, subtalar and midtarsal joints.

Objective Assessment of the short-term outcome of Romash calcaneal osteotomy and subtalar fusion in Stephens and Sanders type II calcaneal malunion variant. Our hypothesis is that a Romash calcaneal osteotomy with subtalar arthrodesis is more appropriate than performing a lateral wall exostectomy and bone block subtalar arthrodesis in these cases.

Method: Between August 2016 and January 2018, 8 patients with Stephens and Sanders type II calcaneal malunion were treated surgically. All patients were males, ranging between 24 to 38 years of age. All patients were construction workers. The cause of injury was a fall from height. 4 patients had an initial non-operative treatment with a cast, other 4 patients with open wounds were treated with wound debridement and cast in another hospital. The time between injury and index surgery range between 3 and 6 months. Our inclusion criteria of this study were a variant of Stephens and Sanders type II calcaneal malunion in which the tuberosity fragment remained attached to the superolateral articular fragment with minimal lateral wall blow-out. Through an extensile lateral approach, the osteotomy was performed through the primary fracture line, proper reduction of the tuberosity fragment then the osteotomy and the subtalar joint was fixed by 2 cannulated 6.5 partially threaded cancellous screws in a lag mode. Tenolysis of the peroneal tendons was performed in 2 cases while in 6 cases dislocated peroneal tendons had to be relocated behind the fibula with superior peroneal retinaculum reconstructed. All patients were followed up with a mean 15 (12–18 months).

Results The mean of American Orthopedic Foot and Ankle Society and pain score systems score was improved from 30 (18–42 points) preoperatively to 68 (49–87 points) postoperatively. Union was achieved in all cases in average 3 to 4 months postoperative.

Conclusion Romash calcaneal osteotomy with subtalar arthrodesis is more appropriate than performing a lateral wall exostectomy and bone block subtalar arthrodesis in cases of Stephens and Sanders type II calcaneal malunion variant with minimal lateral wall blow-out.

**014**

**CAN POLYARYLETHETERKETONE CAGE BE USED TO ACHIEVE UNION AND MAINTAIN CORRECTION IN ANTERIOR CALCANEAL LENGTHENING OSTEOTOMY FOR TREATMENT OF FLEXIBLE FLATFOOT?**

**KHALED M ZAGHLOUL  
EGYPT**

**015**

**MANAGEMENT OF ANKLE FRACTURES IN DIABETEC PATIENTS**

**KHALED EDRIS ABDELRAHMAN  
EGYPT**

Abstract:

In diabetic patients with ankle fractures, however, surgery is endangered with complications.

History of Charcot neuropathy led to the highest rates of complications. Other risk factors for complications included duration of diabetes, use of insulin, and presence of nephropathy or neuropathy. For displaced ankle fractures, the standard of care is open reduction and rigid internal fixation with prolonged non-weight bearing.

Discussion & Conclusion:

Diabetes affects small and large vessels alike, leading to tissue ischemia and hypoxia.

Compounding this ischemia is the increased blood viscosity and decreased compliance of red blood cells seen in patients with diabetes.

Have a Comment?:

This is an important lecture about latest updates and state-of-the art of this subject.

**017**

**BUILDING MULTIDISCIPLINARY SPINE TEAMS**

**DOUG ORR  
USA**

**018**

**MIMICS OF SPINAL PATHOLOGY**

**DOUG ORR  
USA**

**019**  
**ROLE OF FAMILY MEDICINE PHYSICIANS: MISDIAGNOSIS AND  
OVER INVESTIGATION AND TREATMENT**  
MOHAMED FAROUK ALLAM  
EGYPT

**020**  
**METASTATIC BONE DISEASE AND MANAGEMENT OF  
PATHOLOGICAL FRACTURE**  
WALEED EBAID  
EGYPT

**021**  
**USEFULNESS OF NAVIGATION-ASSISTED SURGERY FOR BONE  
AND SOFT-TISSUE SARCOMA; MORE ACCURATE, REDUCE  
BLEEDING, AND NON-TIME-CONSUMING**  
YUKI FUNAUCHI  
JAPAN

**022**  
**RECONSTRUCTIVE OPTION IN LIMB SALVAGE SURGERY**  
WALEED EBAID  
EGYPT

**023**  
**ANKLE ENDOSCOPY: STATE OF THE ART**  
JESÚS VILA  
SPAIN

**024**  
**OLT OF TALAR DOME : TREATMENT MANAGEMENT ALGORITHM**  
MOHAMED GOMAA  
EGYPT

**025**  
**AMIC FOR OLT TREATMENT**  
ANTONIO DALMAU  
SPAIN

**026**  
**MANAGEMENT OF OSTEOCHONDRAL CYSTS:**  
OSSAMA EL SHAZLY  
EGYPT

**027**  
**MICRO OR MACROFRACTURE FAILURE : NOW WHAT :**  
ANTONIO DALMAU  
SPAIN

**028**  
**PSYCHOLOGICAL ASPECTS OF SPINAL COMPLAINTS : THE  
YELLOW FLAGS**  
HISHAM RAMY

**EGYPT**

**029**  
**NEURO RADIOLOGY : DIAGNOSTIC ROLE, UPDATES**  
**AHMED SAMIR**  
**EGYPT**

**030**  
**HOW GERIATRICIANS LOOK INTO SPINAL DISORDERS**  
**HALA SWEED**  
**EGYPT**

**031**  
**HOW SPINAL SURGEONS LOOK INTO SPINAL DISORDERS FOR THIS AGE GROUP**  
**BAHAA KORNAH**  
**EGYPT**

**032**  
**CHARACTERISTICS AND PROGNOSIS AFTER UNPLANNED RESECTION OF SUPERFICIAL SOFT TISSUE SARCOMAS (UPS/MFS) IN JAPAN.**  
**YUKI FUNAUCHI**  
**JAPAN**

**033**  
**ELBOW TRAUMA WHEN MYOSITIS OSSIFICANS MIMICKING SARCOMA A CASE REPORT AND REVIEW OF LITERATURE**  
**AHMAD SHAHEEN**  
**EGYPT**

Abstract:

Elbow trauma

When Myositis Ossificans Mimicking Sarcoma

A case report and review of literature

Ahmad shaheen, M.D.

Prof. of orthopedic surgery, Egypt

Myositis ossificans is a localized inflammatory process affecting skeletal muscles. It can be misdiagnosed as the clinical, radiological and histological examinations as sarcoma. We report a 14 year old female patient who presented with trivial elbow trauma followed by pain, stiffness of her elbow few days after. X-Ray examination was negative. Analgesics, anti-inflammatory and arm sling failed to improve her condition. Physiotherapy was advised for 3 weeks however her pain and stiffness did not improve. Manipulation under GA was done followed by physiotherapy. Her Pain, stiffness did not improve in addition a soft tissue mass on the medial aspect of her elbow was noticed. The patient underwent US and MRI imaging where a soft tissue mass was diagnosed. Open biopsy and histopathological examination revealed a major non-ossified central core of proliferating fibroblasts and myofibroblasts, accompanied by a minor component of osteoid tissue. The conclusion was Myositis ossificans versus soft tissue osteosarcoma.

Discussion & Conclusion:

Conclusions: The aim of this case presentation is to present differential diagnosis between MO in its early and intermediate stages and osteosarcoma based on histopathology and radiological study. A basic knowledge of MO different stages in addition to radiological examination play the main part in correct diagnosis. As the treatment strategy is completely different in both conditions.

Have a Comment?:

The differential diagnosis between myositis ossificans and osteosarcoma in its early and intermediate

stages based on histopathological examination is very difficult.

**034**

**TUMOR INFILTRATING LYMPHOCYTE IN SARCOMAS AND MULTI-OMICS ANALYSIS FOR MYXOID LIPOSARCOMA ~ OUR PROGRESS OF TRANSLATIONAL RESEARCH IN CANCER INSTITUTE HOSPITAL OF JFCR  
YUKI FUNAUCHI  
JAPAN**

**035**

**FHL TRANSFER FOR ACUTE ACHILLES INJURY  
NASEF MOHAMED NASEF  
EGYPT**

**036**

**INSERTIONAL ACHILLES TENDINOPATHY  
WAGIH MOUSSA  
UK**

**037**

**LATERAL LIGAMENT INSTABILITY  
ALI REDA  
EGYPT**

**038**

**ARTHROSCOPIC TREATMENT OF LATERAL ANKLE INSTABILITY  
JESÚS VILA  
SPAIN**

**039**

**END STAGE ANKLE OSTEOARTHRITIS, REPLACEMENT OR FUSION?  
WAGIH MOUSSA  
UK**

**040**

**ROLE OF CLINICAL ONCOLOGY: DIAGNOSIS AND TREATMENT  
KHALED ABDEL KARIM  
EGYPT**

**041**

**NEURO RADIOLOGY : TREATMENT INCLUDING SRS : UPDATES :  
WAEEL ABDELHALIM  
EGYPT**

**042**

**EN BLOCK VERTEBRECTOMY FOR PRIMARY MALIGNANT SPINAL TUMORS: A MULTIDISCIPLINARY APPROACH  
HOSSAM SALAH  
EGYPT**

<p><b>043</b> <b>INTERNATIONAL COLLABORATION IN ORTHOPAEDICS AND TRAUMATOLOGY</b> <b>ONDER AYDINGOZ</b> <b>TURKEY</b></p>
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**053**  
**PAIN THERAPISTS : ENEMIES OR PARTNERS**  
**AMR ABDELFATTAH**  
**EGYPT**

**054**  
**ROLE OF MULTIMODAL ANALGESIA IN THE PERIOPERATIVE PERIOD**  
**RIM EL KABARITY**  
**EGYPT**

**055**  
**OUTCOME OF CONGENITAL VERTICAL TALUS**  
**SAMIR SHAHIN**  
**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 arthrogyrosis. 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.

**056**  
**RIGID PES PLANUS**  
**AHMED EL HAWARY**  
**EGYPT**

**057**  
**CALCANEAL OSTEOTOMIES FOR FLEXIBLE PES PLANUS**  
**WAGIH MOUSSA**  
**UK**

**058**  
**PES CAVUS:**  
**MOHAMED MOKHATAR**  
**EGYPT**

**059**  
**TREATMENT OF VALGUS ANKLE IN MYELOMENINGOCELE**  
**MOHAMED ABDELAAL HUSSEIN**  
**EGYPT**

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<p style="text-align: center;"><b>065</b>  <b>LIS FRANC INJURY</b>  <b>ATEF EL BELTAGY</b>  <b>EGYPT</b></p>
<p style="text-align: center;"><b>066</b>  <b>TALUS FRACTURE MANAGEMENT</b>  <b>ANTONIO DALMAU</b>  <b>SPAIN</b></p>
<p style="text-align: center;"><b>067</b>  <b>MALUNITED CALCANEUS</b>  <b>AHMED KHOLIEF</b>  <b>EGYPT</b></p>
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**071**  
**TYPE V OSTEOGENESIS IMPERFECTA- NEW CHALLENGES TO**  
**ORTHOPAEDIST**  
**XIUZHI REN**  
**CHINA**

**072**  
**HOW TO TREAT THE LOWER LIMB DEFORMITY IN ADULTS WITH**  
**OSTEOGENESIS IMPERFECTA;**  
**XIUZHI REN**  
**CHINA**

**073**  
**ONE STAGE SURGERY FOR MULTIPLE JOINT DEFORMITY OF**  
**LOWER EXTREMITY**  
**JIANCHENG ZANG**  
**CHINA**

**074**  
**RODDING SURGERY IN CHILDREN WITH OSTEOGENESIS**  
**IMPERFECT**  
**XIUZHI REN**  
**CHINA**

**075**  
**DEVELOPMENT AND INNOVATION OF ILIZAROV TECHNOLOGY IN**  
**CHINA**  
**JIANCHENG ZANG**  
**CHINA**

**076**  
**THE ADOLESCENT IDIOPATHIC SCOLIOSIS INTERNATIONAL**  
**DISEASE SEVERITY STUDY : DOES PRESENTATION FOR SURGERY**  
**VARY BY COUNTRY?**

**Baron Lonner, MD; Akil Fazal, MD; Oheneba Boachie-Adjei, MD; Courtney Toombs, BS; Ferran Pellise, MD; Mohamed Ramadan, MD; Wael Koptan, MD; Yasser EIMiligui, MD; Harry Shufflebarger, MD**  
**EGYPT**

**Abstract:**

**Intro:** Scoliosis disease severity (DS) at the time of treatment may reflect access to care, healthcare infrastructure, and/or differences in disease characteristics. DS at the time of surgery may impact outcomes and peri-operative complications. The aim of this study was to assess the severity of AIS prior to surgery in six cities over four continents.

**Methods:** This multicenter study examined clinical and operative data from six sites: Spain, Egypt, New York, Miami, Pakistan and Ghana. A total of 393 consecutive patients were evaluated. ANOVA and Bonferroni pairwise comparison were performed for each parameter. Pearson correlations were calculated to compare levels fused to operative time, EBL and curve magnitude; curve magnitude to EBL and operative time; operative time and EBL. Relationships between complications and curve magnitude, as well as levels fused, were determined via Univariate ANOVA.

**Results:** Significant differences were found for all parameters across groups, except for complications. Major curve magnitude was greater and hybrid constructs were more commonly used O.U.S. Levels fused correlated with operative time, EBL and curve magnitude (r=0.538; 0.330; 0.477). Curve magnitude correlated with EBL and operative time (r=0.260; 0.443). Operative time correlated with EBL (r=0.263). Cobb angle had a significant effect on complications. Levels fused and approach had no

effect on complications. One post-operative tracheostomy and one intraoperative anoxic brain injury were recorded in Ghana.

Discussion & Conclusion:

Severity of disease at the time of surgical treatment may reflect access to care and infrastructure and may impact outcomes. This study assessed the severity of AIS prior to surgery in patients from six international sites. All surgical parameters, including curve magnitude, operative time and blood loss, varied significantly across countries. Increased/more severe complications were found in developing countries.

Conclusion: Significant variations in curve magnitude associated with longer operative time and greater blood loss were noted across countries. Developing and O.U.S. countries generally had patients with larger curves associated with increased or more serious complications.

**077**

**TRANSFORAMINAL ENDOSCOPIC LUMBAR DISC SURGERY  
IHAB HOSNY  
EGYPT**

Abstract:

In the last decades technological advances have led to the refinement and upgrading of spine endoscopic techniques through which we can perform discectomy, foraminoplasty and even endoscopic assisted fusion. With minimal hospital stay and sutureless surgery under local anesthesia. This has led to more patient satisfaction and earlier return to normal activities.

Discussion & Conclusion:

Our experience with spine endoscopic techniques in the last five years has led us to believe that spine endoscopy is a true minimally invasive technique with results comparable to microdiscectomy with no bone or muscle cutting.

**078**

**A LESS-INVASIVE TRANSFORAMINAL LUMBAR INTERBODY  
FUSION THROUGH A PARAMEDIAN MUSCLE-SPLITTING  
APPROACH FOR TREATMENT OF POST-LAMINECTOMY  
SPONDYLOLISTHESIS  
MOHAMED OSAMA RAMADAN; AHMED TANTAWAY  
EGYPT**

Abstract:

Background Trasforaminal lumbar interbody fusion (TLIF) has proven to be safe and effective procedure for treatment of lumbosacral instabilities. However, its effectiveness for instability following previous surgical interference has not been specifically evaluated in a separate study. As it does not require central canal exposure or excessive manipulation of the dura, it is an attractive alternative for revision surgery. The aim of this study was to evaluate the results of TLIF in selected cases of post-laminectomy spondylolisthesis (PLS).

Patients and Methods Retrospective analysis of a prospectively collected data from the records of 26 patients (11 males and 15 females; mean age:  $42.2 \pm 7.65$  years) of symptomatic mono-segmental PLS, who met our selection criteria, were enrolled in this study with a mean follow-up of  $2.7 \pm 0.24$  years. All patients underwent instrumented TLIF, using paramedian muscle-splitting approach. The visual analogue scales, Oswestry disability index, and modified Prolo's scale were used for clinical evaluation. Radiological evaluation was done to evaluate: fusion, Segmental Cobb's angle, foraminal and intervertebral disc-space heights.

Results There was statistical significant improvements ( $P < 0.05$ ) in all clinical and radiological parameters post-operatively. This improvement was well maintained ( $P > 0.05$ ) till final follow-up. There were no intra-operative complications. Two cases developed mild transient postoperative paresthesia. Apart from one patient with unsatisfactory results, all other patients were satisfied. Only 2 (7.7%) patients were not able to return to their original heavy work, but they reported  $> 50\%$  pain relief.

Discussion & Conclusion:

Conclusions (The used less-invasive TLIF procedure) Instrumented TLIF through less-invasive paramedian facial approaches is safe and effective procedure for treatment of selected cases of PLS with high satisfactory outcomes and low complication rates.

**079**

**UNHEALTHY SITTING POSITION AND BACK PAIN  
MOHAMED ELDEEB, MD, SHERIF MOHAMED, AHMED SAKR  
EGYPT**

When sitting in an office chair for a long period, the natural tendency for most people is to slouch over or slouch down in the chair, and this posture can overstretch the spinal ligaments and strain the discs and surrounding structures in the spine. Over time, incorrect sitting posture can damage spinal structures and contribute to or worsen Sitting in an office chair for prolonged periods of time can definitely cause low back pain or worsen an existing back problem. The main reason behind this is that sitting, in an office chair or in general, is a static posture that increases stress in the back, shoulders, arms, and legs, and in particular, can add large amounts of pressure to the back muscles and spinal disc, Statistic study was done for 250 people from years ( 2015-2018 ) in heath insurances clinics, bank workers, secondary schools,. It is clear that mechanical factors both cause and aggravate the back problem. Much of this develops during work. Chairs should be designed for comfort. Health education programs throw multimedia, television and newspapers shod instructed to workers, employee, students ,school children and drivers to prevent much more problems to our spines.

**080**

**BONE DEFECTS RECONSTRUCTION IN REVISION TOTAL KNEE  
ARTHROPLASTY FOR ASEPTIC LOOSENING  
AHMED A. KHALIFA; ELSAYED SAID, HESHAM REFAE AND AHMED M  
ABDELAAL, ARUN MULLAJI  
EGYPT**

Abstract:

Introduction: Revision total knee arthroplasty (RTKA) is expected to increase owing to increased number of primary knee replacement surgery done annually. One of the common challenges during RTKA is how to reconstruct bony defect to obtain optimum component alignment and robust fixation. Options for bone defect reconstruction include cement with screws, morselized allograft, bulk structural allograft, modular wedges, metal augments, porous metal cones and sleeves.

Patients and methods: Between 2010 to 2016, 117 patients were revised, 27 males and 90 females with a mean age 67.7 year. Pre- and post-operative limb and individual component alignment were assessed, clinical evaluation according to KSS system. Implants used and method of defect reconstruction were recorded.

Results: Objective and functional KSS improved significantly from 36 to 83 and 30 to 70 significantly, mechanical limb alignment improved from 169 to 177, no cones or allografts were used. In 9 cases a RTH knee was used, in most of the remaining cases a PS implant was used. Sleeves were used in 11(9.4%) knees, cemented stems in 58(49.6%) femoral and 57(48.7%) tibial. Augments used in 20(17.1%) femoral side and in 40(34.2%) on tibial side.

Conclusion: Good clinical and radiological results were obtained after revision TKA using in most of the cases a PS knee design with a cemented stem, more augments were used on the tibial side and sleeves were used equally on both sides.

**081**

**ALL TYPES OF COMPONENT MALROTATION AFFECT THE EARLY  
PATIENT-REPORTED OUTCOME MEASURES AFTER TOTAL KNEE  
ARTHROPLASTY  
MOHAMED ESLAM; MOHAMMAD KAMAL ABDELNASSER, HATEM BAKR,  
MOHAMED MAHRAN, MOUSTAFA H. M. OTHMAN AND YASER KHALIFA  
EGYPT**

Abstract:

Purpose: Outcomes following total knee arthroplasty (TKA), whether clinical, radiological or survival analysis, have been well-studied. Still, there are some concerns about patient satisfaction with the outcome of the surgery and factors that might contribute to a suboptimal result. This study aims to determine if there is correlation between primary TKA malalignment and early patient-reported outcome measures (PROMs).

Materials and methods: Sixty patients, who had primary TKA and a minimum of 2 years of follow up, were recruited for a detailed clinical and radiological examination. Knee alignment was measured in the

coronal, sagittal and axial planes. Normal and the outlier measurements of the patients' knees were defined and the clinical results (PROMs) compared to see if there was a statistically significant difference.

Results: Correlation between postoperative limb malalignment in the coronal and the sagittal planes and PROMs was not significant. Conversely, there was significant negative correlation between all types of malrotation and PROMs.

Discussion & Conclusion:

Conclusions: Although malalignment has been linked to inferior outcome and implant survival, our results showed that coronal and sagittal limb malalignment has no significant effect on early PROMs. However, all types of component rotational malalignment significantly worsen early PROMs.

**082**

**DUAL MOBILITY ARTHROPLASTY FOR FRACTURE NECK OF FEMUR**

**MAHMOUD FAISAL ADAM  
EGYPT**

**083**

**KNEE ARTHROPLASTY PAIN FREE & EARLY MOBILISATION**

**NAFEZ SHILBAYEH  
KSA**

Abstract:

Knew modality of pain management for patients who done unilateral or bilateral knee replacement with pain free and early movement at recovery area then ambulation few hours after surgery also rehabilitation physiotherapy will fast the healing and home discharge.

Videos with some cases done will be presented

Discussion & Conclusion:

The knee arthroplasty is of the most painful surgery among other surgery and due to patients bad experience of pain allot of patient delay the procedure due the pain but with this method and showing them the videos and results they will be convinced to do the surgery

**084**

**COMPARATIVE STUDY BETWEEN DUAL MOBILITY CUP (DMC) THR AND BIPOLAR HEMIARTHROPLASTY IN DISPLACED FEMORAL NECK FRACTURES**

**MOHAMED M. ALAA, ASS. PROF. MOHAMED MAHRAN, ASS. PROF. HATEM A. BAKR, PROF. YASSER E. KHALIFA  
EGYPT**

Abstract:

Background: The optimal treatment of recent displaced femoral neck fractures in elderly remains debated. Total hip arthroplasty with a dual mobility cup (DMC) is a proposed alternative to the widely performed bipolar hemiarthroplasty (HA) for treating displaced (FNF) in the elderly to reduce dislocation and improve functional outcome.

Hypothesis: THA with DMC has a lower rate of dislocation and re-operation compared to HA.

Patient and methods: a prospective cohort study conducted with displaced FNF patients over 55 years in our tertiary care level 1 trauma center. 60 patients with a complete follow up for one year were included. Divided into hemiarthroplasty (HA) group and total hip with dual mobility cup (DMC) group.

Patients were assessed for prefracture activity according Katz ADL index and followed up for intraoperative parameters and postoperative complications including dislocation as primary outcome. The Harris hip score was used to assess functional outcome through follow ups.

Results: Baseline characteristics were found to be similar in both groups. Mean age was 65.6±9 and 65.3±2 in HA and DMC groups respectively. There were 3 dislocations in (10%) vs 0 in DMC group with p value <0.01. Intraoperative blood loss was significantly (p value 0.000) more in DMC group 719±206 ml compared to 380.6±183.8 in HA group. Mean post-op HHS at 1 year follow up for HA group was noted to be 75.9±15.4 whereas for THA with dual mobility cup group it was 73±16.1. The difference was found to be statistically insignificant with a P-value of <0.56.

Discussion & Conclusion:

Conclusion: in patients over 55 years with displaced FNF, short term observation showed that total hip arthroplasty with DMC can provide similar functional outcome with less dislocation rate than hemiarthroplasty. Further long-term investigations are recommended to strengthen these results.

Level of evidence (with study design): Level II

**085**

**SMARTPHONE GUIDED CUP PLACEMENT DURING THA, EASY AND CHEAP TECHNIQUE**

**AHMED A. KHALIFA; MOHAMMAD ABDELNASSER, MOHAMMAD MAHRAN, HATEM BAKR, ELSAYED SAID EGYPT**

Abstract:

Introduction: Acetabular cup position is paramount for total hip arthroplasty (THA) good outcome. We report our experience and early results of using smartphone spirit level application to adjust the cup abduction during (THA), by determining the percentage of acetabular cups placed within the Lewinnek safe zone.

Methods: 20 patients underwent THA using this technique, fifteen females and five males, mean age was 55 years, 7 primary osteoarthritis, 7 avascular hip necrosis, 3 rheumatoid arthritis, and 3 fracture femoral neck. After patient positioning, on table pelvic tilt was measured. Postoperative radiographic assessment was done by measuring postoperative cup abduction angle.

Results: direct lateral approach was used in all cases, 10 patients had cementless, 5 cemented and 5 cemented dual mobility THA. The mean preoperative pelvic tilt was 6.8 (SD 4.2) degrees. The mean postoperative cup inclination angle was 42.7 (SD 4.2). In 18 (90 %) patients, cups were positioned within the Lewinnek safe zone while the other 2 (10%), cup inclination angle although outside the Lewinnek zone, but was within 5 degrees from the contralateral normal side.

Conclusion: Although other factors are important for cup positioning like anteversion. In our hands, using this technique enables the surgeon to place the cup at an optimized safe abduction angle, we believe it can be an easy and cheap tool for young surgeons to obtain an optimum cup positioning.

**086**

**EVALUATION OF THE RESULTS OF FIXATION OF COMMUNUTED POSTERIOR WALL ACETABULAR FRACTURES USING SPRING PLATE TECHNIQUE**

**ABDULLAH SAID HAMMAD EGYPT**

**Abstract**

**Background:** Posterior wall acetabular fractures are the commonest among the elementary patterns yet, their treatment remains challenging. Their comminuted variants, especially with marginal fragments present the most demanding task concerning reconstruction.

**Objectives:** The purpose of this study was to evaluate the use of spring plates as adjunctive fixation in isolated comminuted posterior wall acetabular fractures.

**Methods:** A retrospective review of patients treated for isolated comminuted posterior wall acetabular fractures with the use of customized spring plates between 2015 and 2018 was performed. Patients were evaluated radiographically according to Letournel's head/roof relationship. Clinical assessment by the modified clinical grading as proposed by Matta was performed as well. Complications including subsequent revision surgery and hardware failure were recorded.

**Results:** Eighteen patients underwent surgical fixation of posterior wall acetabular fractures with the use of customized spring plates combined with posterior buttress compression plating over the spring plates as definitive fixation, while two were fixed with standalone plates. Mean follow-up was 25.90 ±6.64 months. Seventeen patients had congruent hips, two incongruent and one incongruent and subluxed hip. No hardware complications were observed. Three patients required additional surgery, including one patient for heterotopic ossification resection. Two patients were scheduled for total hip replacements due to avascular femoral head necrosis and advanced osteoarthritis.

**Conclusions:** The use of customized spring plates is a viable method for comminuted posterior wall fractures.

**087**

## **OUTCOMES AFTER EXCISION OF GIANT CELL TUMOUR OF TENDON SHEATH OF THE HAND**

**ELSAYED IBRAHIM SHAHEEN**

**EGYPT**

**Abstract:**

**Background:** Giant cell tumours (GCT) are benign tumours that can invade the soft tissues of the hand and joints. These are one of the most common tumours of the hand, and have a good prognosis, but the risk of recurrence is high. **Objective:** The purpose of this study was to evaluate the clinical results of a consecutive series of patients and determine risk factors for recurrence of giant cell tumour of tendon sheath at hand. **Patients and methods:** This was a prospective study of 13 patients (7 female, 6 male) were treated by surgical excisions between October 2013 and December 2014 for GCT of the tendon sheaths in the hand. The average age at the time of the procedure was 30.76 years (range 20-40). The following were recorded: clinical result (Quick DASH, satisfaction), recurrence, histopathology results of tumour, site and character of tumour, complete excision with wide margins and extension into the neighboring anatomical structures (tendon, joint). The tumour was located in the index finger in 3 cases, middle finger in 4 cases, thumb in 2 cases, and ring finger in 4 cases. Appearance of the tumour to clinical assessment average 6. month ranged (3-14) months. **Results:** The average follow-up at the time of review was 12±2 months. There was one recurrence case in all patients (7.1%). The average time to recurrence was 12 month postoperative, most probably due to bone formation tendon destruction. There was one patient complicated by stiffness of ring finger at DIP. The average Quick DASH was 2.3/100 (range 0-31). **Conclusion:** Due to the high incidence of recurrence, preoperative planning aided by wide meticulous surgical excision with wide margin, are imperative for a good outcome in GCTTS.

**Keywords:** Hand, Giant cell tumours of the tendon sheath, Recurrence, Villonodular synovitis, Benign

**Discussion & Conclusion:**

**CONCLUSION** GCTTS is slowly growing, painless, benign soft tissue lesion that arises from the tendon sheath of the hand and that is situated extrarticular. It should be considered as a differential diagnosis if the mass is found approximately to the joint. The most effective diagnostic radiography is ultrasonography or MRI, but to make definite diagnosis histopathological examination is required. Meticulous complete excision is optimally the treatment of choice, but the tumour has quite high recurrence around 10-20 %. As a consequence, the patient must be informed of the possibility of this recurrence, even in cases of complete excision, and especially if the tumour extends into the joint or invades the tendons,

**088**

## **CLINICAL OUTCOME OF COMBINED SCAPHOCAPITATE FUSION AND POSTERIOR INTEROSSEOUS NEURECTOMY FOR STAGE III KIENBÖCK'S DISEASE**

**HOSSAM ELDEN AHMED ABODONIA; MOHAMED HAMED ELBADAWY; AHMED ABDELFATTAH BASHA**

**EGYPT**

**Abstract:**

**Background:** Robert Kienböck, an Austrian radiologist, first described osteonecrosis of the lunate in 1910. However Kienböck's disease is idiopathic, some theories implicate mechanical influences on the lunate. Treatment of Kienböck's disease is still controversial. Several authors have described various surgical treatment options for Kienböck's disease, all of whom reported successful treatment outcomes. The purpose of this study is to explore the clinical results of posterior interosseous neurectomy and scaphocapitate fusion as a treatment option for stage III Kienböck's disease.

**Methods:** This study evaluated the range of motion, grip and functional results after treatment of ten wrists of Lichtman stage III Kienböck's disease by combined scaphocapitate fusion and posterior interosseous neurectomy. Four males and six females with average age of 26.3 ± 7.8 (15-37) years, seven dominant and three non-dominant wrists were included. Two patients were smokers while six were housewives, three manual workers and a lawyer. The average follow up period was 14.2 ± 6.8 (6-24) months.

**Results:** Out of ten, four patients revealed excellent, three good and three fair results. The mean Modified Mayo score was 81.5 ± 11.8 (65-100). At the end of follow up, flexion-extension range of motion was 105.5 ± 22 (155-85)° representing 74.9 ± 15 (100-53)% of the contralateral side range. The mean flexion range of operated side was nonsignificantly increased to 47 ± 12.7 (35-75)°, while extension range

was significantly increased to  $58.5 \pm 10$  (50-80)°. Regarding radial-ulnar deviation, the mean range was  $33.5 \pm 6.7$  (45-25)° representing  $76.5 \pm 16$  (100-50)% of the contralateral side. The mean ulnar deviation of operated side was significantly increased to  $22 \pm 3.5$  (15-25)°, while radial deviation was nonsignificantly increased to  $11.5 \pm 4.1$  (5-20)°. The mean grip strength of operated side was significantly increased to  $90 \pm 14.5$  (70-110) mmHg representing  $93.2 \pm 11$  (100-75)% of the contralateral side. Conclusions: Scaphocapitate fusion is a recommended solution for treatment of late stages of Kienböck's disease with lunate collapse. Posterior interosseous neurectomy offers a suitable option to deal with wrist pain. Longer postoperative time has a positive impact on grip strength and flexion-extension range of motion.

**089**

## **SUCCESSFUL TECHNIQUE FOR MINIMAL INVASIVE RELEASE OF TRIGGER FINGER**

**MAHMOUD M HADHOUD; ELSAYED MORSY  
EGYPT**

30 patients who had chronic trigger finger were operated by a special Successful technique for minimal invasive release of trigger finger

Steps of operation:- Sterilization and local anesthesia infiltration. 16 knife was used to cut the a1 A1 pulley through a small opening in the skin. 16 gauge needle is introduced through the same opening for completing our release. This needle will assure that the release is complete and enough. During the whole procedure the patient is asked to tell about quality of movement of his finger, whether there is any hindrance of finger movement. No sutures were needed. Just dressing is applied to be removed after 3 days of operation.

Our technique is an easy successful minimally invasive procedure for minimal invasive release of trigger finger

Discussion & Conclusion:

Our technique is an easy successful minimally invasive procedure for minimal invasive release of trigger finger

**090**

## **NEW TECHNIQUE OF WRIST ARTHRODESIS IN ADOLESCENT**

**SAMEH ALSAFTY  
EGYPT**

:

In skeletally mature adolescent fusion of the wrist in extension will facilitate a strong grasp provided strength of the flexors usually, arthrodesis fixed by plating

Materials and methods:

9 patient:- , 6 females & 3 males

7 RT side & 2 LT side

With mean age 17 years, all had neglected Erb's palsy, we used fibular onlay graft, half thickness with 2 screws distal , 2 screws proximal for fixation .

Discussion & Conclusion:

Results :

6 patients had good results with improved grip and function

2 patients had fair results with same grip .

1 patient had broken fibular graft and re-operated

Based on our results arthrodesis wrist fixed by fibular onlay graft had many advantage in healing and shape but not rigid enough

**091**

## **TRANS-BRACHIODIALIS RELEASE FOR RADIAL TUNNEL SYNDROME**

**MOHAMMAD QUOLQUELA  
EGYPT**

Introduction :

Entrapment of the posterior interosseous nerve as it runs through the supinator muscle (Radial Tunnel Syndrome) is not uncommon cause of non-traumatic proximal forearm pain. Surgical Release is only advised in intractable pain or after failure of non operative treatment (splinting, job modification or

physical therapy) so it is rarely needed. Different approaches are recommended in the literature either volar (Henry Approach) or Dorsal (Thompson Approach). The Former approach allows adequate decompression of only the proximal part of the nerve while the later one permits decompression of only the distal part. Recently, trans-brachioradialis approach proved to combine the advantages of both.

Aim:

To document the superiority of the trans-brachioradialis approach in complete release of the posterior interosseous nerve.

Patients & Methods:

This is a report of 6 patients with radial tunnel syndrome. Age ranged from 23 to 42 years old. They were two women (a house wives and a sewer) and four man (a farmer, 2 manual workers and a teacher). In all patients, the dominant arm was involved. In all of them, annoying proximal forearm pain was the prime complaint but extension of the fingers was slightly limited in only one patient. Power of hand grip was within normal in four patients while it was 25% and 30% less than the contralateral side in the remaining two. Non-operative treatment (Physiocl therapy & local cortisone injection) was tried in all patients for 8 to 20 months with no response. Electrodiagnostic studies was not conclusive in all patients. Three patients had limited supination due to sever pain. Under Tourniquet control , general anaesthesia and loupe magnification, release was done. In the first two patients, the skin incision was longitudinal resulting in ugly unacceptable scar hence, oblique incision with

graceful scar was used in the other two. Average time for the procedure ranged from 40 to 55 minutes. Pouch arm sling was used for the first few post-operative days.

Results:

Follow up ranged from 9 to 16 months. Pain was gone completely in four patients within 3 weeks postoperatively with some persistence of tolerated ache in the other two. All patients were able to resume their previous activities after regaining their normal hand grip strength within 2 to 4 months postoperatively. Of the three patients with limited supination, two improved within 7 and 10 months and the third one failed to show noticeable improvement .

Discussion & Conclusion:

Trans-brachioradialis approach is safe, easy and effective in releasing the posterior interosseous nerve throughout its course.

**092**

## **GET IT RIGHT FIRST TIME ( GIRFT) : UPPER LIMB SURGERY WAKE UP CALL**

**SHENOUDA SHALABY,FRCS , S SIMON LAMBERT,FRCS , IAN BAYLEY ,FRCS  
,PROFESSOR TIMOTHY BRIGGS FRCS  
UK**

Background

BOA GIRFT with hospital review to improve outcome ,reduce complications and cost .

Methods

Five main groups

1) Arthroplasty Group : 100

A) Primary Arthroplasty : resurfacing , Hemiarthroplasty, total shoulder and elbow replacement .

B) Revision Arthroplasty

- Fixed Fulcrum increased-offset reverse shoulder arthroplasty .

-Revision Arthroplasty with a hip-like , computer-assisted design for glenoid deficient shoulders .

-Revision Elbow replacement for infection and loosening .

2) Instability Group :67

A)Patients referred for surgery after initial diagnosis did not require surgery after MDT approach in view of wrong diagnosis .

B) Patients with worsening symptoms after initial anterior stabilisation at referring hospital had to have the primary procedure undone due to wrong diagnosis and surgery .

3) Rotator Cuff tear and impingement :60

-Arthroscopic and open repair of rotator cuff tear with muscle transfer as the last resort .

-Impingement there was failure to understand the cause of impingement and defective surgery .

4) Complicated fracture treatment :68

Considerable number of improper fixation and infection .

5) Arthrodesis Group :16

A)Scapulothoracic

B) Glenohumeral after steinemann pinning .



C) Elbow & Wrist .

Discussion & Conclusion:

Conclusion

Complex elective and upper limb trauma , have higher complications and revisions rate , when done at standalone shoulder units .

Have a Comment?:

Implications

Specialist units would improve patients outcome, cost effectiveness and training.

**093**

**CEMENT AUGMENTATION OF PEDICLE SCREWS: TO CEMENT OR NOT TO CEMENT?**

**KONSTANTINOS KAFCHITSAS  
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**A TO Z : WHAT ARE THE RISKS FOR LIF EXPOSURES**

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**MANAGEMENT OF OSTEOPOROTOC VERTEBRAL FRACTURES**

**AARTI DEWAN  
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**PREOPERATIVE PLANNING AND IMPLANT SELECTION IN DYSPLASTIC HIPS**

**LUIGI ZAGRA  
ITALY**

**098**

**TREATMENT OF RECENT FEMORAL NECK FRACTURES BY FEMORAL NECK LOCKING PLATE**

**ASHRAF EL TABIE; SAMIR EL SHOURA AND MOSLEM MOHAMMAD  
EGYPT**

**Introduction:**

Displaced intracapsular femoral neck fractures especially in young active patients has a considerable challenge for the orthopedic surgeons, the therapeutic goal in most cases is preservation of the femoral head.

Locking plate technology has greatly improved treatment in other periarticular fractures as proximal tibia and distal femur, also it would allow for rigid fixation and resist any femoral neck shortening and collapse.

**Patients and Methods:**

20 patients (15 males and 5 females) aged 18 to 57 years old suffered from femoral neck fracture. They classified as Garden I in 4 patients, Garden II in 3 patients, Garden III in 6 patients and Garden IV in 7 patients.

All of them were treated by closed reduction and internal fixation using femoral neck locking plate with canulated screws under C arm control

**Results:**

AVN was happen in 2 patients (10 %), non-union in 3 patients (15%)

The results assessed according to Harris Hip Scoring System for hip function as follows:

10 patients had Excellent result (50%), 5 patients had good results (25%), 2 patients had fair results (10%), and 3 patients had poor results (15%).

**Summary & Conclusion:**

Treatment of intracapsular recent Femoral Neck Fracture by Femoral Neck Locking Plate with canulated screws was simple, minimal invasive technique, strengthen the biomechanical stability and reduce the withdrawal of screws, also can reduce the incidence of non-union, femoral neck shortening and reoperation rate for complications.

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**FAILED ROTATOR CUFF REPAIR; ROLE OF TRAPEZIUS TENDON TRANSFER**

**AMR ABDEL-MORDY KANDEEL  
EGYPT**

**Abstract**

Despite cumulative advances in surgical techniques employed for rotator cuff repair, up to 23% of repaired cuff tears do re-tear at 2-year postoperative follow up. Due to variations in clinical and radiological assessment methods of repaired cuff; there is no widely-agreed definition of cuff re-tear which can be labelled as failed rotator cuff repair. However, this re-tear still has its functional and economic implications. According to patient age and level of activity and quality of cuff tissue; different options have been described for management of failed cuff repair ranging from repair revision up to reversed shoulder arthroplasty. Of these well-established options is tendon transfer as latissimus dorsi transfer for postero-superior cuff insufficiency. A relatively-recent alternative is upper trapezius tendon transfer which can be employed as a primary option for irreparable tears or as salvage option for cuff re-tears

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**FRACTURE-DISLOCATION OF THE PROXIMAL HUMERUS WITH A DIAPHYSEAL EXTENSION ASSOCIATED WITH WRIST DROP IN A 57 YEARS OLD GENTLEMAN, CASE REPORT**

**MOHAMED SHAALAN  
IRELAND**

**Abstract:**

A 57-year-old gentleman left-hand dominant working as a manual labourer in a factory fell off a ladder on 16/12/2017 and sustained an injury to his left dominant hand, On initial assessment (Full ATLS protocol) there was no injury besides his left upper limb/arm. Blood pressure: 139/80 - Heart rate: 70/min - O2 saturation: 97% on R/A - RR: 18 - Temperature 36.1.

There were swelling and deformity of the left shoulder and arm with an intact sensation of the ulnar nerve but a diminished sensation of the median and radial nerve with wrist drop and a weak hand grip.

Open reduction of the dislocated shoulder and fracture and plate and screws fixation through combined deltopectoral and lateral approach, The nerve was carefully freed and retracted using vascular loop., postoperative dynamic splint applied, patient discharged home three days postoperative, with regular follow up X-Rays and nerve conduction study. The fracture healed within 4 months and the patient had nerve conduction studies performed, which revealed damage at the level of the cords with the affection of posterior cord, on second nerve conduction study last May showed evidence of ongoing re-innervation in the upper part of the posterior cord muscles but less so on the lower elements.

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**CLINICAL AND RADIOLOGICAL OUTCOMES OF THE XIROS INFINITY-LOCK BUTTON SYSTEM, A NOVEL SUTURE BUTTON TECHNIQUE FOR THE MANAGEMENT OF ACROMIOCLAVICULAR JOINT DISRUPTION**

**SURAJ KOHLI, ALEX CHOWDHURY, AGBOOLA TAIWO, SRIDHAR SAMPALLI,  
AHMED ELMORSY  
EGYPT**

**Abstract:**

**Aims:** The aim of this study was to determine clinical and radiological outcomes of the Xiros Infinity-Lock Suture Button system, a novel technique combining the principles of cerclage and suture button



fixation, in the surgical management of acromioclavicular joint disruption.

Methods: Data were collected of all patients having undergone acromioclavicular joint fixation in a busy district general hospital from May 2016 to November 2018. Patients undertook DASH and Oxford Shoulder Scores before operative treatment and at follow-up. Changes in coracoclavicular distance and coracoclavicular: clavicle ratio were also measured using plain radiographs.

Results: 14 patients were followed up. There was a statistically significant difference between the pre-operative DASH scores (mean = 69.7, se = 5.34) and post-operative scores (mean = 23.3, se = 6.00) ( $p = 0.00148$ ). Similarly, there was a statistically significant difference between pre-operative Oxford Shoulder Scores (mean = 16.2, se = 3.20), and post-operative scores (mean = 40.5, se = 3.09) ( $p = 0.00148$ ). The mean reduction in coracoclavicular distance following surgery was 8.22mm (se = 1.28). The mean reduction in coracoclavicular: clavicle ratio was 0.60 (se = 0.094). One patient reported post-operative paraesthesia, though this was self-limiting. One patient subsequently developed failure of fixation, necessitating revision surgery.

Discussion & Conclusion:

Conclusion: The Infinity-Lock Button system results in improved radiological and clinical outcomes, in acromioclavicular joint disruption. Thus, it is an effective technique in the management of this technique. Further research should compare this with other treatment methodologies.

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## **ARTHROSCOPIC SOFT LATARJET PROCEDURE ROLE OF BICEPS TENDON IN RESTORING GLENO-HUMERAL STABILITY**

**AMR ABDEL-MORDY KANDEEL  
EGYPT**

### **Abstract**

Over several decades, Latarjet procedure has gained increasing popularity among shoulder surgeons due to its cumulatively-reported high success rate in management of recurrent gleno-humeral instability. Nevertheless, different technical modifications of Latarjet have been described including arthroscopic approaches. More recently, alternative procedures imitating dynamic sling effect of Latarjet procedure have been investigated reporting satisfactory outcomes. One of those is tenodesis of long head of biceps tendon to subscapularis tendon. In the current work, preliminary outcomes of the latter technique employed for management of gleno-humeral instability are reported.

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## **OPERATIVE MANAGEMENT OF FRACTURE SHAFT HUMERUS BY PLATE OSTEOSYNTHESIS AND LOCKED INTRAMEDULLARY NAIL, A COMPARATIVE STUDY.**

**MOHAMED SHAALAN  
IRELAND**

Abstract:

Background: Treatment of diaphyseal fracture humerus is still challenging,, non surgical treatment still widely accepted by many surgeons either by brace or cast, there is no gold standard surgical treatment, the classic treatment was plate and screws osteosynthesis, locked intramedullary nail fixation either antegrade or retrograde introduced and in the last decade is increasingly used. Methods: This study include 100 patients treated at the department of Orthopedic surgery in Alnoor specialized hospital, Holy Makkah, Saudi Arabia ; 50 fractures had been treated by plate fixation and other 50 patients by locked humerus nail. Union, functional outcome, possible complications and the need for additional surgery were compared between the locked humerus nail and Plate osteosynthesis groups.

Exclusion criteria include patients with preoperative nerve palsy, open fractures, known patients with pre injury shoulder pain or restriction of shoulder range of motion and fractures due to pre existing bone pathology.

Results: No significant difference regarding functional outcome was noted between the two groups. There were two cases of postoperative radial nerve palsy in the Plate osteosynthesis group, versus zero in the locked humeral nail group (significant difference). A significantly two cases with restrictive pain and/or functional hindrance in the shoulder was noted in the IMN group. Problems with plate osteosynthesis material occurred as often in the PSF group as in the IMN group. One patient developed wound infection after plate osteosynthesis. A significantly less number of complications was seen in the

IMN group than in the PSF group. A reoperation was necessary in 6 % of the PSF patients and 4 % of the IMN patients (non significant difference). In this retrospective study, IMN did achieve better results than PSF of humeral midshaft fractures and was associated with less postoperative complications.

Discussion & Conclusion:

Conclusion: The nailing of humeral shaft fractures should be considered as a good option in treatment for all surgical indications.

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**THE DUAL SUBSCAPULARIS PROCEDURE: A MODIFIED HAWKINS' TECHNIQUE FOR NEGLECTED POSTERIOR FRACTURE/DISLOCATION OF THE SHOULDER**

**MOHAMED SAFAA ARAFA  
EGYPT**

Abstract:

Background Posterior fracture/dislocation of the shoulder is a rare injury that is frequently missed on initial assessment. It is frequently associated with reverse Hill–Sachs impression fracture. Several orthopaedics procedures have been described on the literature for reconstructable reverse Hill–Sachs lesion. The McLaughlin's procedure and its modifications, anatomic bone grafting procedures, rotational osteotomies, and the remplissage technique were reported by many authors. We advocated a new "dual subscapularis procedure" that consists of the Hawkins lesser tuberosity transfer with addition of filling the remainder of the defect with a part of subscapularis tendon.

Materials and methods In the period between January 2013 to December 2017, 12 patients (13 shoulders) suffering from a delayed managed posterior fracture dislocation were managed. Our inclusion criteria were adult patients less than 60 years presented with reverse Hill–Sachs impression defects from 20 to 50% with or without fractures. For all patients, the dual subscapularis procedure was done. UCLA score was used for postoperative functional assessment.

Results After a minimum follow-up of 6 months, the results of UCLA score were excellent/good in eight patients and fair/ poor in five patients. All patients were found stable after open reduction ± internal fixation with no reported complications. There was a significant correlation of the UCLA score and non-abuse or lower doses of tramadol and the shorter interval between trauma and procedure. Twelve patients were satisfied after the operation.

Discussion & Conclusion:

Reconstructing the reverse Hill–Sachs defect with the dual subscapularis technique provides adequate stability, pain relief, and function in patients with locked chronic posterior shoulder fracture/dislocation. The used technique has the merit of versatility with different fracture patterns, improved fixation of the tendon and increasing the tendon's footprint that ensures extra-articular location of the defect.

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**RECONSTRUCTION VERSUS AMPUTATION IN UPPER LIMB INJURY: WHICH FACTORS CAN LEAD THE SURGEON'S DECISION?**

**MOHAMED ANTER  
EGYPT**

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**BELOW VERSUS ABOVE KNEE PLASTER CASTING FOR TREATMENT OF CLUB FOOT BY PONSSETI METHOD**

**ELSAYED ABDELHALIM  
EGYPT**

Abstract:

Background: Since the start of the Ponseti technique for treatment of congenital club foot, some modifications to the original method has been tried with some having good early results.

Patients and methods: Forty children with a mean of 10 days presented with sixty-four idiopathic club foot deformities were included. The feet were divided into 2 equal groups; Group A (32 feet) and group B (32 feet). Group A feet were treated by serial gentle foot manipulation and above knee plaster (AKP) casting (classic Ponseti technique) while group B were treated by serial gentle foot manipulation and below knee plaster (BKP) casting (a modified Ponseti technique). The patients were followed up for a mean duration of 26 months ranged from 24 to 30 months.

The results were graded as good, bad, and failed, according to the assessment criteria by Pirani et al  
Results: The mean Pirani score for group (A) before treatment was 5.6 points ,became 1.7 points after the last manipulation cast, and 1.15 points at the final follow up. For group (B), it was 5.2 points before treatment , became 1.5 points after the last manipulation cast, and 1.00 point at the final follow up.  
Conclusion: The presenting technique of serial manipulation and below knee casting was comparable to the original one. It was a cost effective with a good results and very minimal cast related complications.

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**MANAGEMENT OF PATELLA ALTA WITH SEMITENDIOSIS GRAFT IN CEREBRAL PALSY PATIENTS, PRELIMINARY STUDY**

**MOHAMED H. FADEL, MD**

**EGYPT**

Patella alta is common in patients with Cp and usually is associated with crouch gait. It is caused by quadriceps spasticity and prolonged flexion deformity. Patella alta leads to decrease of moment arm in terminal knee extension which to more weakness of extensor mechanism

Patella is one of the causes of knee pain with cp patients. Uncorrected extensor muscle weakness leads to the recurrence of the flexion deformity after surgical correction. Several techniques used for surgical correction of patella alta, the use of semitendinosis is used for correction of patella alta and decrease flexion strength of hamstrings.

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**SURGICAL TREATMENT OF DISPLACED FRACTURES NECK OF THE RADIUS IN CHILDREN BY ELASTIC INTRAMEDULLARY NAIL**

**FATHY SALAMA**

**EGYPT**

**166**

**PERFORATOR PERIOSTEAL FLAP AS AT TREATMENT OF CONGENITAL PSODARTHROSIS OF THE FIBULA**

**OMAR REFAI**

**EGYPT**

Abstract:

Congenital psodarthrosis of the fibula is devastating in treatment and cause a lot of failures in treatment of CPT also a cause for ankle deformity

**167**

**INTRAFOCAL JOYSTICK TECHNIQUE FOR CLOSED REDUCTION AND PERCUTANEOUS FIXATION OF LATE-PRESENTING SUPRACONDYLAR FRACTURES OF THE HUMERUS**

**AHMED SHAWKAT RIZK, MD; ESLAM TABL, MD**

**EGYPT**

Abstract

**Background:** Pediatric supracondylar humeral fractures are common and challenging injuries. The preferred approach is early closed reduction and percutaneous pinning; however, this fails in up to 25% of patients, and conversion to open reduction, especially in late-presenting patients, has been reported in 3% to 46% of patients due to severe swelling or skin problems around the elbow. This study presents a reduction technique that uses a temporary intrafocal Kirschner wire to allow indirect and more effective manipulation of the distal fragment, facilitating closed reduction in difficult situations.

**Methods:** This study retrospectively evaluated the results of an intrafocal joystick technique that was used to aid closed reduction in 15 patients with late-presenting, displaced supracondylar humeral fractures with unfavorable soft-tissue conditions around the elbow. The mean patient age was  $6\pm 2.7$  yr and the mean injury-to-surgery interval (delay) was  $4\pm 2.7$  days. Baumann's angle, humerocapitellar angle, the anterior humeral line-capitellum relationship were used for radiographic evaluation of the initial reduction and throughout the follow-up that lasted for a mean of  $9.4\pm 3.6$  mo. The functional and cosmetic outcomes were assessed according to Flynn's criteria and the Mayo Elbow Performance Index.

**Results:** None of the patients could be successfully treated with the standard method. The intrafocal joystick technique succeeded in achieving acceptable closed reduction in 12 of 15 patients; the

remaining three patients required open reduction and internal fixation. All fractures united, and wires were removed at a mean of  $5.4 \pm 1.6$  wk. Functional range of motion was regained after a mean period of  $7.2 \pm 3.5$  wk, while full elbow range of motion was regained after a mean period of  $12.2 \pm 3.5$  wk. According to Flynn's criteria and the Mayo Elbow Performance Index, all patients had an excellent result.

**Conclusions:** The intrafocal joystick technique for closed reduction and percutaneous fixation of irreducible supracondylar fractures of the humerus in certain difficult situations can effectively and safely achieve satisfactory radiographic and functional outcomes and decrease the need for conversion to an open reduction. Open reduction and internal fixation are essential in some patients but should only be used after all techniques of closed reduction and percutaneous fixation have failed.

**168**

**CURRENT TREATMENT OF OSTEOGENESIS IMPERFECTA**

**IBRAHIM ABUOMIRA**

**EGYPT**

Abstract:

Current treatment of osteogenesis imperfecta is use of telescope nail in 22 cases of osteogenesis imperfecta

Discussion & Conclusion:

Current treatment of osteogenesis imperfecta is use of telescope nail is useful in correction of Deformity and fracture fixation

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**UNICOMPARTMENTAL ARTHROPLASTY**

**MAHMOUD HAFEZ**

**EGYPT**

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**OSTEOTOMY , INDICATION , RESULTS**

**GAMAL HOSNY**

**EGYPT**

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**TOTAL VS. UNICOMPARTMENTAL KNEES ARTHROPLASTY**

**JEAN-ALAIN EPINETTE**

**FRANCE**

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**UNI COMPARTMENTAL REPLACEMENT VERSUS HIGH TIBIAL**

**OSTEOTOMY**

**JEAN LOUIS PRUDHON**

**FRANCE**

**173**

**SURGICAL TREATMENT OF COMMUNUTED INTRAARTICULAR**

**DISTAL RADIUS FRACTURE WITH EXTERNAL FIXATION.**

**FUNCTIONAL OUTCOME AND SHORT TERM FOLLOW UP.**

**MOHAMMED SALEH AL-SAIFI.M.D, KHALID M. SWAILEM.M.D, MOHAMMED**

**SADHAN, RANDA ALSALAH, ORTHOPEDIC RESIDENTS**

**YEMEN**

Abstract:

**BACKGROUND:** severely comminuted distal radius intraarticular fracture is one of the fractures that are difficult to be treated and unless you achieve and maintain nearly anatomical reduction, poor function, pain and instability will be the end result. **OBJECTIVE:** To study the efficacy of the External Fixator for the treatment of comminuted intraarticular fracture of distal radius. **MATERIAL AND**

**METHOD:** Between Jan 2016 and December 2018, a total of 38 patients with isolated closed comminuted intrarticular distal radius fracture were treated with a spanning (mini AO) external fixation. The mean age of the patients was 32 years (range, 20-50 y). The fractures are either AO-23C3, 17(45%) or AO-23C2, 21(55%). The mean operation time was 15min (range, 15-25 min). The mean time until the external fixator was removed was seven weeks. The functional evaluation of the patients was done at 3, 6 and 12 months follow-up. Outcome was assessed using Modified Green and O'Brien score.

**Discussion & Conclusion:**

**RESULT:** Three cases were suffered from pin tract infection, reduction was unstable in 6 cases and EF.FIX was augmented by percutaneous k.wires. All patients had nearly normal value in radiographic parameters of distal radius. According to the modified Green and O'Brien clinical rating system, 21(55%) cases had an excellent result, 11(29%) were good, 4(11%) and 2(5%) cases rated fair and poor respectively. **CONCLUSION:** Spanning external fixation for comminuted distal radius fractures is a minimal invasive fixation and it can restore radiographic parameters, maintain reduction, and provide satisfactory functional results.

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**PATIENT REPORTED OUTCOME MEASURES OF A CORTICAL ENDOBUTTON SYSTEM FOR DISTAL BICEPS REATTACHMENT THROUGH A SINGLE INCISION**

**BLYTH D, CHOWDHURY A, WILCOCKS K, SHEAN K , ELMORSY A EGYPT**

**Abstract:**

**Aims:** The aim of this study was to determine if the Toggle Lock Cortical Button System confers satisfactory clinical outcomes in the surgical management of distal biceps ruptures.

**Methods:** 12 consecutive patients who had undergone distal biceps repair with this technique were followed up. Patient Reported Outcome Measures (PROMs) were collected by means of validated questionnaires. Symptoms and function were quantified using the Disabilities of the Arm, Shoulder and Hand (DASH) score and the Oxford Elbow Score (OES). Patient reported health scores were determined using the EQ-5D-3L questionnaire.

**Results:** The mean follow up time was 10.4 months (se = 1.32). The mean DASH score 5.88 (se = 3.28), with a mean work module score of 15.3 (se = 10.2) and sports module of 11.9 (se = 7.48). The mean OES was 43.9 (se = 1.95). The mean EQ-5D-3L level sum score was 5.33 (se = 0.26), with a mean EQ-Visual Analogue Health Score of 78.6 (se = 3.50).

**Discussion & Conclusion:**

**Conclusion:** The Toggle Lock Cortical Button system confers satisfactory clinical outcomes, as determined by PROMs, in the surgical management of distal biceps ruptures. Further work will be conducted with a greater follow-up time and objective measurements of elbow flexion and supination strength.

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**RESULTS OF REPAIR OF AVULSED DISTAL BICEPS TENDON THROUGH DOUBLE APPROACHES**

**MOHAMMAD QUOLQUELA EGYPT**

**PURPOSE.**

Distal biceps tendon rupture occurs more commonly in middle-aged males, affecting the dominant arm more frequently. Patients can still flex their elbows as the biceps is not the sole elbow flexor. The main problem facing these patients is marked weakness of elbow flexion on lifting heavy objects. Surgical treatment varies between either single volar approach to reattach the avulsed distal biceps tendon through a tunnel at the radial tuberosity using special mini plate and interference screw. Single approach has the advantage of being simple with no possible complication of myositis ossificans associated with combined volar and dorsal approaches. Unfortunately, these implants are not available in our hospital. We report about using double approach technique with no occurrence of myositis ossificans and no implants used.

**PATIENTS & METHODS.** Our study included seven patients with rupture distal biceps tendon. They were all males with an average age of 44 years old (a range 36 — 57 years). Three patients were

farmers, two construction workers, a carpenter and a plumber. Dominant elbow was involved in five patients. Total elbow movements ranged from 95° to 120° with an average of 103°. Average manual testing of resisted elbow flexion strength ranged from 30% to 55% of the other normal side with an average of 38%. Hand power grip ranged from 50% to 70% of the other side with an average of 62%. All patients showed completely stable elbows. Patients got an average total MEP (Mayo Elbow Performance) score of 62 points. Five patients were out of regular job and two were working but on a part time restricted basis. Under general anesthesia, the ruptured tendon was retrieved through a volar approach and a non absorbable suture was threaded through it. Another incision over the dorsum of the proximal

forearm to expose the radial tuberosity where a dorsovolar tunnel was made. The biceps tendon was delivered to the dorsal wound and driven into the tunnel and secured there through a buried pull out stitch. The elbow was immobilized for one month followed by gradual mobility.

**RESULTS.** Average follow up period was 29 months (a range 13 — 42 months). Total elbow movements ranged from 100° to 125° with an average of 112°. Average manual testing of resisted elbow flexion ranged from 75% to 90% of the other normal side with an average of 84%. Hand power grip ranged from 80% to 95% of the other side with an average of 87%. Patients got an average total MEP (Mayo Elbow Performance) score of 89 points. All patients returned to their previous jobs on full term basis. Radiography revealed no myositis ossificans in any patients. No posterior interosseous nerve palsy was reported in any patient.

Discussion & Conclusion:

#### CONCLUSIONS

Repair of avulsed distal biceps tendon through double approaches is a safe procedure with favorable outcome.

Level of Evidence: Level IV i.e. a study in which patients identified are treated one way with no comparison group of other patients treated in another way.

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## **LONG SEGMENT FEMUR LENGTHENING WITH MONO LATERAL FRAME**

**AHMED ALLAM  
EGYPT**

**177**

## **DISASTER MANAGEMENT & LOCAL EXPERIENCE**

**ALI ALAMOUDI  
KSA**

Abstract:

Mass gathering experience and local disaster

Introduction

During hajj , pilgrim stay in a short period , in very small area and they have to move all together during hajj from a place to another place and controlling this is so difficult

These area include

Arafat

Muzdalifah

Mina

Makkah (holly mosque )

History of accident during hajj

- Of the 15 major incident witnessed during hajj over the past 50 years .  
8 have been caused by crowdedness

May 1994 270 died at stoning area.

April 1998 180 died at stoning area.

Feb 2004 251 died on the way stoning area

Jan 2006 364 died at stoning area.

Disaster planning Framework: The 6 P's

- Preparation
- Planning
- Pre-hospital
- Processes for hospital response
- Pathophysiology & patterns of injury
- Pitfalls

Disaster classification

Mechanism of disaster

- o Natural: weather, geophysical
- o Man-made: unintentional, intentional

Extent & duration

- o Closed vs. open geography

Finite vs. ongoing

Casualties

Numbers

Injuries: mechanism, type

Level of response

- I – Local resources only
- II – Local + regional resources
- III – Local + regional + national / international

- Efficient casualty flow is essential for better casualty population outcomes:
- forward flow must be maintained from the scene and pre-hospital evaluation, to hospital care and beyond.
- Casualties are first rescued and moved away from the scene, where decontamination, initial evaluation, and life-saving interventions can be performed

Disaster response phase

It occurs in four phases and is well described in the Israeli experience with homicide bombings. Each of these phases will occur,, but efficiency and effectiveness vary considerably based on preparation.

- The initial response focuses on scene safety—preventing harm to the uninjured (including responders) and injury progression among the casualties.

Crane collapse result in

Received 486

Injuries 238

Death 23

- The magnitude and complexity of these injuries are beyond most daily trauma experience,,, they are multidimensional injuries.
- A mass casualty event is one in which the needs for casualty care far exceed the available resources, usually due to the large numbers of casualties, and the severity and diversity of injuries. This is the point where the resource triangle tapers off
- A catastrophic casualty event involves exhaustion of resources with ongoing casualties—all other concerns are displaced by the basic needs for food/water and shelter.
- Both mass and catastrophic casualty require approaches that are entirely different from normal if the greatest good for the greatest number of casualties is to be achieved.

Different Scoring system used in major trauma

Glasgow Coma Scale  
Abbreviated Injury Scale  
Injury Severity Score  
New Injury Severity Score

Damage control on orthopedics

- o Hemorrhage control
- o Soft tissue management
- o Provisional fracture stabilization

Cases from the disaster 5-7 cases

Discussion & Conclusion:

Mass Gathering Disaster has its own characteristics  
Improve of mass gathering disaster planning including triage  
Updates of disaster planning well help in future .  
Damage Control Orthopedics is crucial

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## **DOES LATERAL OPENING WEDGE OSTEOTOMY ACHIEVING ACCURATE CORRECTION OF VALGUS KNEE DEFORMITY?**

**ELSAYED IBRAHIM SHAHEEN  
EGYPT**

Abstract:

Background: Supracondylar femoral osteotomy (SCFO) considered an ideal treatment for valgus knee deformity. Preoperative accurate examinations predict the plan of lateral opening wedge femoral osteotomy. Realignment osteotomy depends on the correction of the mechanical axis using plate fixation with filling bone graft. Patients and Methods: This prospective study was done on 12 young adult patients with genu valgus deformity using lateral open wedge supracondylar femoral osteotomy (LOWSFO). The mean age was  $22.17 \pm 2.3$  years and the mean body mass index (BMI) was  $25.13 \pm 2.7$ . Pre and postoperative clinical and radiological measures including; mechanical tibiofemoral angle (MTFA), mechanical axis deviation (MAD), range of motion knee (ROM), international knee documentation committee (IKDC) score, and time to union, complications, were recorded for 17 months follow-up. Results: The mean MTFA improved from  $22.04 \pm 3.46^\circ$  to  $3.14 \pm 2.73^\circ$ , mean ROM  $98 \pm 10.86^\circ$  to  $129 \pm 15.74^\circ$ , as well as IKDC slightly improved. All mechanical axes passed through zone 1 at the last follow-up in AP standing X-ray. SPSS was used for statistical analysis. Conclusion: Lateral open wedge femoral osteotomy is a reproducible technique that can be used for the treatment of patients with valgus knee deformity. The results may depend on type and configuration of osteotomy and type of fixation with graft or without. Keywords: Mechanical axis, Lateral open wedge supracondylar femoral osteotomy, supracondylar femoral osteotomy, Genu valgum.

Discussion & Conclusion:

CONCLUSION The beneficial aspects of lateral open wedge SCFO can be summarized as below.

1. It is a single bone cut osteotomy, minimal invasive.
2. Should preserve the intact fourth of medial cortex act as hinged unless is broken may lead to sagged distal femur lead to recurvatum and limited flexion range of the knee
3. Method of Fixation should be rigid fixation with opposition of contact bone to maintain the stable fixation and achieving union at optimal time.
4. Bone grafting is not necessary, however if there is wide gap more than 10mm, should use whatever the type.
5. Femoral lengthening is minimal, observed postoperative follow up that not affecting functional outcome.

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## **THE NOVEL COMBINATION OF ARTHROSCOPIC MEDIAL RELEASE & OPEN WEDGE HIGH TIBIAL OSTEOTOMY FOR VARUS KNEE WITH MEDIAL COMPARTMENT OA**

**MOHAMED ALI  
EGYPT**

Abstract:

Open wedge high tibial osteotomy (OWHTO) is an established surgical procedure to correct varus malalignment in patients with knee medial-compartment osteoarthritis (MCOA). Arthroscopic medial release (AMR) was reported to reduce pain in the majority of patients. But, Axis correction alone did not reverse



the progressive degenerative pathology, and, AMR alone could not prevent recurrence of the pathology because of mal-alignment. We evaluated a combined procedure of AMR and OWHTO. Patients and Methods: 52 knees of 42 patients with medial compartment osteoarthritis and knee varus were managed. Their mean age was 51 years. The Knee Society score (KSS) and the knee injury and osteoarthritis outcome score (KOOS) were used for evaluation. Results: Mean follow-up: 18 months. The patients were satisfied for 47 knees (90.38%). The mean KSS was statistically improved from 18.2, pre-operatively to 44.6 ( $p < 0.001$ ). The femoral-tibial angle and the joint space width improved insignificantly.

#### Discussion & Conclusion:

Combined AMR and OWHTO greatly improved the results of mini-invasive surgical ttt for varus knee with medial compartment OA. A wide based comparative study is recommended with 2nd look arthroscopy to evaluate the possibility of cartilage regeneration. Key words: Medial compartment, high tibial osteotomy, arthroscopic medial release.

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## RESULTS OF BIPLANAR VALGUS OPENWEDGE HIGH TIBIAL OSTEOTOMY FOR MEDIALY ARTHRITIC VARUS KNEES FIXED BY LOCKING PLATE

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EGYPT

#### Abstract

**INTRODUCTION:** Osteoarthritis of the knees is one of the most common joint diseases encountered in orthopaedic practice. The mechanical overload cannot be ignored as a causative factor, which is obviously posing deleterious effects on malaligned knees. Realigning osteotomy provides the ability to decrease the load on the diseased compartment and shift this extra load to the non-diseased one by restoring the proper alignment. This potentially prevents the process of cartilage degeneration as a part of osteoarthritic process. Additionally, this may alleviate the biomechanical stresses on cartilage reforming, meniscal repair and ligament reconstruction procedures and thus augmenting their success rates. Biplanar in comparison to monoplanar osteotomy has the advantage of greater surface area for bone healing and providing more mechanical stability that averts loss of correction. The advent of locking plates has improved the outcomes of open wedge high tibial osteotomy significantly in terms of better stability allowing almost immediate mobilization, better healing potential and less incidence of loss of correction as opposed to non-locking fixation devices.

**Aim of the work:** The aim of this study was to evaluate the results of biplanar valgus open-wedge high tibial osteotomy for medially arthritic varus knees fixed by locking plate.

**Patients:** Thirty-three varus knees (31 patients, 2 of them had bilateral MOWHTOs) with MCOA were operated upon during the period of 2015 to 2018 at Elhadra University Hospital. They all had MOWHTO using biplanar technique and fixed by locking plates (Tomofix™ plate). We compared the data fetched preoperatively (at day 0 = D0) with data one year or more after surgery with a mean of 14.5 months (at year 1=Y1). The mean age was  $34.82 \pm 8.74$  years old, 23 were males while others were females. Nine patients were normal weight while 24 were overweight. 26 were non-smokers while 7 were smokers. Twenty-two had medial meniscal injury and 5 had ACL injury. Only 15 patients received AIBG.

**Methods:** Arthroscopy was performed routinely at the start to confirm diagnosis. Biplanar Osteotomy was performed in the standard manner. Internal fixation was done by the TomoFix™ plate. The knee was supported by a hinged knee brace. Full range of motion from the start, nonetheless, weight bearing was not allowed for 6 weeks.

**Results:** As for the clinical results, WOMAC and Cincinnati scores were used preoperatively and 1 year postoperatively. The mean WOMAC value was  $51.06 \pm 26.11$  and then dropped to  $20.03 \pm 17.41$ . The difference was statistically significant ( $p$ -value was  $<0.001$ ). The mean Cincinnati score was  $40.36 \pm 19.28$  at D0, then  $81.88 \pm 14.45$  at Y1. The rising pattern from D0 to Y1 was significant statistically ( $p$ -value was  $<0.001$ ). For radiological results, the mean amount of correction was  $10.27^\circ \pm 2.97^\circ$ . The mean FTA was  $11.91 \pm 3.16$  at D0 which was shifted to  $1.06 \pm 1.43$  at Y1. A statistically significant decreasing pattern of mean JCA from  $2.36 \pm 1.43$  to  $1.82 \pm 1.29$ . Five of our patients had chronic ACL insufficiency. The mean TS for the 28 patients was  $11.11 \pm 2.54$  and changed to  $11.18 \pm 2.51$  and this was statistically insignificant. Regarding the PH, there was a statistically significant decreasing tendency from a mean of  $1.02 \pm 0.10$  to  $0.97 \pm 0.10$ . LPT showed a statistically significant decrease, although quite small, from  $10.48 \pm 4.32$  to  $9.45 \pm 4.27$ . A statistically significant, yet minimal, decreasing pattern of CA from  $17.76 \pm 7.35$  to  $17.11 \pm 7.37$ . LPS showed a slight increase from a mean of  $10.72 \pm 3.74$  to  $11.14 \pm 3.76$ , which was not statistically significant.

**Conclusions:** MOWHTO using biplanar technique and fixed by the Tomofix™ plate without BG filling except in risky patients is a very efficient modality of treatment for adult patients suffering from medially arthritic varus knees in terms of clinical and radiological aspects. Patellar descent is a problem of MOWHTO that is more pronounced with larger corrections and/or in preoperative patella infera. Further studies are needed to confirm the benefits of the descending limb biplanar osteotomy over the ascending one as regards to decreasing or abolishing the resultant patellar descent that occurs with latter technique. Increasing age, female gender, smoking and overweight patients are all negative predictors for clinical outcomes.

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## **ACUTE CORRECTION OF VARUS KNEE BY BIPLANAR MEDIAL OPENING-WEDGE HIGH TIBIAL OSTEOTOMY AND FIXATION WITH TOMOFIX PLATE**

**ELSAYED IBRAHIM SHAHEEN; MOHAMED ABDEL-AAL MORSY  
EGYPT**

**Background:** Biplanar medial opening wedge high tibial osteotomy (MOWHTO) is a treatment method that allows adequate correction of symptomatic varus knee deformity. However, MOWHTO tends to decrease patellar height and increase the posterior tibial slope, which can affect the knee joint stability. **Objective:** The aim of this study was to describe the technique of biplanar MOWHTO and fixation by TomoFix plate, as well as to evaluate the accuracy of the planned correction and the postoperative tibial slope. **Patients and Methods:** This prospective cohort study was conducted on patients who presented with varus knee deformity and underwent biplanar MOWHTO and fixation by TomoFix plate during the period from March 2016 to March 2017. Assessment of patients included pre- and postoperative Knee and function scores, mechanical femorotibial angle (mFTA), posterior tibial slope angle (pTSA), range of motion (ROM) and radiological evaluation of the healing of the osteotomy site. **Results:** The recruited patients were 13 (8 men and 5 women), with average age 31.7 years old. The knee and functional scores improved from the preoperative mean of 45 and 41 to the postoperative mean of 85 and 72 points, respectively. The average knee flexion was 115 degrees, which at the final follow-up remained unchanged except for one case. The mean preoperative mFTA was 13.5° varus and decreased post-operatively to a mean of 3° valgus. The average postoperative follow-up period was 12 months (10 - 18 M). **Conclusion:** The biplanar MOWHTO allows preservation of posterior tibial slope while correcting the varus knee adequately.

### **KEYWORDS**

Varus Knee, Biplanar, Medial Opening-Wedge, High Tibial Osteotomy, TomoFix Plate

### **Discussion & Conclusion:**

. Discussion The current study demonstrates that acceptable correction of the mFTA was achieved by biplanar MOWHTO and fixation by TomoFix plate. Furthermore, the knee function improved significantly (improved knee and function scores) at the final follow-up. Previous studies have reported similar results. The mean corrected angle of mFTA was 3.3 in our study, with a range between -2 to 8 degrees. The reported corrected angle of mFTA ranged from 6 to 14 degrees. Comparison of mean TFA and pTSA pre- and post-operatively, ROM, FW bearing, time of union, bone graft, and complications. TFA: tibio-femoral angle; pTSA: posterior tibial slope angle; Pre: preoperative; Post: postoperative; ROM: range of motion; FW: full weight; Synth: synthetic; #: paired T test; \* significant at  $p < 0.05$ . 14 degrees with good clinical outcomes. Overcorrection occurred in one patient only in the present study. Over and undercorrection were reported by previous studies, with contradictory clinical results.

Hernigou et al. [18] reported that an overcorrection of more than 6° was associated with progressive articular degeneration; an undercorrection was associated with poor patient satisfaction and increased the symptoms of the medial compartment OA. On the contrary, overcorrection of the mFTA was recommended by Ivarsson et al. [19]. Rudan and Simurda [20] found that overcorrection (with the mFTA above 15°) seemed to achieve excellent clinical results, but the patient was not satisfied cosmetically; undercorrection was associated with more failure of the procedure. The average knee flexion in our patients remained unchanged till the final follow-up period, except for one case that had limited full extension that may be attributed to increased tibial slope in this case by about 10 degrees. In the current study, bone graft was used in all patients, either tricortical synthetic (10 cases) or autologous (3 cases) grafts. Gaasbeek et al. [21] have observed that the TCP filler that was used with MOWHTO was absorbed, with the new bone being completely remodeled and incorporated into the native bone. In patients who are at increased risk of non-union, such as smokers and obese patients, autologous graft from iliac bone are recommended to be used [21]. However, Staubli and Jacob [22] and Zaki and Rae [23] reported the achievement of good bone healing without bone graft or substitute in

a TomoFix plate group. The common drawbacks of MOWHTO were evaluated in this study and their incidence was low, including skin irritation, limited extension, superficial infection and overcorrection, which occurred in one case each. Changes in tibial slope are the most common drawbacks reported by previous studies. Tibial slope is crucial for maintaining the knee joint stability and biomechanics [24]. Generally, tibial slope tends to increase after OWHTO and to decrease after CWHTO [25]. The increase in tibial slope is due to the anatomical characteristics of the proximal tibia. It was found that an opening wedge with equal heights of the anterior and posterior gaps could increase the sagittal tibial slope [26] [27]. Increased pTSA may disturb the corrected coronal plane [28] and could result in more tension on cruciate ligament and destabilization of the knee joint [29] [30]. Tibial slope changes might also progress to early OA. In order to reduce the increase in tibial slope, the anterior opening gap is recommended to be 1/2 to 2/3 of the posterior gap [26] [27]. The undercorrection in the frontal plane in cases of severe varus deformity was shown by Asada et al. [28] to increase pTSA. We found that pTSA was maintained postoperatively. Other previous studies have also reported an increase of pTSA after OWHTO that ranged from 2 to 4 degrees [28] [31] [32] [33]. TomoFix plate fixation allowed for maintenance of pTSA in the sagittal plane. Proximal screws were fixed first, followed by a single screw in the distal plate. Thereafter, the pTSA was adjusted guided by fluoroscopy, with the knee joint in the extended position. Lastly, a screw was inserted in the remaining distal hole to complete the fixation. Another reported drawback of MOWHTO is the decrease in patellar length which was suggested by Goutallier et al. [16]. This change results from destabilization and lateralization of the tibial tuberosity. Moreover, Amzallag et al. [34] showed that patellar height decreased more than 20% in one third of patients after OWHTO. Therefore, standard OWHTO is contraindicated in patients with patella baja or infera [34]. The patellar height was not affected in the present study. There was no screw loosening or implant failure in this study as we used the TomoFix locking system. The use of TomoFix plate provided many advantages as it enabled rigid fixation, early range of motion, weight-bearing [28] and maintenance of pTSA [35] [36]. However, there are some disadvantages of TomoFix system that includes extensive skin irritation, prominent implant and soft tissue incision. Skin irritation was observed in one case in this study and was attributed to prominent implant and subcutaneous inflammation. This study was subject to some limitations. The number of cases was small and follow-up period was short. Future studies should be conducted on larger sample size and with patient follow-up for longer duration.

5. Conclusion Biplanar MOWHTO accompanied with stable fixation using a TomoFix plate produced good clinical outcomes with low incidence of complications, without affecting patellar height or the posterior tibial slope. In order to minimize the rate of complications, surgeons must perform accurate planning before the surgery, follow the surgical technique meticulously and provide ample fixation using rigid stable implants.

Have a Comment?:

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## **CORRECTION OF BLOUNT DISEASE, ACUTE OR GRADUAL ?**

**MOHAMED ABDELAAL HUSSEIN  
EGYPT**

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## **RECONSTRUCTION OF EXTENSOR MECHANISM OF THE KNEE AFTER RESECTION OF GIANT-CELL TUMOR OF THE PATELLA AND PATELLAR TENDON.**

**AHMAD SHAHEEN  
EGYPT**

Abstract:

Reconstruction of extensor mechanism of the knee after resection of Giant-Cell Tumor of the Patella and patellar tendon.

A case presentation and review of surgical techniques.

Ahmad shaheen,

prof. Orthopedic surgery, Egypt.

We present the case of a 32-year-old man who had swelling and pain in his right patella. He was not able to put full weight bearing on his affected limb and inability to actively extend the knee. Simple X-rays showed a lytic, expanding lesion in the right patella, for which needle biopsy confirmed the diagnosis of giant-cell tumor. MRI studies determined the tumor extension to proximal part of ligamentum patellae. Total patellectomy included patellar tendon resulted in bone and soft tissue defect. Reconstruction of the extensor mechanism of the knee using extended medial head gastrocnemius transplant was done. After intensive rehabilitation program for 6 months the patient was able to regain full range of motion of his knee with excellent knee extension .

**Discussion & Conclusion:**

We present a challenge rare case of GCT patella that involved patellar tendon , reconstruction with extended medial head gastrocnemius flab was successful in restoring extensor mechanism.

**Have a Comment?:**

An alternative technique to restore knee extensor mechanism

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**ROTATIONAL MALALIGNMENT OF TIBIAL AFTER CLOSED FRACTURE TREATMENT WITH REAMED INTRAMEDULLARY NAILING, CLINICAL, RADIOLOGICAL ASSESSMENT AND IMPACT ON FUNCTIONAL OUTCOMES**

**MOHAMED ABDEL-AAL  
EGYPT**

**Abstract:**

Intra-medullary (IM) nailing is standard of care for unstable tibial shaft fractures. Malrotation is very common but it is under-recognised, in part because of variation in normal anatomy and partly due to difficulty in accurately assessing rotation. This study was planned to evaluate the frequency of rotational mal-alignment after reamed tibia IMnailing. from January to December 2017. All the patients were assessed intra-operatively for rotational alignment using the knee and ankle fluoroscopic images. Overall the incidence of malrotation was in 20(24.7%) cases. Rotational

**Discussion & Conclusion:**

Rotational malalignment is one of the preventable complications after IMnailing which can be assessed intra-operatively under fluoroscope.

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**CASE PRESENTATION( CONGENITAL ACL DEFICIENCY)**

**MAHER EL KAMHAWY  
EGYPT**

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**ARTHROSCOPIC TREATMENT OF CHRONIC PATELLAR TENDINOPATHY (JUMPER'S KNEE**

**ADEL ADAWY; HATEM ELGOHARY; SAAD SHOULAH  
EGYPT**

**Abstract:**

Background: patellar tendinopathy, is a clinical term used to describe patellar tendon pain, swelling, and/or dysfunction resulting from acute injury or, more commonly, chronic overuse especially among athletes. In patients with patellar tendinopathy in whom non-operative management is unsuccessful; surgery is an option to return to high levels of physical activity.

Purpose: This work was to evaluate the results of arthroscopic management of cases with chronic refractory patellar tendinopathy (jumper's knee).

Patient and Methods: This is a prospective study that was done at Kafr El-Sheikh and Benha university hospital. 28 patients involved in sports activities with chronic patellar tendinitis aged 18-30 years with the mean age of 23.25 were considered to have arthroscopic treatment for refractory chronic patellar tendinopathy after at least 3 months of conservative treatment. All patients in the study underwent arthroscopic debridement of the Hoffa's bad fat, debridement of abnormal patellar tendon, with or without excision of the lower pole of the patella. Preoperative and postoperative evaluation was

undertaken using the VAS score, Lysholm Scores and Victorian Institute Of Sport Assessment–Patella (VISA-P) scores for all patients.

Results: The VAS, Lysholm, and VISA-P scores all significantly improved at last follow-up. There were no postoperative complications. 27 patients of 28 were able to perform at their preinjury sports activities. One case was not able to return to preinjury sports activity.

Conclusion: Arthroscopic surgery for patients with patellar tendinopathy, refractory to non-operative management, appears to provide significant improvements in symptoms and function.

Key-words: Jumper's knee, Arthroscopic treatment, Patellar tendon.

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**PAENIBACILLUS ISOLATED FROM SUPERFICIAL INFECTION OF THE LEFT KNEE REGION IN MIDDLE AGED MAN**

**MOHAMED SHALAN  
EGYPT**

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**SIMULTANEOUS ANTERIOR CRUCIATE RECONSTRUCTION AND OPENING WEDGE HIGH TIBIAL OSTEOTOMY**

**MOHAMED SALAH SINGER  
EGYPT**

Abstract:

Background

High tibial osteotomy (HTO) is a valid treatment option for patients with medial tibiofemoral osteoarthritis (OA) and varus deformity. Sometimes medial OA is combined with symptomatic anterior cruciate ligament (ACL) deficiency. Although isolated HTO (with possible delayed ACL reconstruction) might be indicated in the older population, young active patients may require combined HTO and ACL reconstruction. The purpose of the current study is to report results of simultaneous ACL reconstruction and high tibial osteotomy.

Patients and methods

Twenty four patients who were diagnosed with ACL injury and medial unicompartamental OA with varus deformity were included in the study. Simultaneous open-wedge HTO and arthroscopic ACL reconstruction were done for all patients. For clinical outcomes, we evaluated Lysholm score, Tegner activity score, range of motion, Lachmann test, and pivot-shift test, and for radiological outcomes, we evaluated the degree of varus deformity, progression of medial OA, tibial posterior slope, anterior instability, and postoperative complication.

Results

The mean follow-up duration was 5.2 years. The femorotibial angle was significantly corrected from varus 7.0 degrees to valgus 3.2 degrees. The Lysholm and Tegner activity scores were significantly improved (from 56 to 95 points on the Lysholm scale and from 3.0 to 5.4 points on the Tegner activity scale). Three patients showed progressive osteoarthritis on the medial compartment. There were no cases of nonunion or fixation loss.

Discussion & Conclusion:

Conclusions

Simultaneous open-wedge HTO and ACL reconstruction in patients with ACL injury with medial compartmental OA showed satisfactory functional outcomes and postoperative activity level scores, and lower complication rates

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**OUTCOMES OF OSTEOCHONDRAL AUTOGRAFTING IN MANAGEMENT OF FULL-THICKNESS CHONDRAL DEFECTS IN THE KNEE JOINT**

**AHMED SHAHIN -MOHAMED EL SAWY - AHMED ZAYDA -SOLIMAN HASSAN  
SOLIMAN ZALALO  
EGYPT**

Abstract

Background: Focal chondral defects of the knee are a common condition. These lesions can result from trauma, Osteochondritis dissecans (OCD) or degenerative process. More common in young active persons, they may result in symptoms like exertional pain, swelling, mechanical symptoms as catching,

locking, and maybe giving way. These lesions have a limited ability to heal and may progress to osteoarthritis. This presents an especially difficult clinical problem in young, high-demand patients. Autologous osteochondral grafting is an excellent method of biological resurfacing of focal chondral and osteochondral defects of the weight-bearing surface of the knee, it is the transfer of a plug of osteochondral tissue with overlying cap of normal intact articular cartilage with viable chondrocytes and underlying attached subchondral bone into an articular cartilage defect, moreover the integration of the osseous part of the osteochondral plug follows the principles of bone to bone healing.

the method is not laboratory dependent, is of low cost, involves only a one-stage procedure, and carries no risk of disease transmission or immunologically mediated damage to the graft

**Patients and Methods:** This prospective clinical study has been performed between March 2017 and July 2018 in Menoufia University Hospitals included 30 patients most of them were male (90%), age ranged from 18-40 years, had focal chondral or osteochondral defects of the weight-bearing surface of the knee joint, mostly in medial femoral condyle 90% while, 10% had lateral femoral condyle (LFC). Also, 60% of the studied patients had a right side and 40% had left side. Osteochondral Autograft Transfer System of instrumentation (OATS) (Arthrex®). Was used all cases. The mean  $\pm$  SD defect size was  $2.55 \pm 0.48$  cm<sup>2</sup> with ranged 1.2 -3 cm<sup>2</sup>, the maximum depth of the lesion was 7 mm, while the minimum depth was 3mm. They were treated with osteochondral autografting with at least follow up period of one year, during that period, all of the cases were followed up clinically, radiologically. The clinical outcome of all patients was analyzed using the International Knee Documentation Committee (IKDC) evaluation form.

**Results:** In the present study, OCD was the most cause (80%) among the studied patients followed by Localized degenerative (13.3%) and traumatic (6.7%) causes. There was a statistically significant difference ( $p < 0.001$ ) between the mean of the preoperative and Post-operative subjective IKDC scores ( $52.54 \pm 6.02$ ) indicating marked improvement of the postoperative Subjective IKDC score (mean of  $86.91 \pm 7.16\%$ ) and There was highly statistically significant improvement of the postoperative Objective IKDC grades as compared to the preoperative ones.

**Conclusions:** According to this study, Autologous osteochondral transfer is an effective but difficult technique, the graft transferred should be flushed, radial and delivered gently, Maximum coverage and stability (press-fit) should be obtained. Any misalignment (above 5°) or instability should be treated simultaneously or prior to chondral repair and this technique should be limited to chondral defect less than 3cm<sup>2</sup>

**Keywords;** knee; chondral lesions; Osteochondral fracture; OATS

**Level of evidence:** IV

#### Discussion & Conclusion:

##### Discussion

The advantages of replacing "like with like" regarding the cartilage repair are becoming increasingly recognized and may ultimately afford the knee joint increased longevity over time.

These study results are quite satisfactory and similar to many recent studies concerned with managing such injury. Osteochondral autograft transplantation has been proven to be a successful method with significant improvement of functional outcomes, comparing the preoperative and postoperative medians of The IKDC scores, there was a statistically significant difference ( $p < 0.001$ ) between the mean of the preoperative ( $52.54 \pm 6.02$ ) and Post-operative subjective IKDC scores ( $86.91 \pm 7.16\%$ ) indicating marked improvement of the postoperative Subjective IKDC score. In the study with the largest single series of mosaicplasty, Hangody and Fules 20 reported on the results of 597 femoral condyles and 76 tibial plateaus at up to 10 years postoperatively. Good or excellent results were obtained in 92% of the patients undergoing femoral condyle mosaicplasty and 87% of the patients undergoing tibial plateau mosaicplasty.

Sasaki et al. 21 investigated clinical outcomes of OATS surgery in patients with juvenile OCD (JOCD). Eleven unique patients with an average lesion size of 2.7 cm<sup>2</sup> underwent 12 OATS procedure for condylar lesions. Meantime from symptom onset to OATS was 13.5 months. At an average follow-up of 2.2 years, In the entire series, there were no infections. The preoperative IKDC subjective score for patients averaged  $63.4 \pm 11.3$  points, and the score significantly increased to  $87.8 \pm 10.4$  points at six months after surgery ( $p < 0.01$ ). The preoperative IKDC objective scores, which were class B in one patient, class C in ten patients and class D in one patient, were significantly improved at six months after surgery with class A in ten patients and class B in two patients ( $p < 0.01$ ). The average Lysholm scores six months after the operation were significantly improved to  $96.0 \pm 5.6$  points compared to the preoperative score of  $74.1 \pm 12.0$  points ( $p < 0.01$ ). All patients returned to their previous level of athletic activity at an average of  $5.7 \pm 2.4$  months after surgery.

José M.H. et al, 22 evaluate the short-term outcome of osteochondritis dissecans (OCD) treated with mosaic osteochondral autograft transplantation (OAT), 7 male patients (mean age 33.4) with 8 OCD lesions on the lateral border of the medial femoral condyle were followed prospectively. Patients were evaluated by (IKDC) score preoperatively 66 (36-92), at 6 months 80 (67-96) and 1 year 87 (80-

98) after surgery, The IKDC subjective score improved significantly.

#### Conclusion

According to this study, the treatment of patients with full thickness and osteochondral defect in the knee joint with osteochondral autografting gave significant improvement with a relative efficacy, safety and cost-effectiveness.

This method is not laboratory dependent, involves only a one-stage procedure, and carries no risk of disease transmission or immunologically mediated damage to the graft, however donor site morbidity imposes size constraints for this procedure, which is preferably used for small or medium-sized lesions. Studies with larger patients' number and longer follow up are still required to properly assess the profits of this management protocol.

#### Have a Comment?:

This method is not laboratory dependent, is of low cost, involves only a one-stage procedure, and carries no risk of disease transmission or immunologically mediated damage to the graft

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### **COMBINED ANTERIOR CRUCIATE LIGAMENT AND ANTEROLATERAL LIGAMENT RECONSTRUCTION**

**MOHAMED SALAH SINGER  
EGYPT**

#### Introduction

The ALL is increasingly recognised as an important extra-articular stabilising structure in the ACL-deficient knee. Traditionally many considered performing a lateral extra-articular procedure during ACL reconstruction to address rotational laxity. With arthroscopic advancements, such procedures are being done less frequently. However, failure to address extra-articular structures may lead to increases in ACL graft rupture.

#### Method

ALL reconstruction was undertaken in patients presenting with explosive pivot shift and in all revision ACL's between November 2012 to August 2015. This therefore represents a cohort with a high risk of failure. The technique involves a minimally invasive approach to anchor the graft at its origin on the lateral femoral condyle and fixing it via a second incision midway between Gerdy's tubercle and the fibular head. All patients were evaluated pre and post operatively with standard subjective and objective scoring.

#### Results

96 patients, (74 male, 22 female), mean age of 33 years (16-62), with mean follow-up of 33 months (14-47) underwent ALL reconstruction. This included 41 revision ACL reconstructions, and 8 as part of multiligament reconstructions. Hamstrings autograft was used for the ALL in 53 cases, FibreTape (Arthrex) alone in 34 cases, and allograft in 9 cases (all reinforced with FibreTape). Mean increase in KOOS at 1 year 19.8 points, Lysholm 25.7 points, Tegner activity scale 1.5 levels (all  $P < 0.05$ ). One (1%) ACL graft failure was identified during the study period.

#### Conclusions

Early results suggest ACL reconstruction failure can be reduced even in high risk surgical cases with concomitant reconstruction of the ALL.

#### Discussion & Conclusion:

##### Conclusions

Early results suggest ACL reconstruction failure can be reduced even in high risk surgical cases with concomitant reconstruction of the ALL

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### **MANAGEMENT OF THE ACUTE MONO-ARTHROPATHY; COHORT STUDY AND REVIEW OF GUIDELINES**

**AYMAN SORIAL  
UK**

#### Abstract:

Management of the Acute Mono-Arthropathy; Cohort study and review of guidelines.

Ayman Sorial MD FRCS

#### Introduction

Acute hot swollen joint remains a common presentation, although pathways and guidelines are well established yet still a matter for debate. Most cases have a benign course except septic arthritis with high morbidity and mortality.

#### Aim

To assess the sensitivity and specificity of conventional investigations like FBC, CRP, Blood Cultures and synovial fluid samples.

#### Methods

This study started as an Audit of the pathway of the hot swollen joint, the study sample was expanded to span three years and 562 cases, the results of all relevant investigations were reviewed from electronic records with reference to final diagnosis.

The main findings of this study were that most presentations of acute hot swollen joint were related to flare up of arthritis 62%, Crystal arthropathy 25%, Septic arthritis 13% and a minor percentage of mixed cases

The CRP value was reviewed against the diagnosis and there was no significant statistical difference between septic arthritis and crystal arthropathy, total white cell count and Neutrophilia on the other hand correlated more accurately with the diagnosis of septic arthritis.

Synovial fluid polymorphs percentage has also been shown not to be of significant diagnostic value. Direct microscopy and gram stain have been shown to have low specificity to diagnose joint sepsis.

#### Discussion & Conclusion:

##### Discussion and Conclusions

Some long-held concepts that need to be challenged to avoid cases of septic arthritis being missed. An important aspect of any diagnostic algorithm is to consider an alternative diagnosis.

Diagnosis of septic arthritis relies on clinical suspicion endorsed by information acquired through history, clinical findings and relevant investigations.

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## **MODIFIED DUNN PROCEDURE IN TREATMENT OF CHRONIC SLIPPED CAPITAL FEMORAL EPIPHYSIS**

**AHMED ABOSALEM, SAMY SAKR, AHMED SHAMS, HISHAM ELMOWAFY  
EGYPT**

Background: Slipped capital femoral epiphysis (SCFE) is an adolescent hip disorder with displacement of the capital femoral epiphysis from the metaphysis through the physis. Once SCFE is diagnosed, surgical treatment is indicated, but significant controversies remain regarding the best treatment. Moderate to severe slipped capital femoral epiphysis results in femoroacetabular impingement that leads to premature osteoarthritis. Modified Dunn procedure provides capital realignment through a surgical dislocation approach with less incidence of osteonecrosis and chondrolysis.

Patients and Methods: This prospective clinical study had been performed between September 2016 and December 2018 in Menofia University Hospitals included 20 patients with chronic and stable SCFE of moderate and severe degrees. They were treated by a modified Dunn procedure using a trochanteric osteotomy for surgical dislocation of the hip with the development of a retinacular soft tissue flap where the femoral epiphysis could be mobilized safely and reduced on the femoral neck after resection of the reactive meta-physeal callus. All the patients were followed for a minimum of one year.

Results: One patient developed osteonecrosis and no patient developed chondrolysis. The post-operative slip angle was corrected to 5 to 14 degrees and the mean alpha angle after the correction was 41 degrees. The mean improvement in HHS was 38.9.

Conclusions: Modified Dunn procedure is an effective method for full correction of moderate to severe SCFE with open physis with less incidence of complications but, it requires the correct meticulous surgical technique with experienced hands.

Keywords; SCFE; Modified Dunn

Level of evidence: IV

Discussion & Conclusion:

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## **HIP CONTAINMENT IN PERTHES DISEASE IN CONJUNCTION WITH ILIZAROV METHOD**

**MOSTAFA BARAKA  
EGYPT**



**Abstract:**

Long-term outcome in Perthes disease has been linked to the ability to maintain femoral head sphericity. Femoral head extrusion in Perthes disease predisposes to permanent deformation as the lateral acetabular rim indents the head. According to Salter, containment of the extruded femoral head enhances spherical remodeling. Most of these hips have loss of abduction ROM and limiter rotation, these findings may be misinterpreted by many surgeons as stiffness and preclude a preserving osteotomy. We conducted a study to determine the hip ROM before and after anaesthesia in 18 patients with extruded femoral heads, early fragmentation stage, followed by containment using a Percutaneous varus derotation osteotomy and fixation by Ilizarov.

**Discussion & Conclusion:**

In all patients, the ROM improved after anaesthesia as the extrusion relocates into the acetabulum. Ilizarov method is an easy and versatile method for containment in Perthes disease. Extruded hips with limited ROM may not have actual stiffness and a containment procedure is recommended.

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**NEW APPROACH FOR PERFORMING GANZ PERIACETABULAR  
OSTEOTOMY  
AHMED SAIED  
EGYPT**

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**MUSHROOM SHAPED HEAD RECONSTRUCTION AS A SEQUEL OF  
LEGG-CALVE-PERTHES DISEASE. MID TERM RESULTS  
BASAM ABO ELNAS  
EGYPT**

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**CORE DECOMPRESSION AUGMENTED WITH AUTOGENOUS BONE  
GRAFTS FOR OSTEONECROSIS OF THE FEMORAL HEAD  
OSMAN ABD ELLAH MOHAMED  
EGYPT**

**Abstract:**

Background: Many authors have reported high rates of failure of THA in patients with AVN, there are a number of possible options for treatment other than THA in osteonecrosis of the femoral head including core decompression, rotational osteotomy, vascularized or non-vascularized bone grafting, and limited resurfacing of the femoral head.

Patients and methods: We have reviewed the results of 30 operations performed on 25 patients with Ficat stage-II or stage-III osteonecrosis of the femoral head in which with or autogenous fibular bone grafting through a tunnel made in the femoral neck and head into the defect after core decompression.

Results: At a mean of 28 months (24 to 40) after operation 20 of 24 stage-II hips (83%) had a good or excellent result as determined by the Harris hip-scoring system. Two of six stag-III hips (33%) had good or excellent results. Eighteen of 21 hips (86%) with a combined necrotic angle of  $200^{\circ}$  had good or excellent clinical results compared with only four of nine hips (44%) with a combined necrotic angle of more than  $200^{\circ}$ . Six of the eight hips which had fair or poor results were in patients who had received corticosteroids; five of these six hips had lesions with a combined necrotic angle of greater than  $200^{\circ}$  or were in a late stage III. There were no perioperative complications.

**Discussion & Conclusion:**

Conclusion Our results suggest that augmentation with autogenous bone grafting can be successful in Fiat and Arlet stage-II osteonecrosis of the hip in patients with small-to medium-sized lesions.

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**SURGICAL UPDATES IN FEMORAL HEAD AND NECK DEFORMITIES  
( 5 YEARS FOLLOW UP)  
ABDELKHALEK ALZALABANY  
EGYPT**

Introduction

The deformed Femoral Head has been unsolved problem in orthopedic, Leading to pain, Limp, Limitation of movements, Acetabular Dysplasia, and arthritis of the Hip joint.

Material and Method:

Between January 2015 and August 2019, 20 patients (6 Female and 14 males between age 8 and 19 years old, 5 bilateral and 15 unilateral). All patients presented with Abnormal gait and pain due to proximal Femoral deformities, and all of them underwent intraarticular femoral head Osteotomies with Femoral neck reshaping and lengthening with or without innominate Osteotomy to restore the nearly normal anatomical bony relationships and improve biomechanics of hip joint.

Discussion & Conclusion:

Femoral head and neck deformities are very challenging and difficult Surgical task. It needed distinct indications, meticulous surgical technique, and highly 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 pathology will be altered or not.

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