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MULTIFOCULAR OSTEONECROSIS CAUSED BY SHORT-TERM CORTICO-STEROID TREATMENT. REPORT OF A CASE

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A 21-year-old woman suffered a brain contusion from a car accident. During the first 26 days after injury she received 392 mg of betamethasone to reduce brain edema. Four months later she began to suffer from articular complaints, which gradually progressed. Three years after the accident the X-rays showed marked changes in the left talus. However, the left and right femoral condyles and the left humeral capitellum and trochlea were also affected to a lesser degree. No residual neurological defects, metabolic disturbances or systemic illnesses could be found. The anterior part of the left talus was still viable and arthrodesis of the talocrural joint was successful. The synovial specimen was microscopically normal. The articular surface of the talus showed a viable cartilaginous structure, with only a few degenerative changes. The excised bone was clearly necrotic and disorganized. No surgical treatment of the other affected joints had so far been necessary.

SKULL TRACTION ACCESSORY FOR HOSPITAL BEDS

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Skull traction is used for the reduction and stabilization of fractures and fracture-dislocation of the cervical spine. At Töölö Hospital Vinke calipers have been found most satisfactory. From this traction device the traction string goes through a double pulley. This pulley

is attached to a horizontal rod and can slide horizontally when turning the patient. The horizontal rod has been fixed to two upright rods attached to the frames of beds. It has been troublesome and laborious to change the height of the horizontal rod and simultaneously lift the back rest.

The new, hand-made accessory with a double pulley attached to the horizontal rod can be fixed directly to the back rest. By turning the crank at the foot end we can easily lift the back rest together with the skull traction accessory without changing the direction of the skull traction.

FUNCTIONAL STABILITY AFTER TRANSACETABULAR ANTERIOR PELVIC RING RESECTIONS

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Primary malignant bone tumors situated at the anterior pelvic ring and extending periacetabularly offer a specific orthopedic problem. If a large anterior pelvic ring resection is performed in which the whole acetabulum is also removed, the functional stability of the hip is lost. Large periacetabular tumors may be resected using a transacetabular resection, where only the cranial part of the acetabulum is preserved. This resection is to be preferred in tumors of low malignancy, while in cases of definite high malignancy a total acetabulectomy or hemipelvectomy must be considered. Computed tomography is useful in determining the exact border of the tumor.

Two surgical cases are presented: one with low-grade chondrosarcoma and the other with an aneurysmatic bone cyst, with aggressive local growth. Postoperative healing was uneventful and a functionally stable hip was obtained in both cases. Both patients returned to their original work.