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# PROCEEDINGS OF THE DANISH ORTHOPAEDIC SOCIETY

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EDITOR: N. J. HOLM

## RUPTURE OF THE LATERAL LIGAMENTS OF THE ANKLE

*Plaster cast or operation? A prospective study*

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## MODIFIED WATSON-JONES OPERATION FOR LATERAL ANKLE INSTABILITY

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## POSTOPERATIVE INFECTIONS IN ORTHOPAEDIC PATIENTS

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In the Orthopaedic Departments of Odense University Hospital, the postoperative wound infection rate was 1.2 per cent in the 3-year period 1974–1976. The departments are provided with a geographically isolated infection ward. The infection was classified as major in 0.5 per cent of the patients. Two-thirds of the infections followed acute surgery. Only patients with open fractures received antibiotic prophylaxis. No region of "high risk" was found, but the incidence of infection was significantly raised following osteotaxis and osteotomy. The late result was unaffected by the infection in three-quarters of the patients. Chronic osteitis developed in 8 patients.

## INCREASING VALGUS DEFORMITY AFTER FRACTURES OF THE UPPER TIBIAL METAPHYSIS IN CHILDREN

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## FRACTURES OF THE FEMORAL SHAFT TREATED WITH INTRAMEDULLARY FIXATION BY THE STREET-HANSEN NAIL

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Seventy fractures of the femoral shaft were nailed without reaming. The patients were mostly young people who had sustained traffic injuries. In recent years we have aimed at obtaining a closed reduction and introduction of the nail at the trochanter. Twenty-five cases have been treated by this method. The patients were mobilised on crutches after 2 weeks and were allowed full weight-bearing after 14 weeks. Eight patients had to be reoperated on and 2 patients had major residual disabilities.

## MOORE ARTHROPLASTY WITH AND WITHOUT CEMENT IN FEMORAL NECK FRACTURES

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In a clinically controlled series, 112 patients with fractures of the femoral neck were allocated to two treatment groups: 58 patients had a Moore arthroplasty cemented with methyl methacrylate and 54 patients had a non-cemented prosthesis. The clinical results were assessed (Merle d'Aubigné grading system) 3 and 6

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months after the operation. It was found that the patients with a cemented prosthesis were doing significantly better ($P < 0.003$ and $P < 0.009$). There was no significant difference between the two groups of patients 6 weeks and 12 months after the operation. It is concluded that fixation of the prosthesis with cement improves the clinical results during the first year after surgery.

## FEMORO-PATELLAR REPLACEMENT

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Out of 151 Marmor alloplasties 16 also had a resurfacing of the femoro-patellar joint (Richards Patella II). Fourteen femoro-patellar replacements were done at the primary operation, and in 2 cases the indication was persistent patella pain 1 to 2 years after the Marmor operation. No patellectomies were done.

After 1–4 years follow-up 12 cases were rated as excellent. The success of the operation is dependent on correct alignment. The vastus medialis must not be severed and a lateral release may be necessary.

## ASEPTIC LOOSENING OF THE MONK HIP PROSTHESIS

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A total of 104 hip arthroplasties with the uncemented Monk prosthesis with a polyethylene cap were re-examined after 5 years. Seventeen patients had died, 43 prostheses had been removed because of painful aseptic loosening, and 43 were still functioning.

It is concluded that the Monk prosthesis is quite unsatisfactory.

## THE RESULTS OF 40 MONK HIP ENDOPROSTHESES

A. SOOS

Forty patients with the Duo-Kopf Monk hip endoprosthesis were assessed 12 to 33 months postoperatively. Re-operation had been undertaken in 10 hips and was required in a further 6 hips. The main late complications were pain, displacement of the prosthesis and osteolysis with disappearance of the cortex of the bone caused by wear products from the soft top of the prosthesis.

It is concluded that the Monk prosthesis with a complication rate of about 40 per cent is not acceptable.

## CLASSIFICATION OF SOFT TISSUE SARCOMAS

O. MYHRE-JENSEN

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The necessity for a classification of malignant tumours and the principles of histogenetic grouping of sarcomas are briefly mentioned.

As malignant soft tissue tumours are relatively rare, 60–70 new cases being registered in Denmark per year, centralization of the treatment and diagnosis is needed.

## SOFT TISSUE SARCOMA – SURGICAL TREATMENT

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Out of 190 cases of non-visceral soft tissue sarcomas treated at the tumour centre in Aarhus during the period fra 1962 to 1976, 101 (53 per cent) were admitted to the centre after biopsy or excision and 59 (31 per cent) because of local recurrence or metastases after primary treatment elsewhere. Only 30 cases (16 per cent) were referred for primary diagnosis and treatment. One hundred cases (53 per cent) were classified as operable and of these 82 were treated with local excision of the tumour area and 18 primary amputations were performed. The frequency of local recurrence in cases of non-ablative surgical treatment was 50 per cent.

## SOFT TISSUE SARCOMAS

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From September 1962 to March 1976, a total of 205 cases of soft tissue sarcomas localized to the extremities, trunk, head, and neck have been treated at the Department of Oncology and Radiotherapy and at the Orthopaedic Hospital in Aarhus. The series includes patients who received primary treatment in our institutions as well as patients referred after primary treatment elsewhere.

There was a 5-year crude survival rate of 46 per cent and the survival after 10 years was 24 per cent. The 5-year recurrence-free survival rate for operable cases localized to the extremities was 53 per cent.

## THE CLASSIFICATION OF TROCHANTERIC FRACTURES

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## A COMPARISON OF FOUR METHODS OF INTERNAL FIXATION IN THE TREATMENT OF STABLE TROCHANTERIC FRACTURES

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## A COMPARISON OF FOUR METHODS OF INTERNAL FIXATION IN THE TREATMENT OF UNSTABLE TROCHANTERIC FRACTURES

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## INTRACAPSULAR FRACTURES OF THE FEMORAL NECK TREATED WITH ASIF SCREWS

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Ninety-eight patients with intracapsular fractures of the femoral neck were operated on using ASIF screws. The patients were followed up for 2 years. Three patients died during the first month and there were five cases of infection.

We found that a meticulous reduction of the fracture was the most important preventive measure as regards non-union and late segmental collapse.

## PRELIMINARY RESULTS OF THE USE OF CADAVER BONE AS BONE GRAFTING MATERIAL

AGNETE CARLSEN

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Because of the increasing difficulty in obtaining bone grafts from amputated extremities we have started to use cadaver bone taken from the tibial and femoral condyles. Cadavers with a history of malignancy, sepsis or specific infections were excluded.

The grafting material should preferably be removed from the cadaver and frozen within 48 hours after death.

Cadaver bone from 31 donors was used for 33 operations. No infections or allergic reactions were observed. Fifteen patients may be evaluated in terms of healing. 12 cases of spinal fusion have healed. In one case we suspect pseudarthrosis because of loss of primary correction. Two osteotomies have healed and one bone cyst has recurred. We find the preliminary results encouraging and expect them to be comparable with the traditionally obtained material from amputations.

## ACCIDENTS INVOLVING VIOLENCE

HANS REICH & JØRN JENSEN

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A prospective investigation of accidents involving violence showed that 2 per cent of the approximately 15.000 casualties treated during the 6-month period investigated involved violence.

The most frequently used objects were the fists, but more dangerous instruments such as brass knuckles, a pistol, and knives were also involved.

Sixty-eight per cent of the injuries were slight and 30 per cent were fractures of the nose, fingers or tooth injuries.

There were only five serious injuries.

## THE ACCIDENT ANALYSIS CENTRE OF AARHUS COUNTY

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## BLOOD FLOW RATES IN DIAPHYSEAL BONES IN ANAESTHETIZED DOGS

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The flow rates in the various anatomical regions of the femur and tibia were measured in circulatory stable dogs using the microsphere technique. Tc-99 labelled microspheres with a diameter of 7–25 mμ were injected into the left side of the heart. The flow rates found showed a considerable variation between individual dogs, but in each dog the variation between

bilateral measurements was within 10 per cent. The standard deviation within each group was about 30 per cent.

There was a relation between anatomical and physiological flow patterns.

## ANTEROLATERAL ROTATIONAL INSTABILITY OF THE ANKLE JOINT

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