

PROCEEDINGS OF THE SWEDISH ORTHOPAEDIC ASSOCIATION

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TARSAL TUNNEL SYNDROME

S.-A. Ahlgren & A. Rydholm
Skövde

Nerve entrapment in the tarsal tunnel was diagnosed in 16 cases. Five were post-traumatic and the remainder of unknown origin. The ages of the patients ranged from 12-63 years. Only one-third of the cases were men. In addition to the usual signs, some of the patients habitually walked on the lateral edge of the foot in order to relieve the pain. All patients were operated on, resulting in complete relief in 12 cases and improvement in three.

SURGICAL TREATMENT OF THE ULNAR NERVE SYNDROME

H. Lugnegård, G. Walheim & A. Wennberg
Stockholm

Twenty-five patients were re-investigated after operative treatment of ulnar nerve syndrome with transposition of the ulnar nerve. About one-third were post-traumatic and one-third alcoholics. Out of the 25 patients, 21 were improved in one way or another. In most cases some objective sign of improvement could be noticed such as improved sensibility, recovery from paresis or improved nerve impulse velocity. Alcoholics or patients who were over 50 years of age appeared to have a less favourable post-operative course.

KNEE PAIN IN ELDERLY PATIENTS

G. Bauer
Lund

The development of diagnostic procedures and the recent additions to our knowledge of knee disease makes "gonology" a particularly interesting branch of orthopedic surgery. Methods such as weight-bearing radiography, radioisotope scintimetry, crystal analysis and arthroscopy

have proved to be useful procedures in the early diagnosis of knee disease. The concepts of focal arthrosis in the knee joint, of osteonecrosis and of crystal synovitis have clarified the confused diagnostic pattern. In knee disease, abnormal function usually becomes evident at an early stage. In the elderly, early symptoms generally lead to a rational diagnosis for which effective treatment is usually available.

A SOLUTION OF THE HAND PROSTHESIS PROBLEM

E. Moberg
Göteborg

(Film presentation)

The Krukenberg operation of forearm amputees should be combined with a hand prosthesis. This solution offers the patient two possibilities depending on the circumstances. The prosthesis should be so constructed that opening of the Krukenberg grip closes the hand grip and *vice versa*. With this technique afferent impulses are obtained for direction, position and pressure. The key grip should be preferred to the three-pulp pinch.

OSTEOCHONDRITIS DISSECANS AND CHONDROCALCINOSIS

B. Lindén
Malmö

Radiographical signs of chondrocalcinosis were found in about 50 per cent of all patients who had previously been diagnosed as having osteochondritis dissecans in adulthood. In a series of osteochondritis patients who had been diagnosed in childhood before closure of the epiphyseal lines, chondrocalcinosis was rare. Clinical findings and symptoms did not differ between patients with and without the chondrocalcinosis sign. Among the osteochondritis cases, chondro-

calcinosi was found almost exclusively in individuals who had been operated on. In these individuals, chondrocalcinosis was significantly more common than in a sample of patients operated on for a torn semilunar cartilage. The changes were identified as pyrophosphate and, in one case, as hydroxyapatite deposits in the cartilage.

**KNEE ARTHROPLASTY WITH A
ST. GEORGE CONDYLAR PROSTHESIS
("SCHLITTENPROTHESE")**

U. James
Uddevalla

Thirty-six joints in 34 patients, 27 with gonarthrosis and 7 with rheumatoid arthritis, were operated on and fitted with a St. George condylar prosthesis. In all but four cases, only one part of the femoro-tibial articulation was operated on, usually the medial. At the time of follow-up, on average after 18 months, the range of motion was unchanged (5–110°) in patients who had been operated on with one prosthetic replacement. Although half of the patients suffered rest pain at the time of operation, there was none with rest pain after surgery. Only two patients complained of symptoms which could be referred to the femoro-patellar joint.

For the cases fitted with a double prosthetic replacement, the range of motion was 15–90°. Postoperatively, their progress was somewhat slower. In two cases with a medial replacement, there was loosening of the prosthesis, which was successfully replaced. Otherwise, there were no serious complications. Only joints with correctable angular deformity but which are otherwise stable should be treated by this method. In more severely damaged joints, a hinge prosthesis should be used.

INTERMITTENT RADICULAR CLAUDICATION

V. Surin
Borås

Eight patients with unilateral, intermittent, radicular claudication were described. Their walking distance until disabled by pain ranged from 50–200 metres. There were no signs of impaired arterial flow. In four cases, the straight-leg raising sign was positive; four patients had mixed and disseminated neurological symptoms. In all eight patients there was evidence of a narrowing of the spinal canal, based on a positive contrast myelogram. A discrepancy existed between the severe symptoms and the meagre clinical findings. Six patients were operated on with decompressive laminectomy. Three were completely relieved of symptoms, and the remainder were improved.

**SUPRACONDYLAR FRACTURE OF THE
HUMERUS IN CHILDREN**

B. Frisk, U. James & K. Undeland
Uddevalla

Forty children with supracondylar fracture of the humerus were followed up for 8 months–5.5 years. Thirteen patients had been treated with plaster fixation and 29 by traction. The cases with the most severe dislocations were selected for treatment with traction. Of the 13 cases in plaster fixation, three were later on treated in traction owing to complications. In six cases, neurovascular disturbances were noted during the course of the treatment, but all six made a complete recovery. Comparison of the final results of the two groups, plaster fixation and traction, showed no differences although patients treated in traction had originally suffered the more severe dislocation.

INJURIES CAUSED BY LAWN-MOWERS

R. Kalén
Danderyd

Fifteen injuries caused by motor lawn-mowers were surveyed. Only two were caused by cylinder mowers whereas the remainder were caused by rotating-blade mowers. One pattern was repeated in seven cases: A rotating-blade mower is being pushed downhill on slippery ground. The patient loses his balance, pulling the mower backwards over his foot and amputating 1–4 toes.

**PEDICLE BONE GRAFTS IN
PRIMARY SURGERY OF CERVICAL FRACTURE
OF THE FEMUR**

G. Hallin
Falun

Six months experience of pedicle grafts in combination with pinning or screwing of femoral neck fractures was presented. The method incurred increased effort and time. Long-term results were not available.

SUCTION DISSECTOR IN DISC SURGERY

R. Axelsson & S. Smeds
Mölnådal

A combination of suction handle and dissector was constructed; it is particularly suitable for surgery of herniated discs. Experience with the instrument has been favourable in that it has allowed for smooth and less traumatic surgery and has saved time.

THE RELIABILITY OF RADIOGRAPHIC MEASUREMENTS OF THE NORMAL DISTAL RADIAL JOINT

S. Friberg & B. Lundström
Umeå

The inclination of the distal radial joint in relation to the long axis of the radius was analysed in radiographs of 60 normal wrists in 50 adults. The wrists were examined with the central ray angled 10° proximally in the postero-anterior projection, and 15° proximally in the lateral projection. The results from the angled projections were compared with those obtained from perpendicular projections. In the postero-anterior projection, no differences in results were found between the two projections used (mean value 25°). In the lateral projection, the exactness of the measurements was significantly increased when the central ray was angled 15° proximally (mean value perp. 14.5°, angl. 9.3°). Only minor differences (mean 1°) were found between the two wrists of the same individual.

HOW TO IMPROVE SCOLIOSIS TREATMENT IN SWEDEN

A. Nachemson
Göteborg

Today treatment of scoliosis is justified beyond any doubt. In addition, methods and results are well established. The problem in Sweden at the present time is to find the means of distributing modern scoliosis therapy to those who need it. It can be calculated that in Sweden, with a population of 8 million, 300 new cases will be diagnosed annually, all of which are severe enough to need treatment, and one-third of which need surgery. To deal with these patients, 25 hospital beds will be constantly required. Also there is a backlog of about 500 cases, already skeletally mature, who would benefit from immediate treatment. These patients require another eight hospital beds for the next 5 years. In addition, about six beds will be needed for special cases, e.g., for the treatment of congenital cases and meningocele with halo-pelvic traction and the Dwyer procedure. Annual availability included, the health authorities in Sweden will have to provide altogether 40 hospital beds with the relevant resources; this must be done without delay.

AN ANALYSIS OF NATIONAL EXAMINATIONS IN ORTHOPAEDIC SURGERY 1971-1974

E. Spangfort
Huddinge

Altogether 1200 multiple-choice questions used in the national examination in surgery for in-

terns and medical students were surveyed. Twenty-seven per cent of the questions dealt with orthopedic surgery. The frequency of questions on various items was fairly proportional to the attention paid to the same items in the teaching. However, three subjects were poorly represented: Social orthopedics, including technical aids and disability evaluation; surgery in rheumatoid arthritis; and congenital malformations, particularly in questions for interns.

NOMOGRAPHIC RECORDING OF HIP MOBILITY

E. Spangfort,
Huddinge

A nomogram was constructed for the recording of the range of motion of the hip joint. It provides a simple means of registering all qualities of motion in the joint and can be applied to most cases. Reading and recording errors are less common with this method of recording.

HIP ARTHROPLASTY

T. Christiansen (Guest lecturer)
Kongsberg, Norway

The development, the hypothesis and the results of the Christiansen hip prosthesis were presented by the inventor.

DISLOCATION OF THE CHARNLEY HIP PROSTHESIS

C.-H. Hybinette & L. Lindberg
Lund

Out of a total of 510 operated hips, 38 (8 per cent) had dislocated at one time or another. Dislocation within the first week after surgery, even if the dislocation recurred during the hospitalization period, did not lead to recurrent dislocation later on, thus providing no problem. Between 1 and 6 weeks a few cases dislocated, one of which became a problem later on. Only cases in which the first dislocation was recorded later than after 6 weeks tended to recur time after time and to cause discomfort to the patient. Twelve of the cases of dislocation had been operated on previously. The surgeon's experience and skill could not be shown to influence the tendency of dislocation but with a posterior approach dislocation was twice as common as with the standard lateral approach.