

PROCEEDINGS OF THE NORWEGIAN ORTHOPAEDIC ASSOCIATION

Oslo, January 24th, 1976

SOME REFLECTIONS ON MENISCECTOMY

Leif Øystein Heen
Aker Hospital, Oslo

Fifty-two meniscectomies, 44 medial and 8 lateral, were reviewed. In 20 cases, operated on because of clinical indications, all had meniscal lesions. In 32 cases where the diagnosis was supported by a positive arthrography, 5 had a normal meniscus.

Forty-two patients were interviewed 3-24 months postoperatively. Eighteen patients still had knee problems. Considering these figures the author recommends an expectant attitude to minor knee complaints, even if lesion of the meniscus is suspected.

RADIAL NERVE PALSY IN HUMERAL FRACTURES

Ulf Slungaard
Aker Hospital, Oslo

Four instances of closed humeral fracture with complicated radial nerve palsy are re-

ported. Complete nerve recovery in 2-5 months occurred in all cases.

Complete nerve recovery can be expected in more than half of these cases, and a conservative attitude seems to be wise. An EMG registration 3-4 weeks after injury will probably give information as to whether or not spontaneous recovery can be expected.

BONE INVADING SQUAMOUS CELL CARCINOMA FROM THE MARGIN OF A CHRONIC ULCER

Adolf Møllerud
Aker Hospital, Oslo

Squamous cell carcinoma originating in a chronic ulcer and invading underlying bone is usually accompanied by severe pain. Two cases of this type in male patients are reported. Both showed infiltration of the tibia and the characteristic pain. The squamous cell carcinoma originated in a chronic varicose leg ulcer in one, and in a sinus from chronic osteomyelitis in the other. Amputation was necessary in both cases.

Oslo, February 14th, 1976

ALKAPTONURIA-POCHRONOTIC ARTHROPATHY

Olav Reikerås
Kronprinsesse Märthas Institutt, Oslo

Alkaptonuria is an inherited disorder of the tyrosine catabolism. Lack of homogentisic acid oxidase leads to accumulation of homogentisic acid and its oxidation polymer, a melanin-looking pigment with affinity for mesenchymal tissue which is discoloured black—ochronosis.

Homogentisic acid causes a dark-colouration of urine on standing. This is accelerated by alkali.

Clinically the condition appears by mid-adult life with black discolouration of sclerae and ears, and often with degenerative arthropathy involving the spine, knees, hips and shoulders.

The roentgenogram of the spinal column is characteristic with laminated calcifications of the intervertebral discs.

Two patients with ochronotic arthropathy are reported, both manifesting all the typical signs and symptoms of alkaptonuria.

GLOMUS TUMOUR

Arne Rugtveit
Kronprinsesse Märthas Institutt, Oslo

Two instances of glomus tumour in patients who previously underwent surgery on the grounds of an incorrect diagnosis are presented.

In a 60-year-old woman an arthrodesis of a distal interphalangeal finger joint was performed because of suspected unspecific painful

monarthrititis. Following persistent pain localized to a limited area of the nail fold without objective signs, an explorative incision revealed a typical bluish glomus tumour.

A 46-year-old woman had a negative explorative incision because of suspected Morton's metatarsalgia. One year later the patient discovered a small bluish swelling on the distal phalangeal joint of the third toe. Histology of the excised swelling confirmed the glomus tumour diagnosis. Both patients are relieved of their pain.

The diagnosis of glomus tumour is often difficult because it is rare and most frequently monosymptomatic.

TOTAL PROSTHESIS OF THE KNEE

Cato Hellum

Kronprinsesse Märthas Institutt, Oslo

During the last 5 years the Guepar prosthesis has been inserted into 31 knees. Thirty had rheumatoid arthritis; five knees had been operated on previously, and five had ankylosis of the contralateral knee.

The operation was carried out via a medial parapatellar incision. During the first week, the patient is in a plaster cast in bed. Knee exercises in bed are begun in the second week. Weight-bearing begins after 2 weeks. If flexion is less than 50° (12 knees) then mobilization under anaesthesia is carried out after 3 weeks.

The results were good in 21 cases. There was occasional pain or swelling in four cases and six were noted as poor. Of the six poor results, in one the stem perforated the femur and there was very limited mobility, one had infection and an almost complete ankylosis, and one had an infection and prosthesis removal. Three patients with infection were able to walk around during antibiotic treatment with only slight symptoms, but a flare-up occurred if medication was stopped.

Oslo, March 20th, 1976

EXTERNAL FIXATION

AD MODUM ADREY VIDAL

Arne Haukebo

Ullevål Hospital, Oslo

In 1971, Adrey, from Vidal's Clinic in Montpellier, presented his biomechanical study, in which he used various modifications for the mounting of Hoffmann's "fixateur externe" (f.e.). He showed that mounting in a "double coupled frame" allowed not only the most rigid

Eight knees were under steroid medication. This does not seem to influence the results or the occurrence of complications. The most important factor is to obtain a good primary wound healing.

OSTEOID OSTEOMA

Harald Russwurm & Lasse Kvarnes

Kronprinsesse Märthas Institutt, Oslo

Osteoid osteoma has been reported in almost every bone of the skeleton. The age group of predilection is 10 to 26 years. The most important clinical characteristic is pain. Diagnosis depends upon radiological evidence. Excision of the lesion leads to relief of pain.

Four patients with osteoid osteoma, seen in the last two years, are reported. There were two lesions in the lumbar spine, one in the humerus and one in the fibulae. The age range was 11-18 years. The symptoms were pain and scoliosis when located in the spine. The radiological findings were typical. All patients were operated on and obtained complete relief of pain.

PIGMENTED VILLONODULAR SYNOVITIS

Gisle Uppheim

Kronprinsesse Märthas Institutt, Oslo

A case of pigmented villonodular synovitis starting as a localized tumour in a knee joint and later developing into a diffuse synovitis, was presented.

The various aetiologies postulated for the disease were discussed. The most important differential diagnosis is a synovial sarcoma. The treatment of choice seems to be excision of the tumour in the nodular form, and radical synovectomy in the diffuse form. There is, however, a disappointingly high recurrence rate. Most authors reserve radiotherapy for cases in which other treatment has been unsuccessful.

immobilisation, but also could give a very good compression of the fracture. In addition, it was possible to do bone grafting and soft tissue operations with the f.e. in place.

Four cases, one compound fracture of the leg and three infected non-unions of the leg, treated with the Adrey-Vidal modification of Hoffmann's f.e., were presented. The results of the treatment were most satisfactory.

THE USE OF BONE CEMENT AS AN ADJUNCT
IN THE INTERNAL FIXATION OF
SUPRACONDYLAR FRACTURES OF THE
OSTEOPOROTIC FEMUR

Pål Benum

Ullevål Hospital, Oslo

Bone cement was used as an adjunct in the internal fixation of 14 supracondylar femoral fractures. The fractures were stabilized with ASIF-plates. In all these fractures the severe osteoporosis found during operation made a stable internal fixation without use of bone cement impossible. The average age of the patients was 75 years. Eight of the patients had

previously been operated because of fractures of the same extremity and three suffered from disabling diseases.

Twelve fractures healed without complications, despite early mobilization. One fracture needed additional external fixation before it healed and one led to non-union. No infections were seen.

It is concluded that use of bone cement as an adjunct in the internal fixation of supracondylar fractures enables a stable fixation even in the most severe osteoporotic femur and leads to healing in most cases of such fractures.

Oslo, April 24th, 1976

PSEUDARTHROSIS TIBIAE CONG.

O. H. Brinchmann-Hansen

Hagevik Orthopaedic Hospital

Hagevik

Five cases of crus curvatum cong. were demonstrated. Three of the cases displaying ante-curvature and varus deformity of the leg developed pseudarthrosis of the tibia. Two went to amputation following several unsuccessful operative procedures. After several attempts with plating and homologous bone transplantation, the third healed after delayed autogenous bone-grafting. All these three patients had signs of neurofibromatosis. In two cases the tibia did not fracture. One of those had a recurvated and valgus-deformed leg, the other patient's leg was antecurvated and varus-deformed. These two patients had no signs of neurofibromatosis. The good result obtained by delayed autogenous grafting where all other operative procedures failed was emphasized.

Oslo, May 22nd, 1976

OSTEOARTHRITIS OF THE KNEE JOINT
TREATED WITH REMOVAL OF THE
OSTEOPHYTES

Jette Johansen

Østfold County Hospital

Fredrikstad

Fifty-seven random patients with osteoarthritis of the knee were operated on after conservative treatment was unsuccessful. This involved an arthrotomy and removal of the osteophytes. Due to short parapatellar incisions, the postoperative training caused no problem. Half of the patients returned to their former occupation. Follow-up period: 3 months to 10 years. Two patients

OSTEOCHONDRITIS DISSECANS OF THE
KNEE JOINT

Treatment with tibial autografts

Ole Dankert Lunde

Hagevik Orthopaedic Hospital

Hagevik

The problems in separating anomalies of ossification from osteochondritis dissecans were discussed.

In 23 patients with osteochondritis dissecans, 20 were treated using tibial autografts for fixation and two had separated fragments. A detailed description of the operative technique was given. In all patients revascularisation appeared and normalisation of the pathological lesion. The structure of the bone was normal and the autografts were completely incorporated.

The clinical results were reported.

treated with the same technique 20 years ago are still doing well.

FURTHER EXPERIENCE WITH
PES ANSERINUS TRANSPLANTATION

Erik Lie

Østfold County Hospital

Fredrikstad

Fourteen patients all presenting a rotatory instability of the knee joint had a pes anserinus transplantation six months to six years after the original trauma. In 10 patients, with a follow-up period of 3 to 7 years, the functional

improvement of stability has justified this procedure as routine for rotatory instability.

RHEUMATOID SURGERY IN A COUNTY HOSPITAL

Leif Egil Nygaard

Østfold County Hospital

Fredrikstad

In the county of Østfold, an increasing number of patients have had operations for rheuma-

toid arthritis in the orthopaedic department. Because of lack of beds at present, less than 10 per cent of the assumed patients who need surgery receive it.

The importance of early synovectomies is stressed before gross destruction of joints and tendons has occurred.