



Hip Prosthesis Imaging

PD Dr. med. Reto Sutter

University Hospital Balgrist Zurich
University of Zurich



University of
Zurich ^{UZH}

uniklinik
EXPERTISE IN MOTION
balgrist

SSSR
1. Nov. 2014

Hip prosthesis imaging

Choose the imaging modality

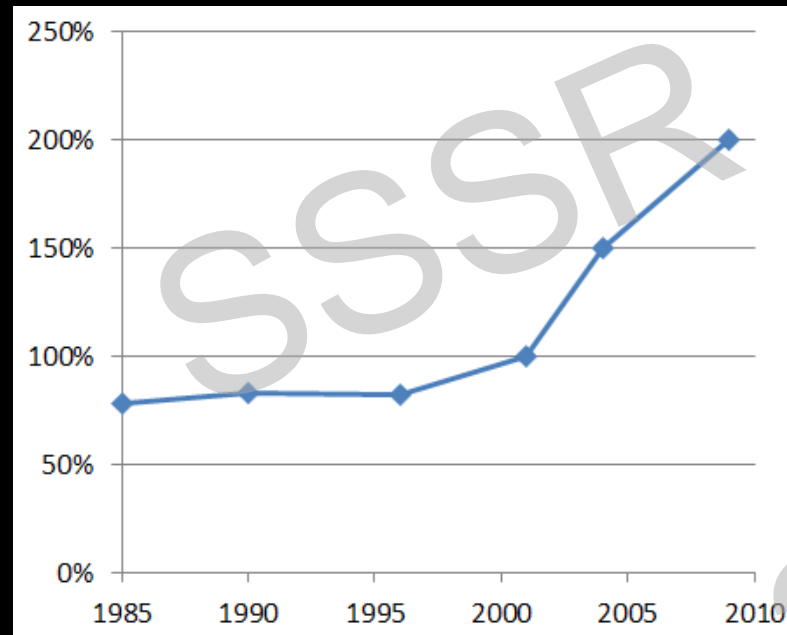
Follow the Surgical Approach

Image the Complications

1. Nov. 2014



Increase of primary THA



Imaging of prosthesis:
Major impact in the next 10 years

Balgrist diagnostic algorithm

1. Patient history + Clinical examination

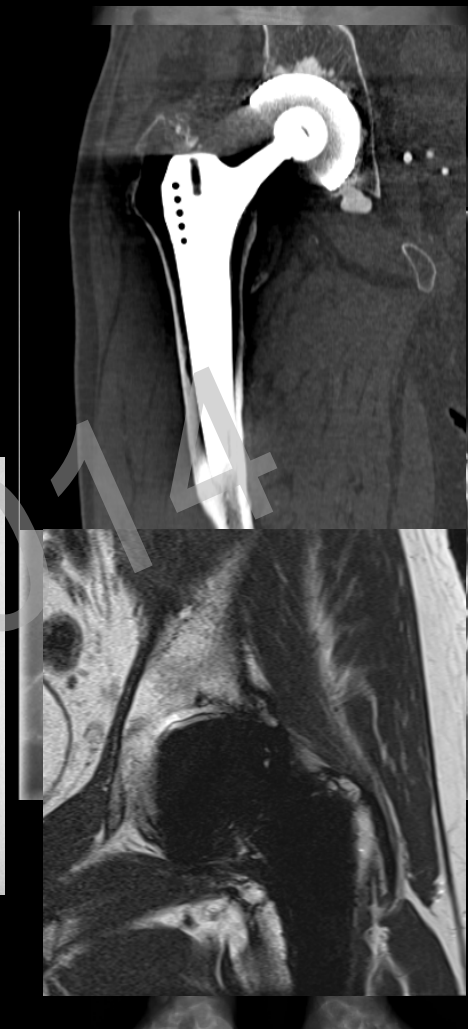
2. Radiographs

hip and pelvis / leg length



Radiologist

Surgeon



Protocol: MRI Hip prosthesis

1. FOV whole prosthesis

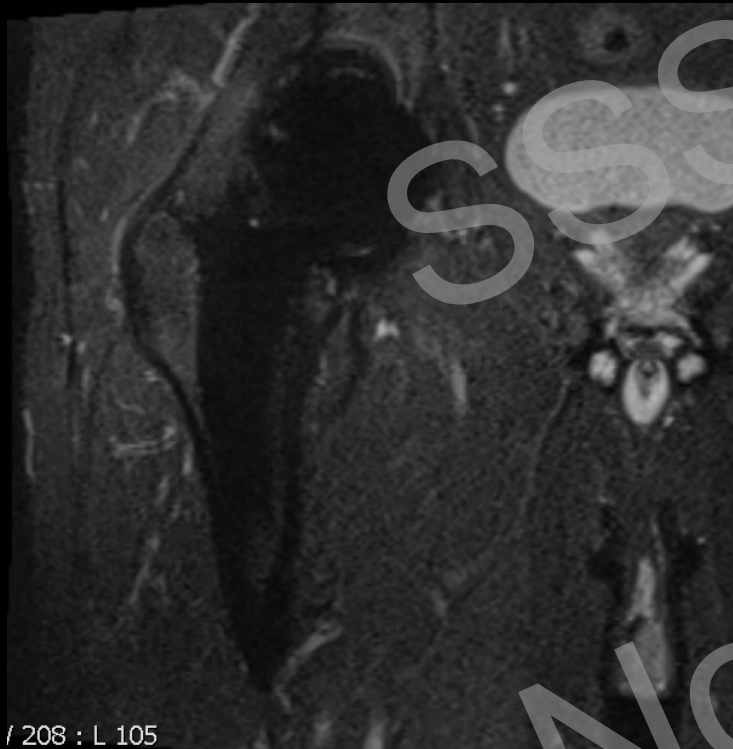
- cor STIR SEMAC 5:57 min
- tra STIR WARP 4:23 min

2. Smaller FOV (joint, tendon, muscles)

- cor T2 high bandwidth 2:28 min
- tra T1 high bandwidth 3:52 min
- sag T1 high bandwidth 3:18 min



THA: Normal findings

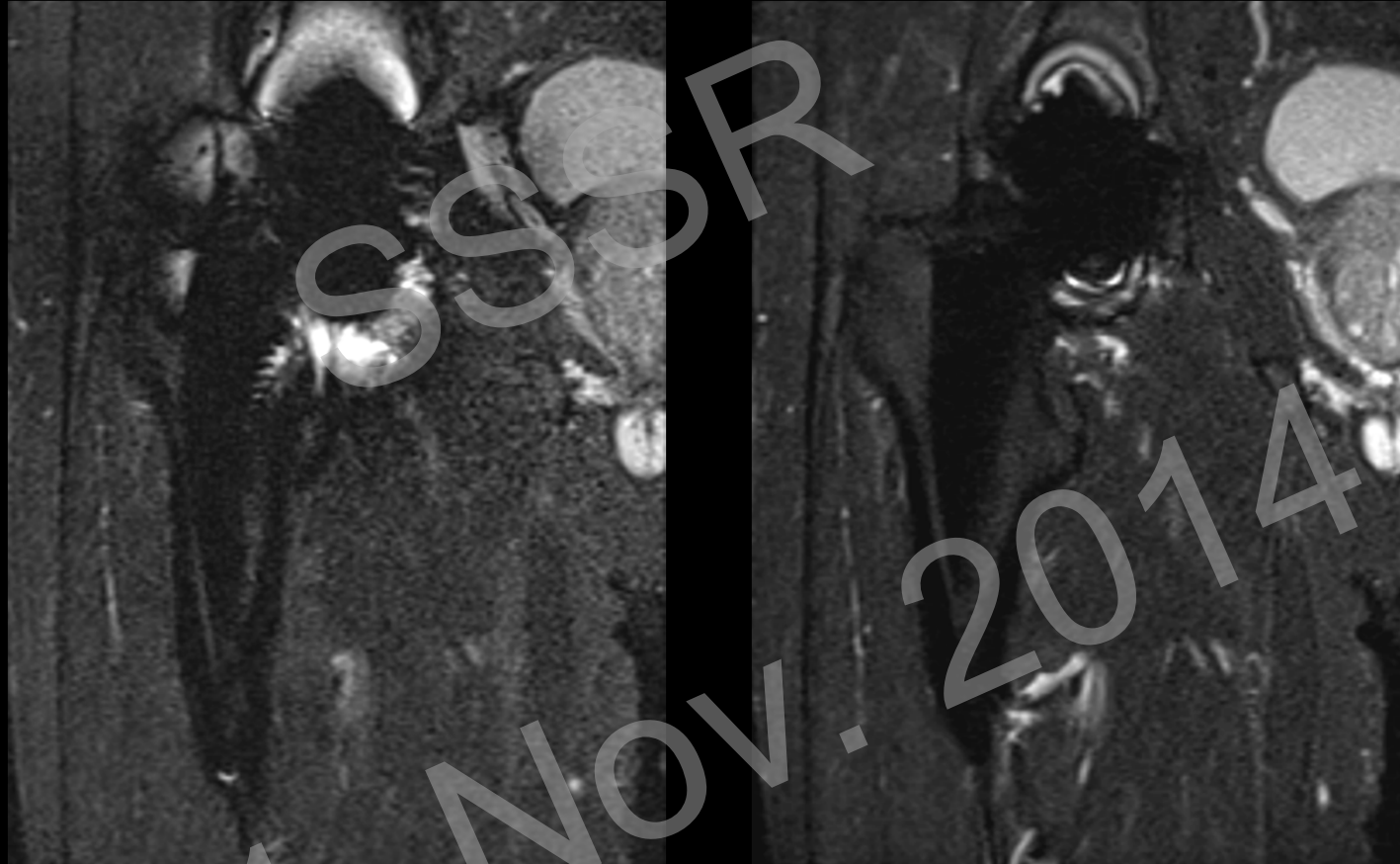


STIR SEMAC



T2 with high bandwidth

Benefit of good fat suppression



cor STIR high BW

cor STIR SEMAC

Hip prosthesis imaging

Choose the imaging modality

Follow the Surgical Approach

Image the Complications

1. Nov. 2014

Follow the Surgical Approach

ant

post



G. minimus

G. medius
(lateral)

G. medius
(posterior)

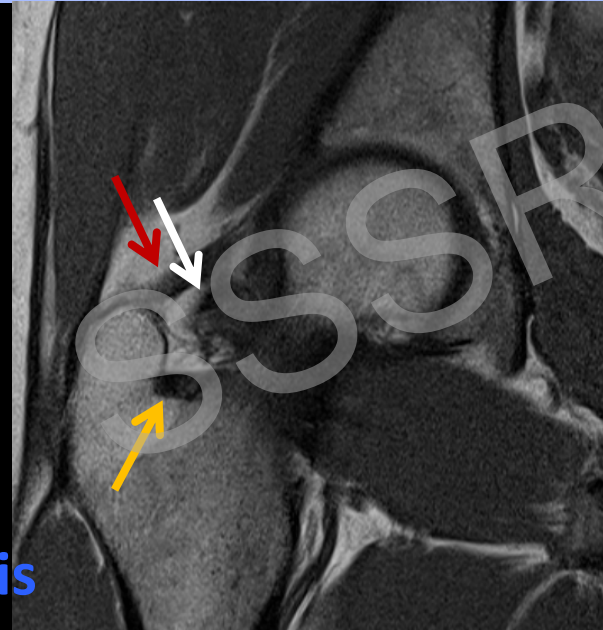
External rotators

Piriformis

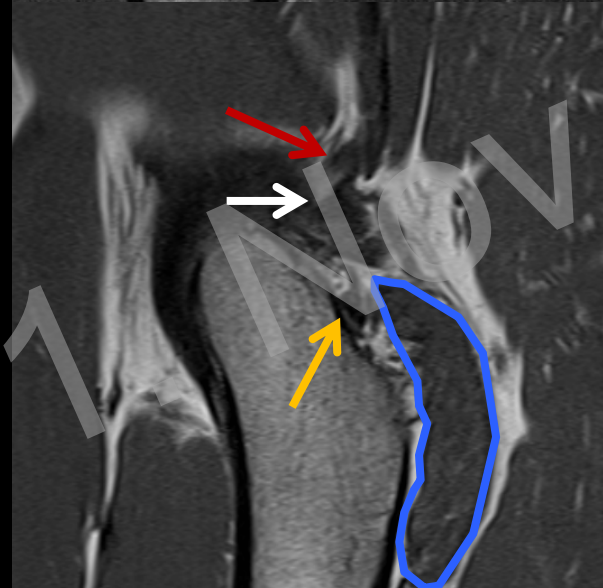
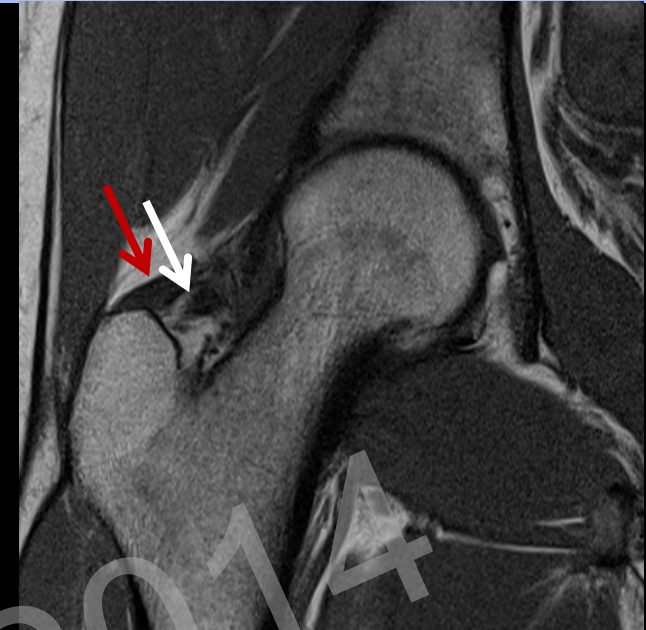
Int. Obturator

Ext. Obturator

Quadratus femoris



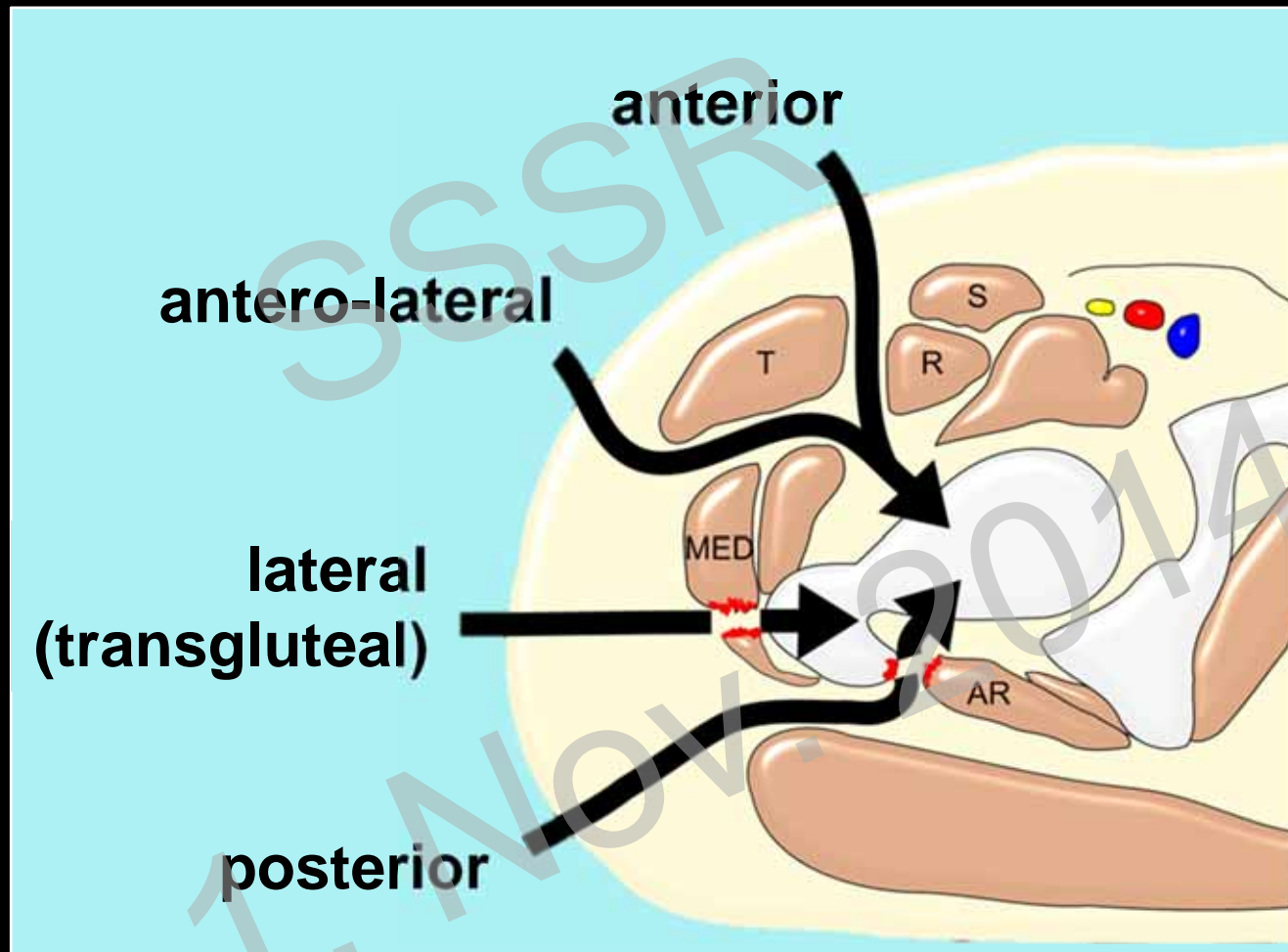
cor



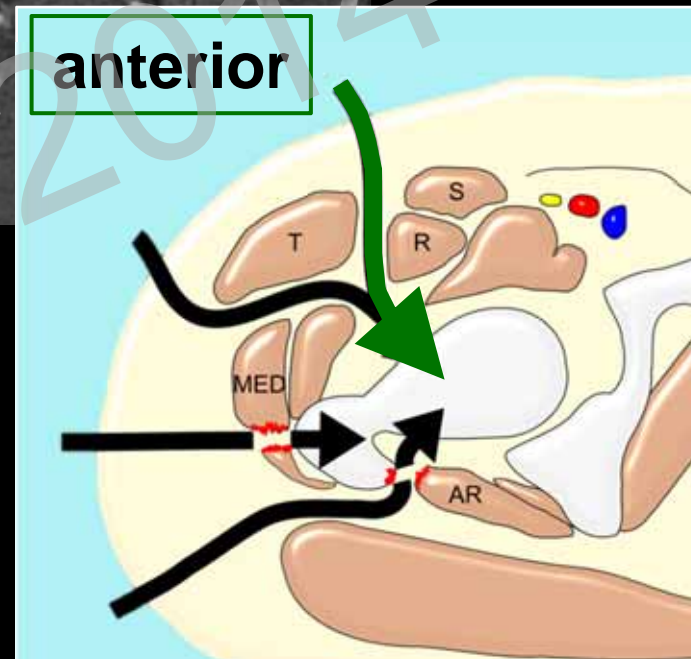
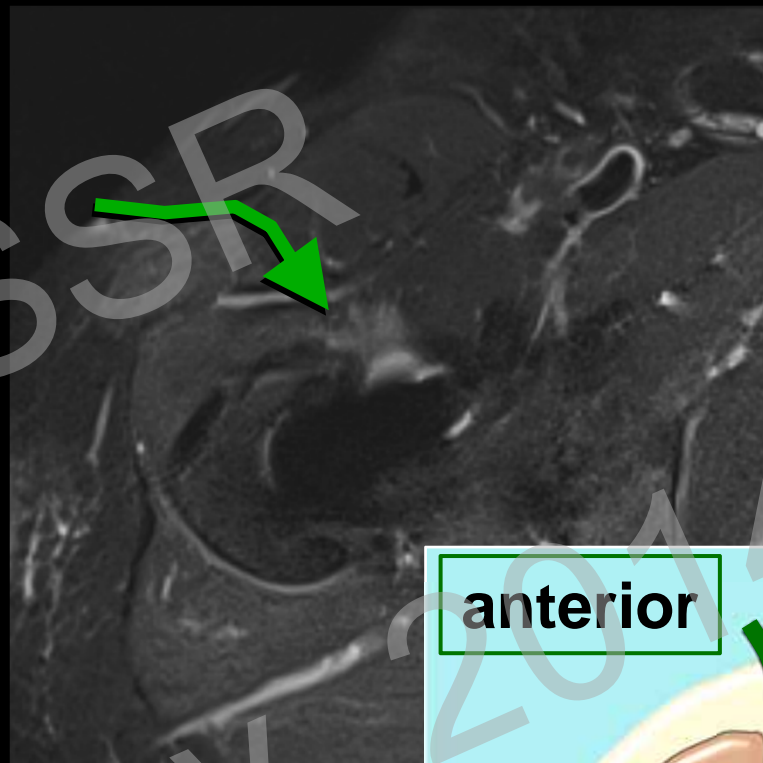
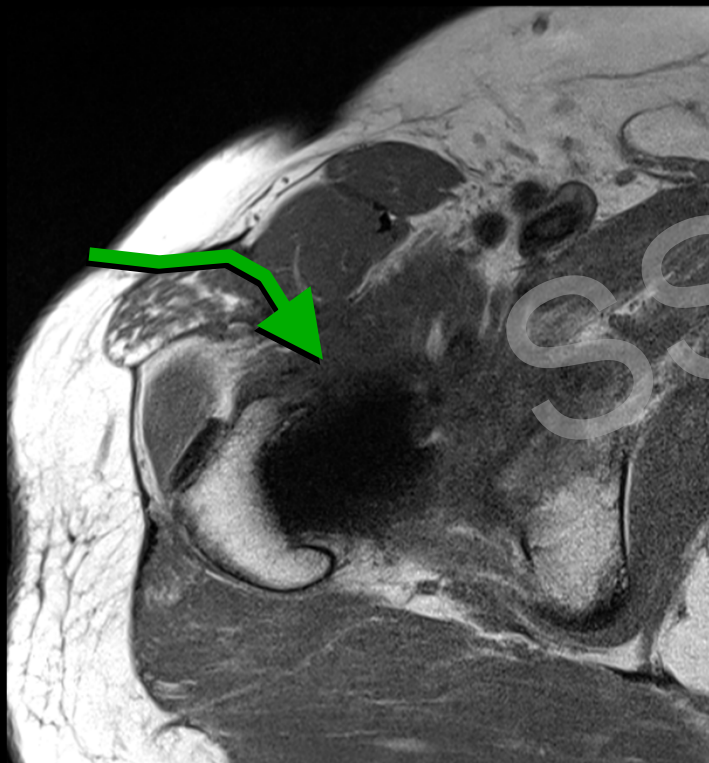
sag



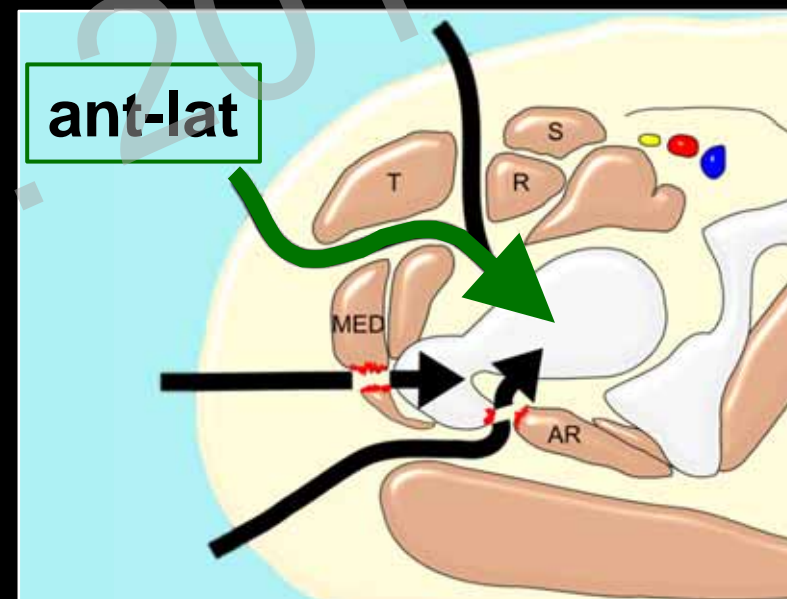
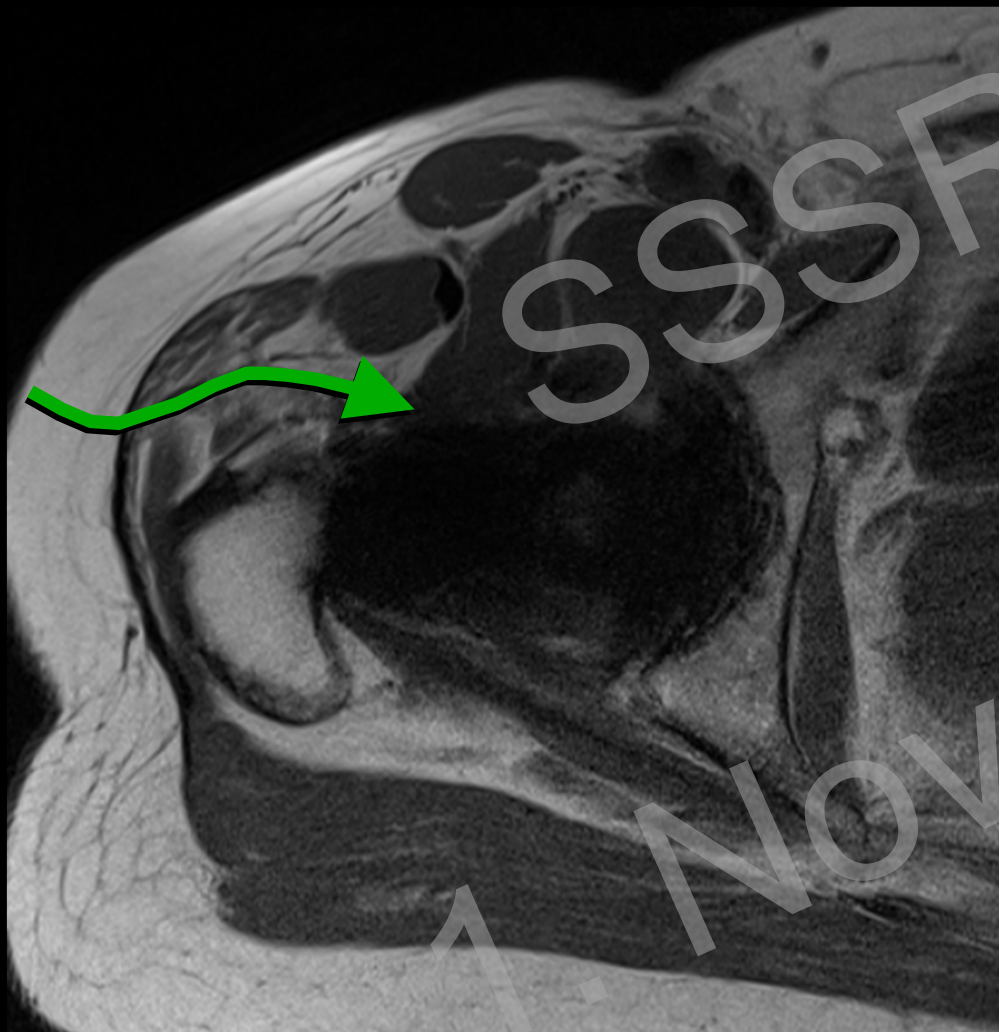
Surgical approaches



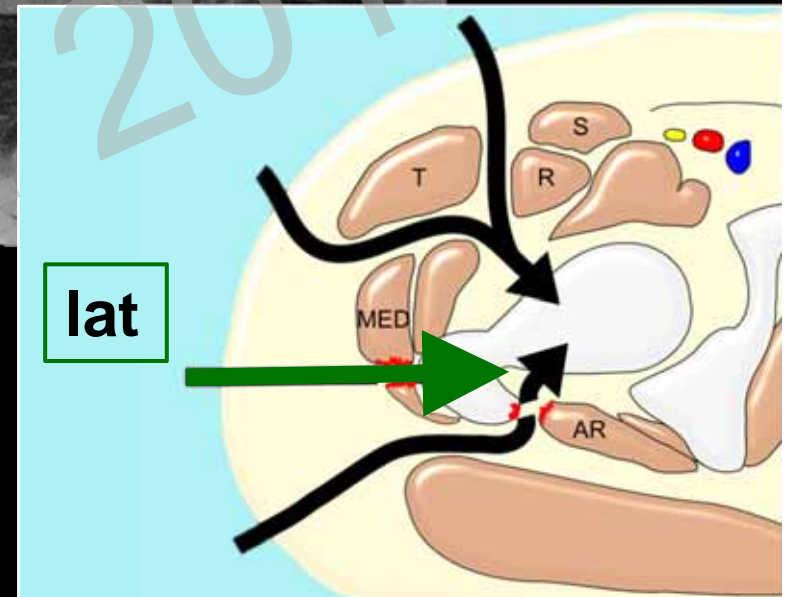
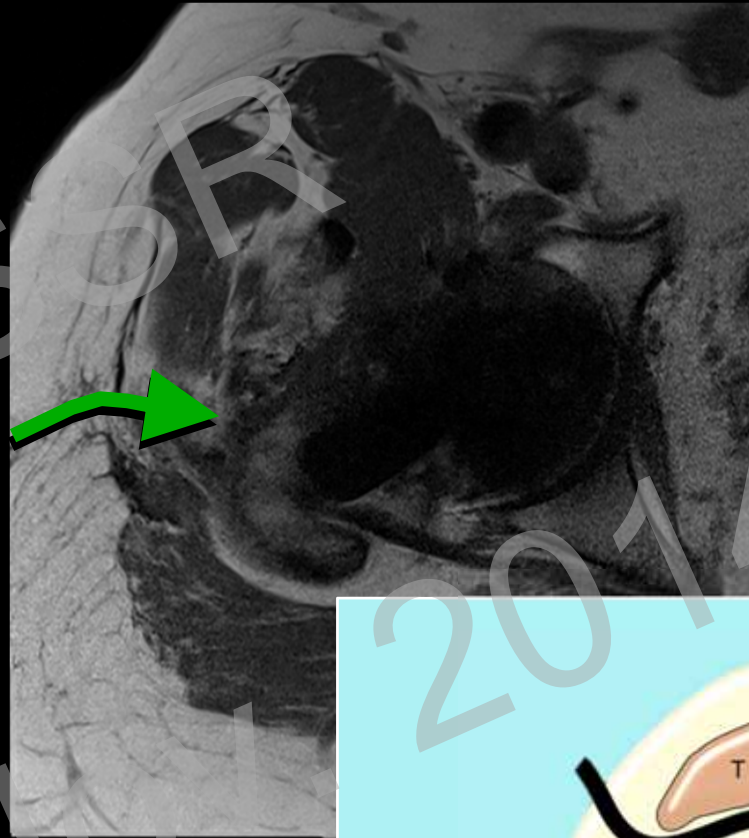
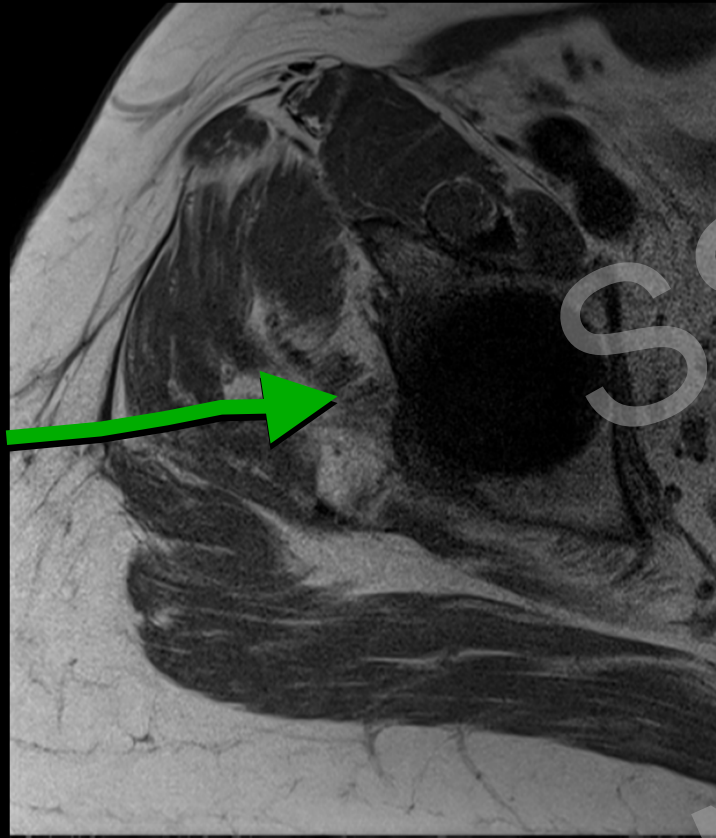
Anterior approach



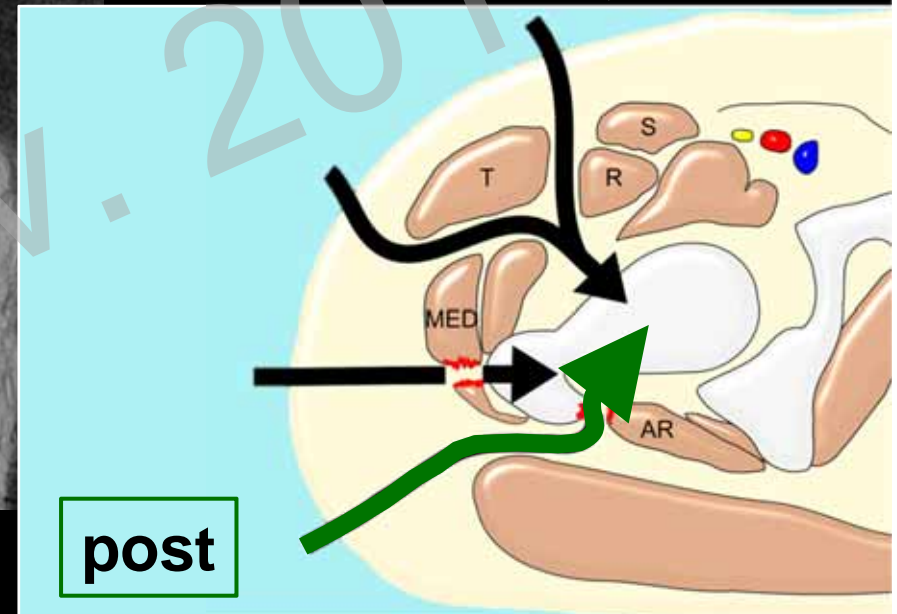
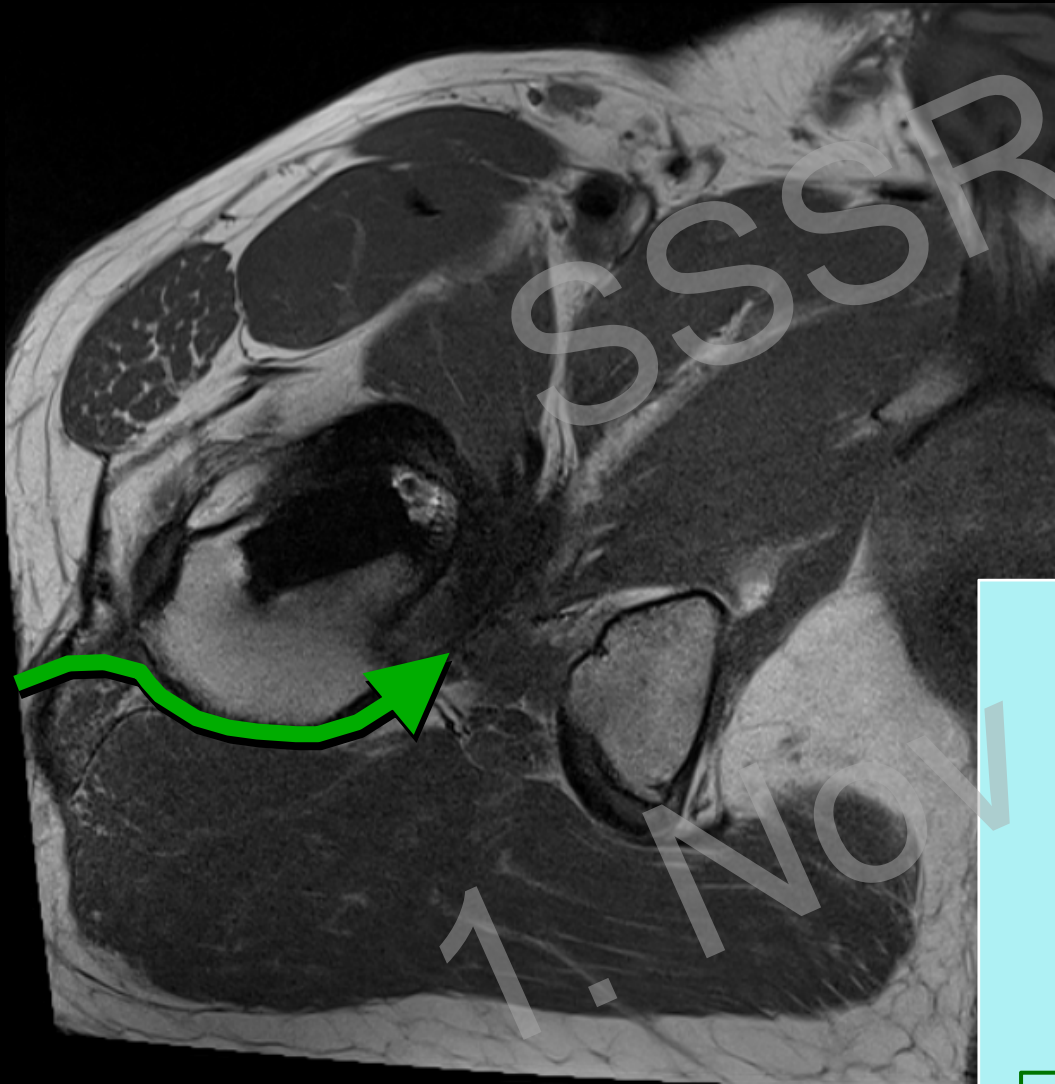
Antero-lateral approach



Lateral approach



Posterior approach



Hip prosthesis imaging

Choose the imaging modality

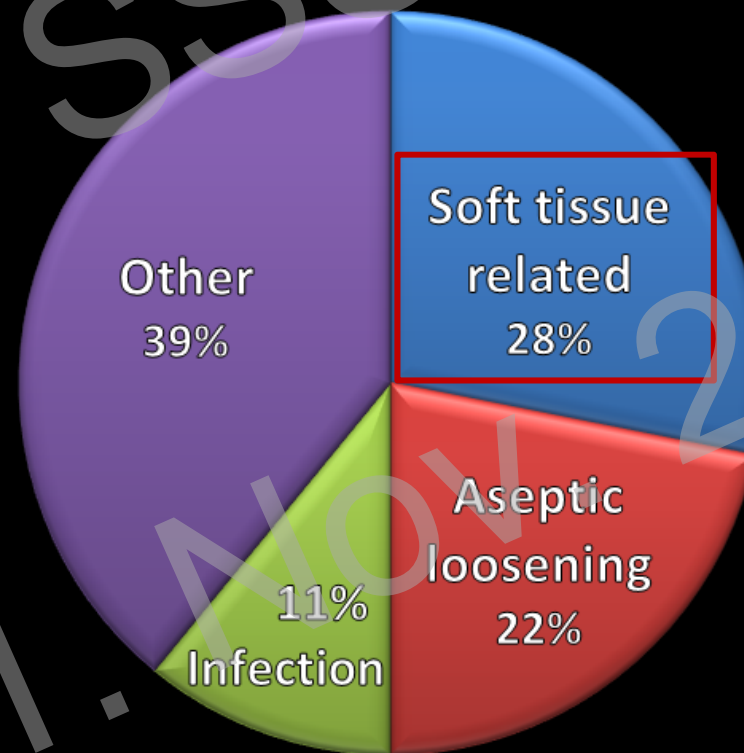
Follow the Surgical Approach

Image the Complications

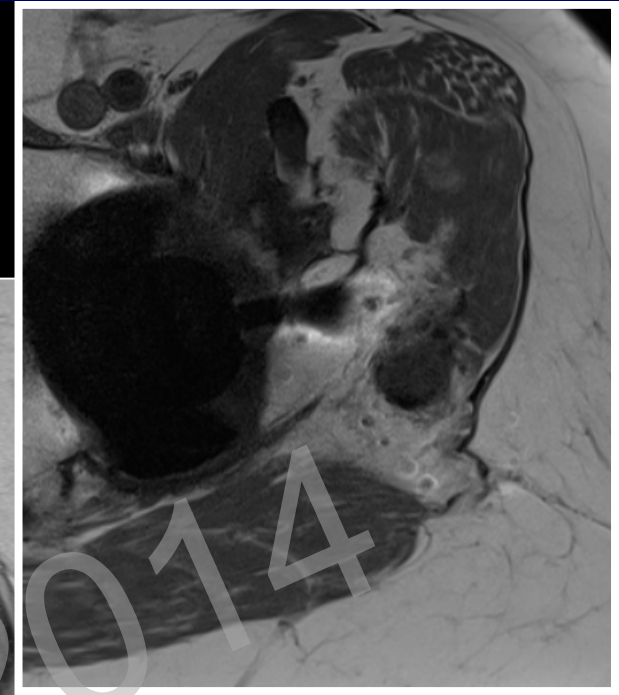
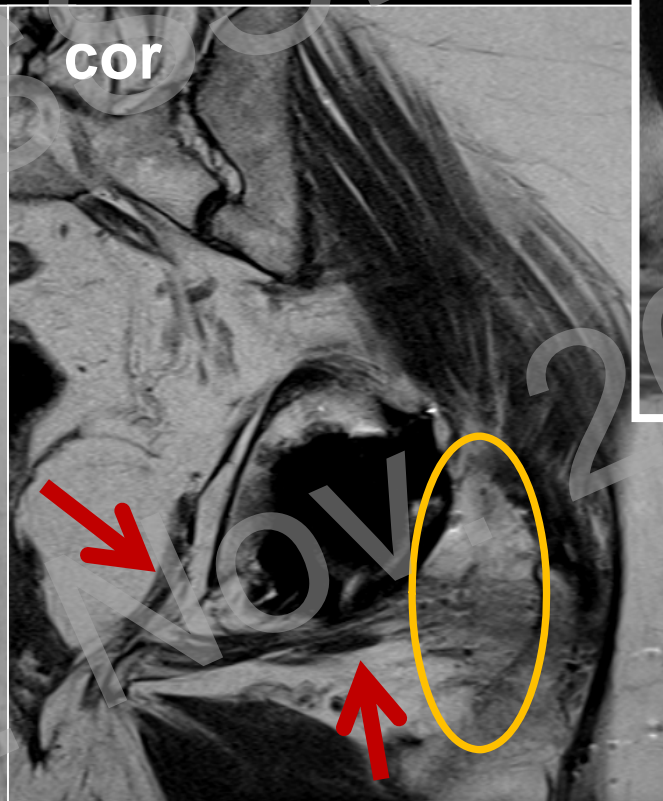
1. Nov. 2014

Image the Complications

Residual pain after THA



1. Soft tissue related complications



posterior
approach

Tensor fasciae latae



anterolateral
approach

Extensive abductor damage

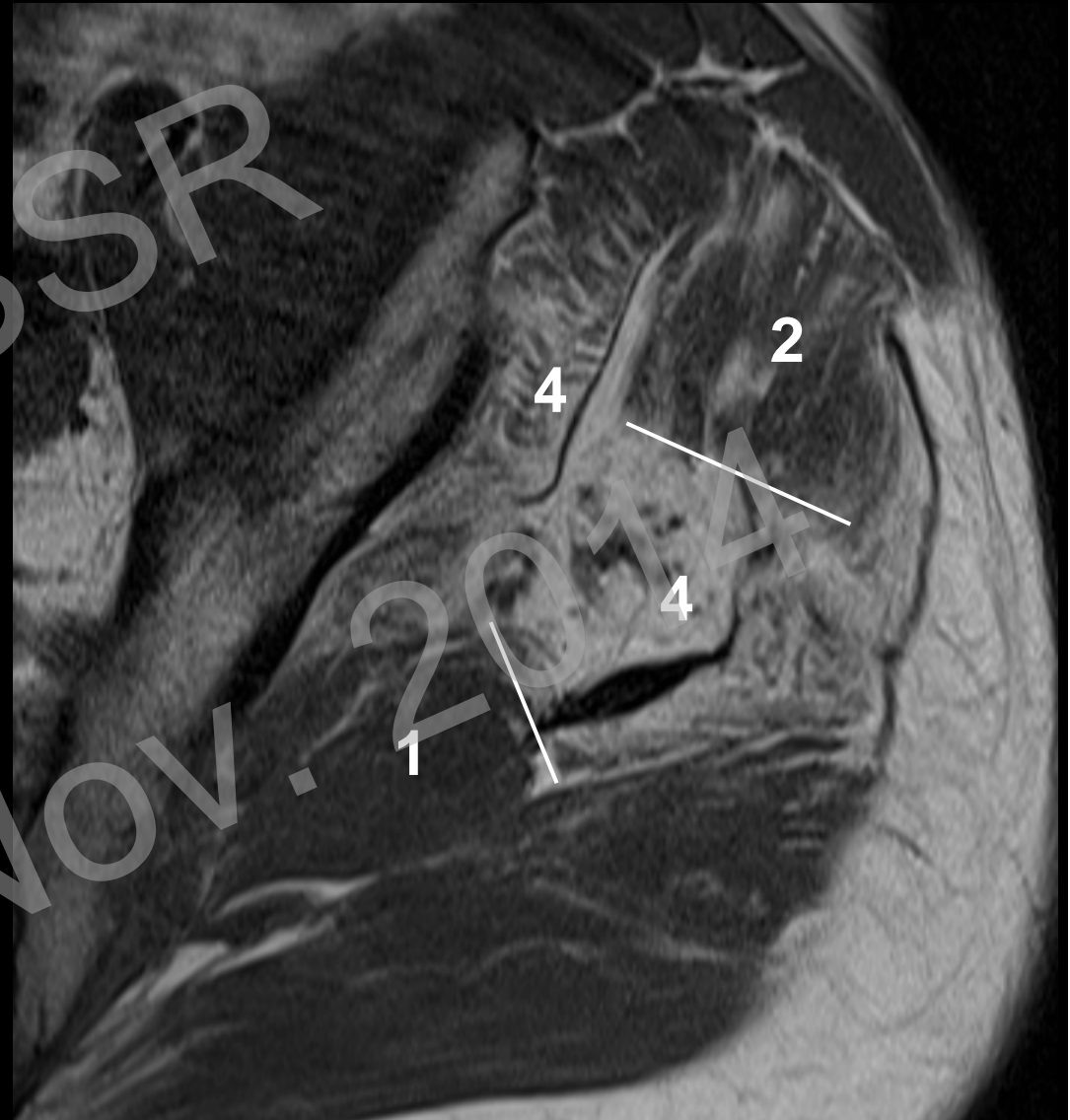


Muscle: Atrophy + fatty degeneration

T1 transverse sequence

- 0 no fatty infiltration
- 1 some fatty streaks
- 2 less fat than muscle
- 3 as much fat as muscle
- 4 more fat than muscle

*Goutallier D, et al.
CORR 1994;304:78.*



What changes are symptomatic?

Tendon defects

Gluteus minimus

Gluteus medius (lat)

Gluteus medius (post)

symptomatic

asymptomatic

22

2

24

4

7

0

Tendon: High signal intensity

Gluteus minimus

30

16

Gluteus medius (lat)

32

22

Gluteus medius (post)

23

5

Bursitis

24

>

8

Fatty atrophy



asymptomatic

asymptomatic

Gluteus minimus: Fatty atrophy of anterior 2/3
in both asymptomatic and symptomatic patients

Symptomatic patient

79-year old female with Trendelenburg sign



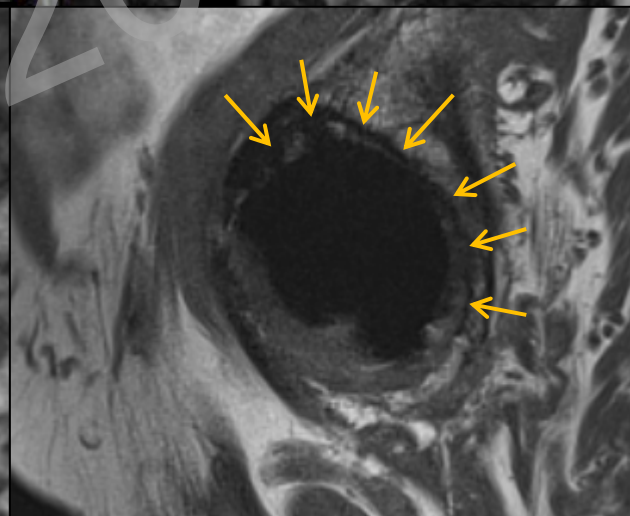
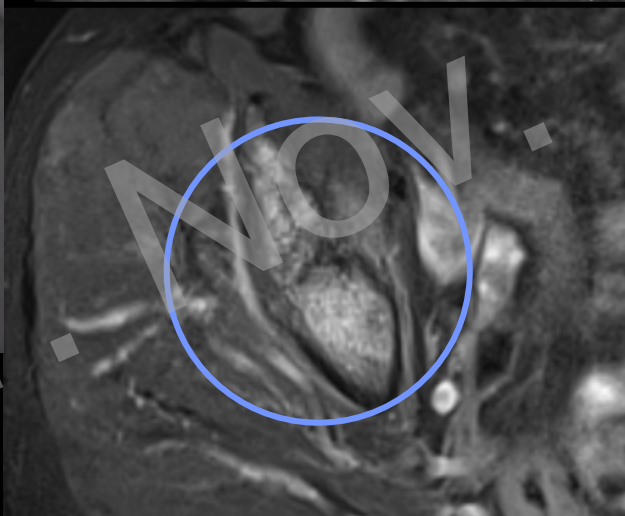
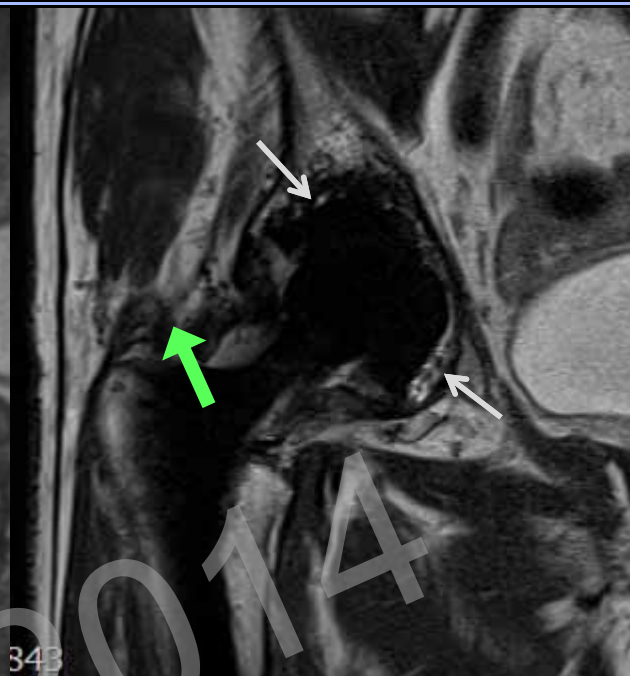
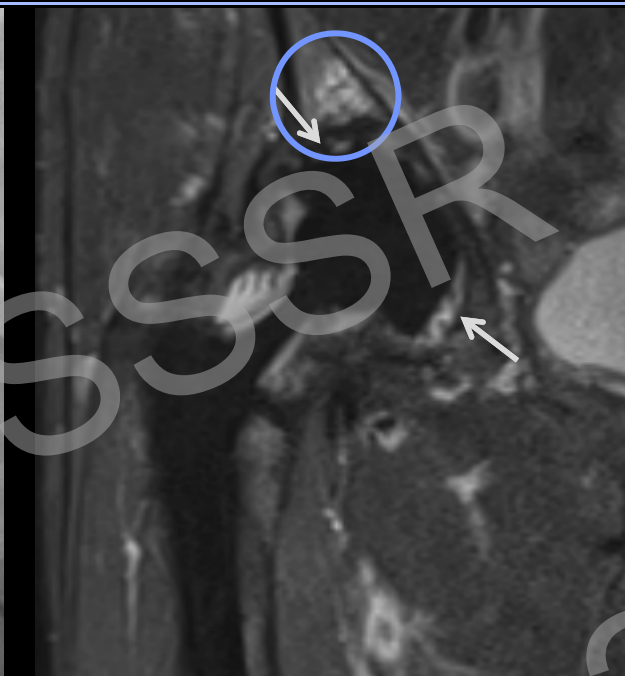
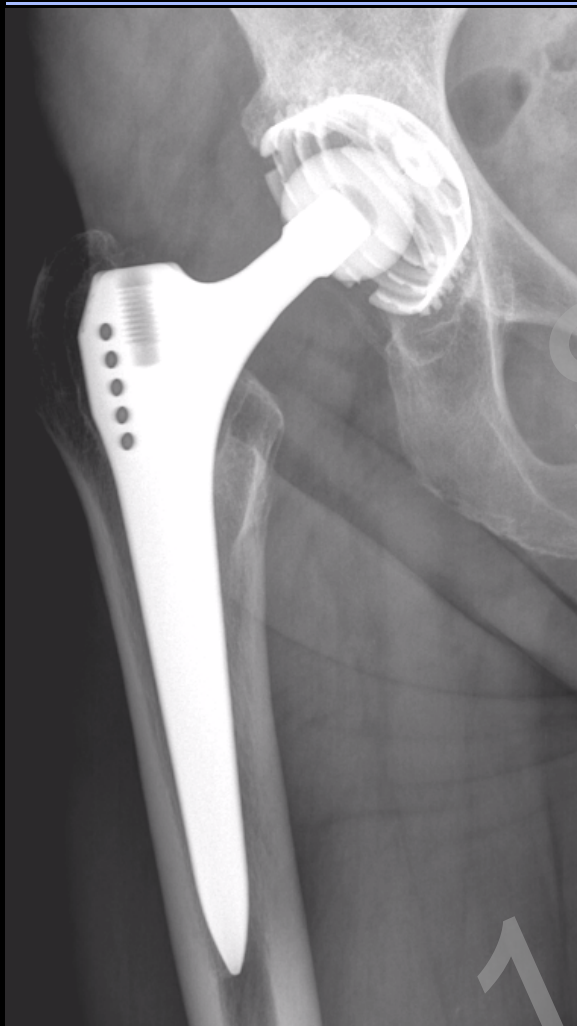
Iliopsoas tendon irritation



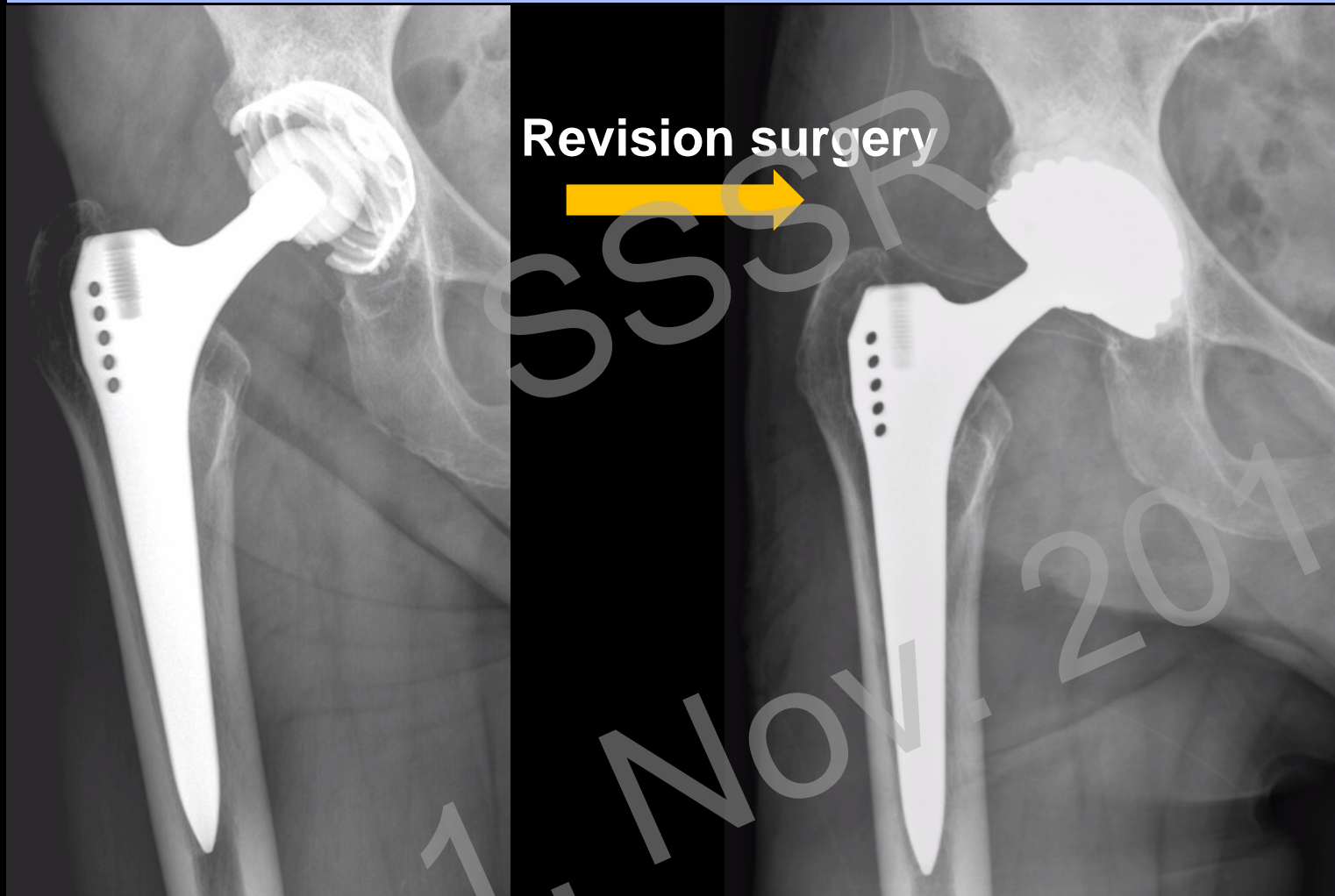
2. Aseptic loosening



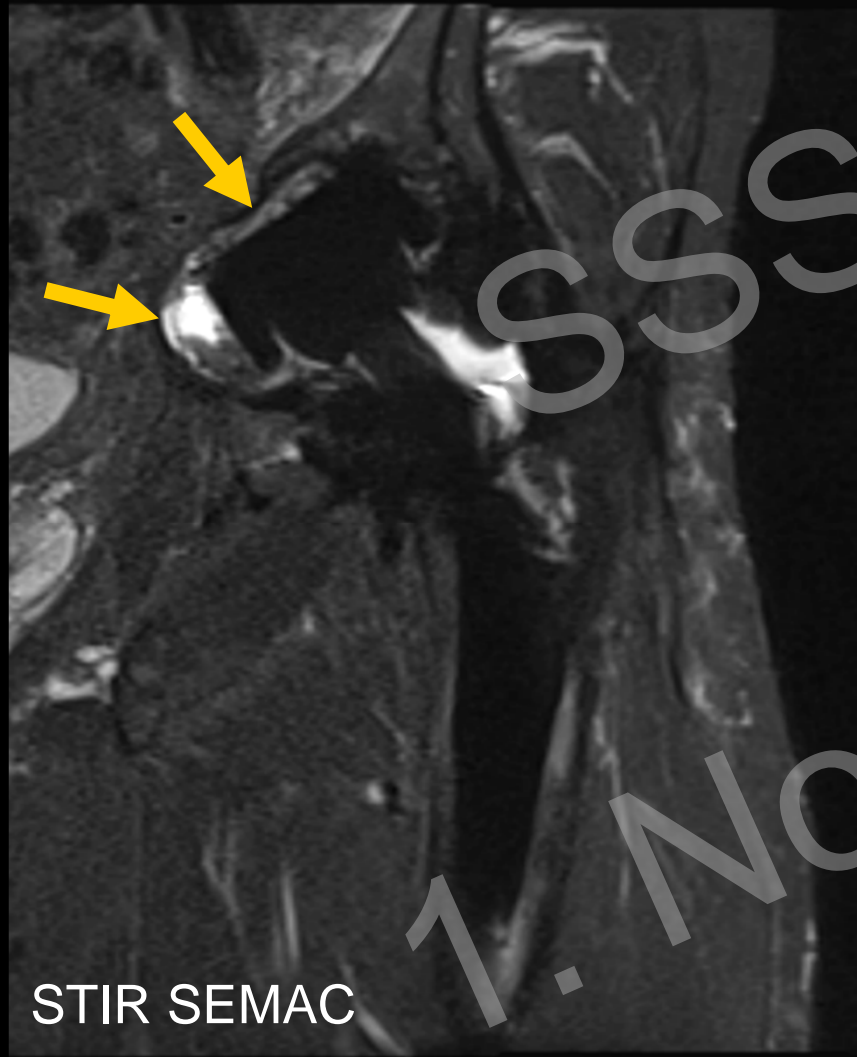
Polyethylen wear + abductor damage



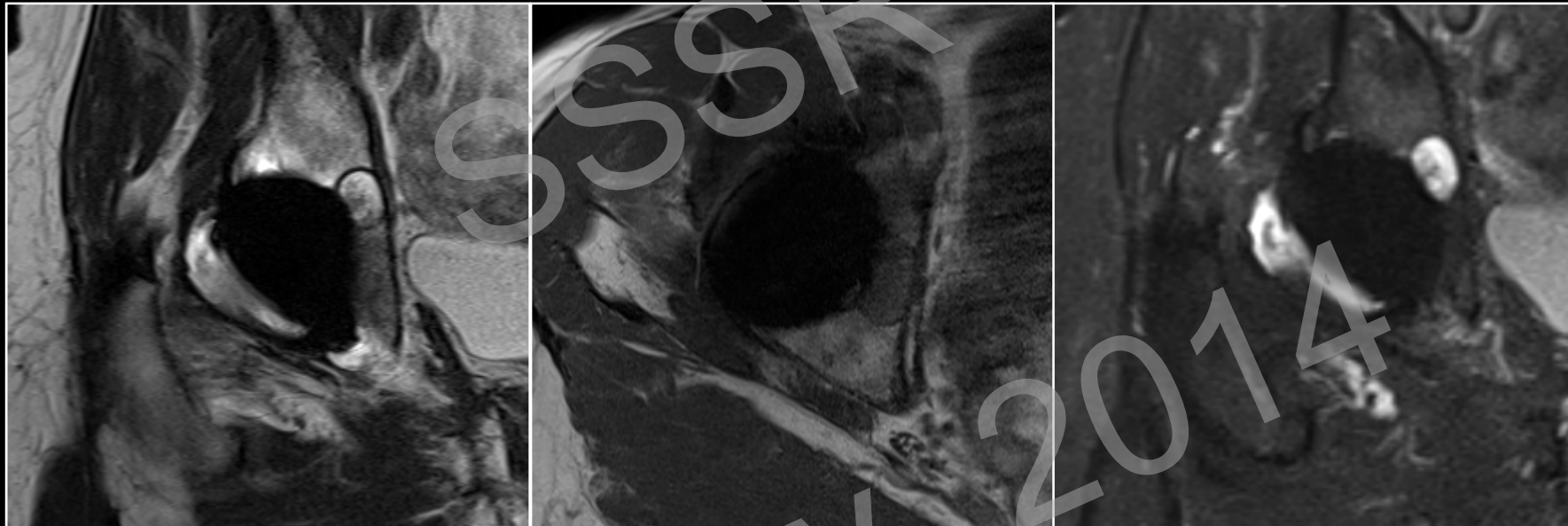
Polyethylen wear + abductor damage



Two cases with loosening



Depiction of periprosthetic osteolysis



Cor T2 hiBW

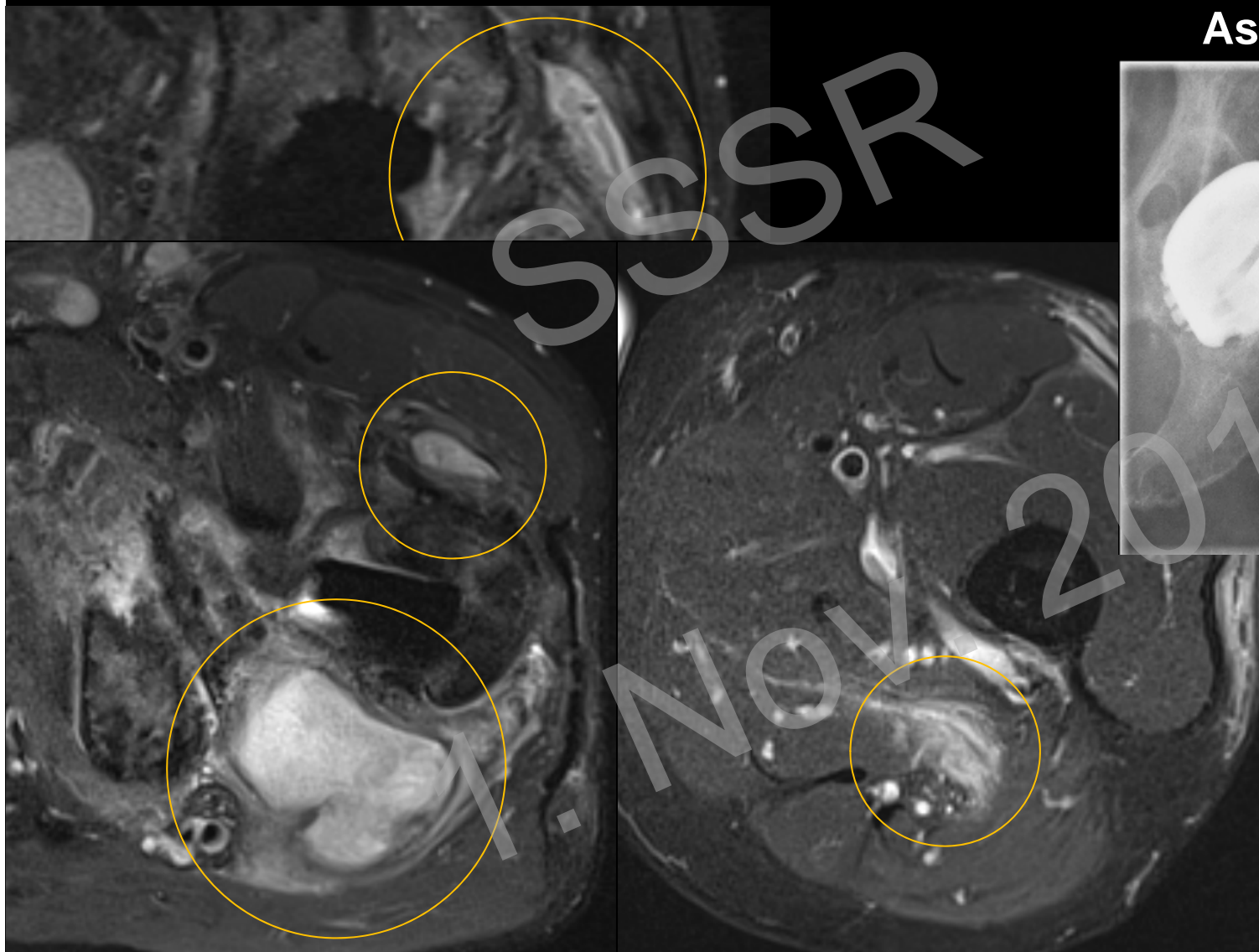
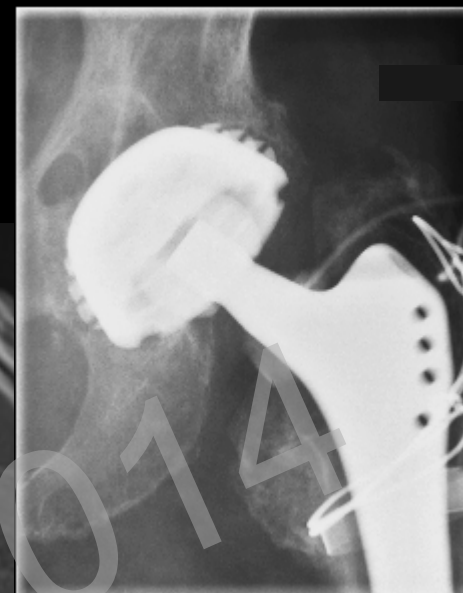
Tra T1 hiBW

Cor STIR SEMAC



3. Infection

Aspiration

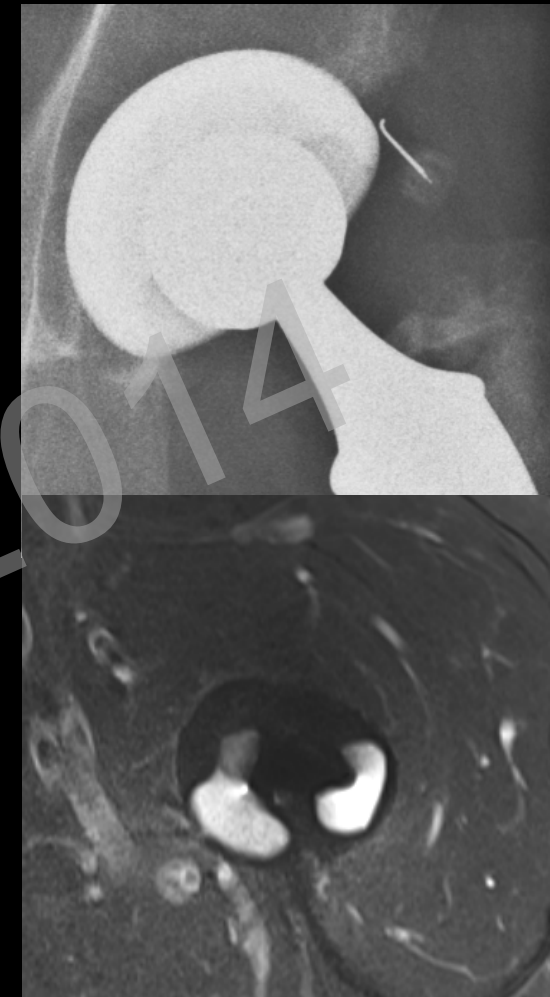
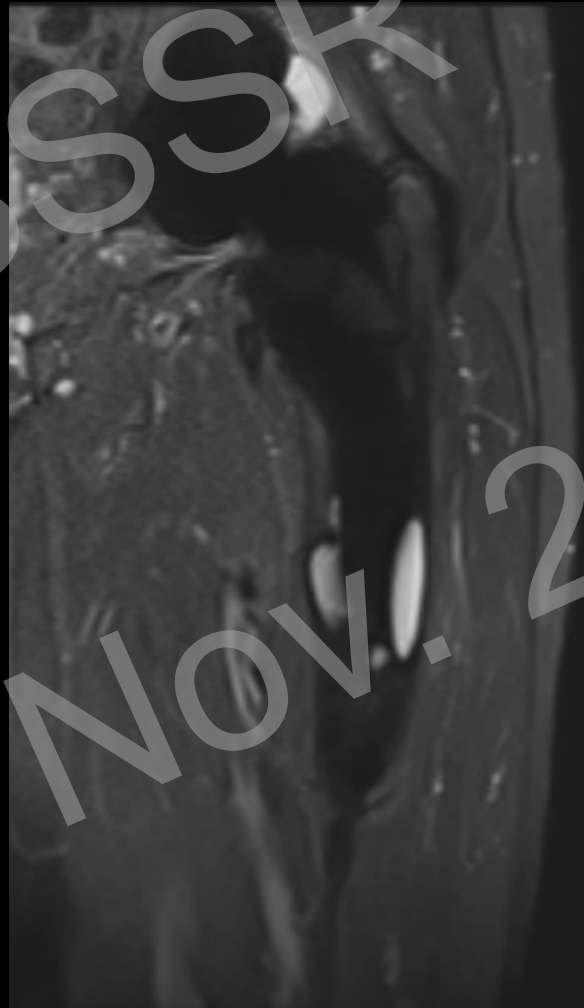


Low-grade infection



68-year old male
stem replaced two years ago
due to low grade infection

MRI: Soft tissue component?



4. Other Complications

Adverse local tissue reaction

Metallosis

Implant failure

Dislocation of components

Fracture

Osseous stress reaction

Extraarticular impingement

Heterotopic ossifications

Nerve damage

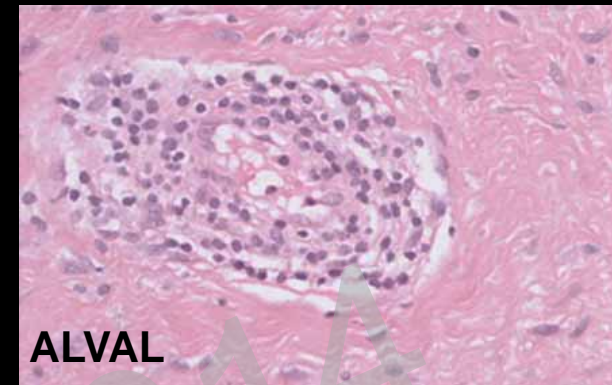
Metal-on-Metal prosthesis (MoM)



Adverse Local Tissue Reaction (ALTR)

- rare but potentially catastrophic
- difficult to diagnose clinically

Can manifest as '**aseptic lymphocytic vasculitis-associated lesion**' (ALVAL)



- Pain (or no pain!)
- Aggressive soft tissue destruction, Pseudotumors
- Osteolysis (some cases)

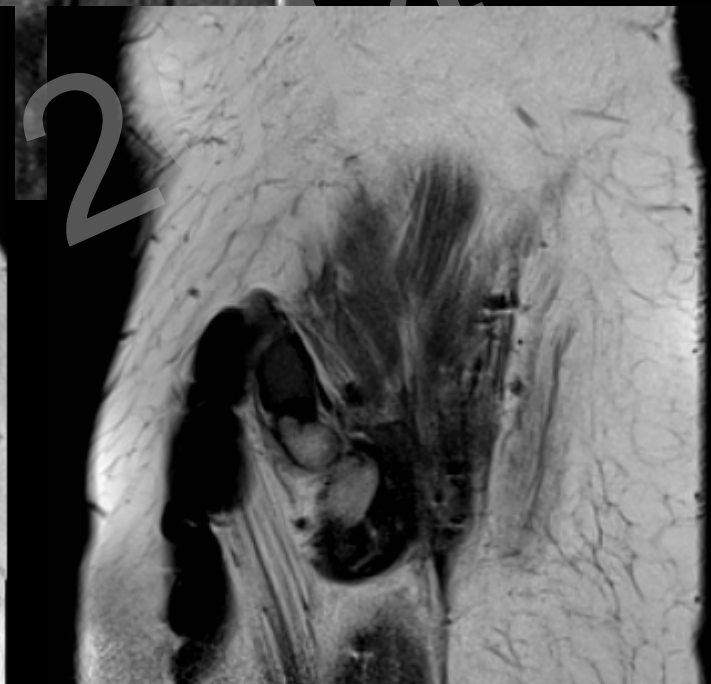
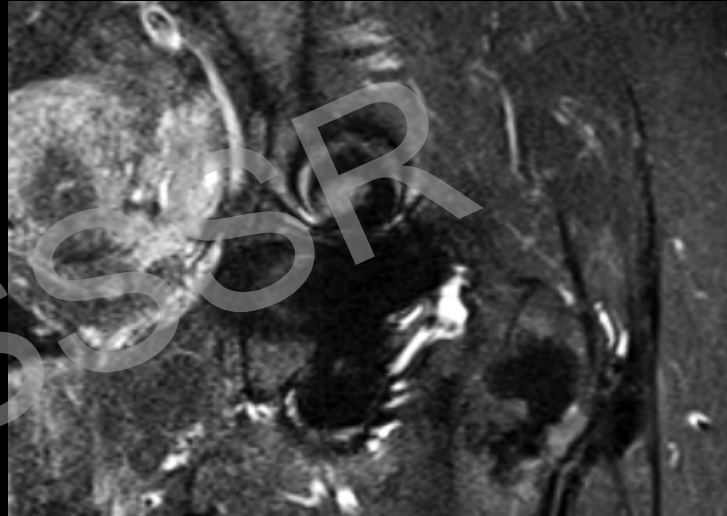
Follow-up: MRI or ultrasound

Early diagnosis important for successful revision surgery

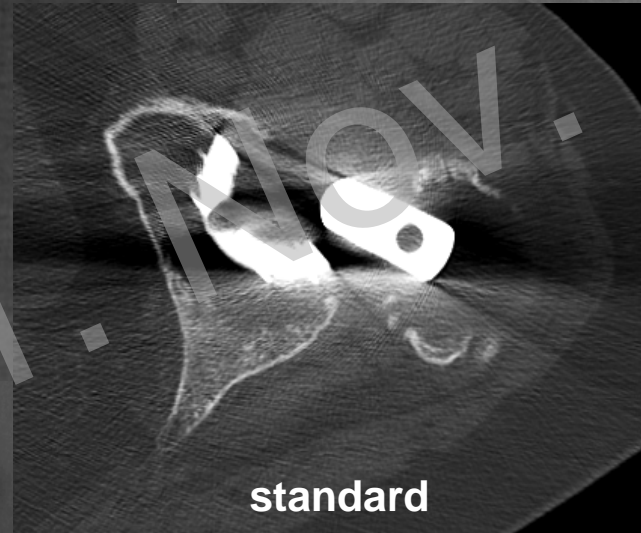
Pseudotumors + Osteolysis



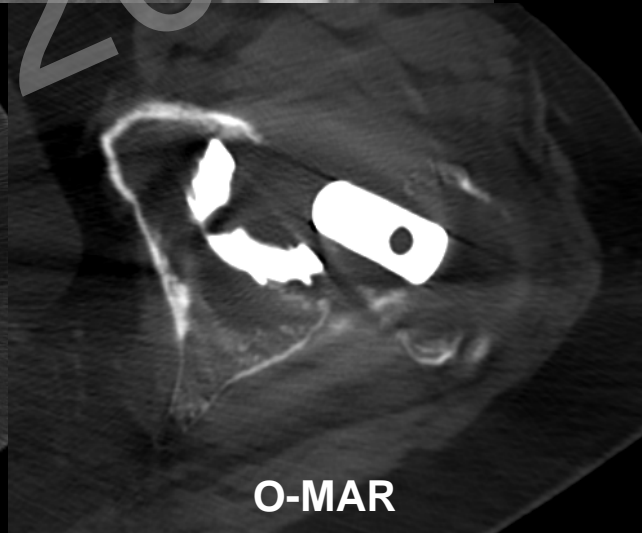
Metal-on-Metal



Polyethylen wear + Metallosis

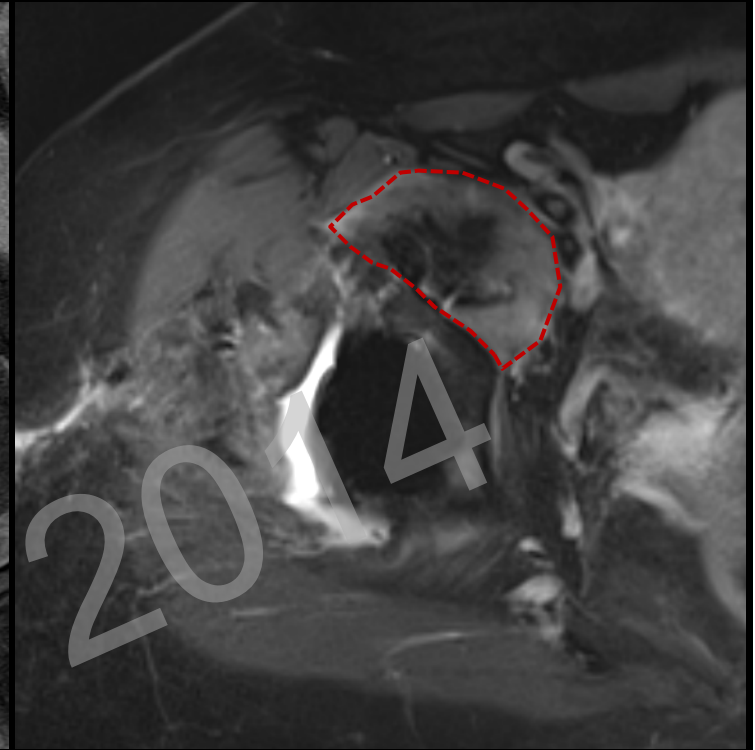
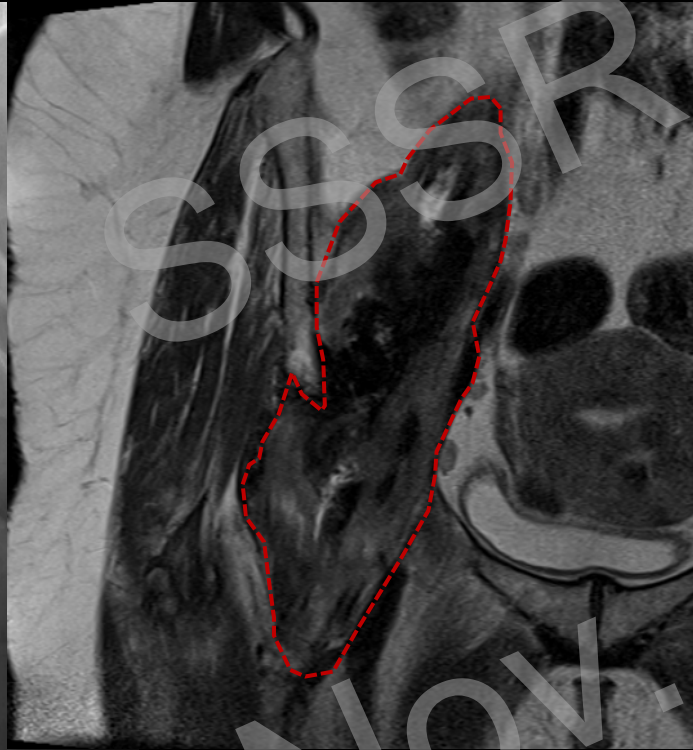


standard



O-MAR

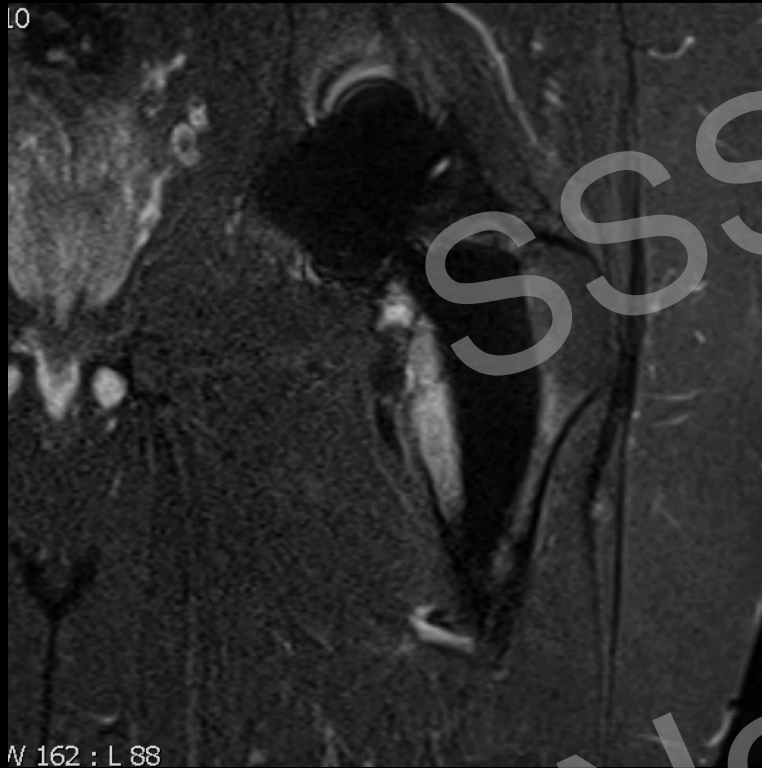
Pseudotumors



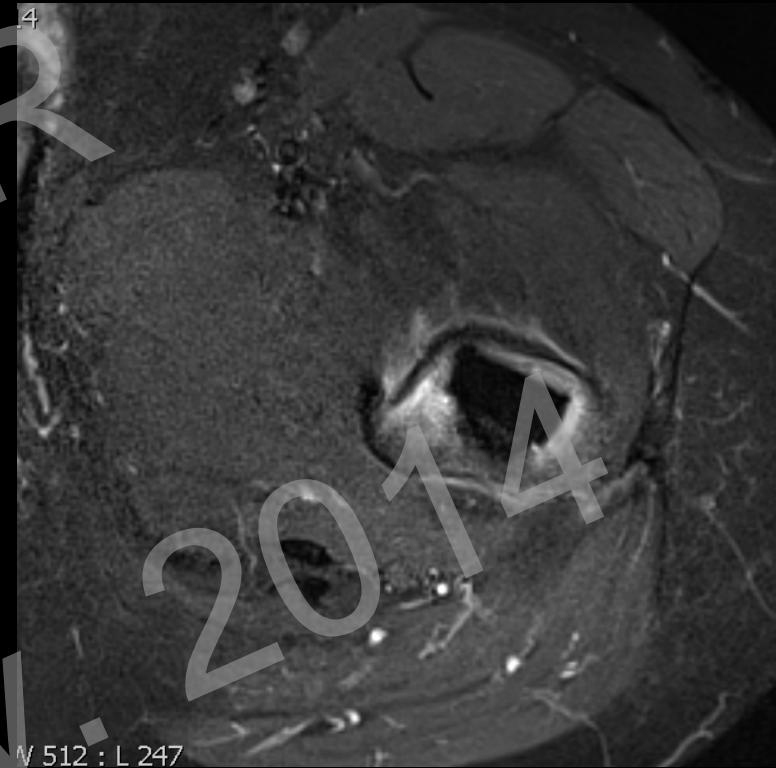
Modular stem

▪ Blood levels for Cobalt + Chrome elevated

Osseous stress reaction

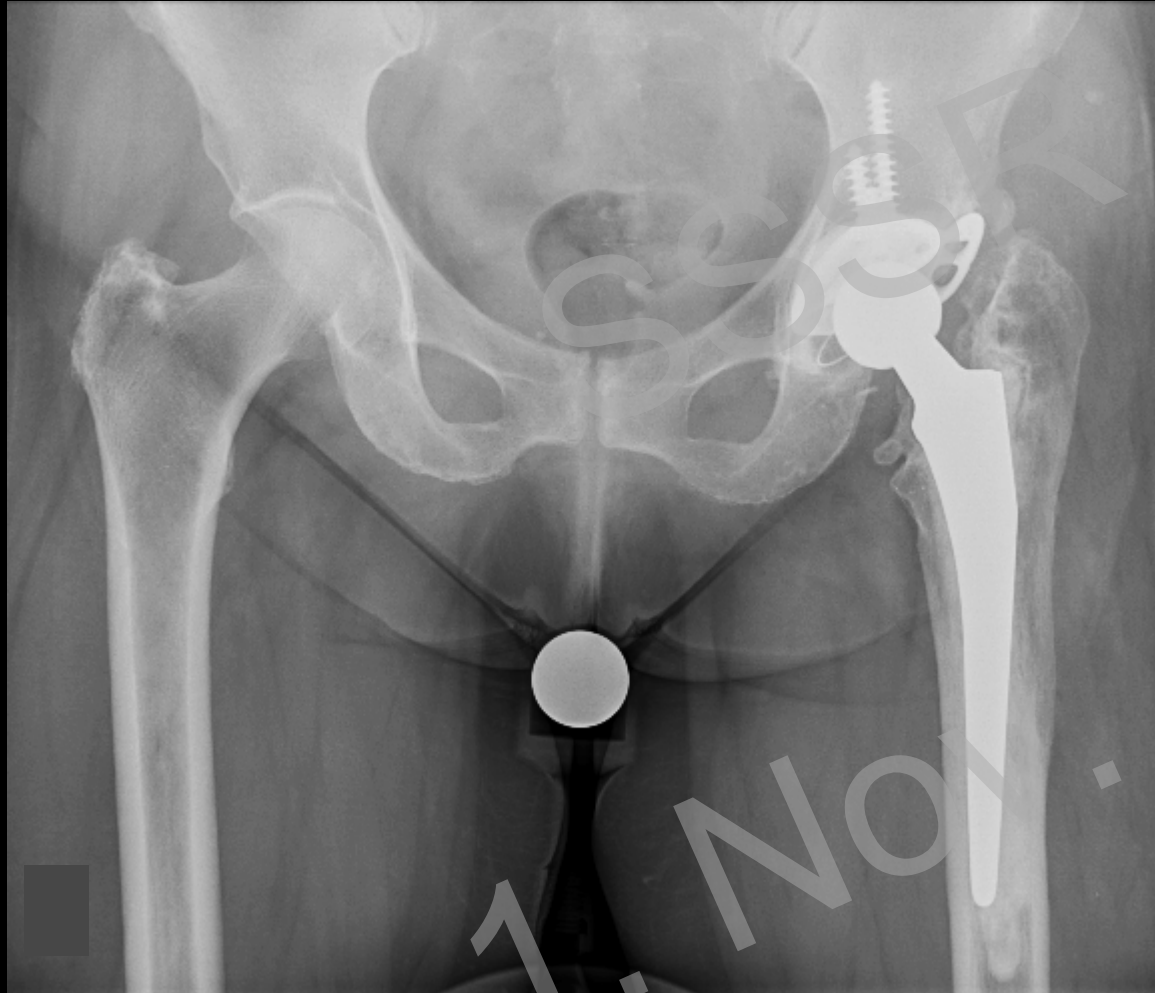


cor STIR SEMAC



tra STIR WARP

Extraarticular Impingement



TAKE HOME MESSAGE

Diagnostic algorithm

Surgical approaches

Complications

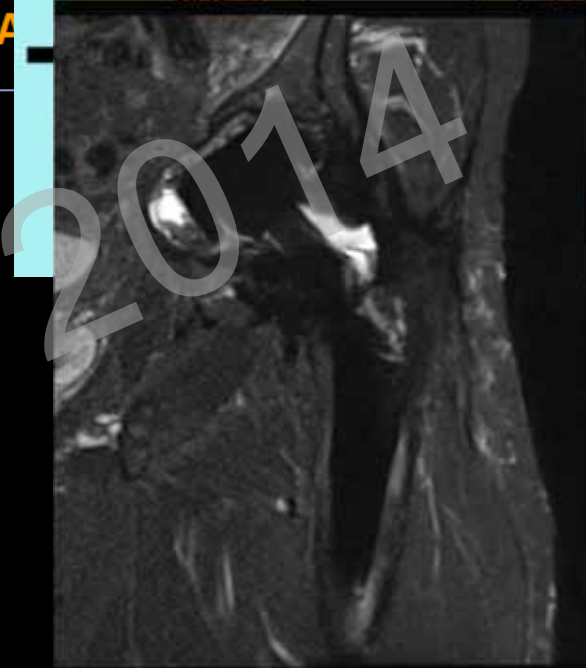
Soft tissue related
Aseptic Loosening
Infection
Other

1. Patient history
Clinical examination

2. F

3. A

4. A



Thank you



Vorschau

Einladung zur Antrittsvorlesung von PD Dr. Reto Sutter

Hüft-Impingement: Radiologische Aspekte einer neu entdeckten Krankheit

Samstag, 15. November 2014, 10.00 Uhr
Aula Universität-Zentrum, Rämistrasse 71