0423  THUMB BASIS PROSTHESIS FAILURE

TRAPEZIUM RECONSTRUCTION AND CMI INTERPOSITION

OBJECTIVE

Cup non embedment is the main failure cause of total TM replacement. Ablation of the implant and trapezectomy are the usual answers; however, if not fractured, the trapezium could be preserved and thereby preserve thumb length, stability, and grasp.

METHODS

37 patients are included in this series started in 2005.

TECHNIC

- Dorsal approach, preserve by a H fibrous capsule.
- Ablation of the implant, metatasis washing.
- Avoid metacarpal corticotomy.
- Reconstruction of the trapezium by filling bone chips from the ipsilateral radius.
- First metacarpal basis resurfaced by the interposition of a CMI pyrocarbon.
- Void created inside the first metacarpal filled by CMI stem sometimes hapatite completed.
- No necessity of complementary ligamentoplasty, three weeks splinting.

RESULTS  (37 cases)

- None extrusion of the stem inside the first metacarpal.
- None osteophytes or calcification found in the neojoint.
- Preservation of thumb opposition tests and grasp force.
- No complications on the donor site.
- 3 neuritis of the radial sensory branch, 2 SDD.
- Although designed initially for primary implantation, CMI pyrocarbon implant, in this indication allows easy restoration of functions. This effect is mainly due to spacer effect, preservation of STT joint and trapezium eight and induction of gentle resurfacing of the trapezium articular surface.

CONCLUSION

Easy to drive, one time surgery, one operative site (ONE SHOT)