LETTER TO THE EDITOR

Comments on: "Long-term results of the ABG-1 hydroxyapatite coated total hip arthroplasty: Analysis of 111 cases with a minimum follow-up of 10 years"

Dear Sir,

We read with interest the article by R. Bidar et al. (doi:10.1016/j.otsr.2009.10.001) concerning long-term results for total hip replacement using first-generation hydroxyapatite-coated ABG implants. The 28 mm femoral head implants in contact with the polyethylene (PE) inserts were in zirconium aluminate. Retroacetabular and proximal femoral osteolysis appeared to be very frequent. Among possible causal factors, the authors stress errors in acetabular implant design, inducing abnormal PE insert wear. The role of the zirconium aluminate implant head, in contrast, is mentioned only in passing, whereas it appears to us to be essential in accounting for the abnormally high rates of loosening and of osteolysis in an implant series in which 28 mm zirconium aluminate femoral heads (same implantation period, non-reoxidized HIP black zirconium, Desmarquet) were in contact with cemented PE acetabula [1], much higher rates than reported for a series using the same type of implant but with a 32-mm head in aluminum oxide (Al₂O₃) [2].

The authors advocate "early acetabular revision" in case of evolutive osteolysis, without changing the zirconium aluminate femoral head component. Would it not be wise, given our experience, which is not isolated, to replace the zirconium aluminate femoral head component systematically by a head made in some other material?

Conflicts of interest statement

No conflict of interest.

References


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