



SOCIEDADE
CATARINENSE DE
REUMATOLOGIA

Impacto Fêmoro-Acetabular

Impacto Fêmoro-Acetabular

Richard Prazeres Canella

Fernando Merlos

Priscila Cararo

Fernando Barone de Medeiros

Hospital de Caridade

Grupo de Quadril

Florianópolis - SC



“Impingement of the femoral neck on the anterior acetabulum...such impingement would result in ‘traumatic arthritis’ with characteristic changes of the joint surfaces”

“Sufficient time has not elapsed to obtain true end results, but the author feels justified...because the method is non-destructive and seems effective in relieve pain in conditions for which is no other adequate treatment”



“Impingement of the femoral neck on the anterior acetabulum...such impingement would result in ‘traumatic arthritis’ with characteristic changes of the joint surfaces”

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Smith-Petersen, MD, 1936

Murray, 1965

65% das OA estariam relacionadas a deformidade da cabeça femoral

Stulberg, 1976

Anormalidades femorais e acetabulares relacionadas com OA “idiopática”

Salomon, 1976

90% de 300 casos das OA primárias havia evidência de deformidades estruturais no quadril

Resnik, 1976

Deformidade femoral levaria a OA quadril

Aronson, 1986

Doenças da infância subclínicas (Epifisiólise, LCP) estariam relacionadas com deformidade femoral e OA abaixo dos 50a

Harris, 1986

90% das OA do quadril relacionadas com sequelas de deformidades causadas por LCP e epifisiólise femoral proximal



Clin Orthop Relat Res. 1999 Jun;(363):93-9.

Anterior femoroacetabular impingement after periacetabular osteotomy.

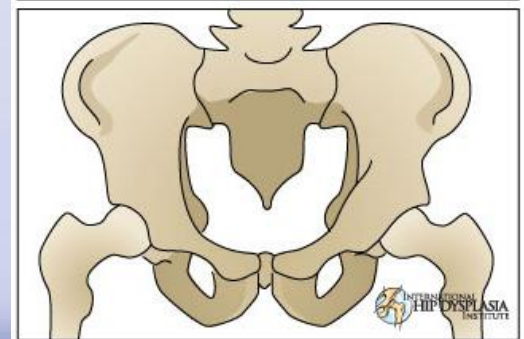
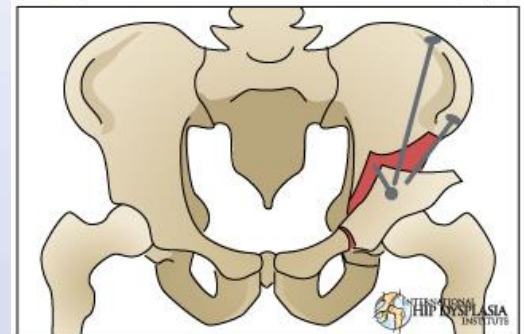
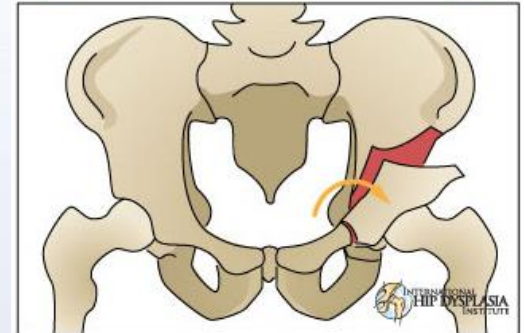
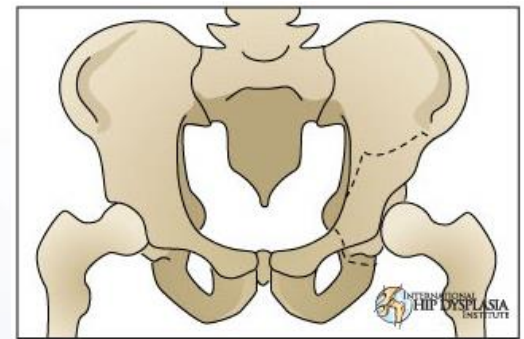
Myers SR1, Eijer H, Ganz R.

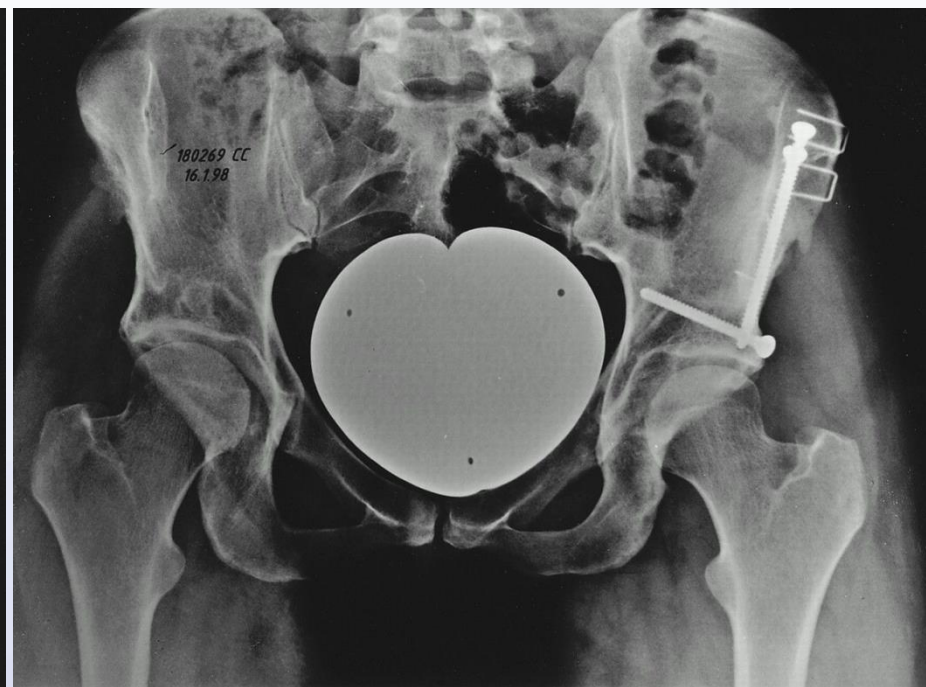
Department of Orthopedics, University of Berne, Inselspital, Switzerland.

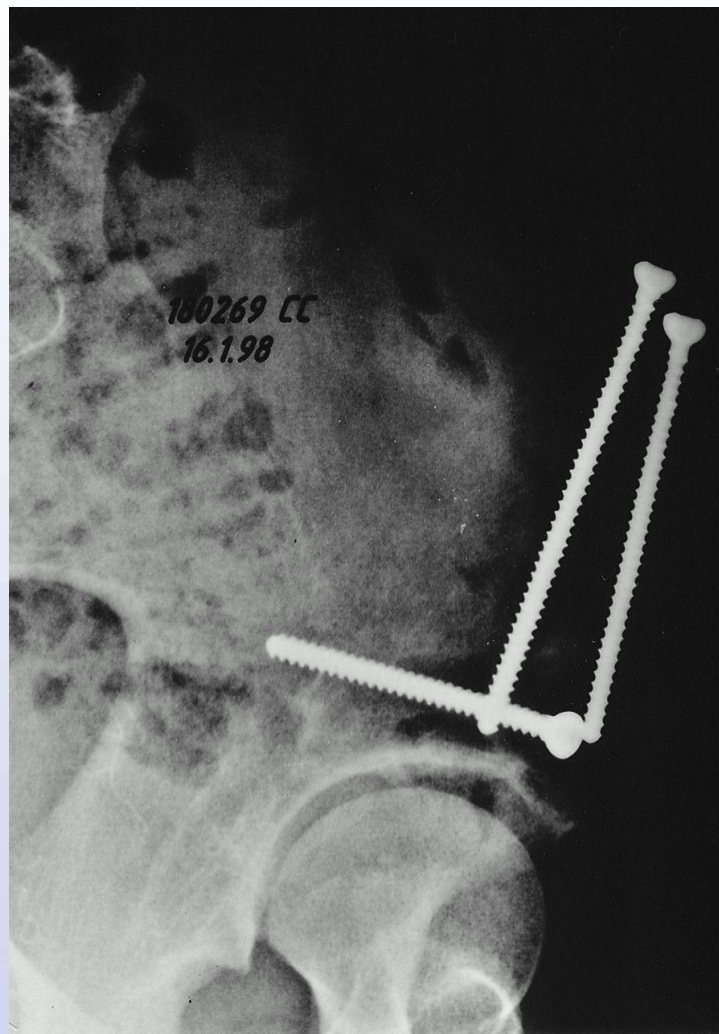
Clin Orthop Relat Res. 1999 Jun;(363):9-20.

Bernese periacetabular osteotomy.

Siebenrock KA1, Schöll E, Lottenbach M, Ganz R.







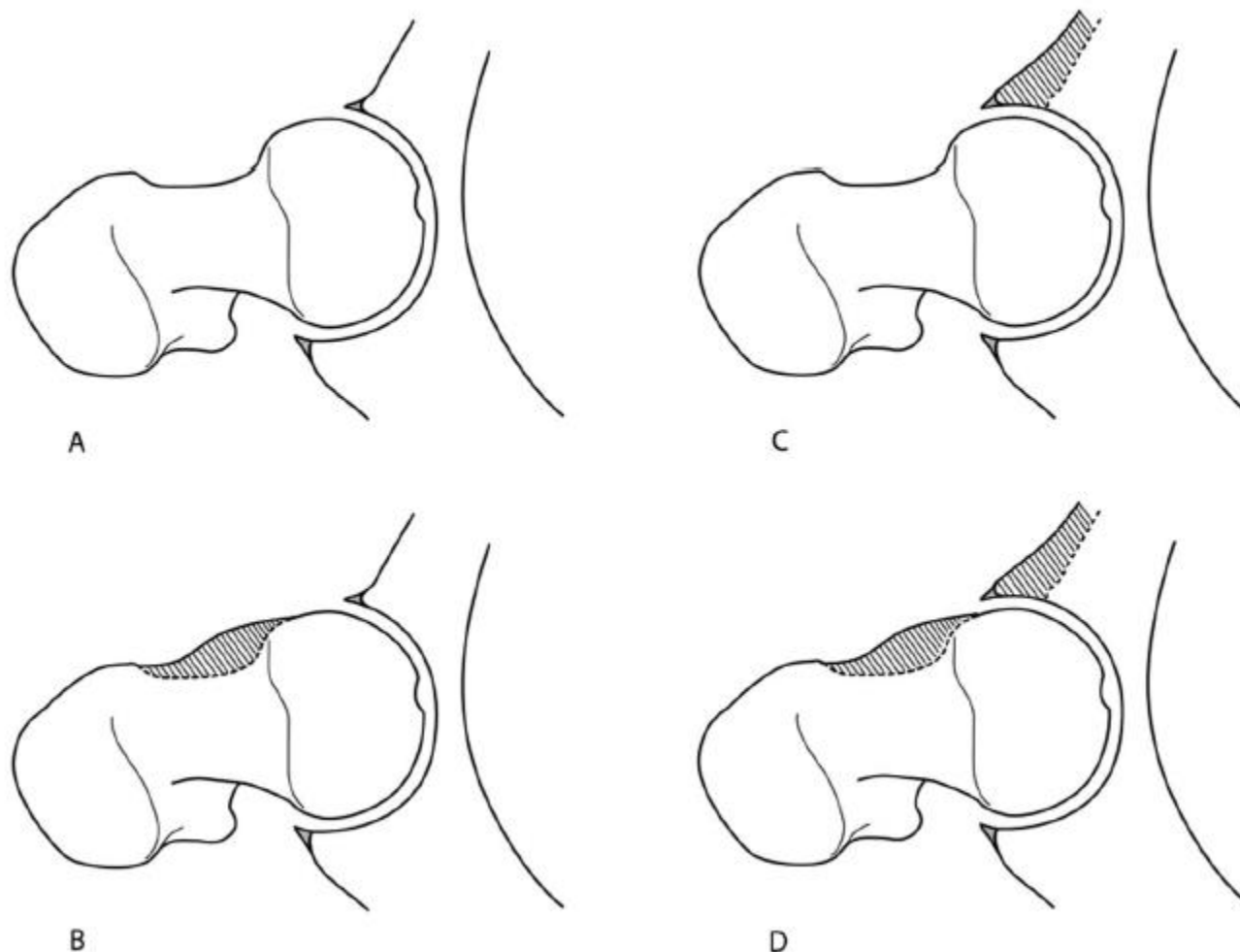


Clin Orthop Relat Res. 1999 Jun;(363):93-9.

Anterior femoroacetabular impingement after periacetabular osteotomy.

Myers SR1, Eijer H, Ganz R.

Department of Orthopedics, University of Berne, Inselspital, Switzerland.



Clin Orthop Relat Res. 2003 Dec;(417):112-20.
Femoroacetabular impingement: a cause for
osteoarthritis of the hip
Ganz R1, Parvizi J, Beck M, Leunig M, Nötzli H

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CURRENT CONCEPTS REVIEW

Femoroacetabular Impingement

Asheesh Bedi, MD, and Bryan T. Kelly, MD

Investigation performed at the University of Michigan, Ann Arbor, Michigan, and the Center for Hip Pain and Preservation, Hospital for Special Surgery, New York, NY

1- Fatores Dinâmicos:

A- CAM

B- Sobrecobertura Acetabular:

B1- Focal

B2- Global

C- Extra-articular

C1- Retroversão femoral

C2- Coxa Vara

C3- Impacto Trocantérico

2- Fatores Estáticos:

A- Displasia de Desenvolvimento do Quadril (DDQ)

B- Anteversão Femoral Excessiva

C- Cova Valga

3- Combinação dos fatores:

A- CAM + DDQ

J Bone Joint Surg Am. 2013 Jan 2;95(1):82-92. doi: 10.2106/JBJS.K.01219.
Femoroacetabular impingement.
Bedi A1, Kelly BT.

ETIOLOGIA

- CONTROVERSA (?)



J Bone Joint Surg Am. 2013 Jan 2;95(1):82-92.

doi: 10.2106/JBJS.K.01219.

Femoroacetabular impingement.

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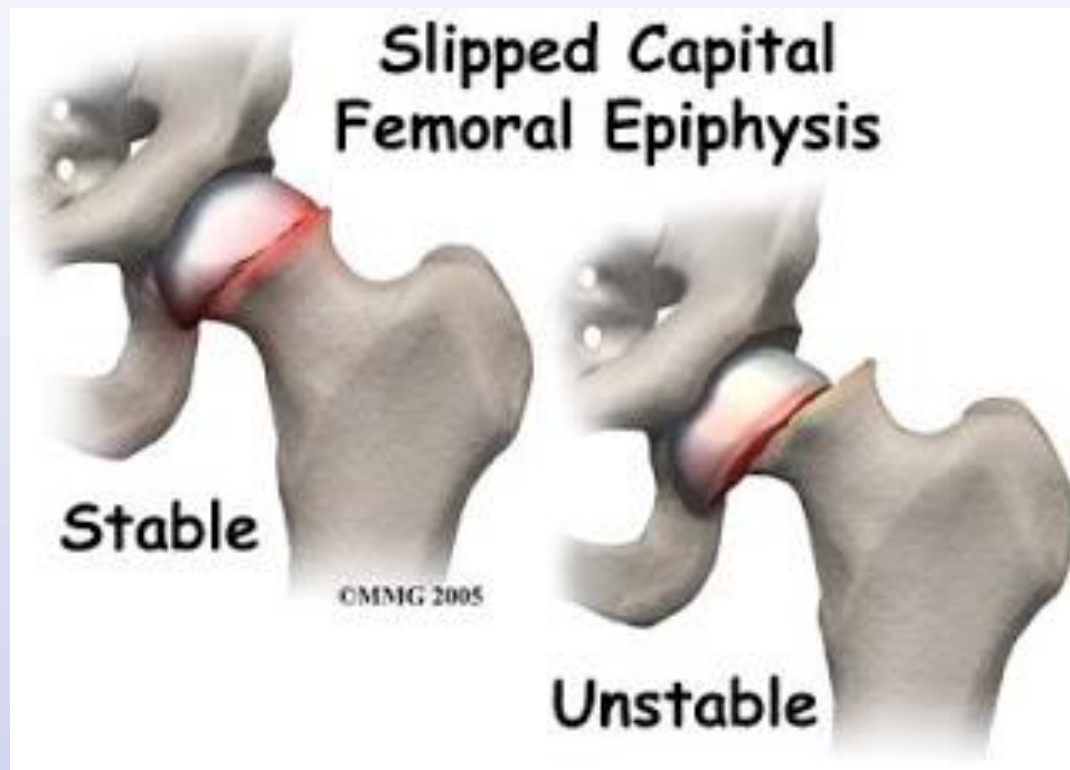
doi: 10.2106/JBJS.K.01219.

Femoroacetabular impingement.

Bedi A1 Kelly BT.

ETIOLOGIA

- CONTROVERSA (?)
- EPIFISIÓLISE FEMORAL PROXIMAL



J Bone Joint Surg Am. 2013 Jan 2;95(1):82-92.

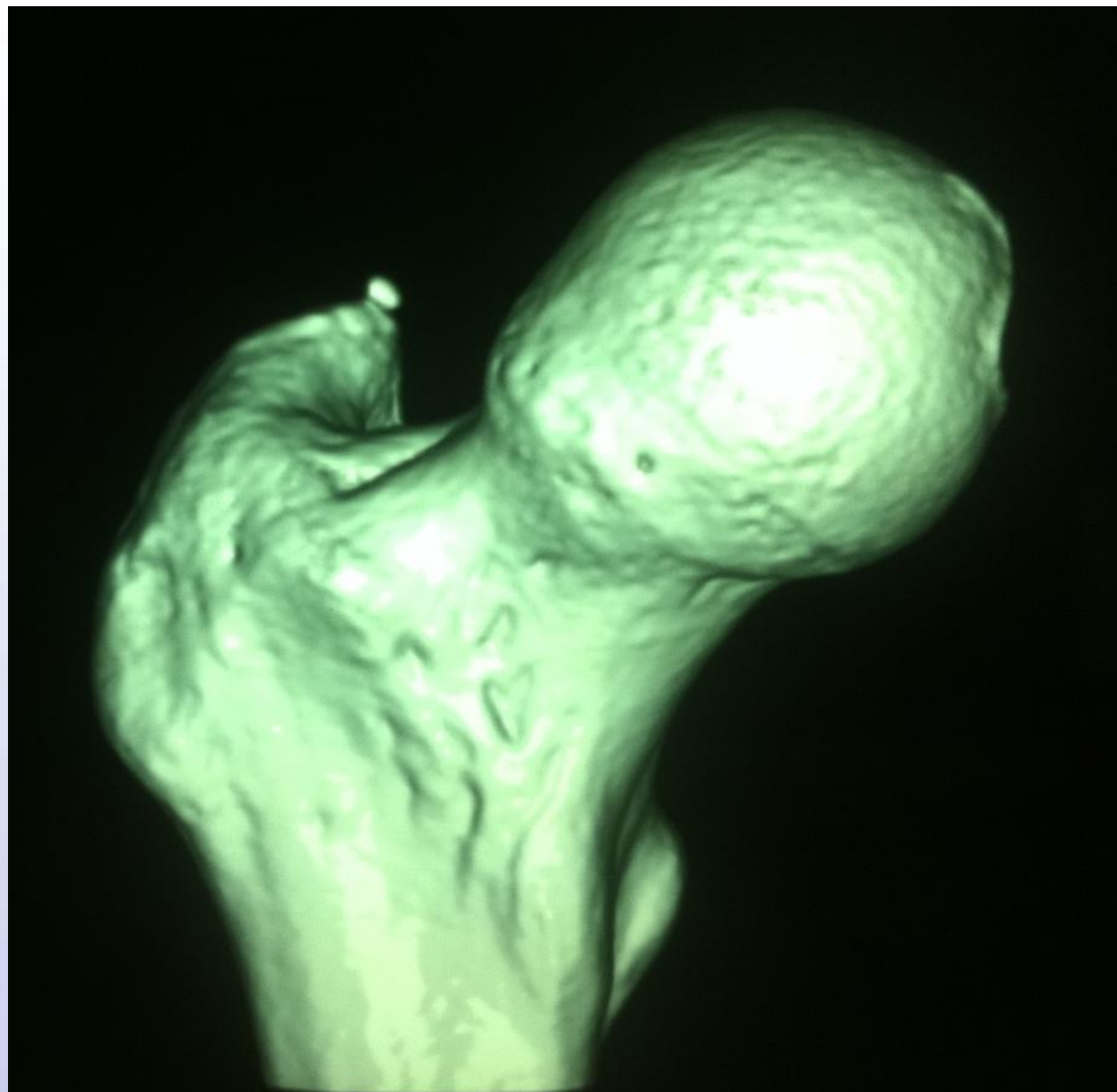
doi: 10.2106/JBJS.K.01219.

Femoroacetabular impingement.

Bedi A1 Kelly BT.

ETIOLOGIA

- CONTROVERSA (?)
- EPIFISIÓLISE FEMORAL PROXIMAL
- GENÉTICA
 - IRMÃOS:
 - CAM 2,8X



J Bone Joint Surg Am. 2013 Jan
2;95(1):82-92. doi:
10.2106/JBJS.K.01219.
Femoroacetabular impingement.
Bedi A1 Kelly BT.

ETIOLOGIA

-CONTROVERSA (?)

-EPIFISIÓLISE FEMORAL
PROXIMAL

-GENÉTICA

- IRMÃOS:
 - CAM 2,8X
 - Pincer 2,0X



J Bone Joint Surg Am. 2013 Jan
2;95(1):82-92. doi:
10.2106/JBJS.K.01219.

Femoroacetabular impingement.

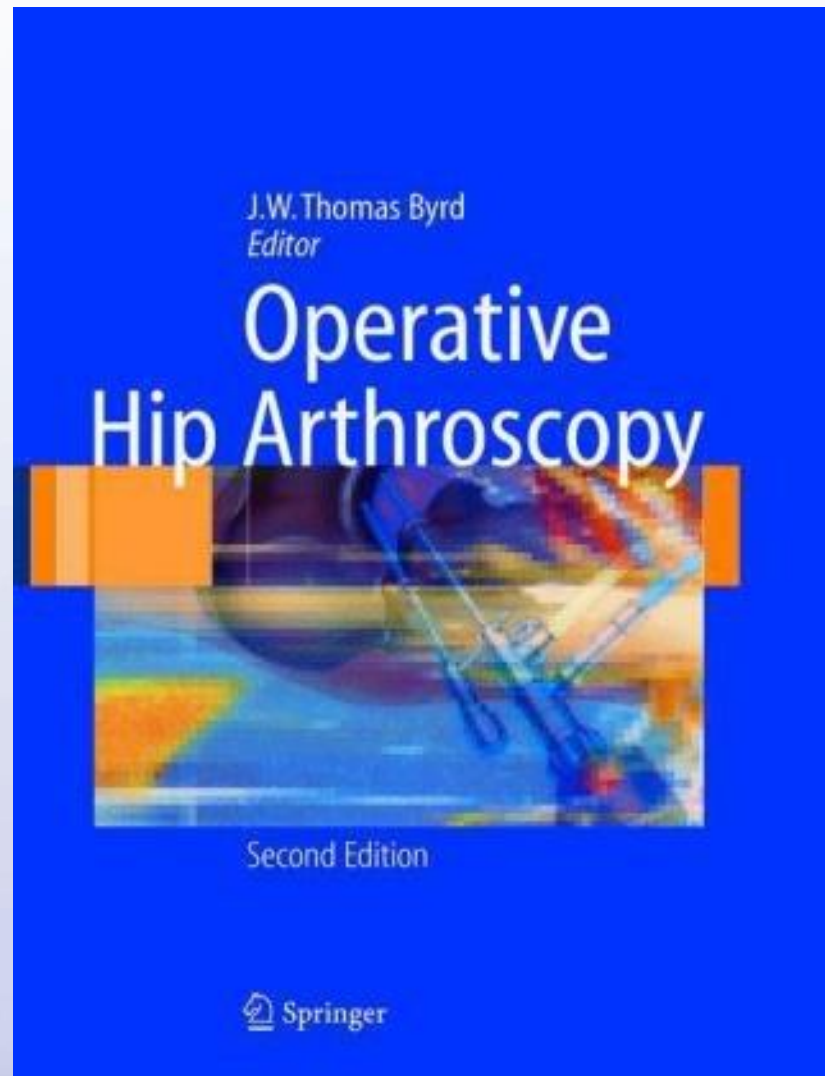
Bedi A1 Kelly BT.

Exame Físico



Physical Examination

J.W. Thomas Byrd

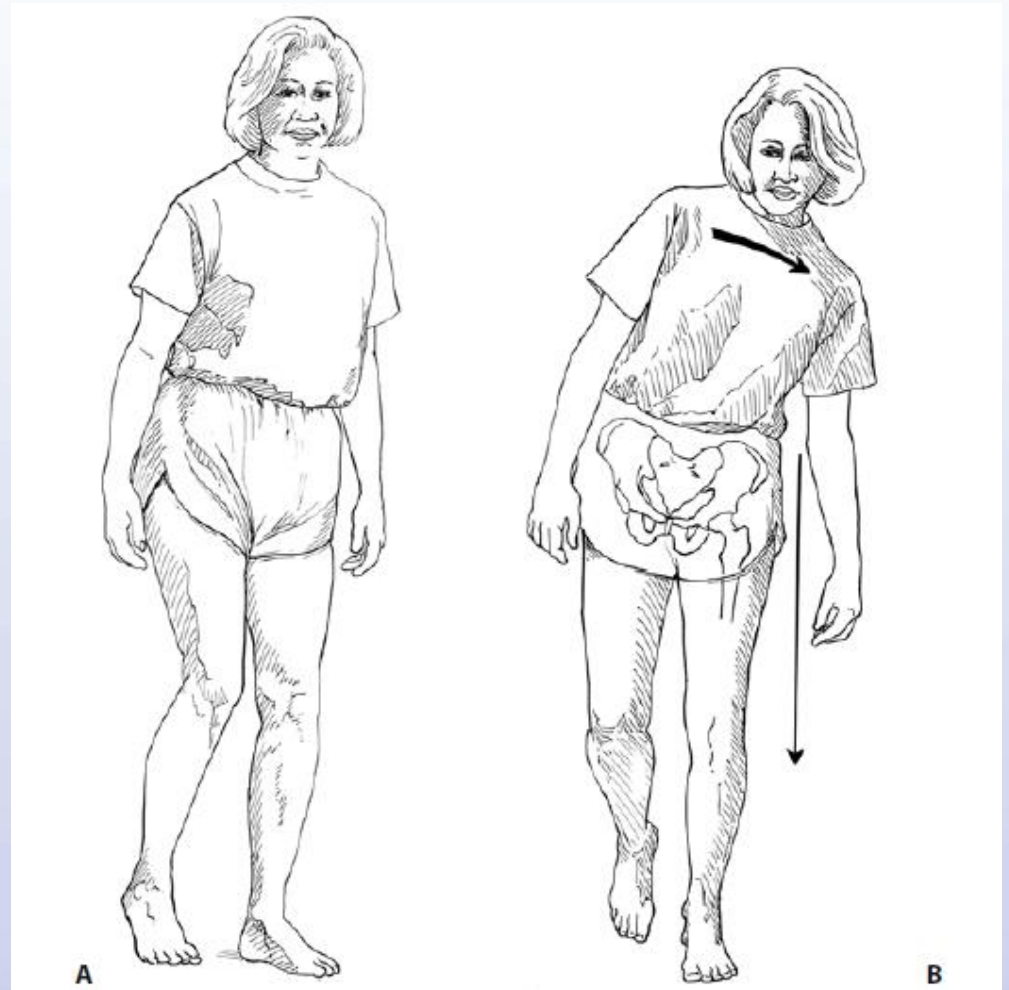
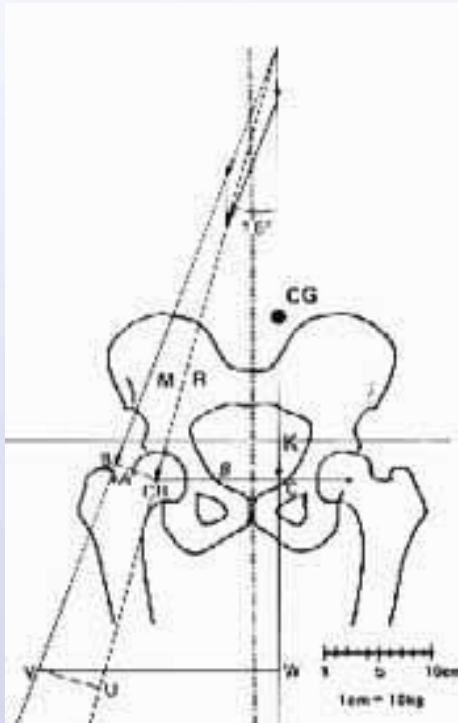


Exame Físico



“This is where it hurts?”

Exame Físico



Exame Físico



Exame Físico



Exame Físico



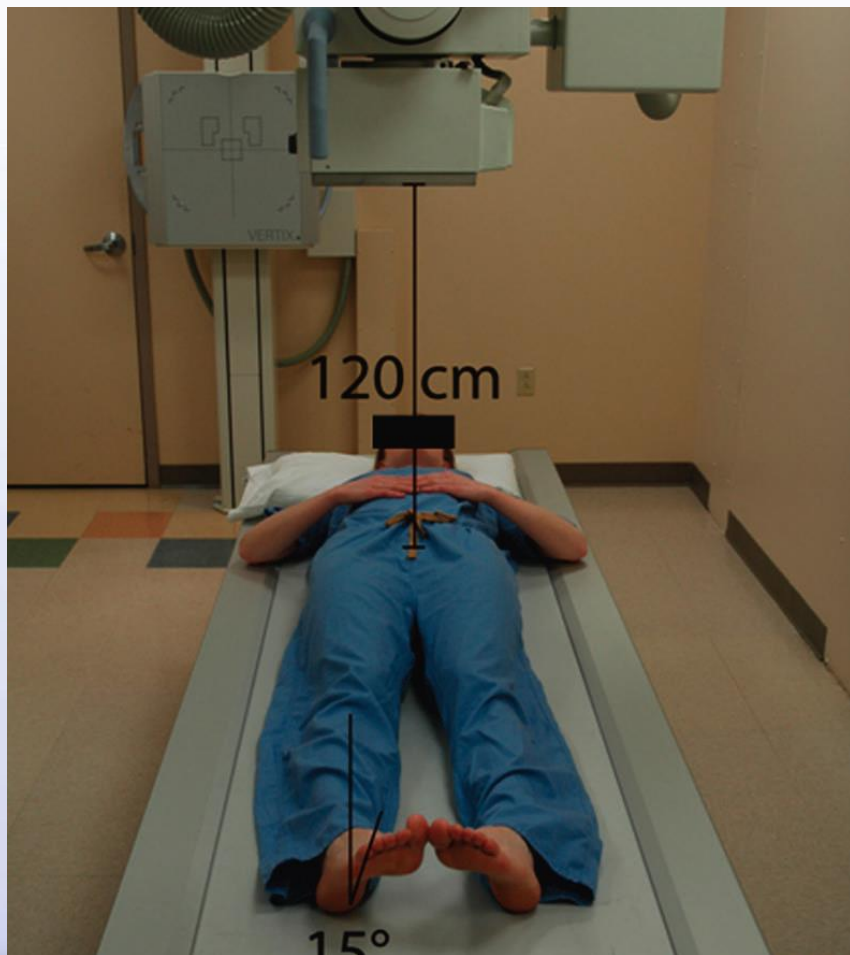
Exame Físico

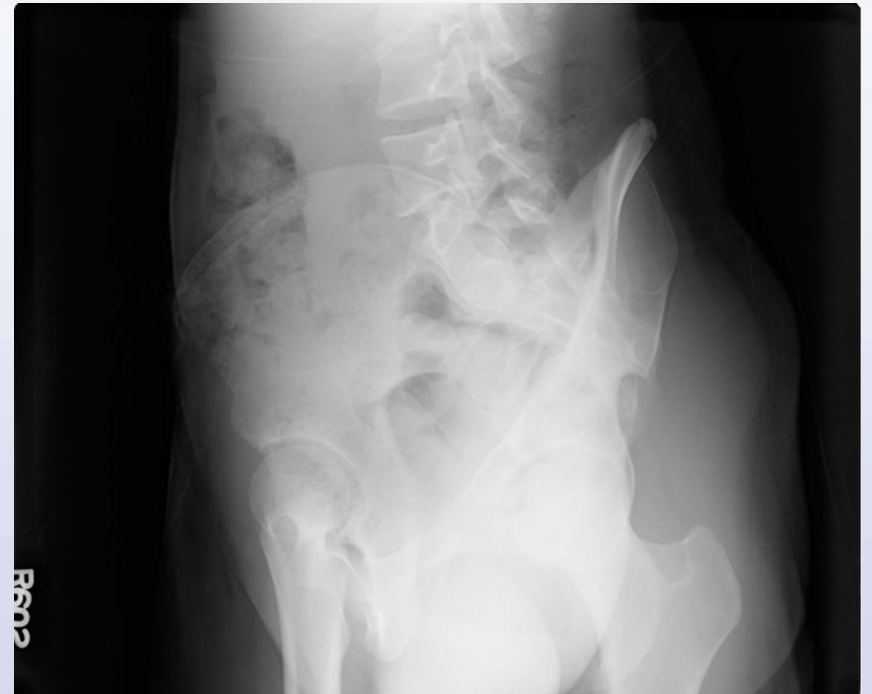


Radiografias

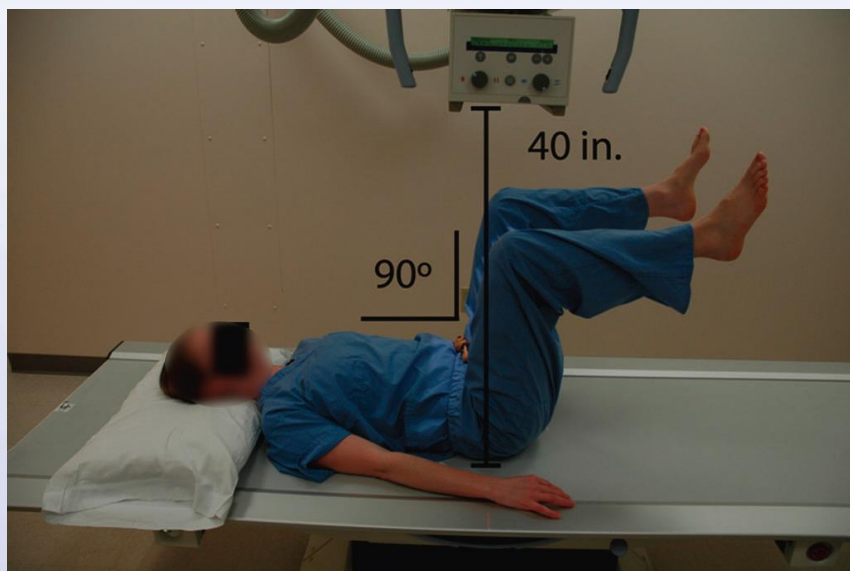
- **Rx Bacia (AP panorâmico em ortostatismo)**
- **Rx do quadril D e E em falso perfil de Lequesne**
- **Rx do quadril D e E (Dunn 45°)**
- **Rx do quadril D e E (Dunn 90°)**

A Systematic Approach to the Plain Radiographic Evaluation of the Young Adult Hip,
Clohisy, *JBJS Am*, 2008

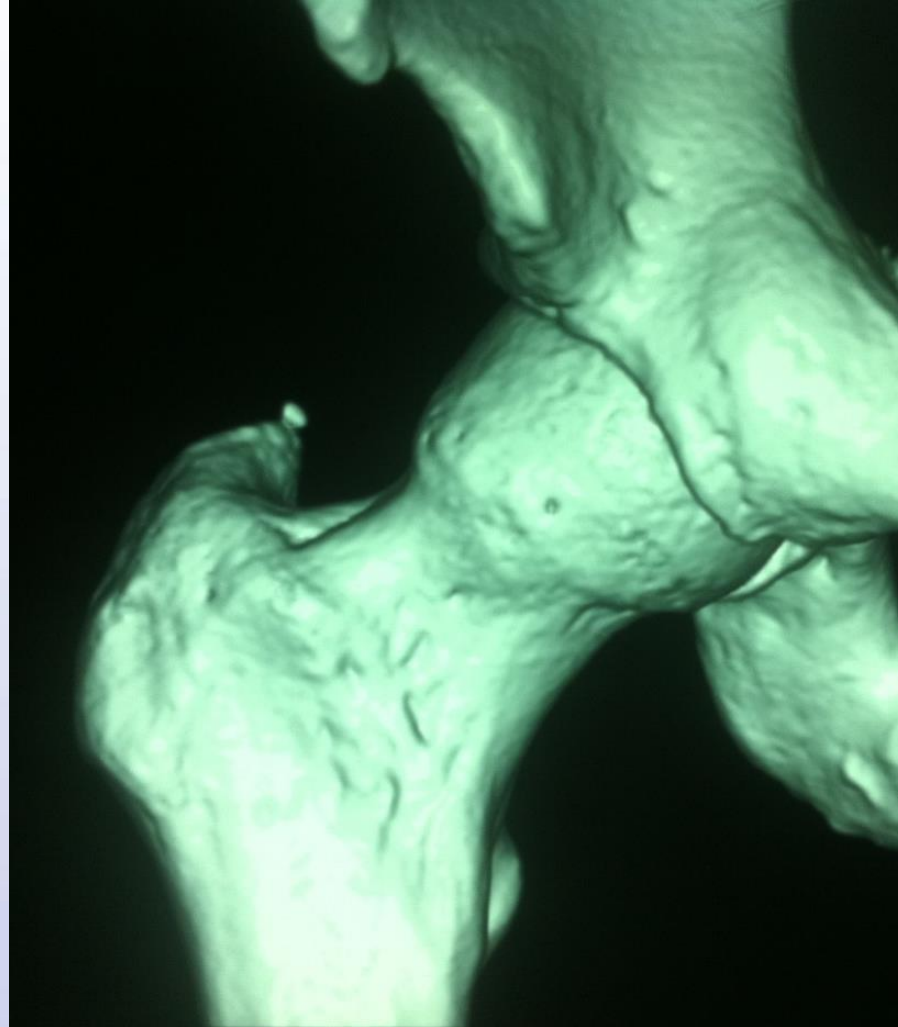


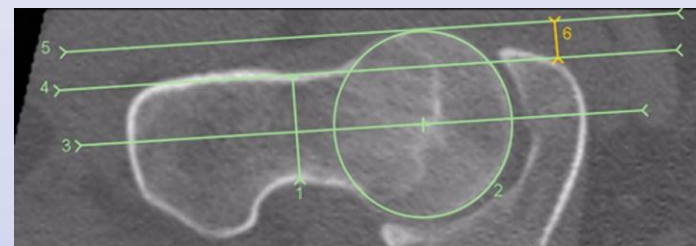
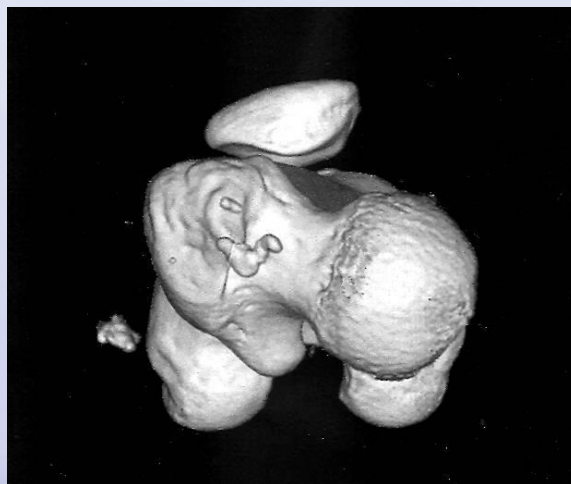
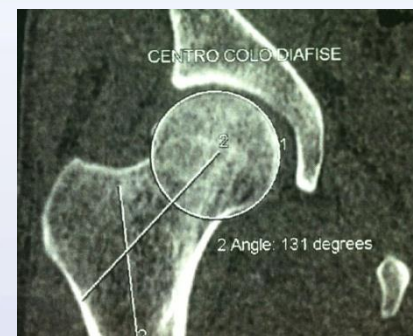
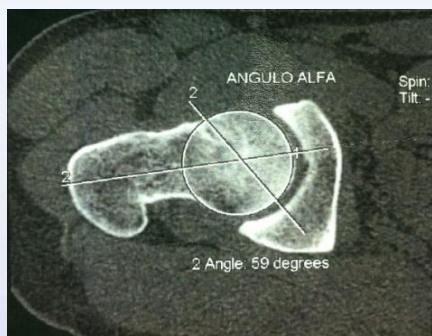
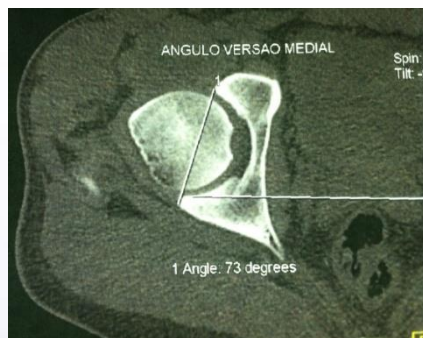






Tomografia Computadorizada





Artro-RM



QUATRO PRINCÍPIOS



J Am Acad Orthop Surg. 2013;21 Suppl 1:S53-8. doi: 10.5435/JAAOS-21-07-S53.

Overview of treatment options, clinical results, and controversies in the management of femoroacetabular impingement.

Nepple JJ1, Byrd JW, Siebenrock KA, Prather H, Clohisy JC



PRIMEIRO PRINCÍPIO

“O IFA é causa de dor articular e
leva a OA secundária”

**JJS, 58a, masc, médico,
tenista amador**



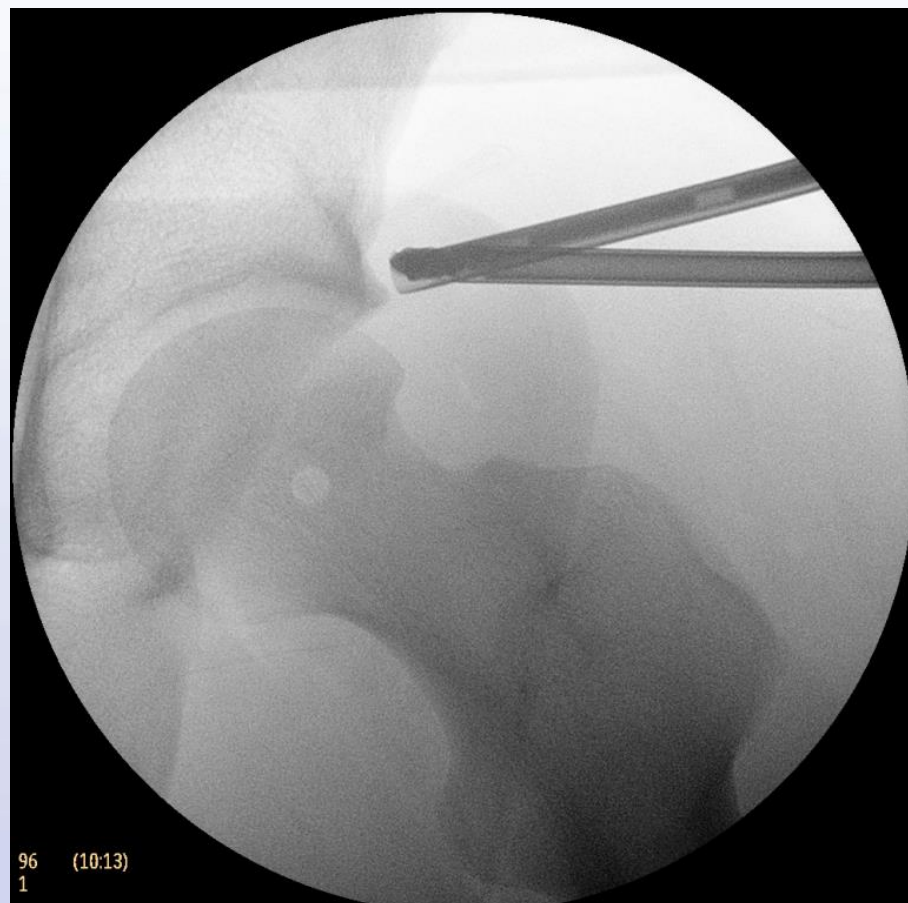
**ROS, 18a, masc, universitário,
tenista profissional**



**JJS, 58a, masc, médico,
tenista amador**



**ROS, 18a, masc, universitário,
tenista profissional**



**JJS, 58a, masc, médico,
tenista amador**



**ROS, 18a, masc, universitário,
tenista profissional**



PAI

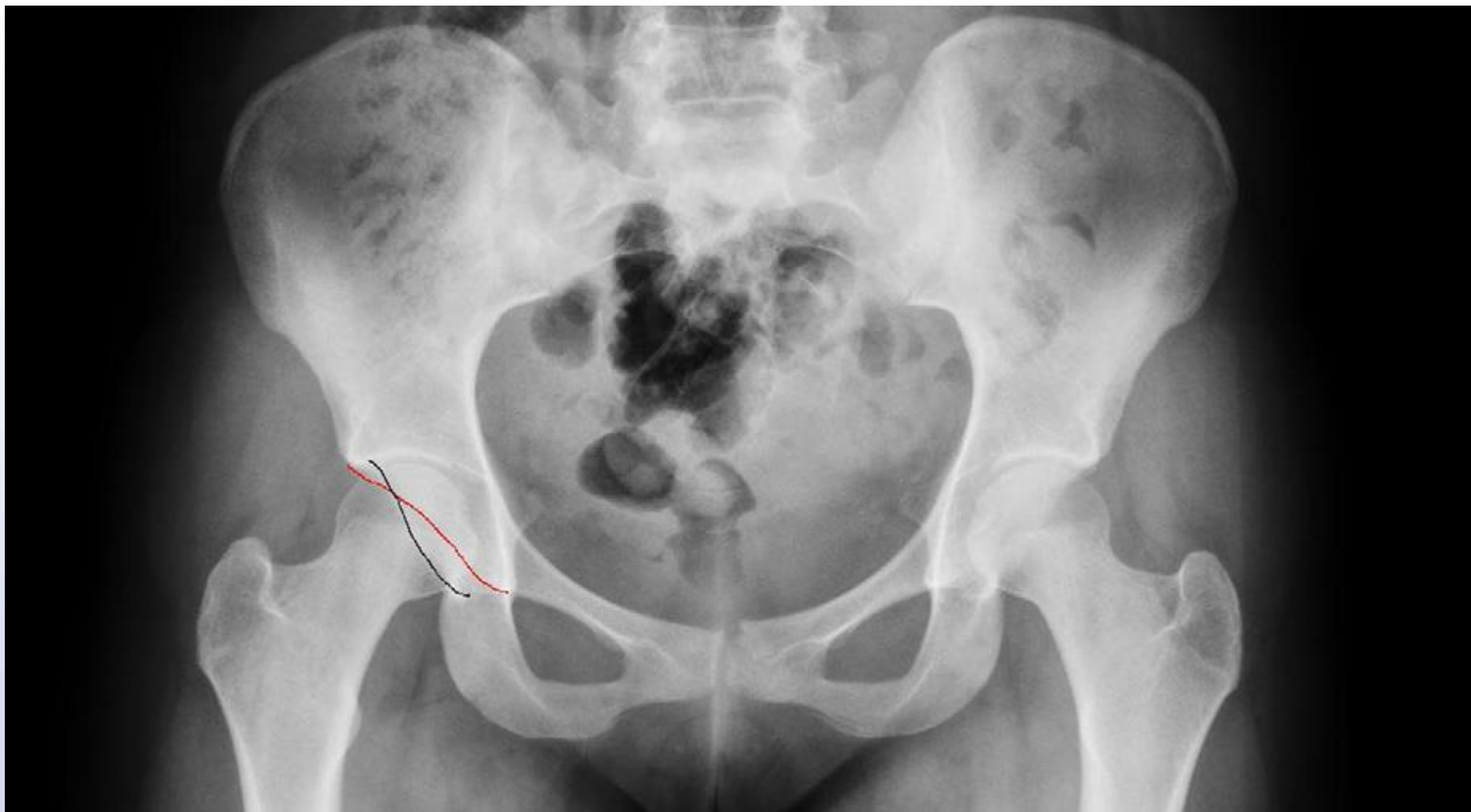
FILHO

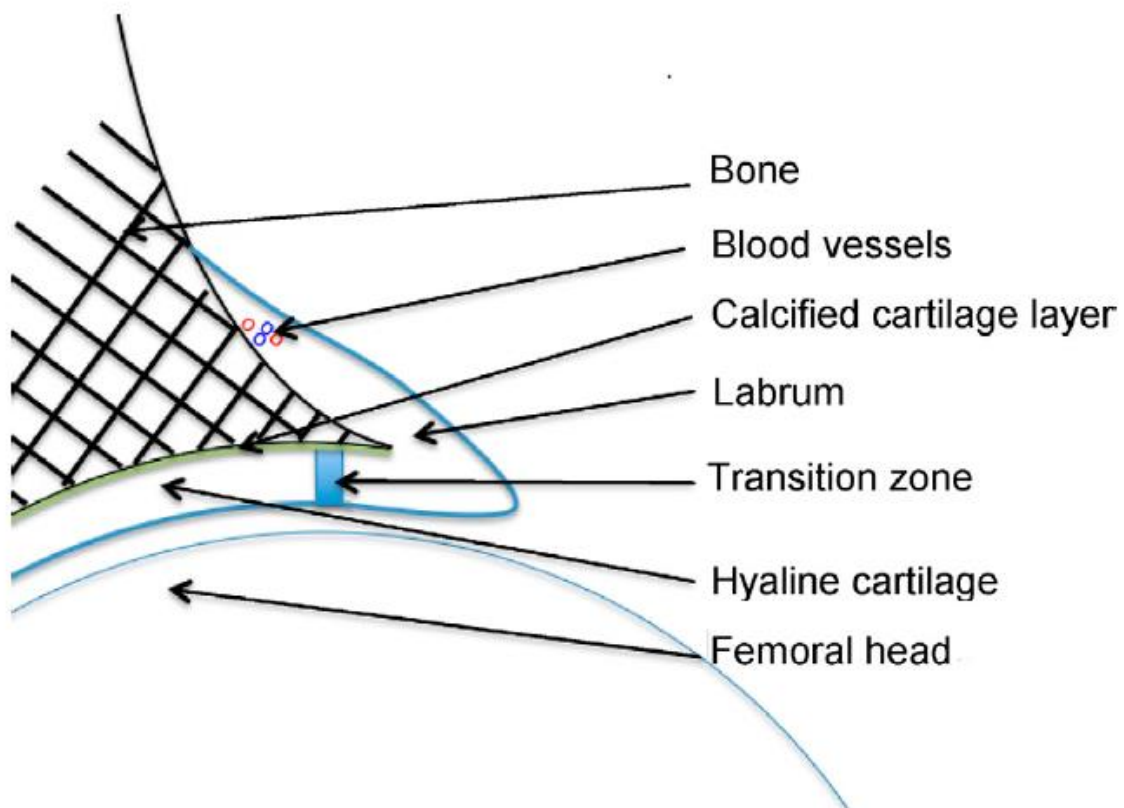




SEGUNDO PRINCÍPIO

“Morfologia anormal do quadril
pode estar presente em
assintomáticos”

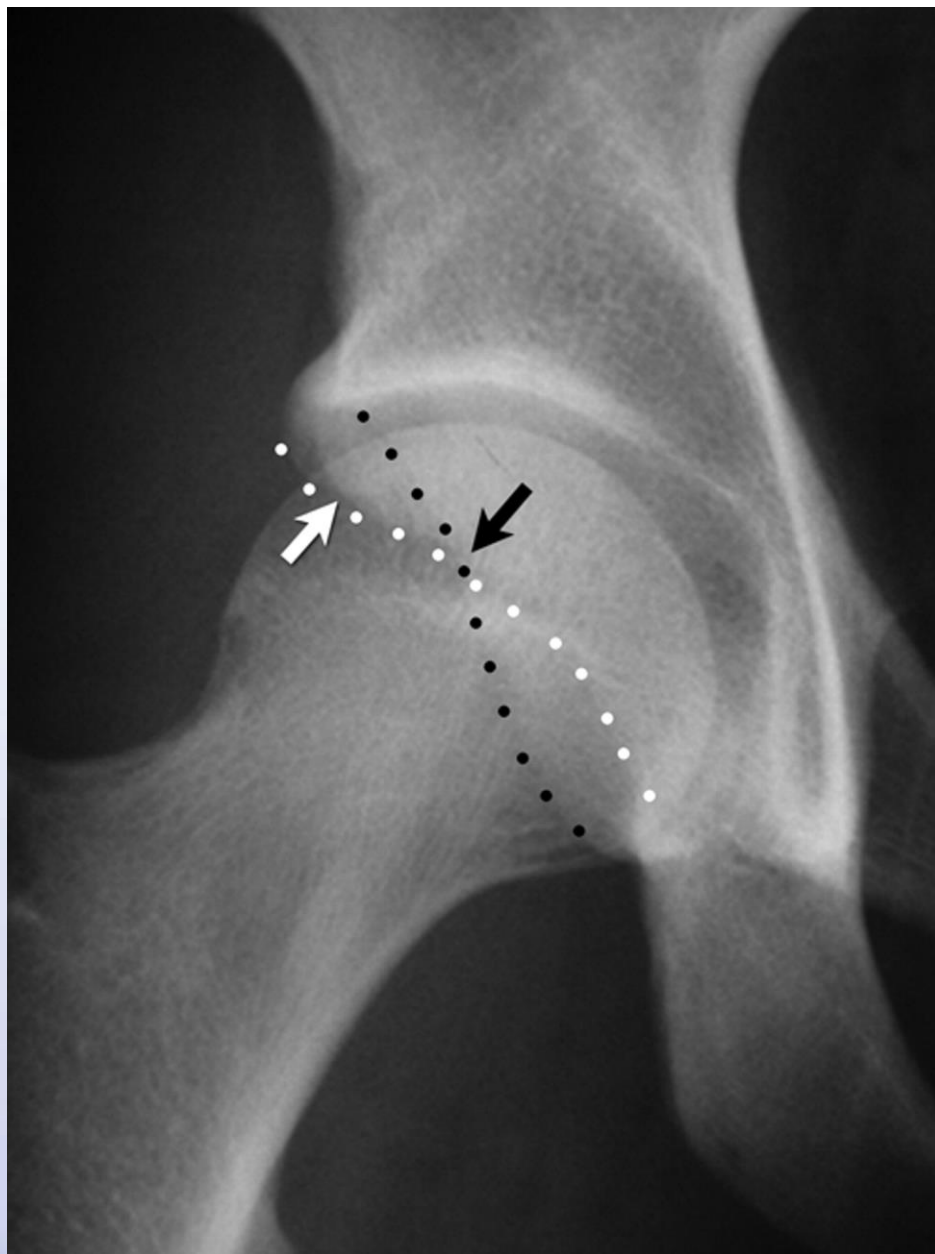




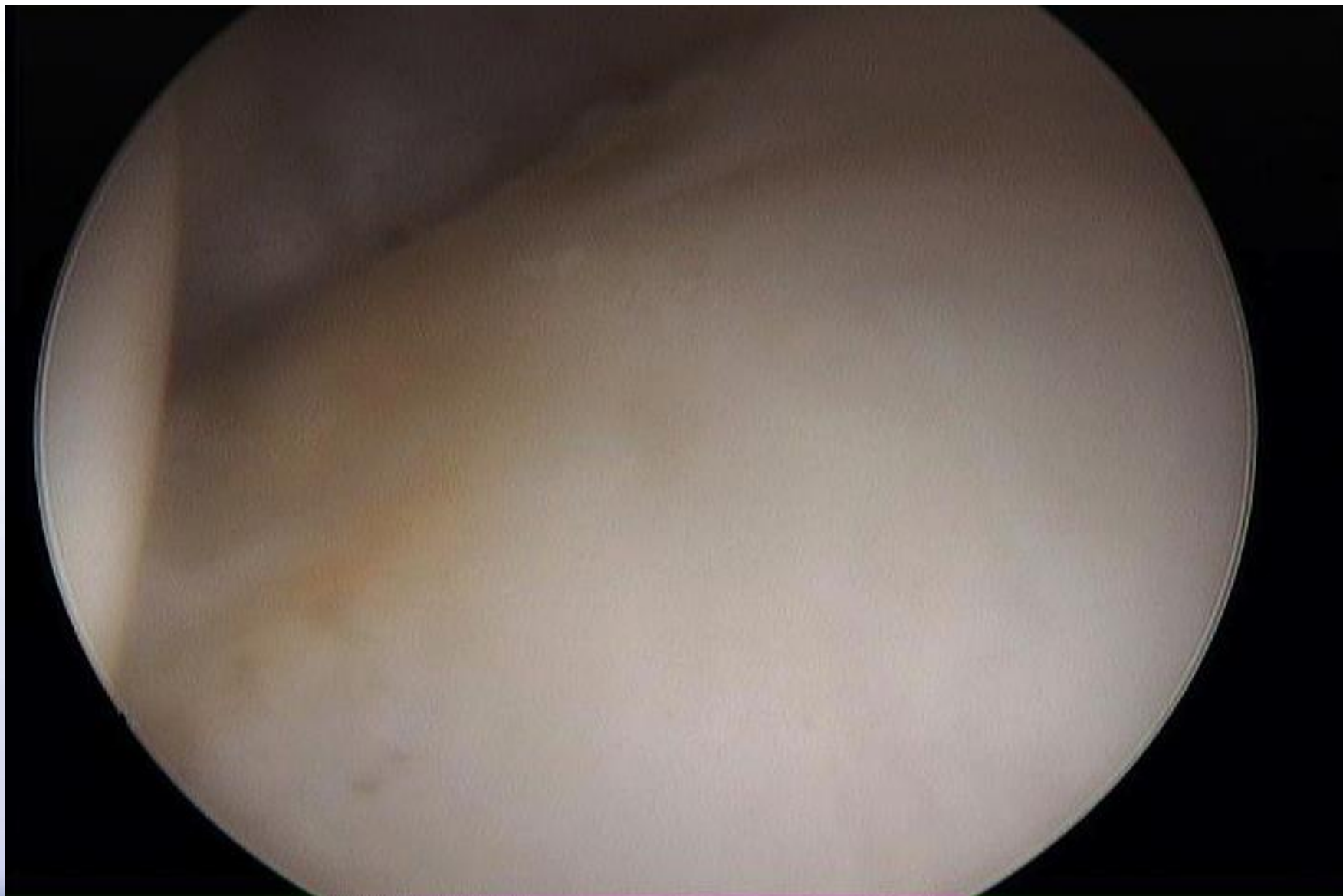


TERCEIRO PRINCÍPIO

“O *PINCER* está associado a lesão labral e a condromalácia”



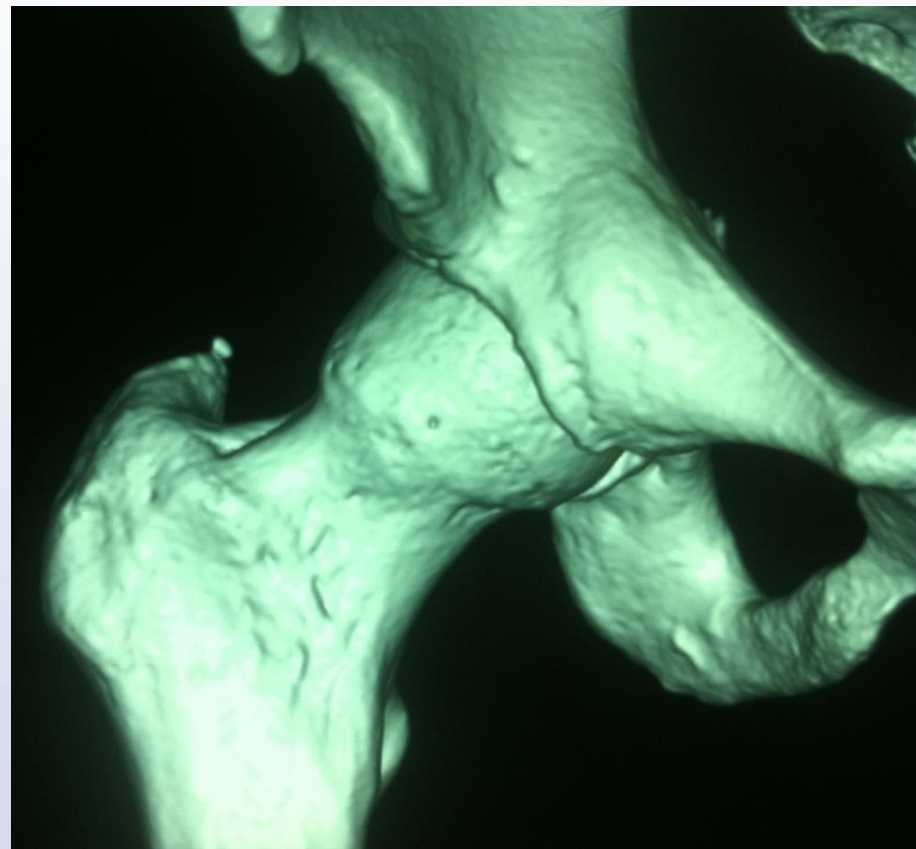
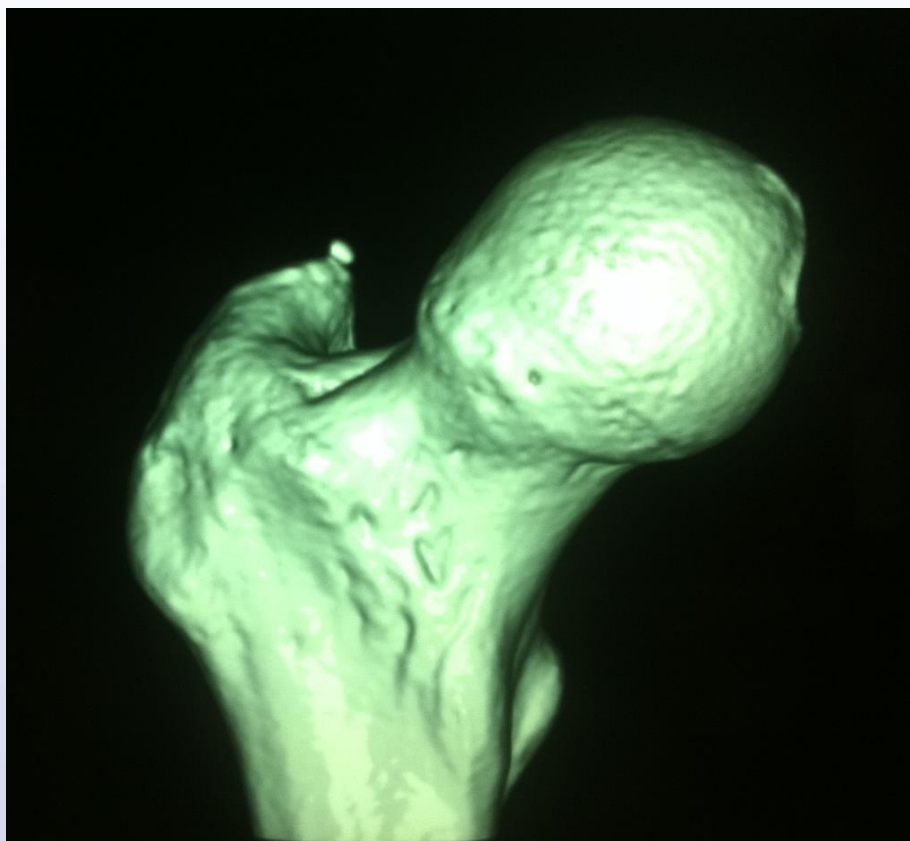




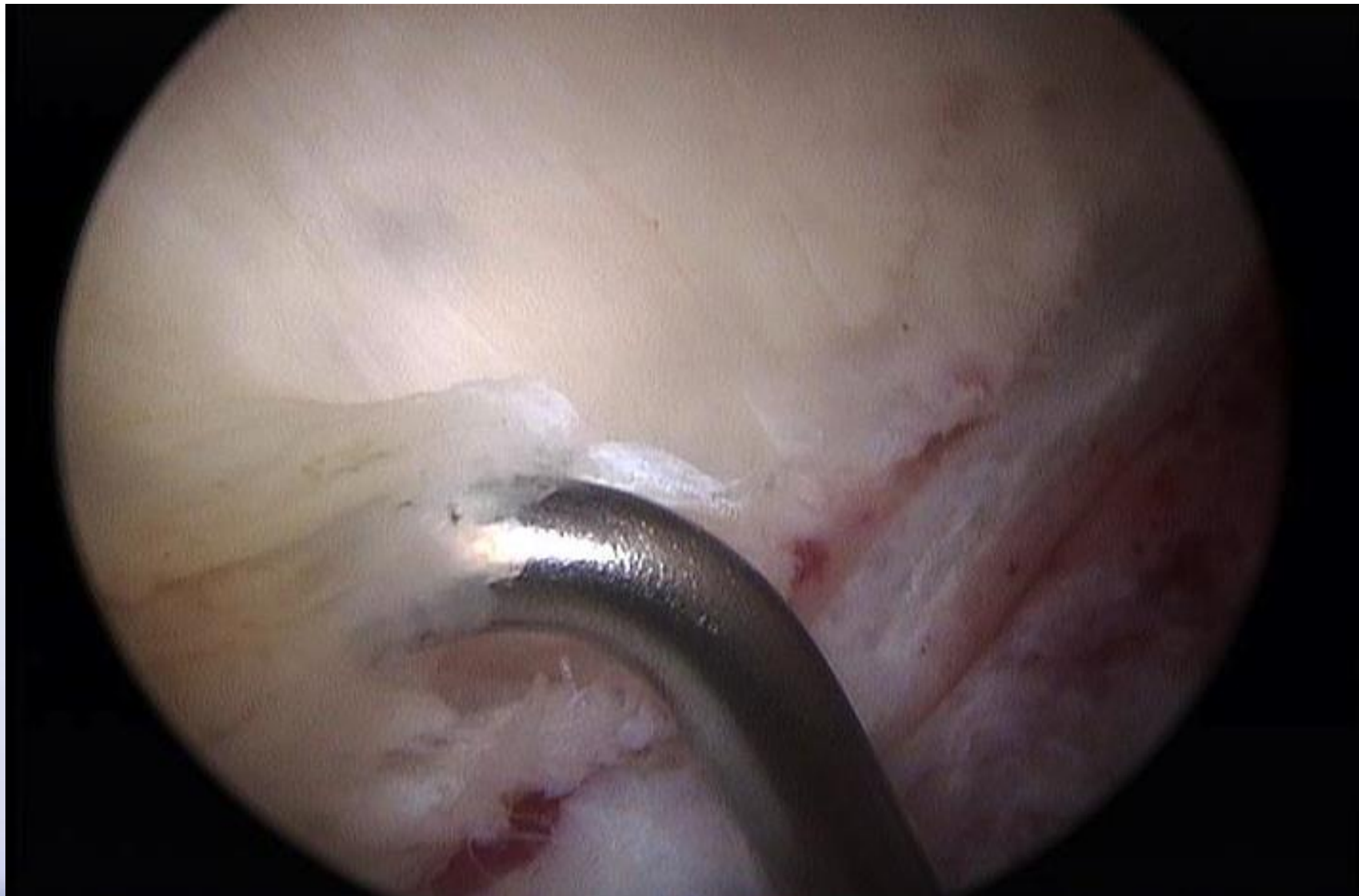


QUARTO PRINCÍPIO

“O CAM está associado a lesão
condral acetabular preservando o
labrum”





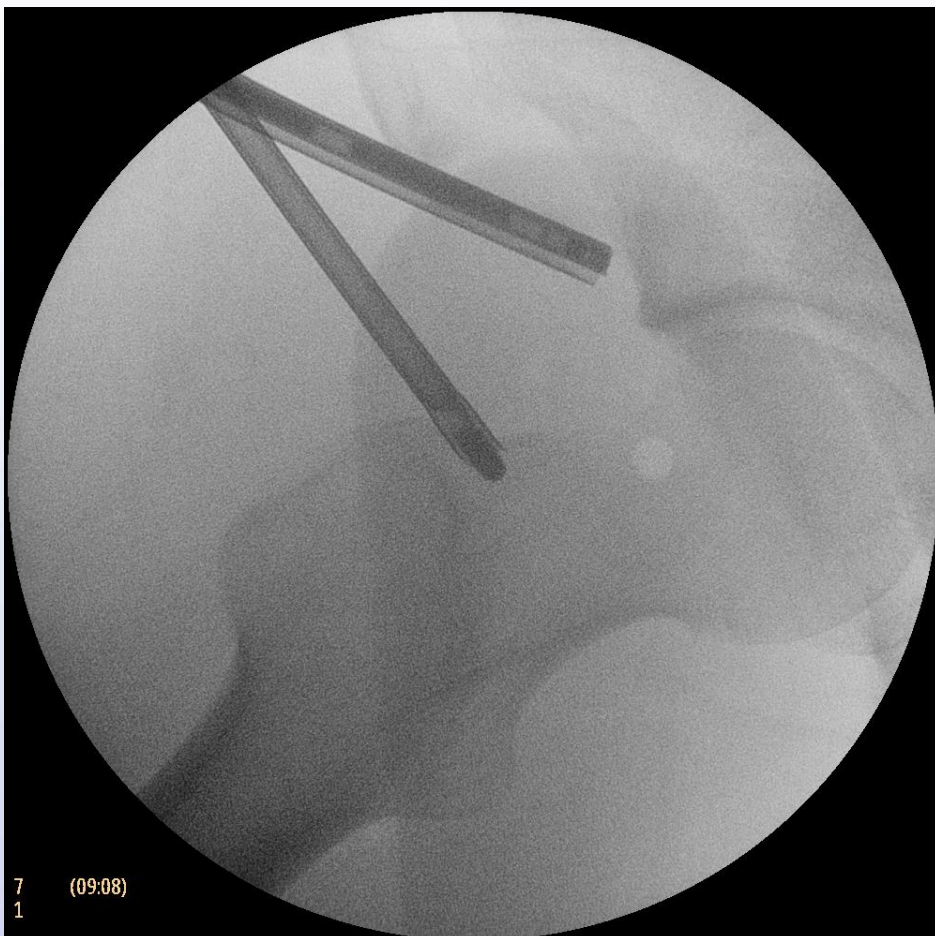












7
1 (09:08)



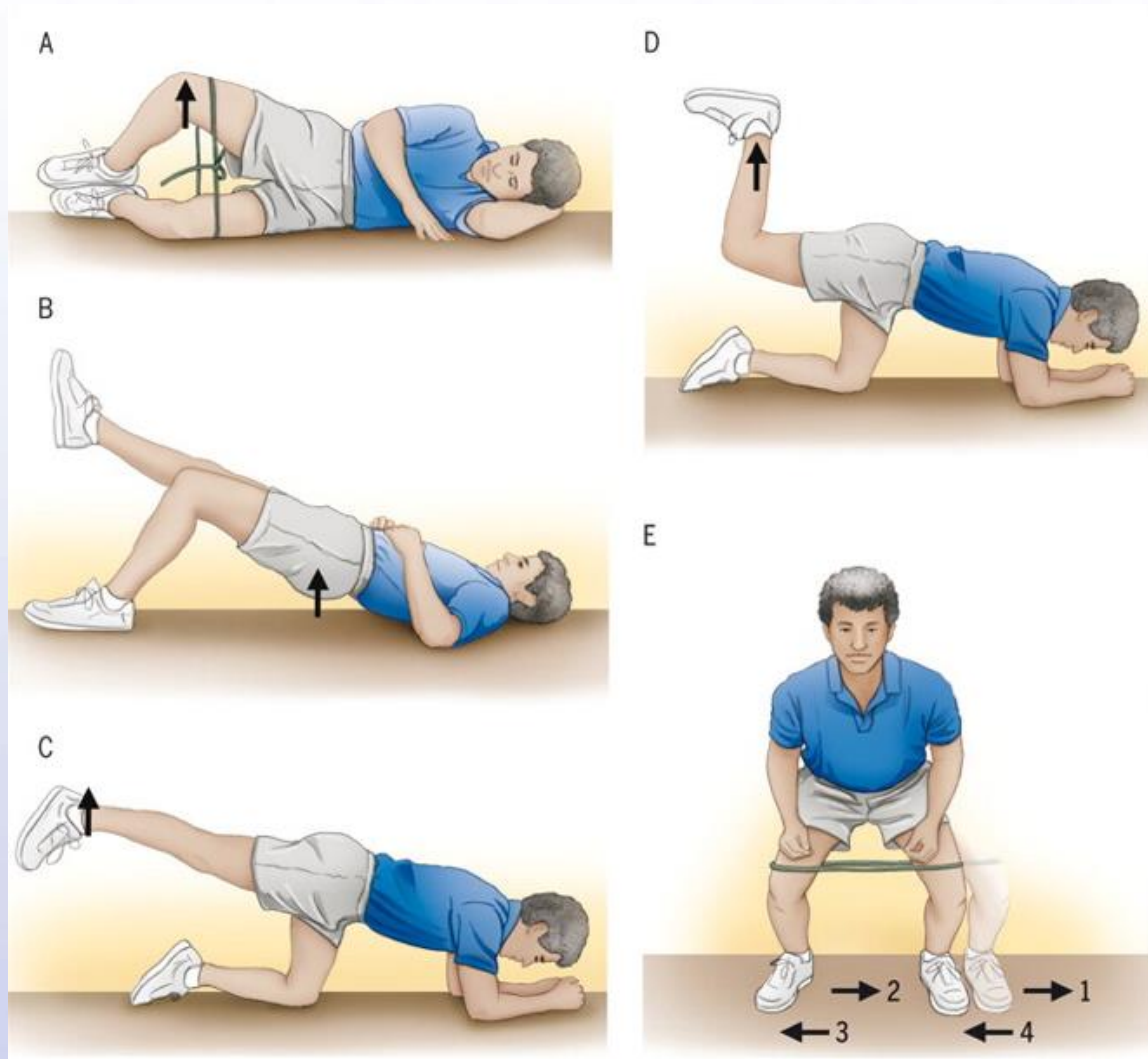
8
1 (09:11)



TRATAMENTO CONSERVADOR

CONSERVADOR

- Mudança de hábitos
- AINE
- Alongamentos
- Mobilização articular
- Fisioterapia
 - Controle neuromuscular
 - Postura
 - CORE
- Eficácia
 - Sem dados para mudança na história natural do IFA e OA



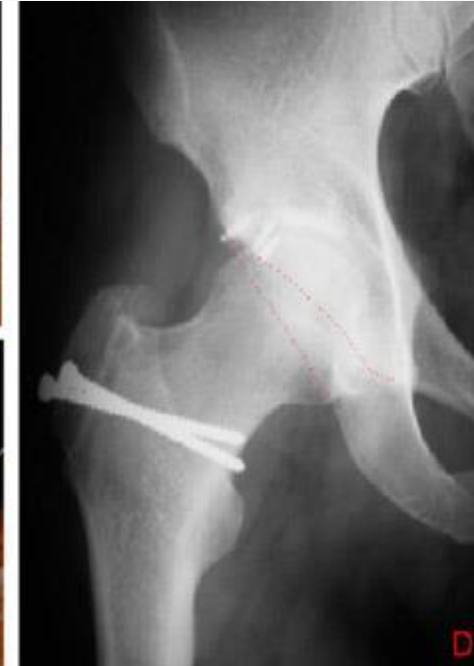
TRATAMENTO CIRÚRGICO

Luxação cirúrgica do quadril (GANZ)



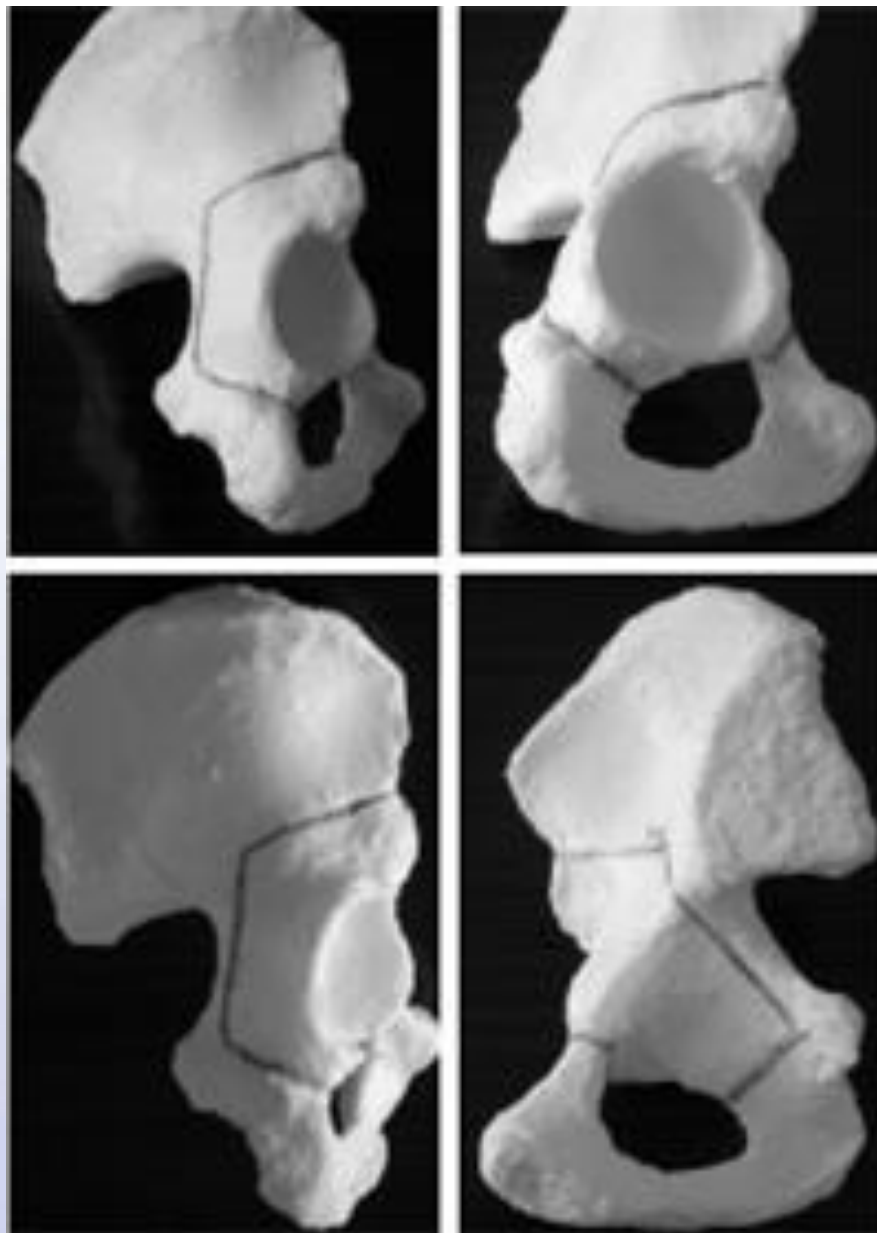
Luxação cirúrgica do quadril (GANZ)

- Pseudartrose TM
- Osteonecrose cabeça femoral
- Ossificação heterotópica
- Fraqueza persistente da musculatura abdutora



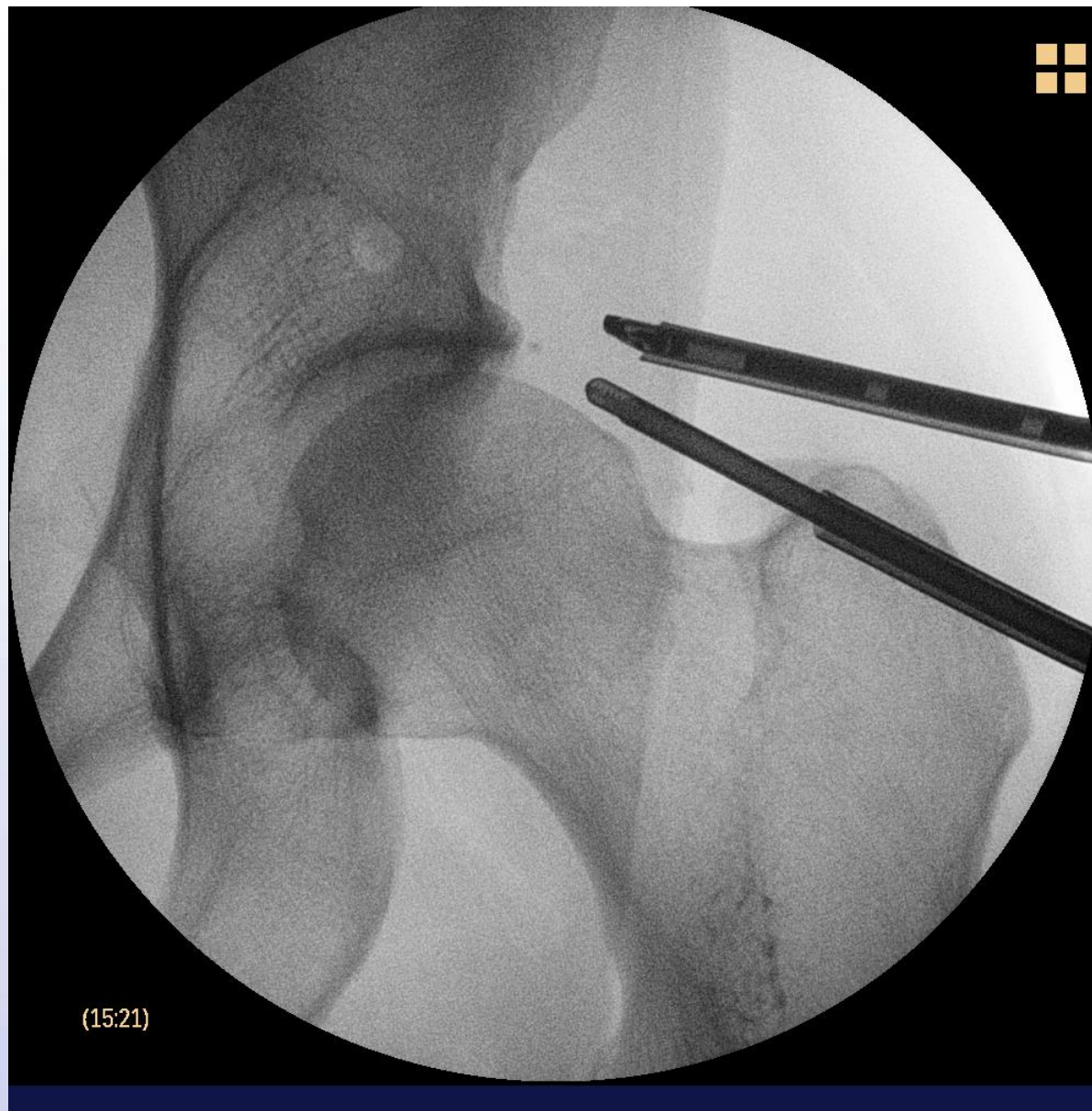
Osteotomia peri-acetabular

- Resultados???
- Correção insuficiente “pincer”
- Pseudartrose ramo púbico
- Perda de fixação e correção
- Implantes “sintomáticos”
- Lesões neurovasculares

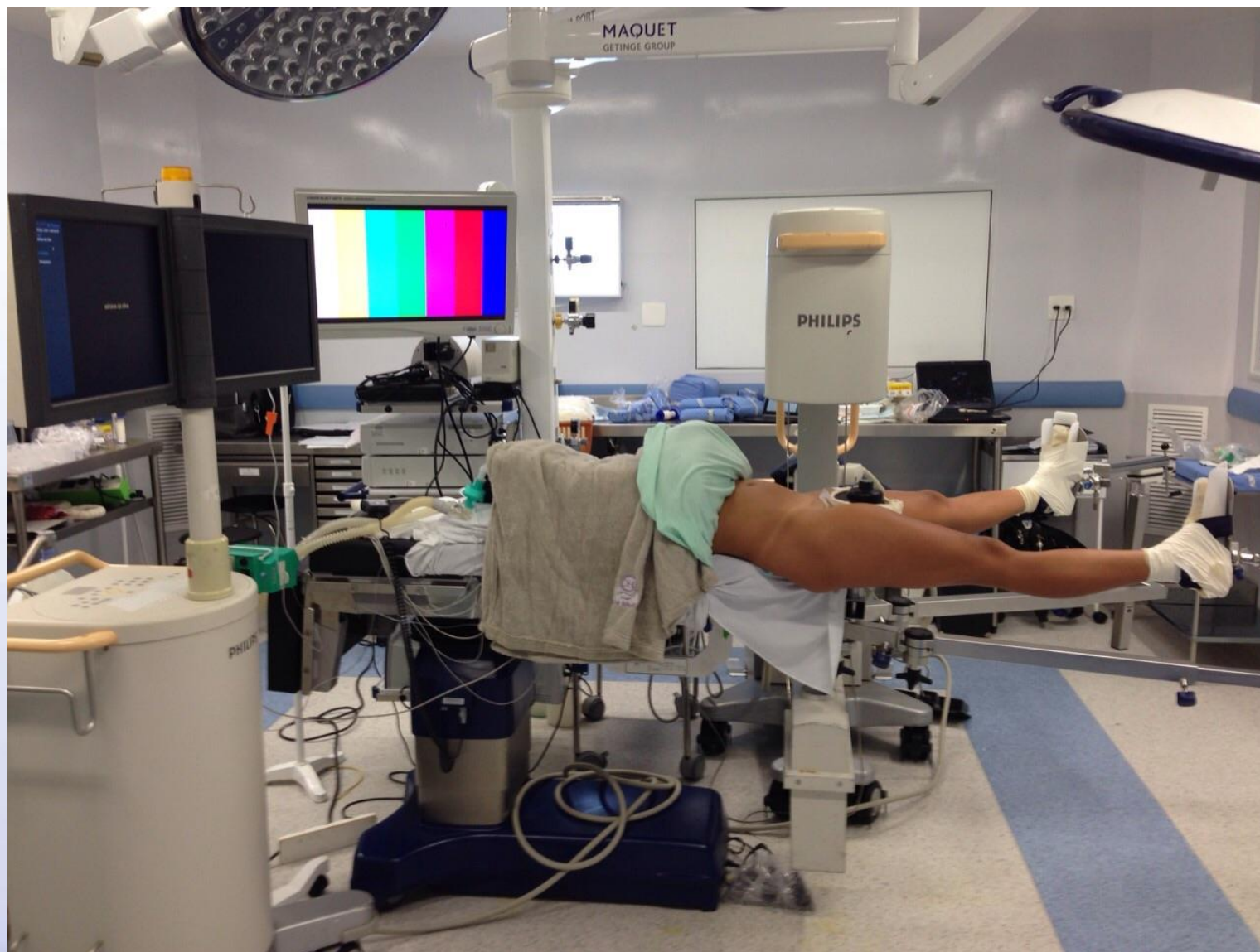


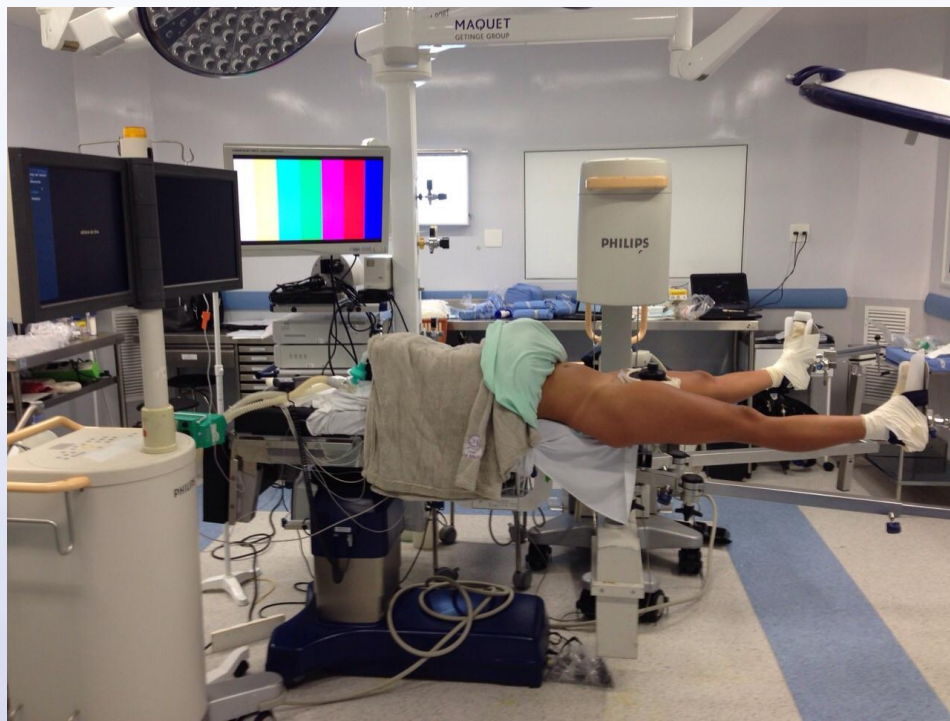
Artroscopia

- Eficácia comparável ao tratamento aberto para correção do IFA
- Maior retorno aos esportes
- Complicações menos frequentes e transitórias



ROTINA VAQ

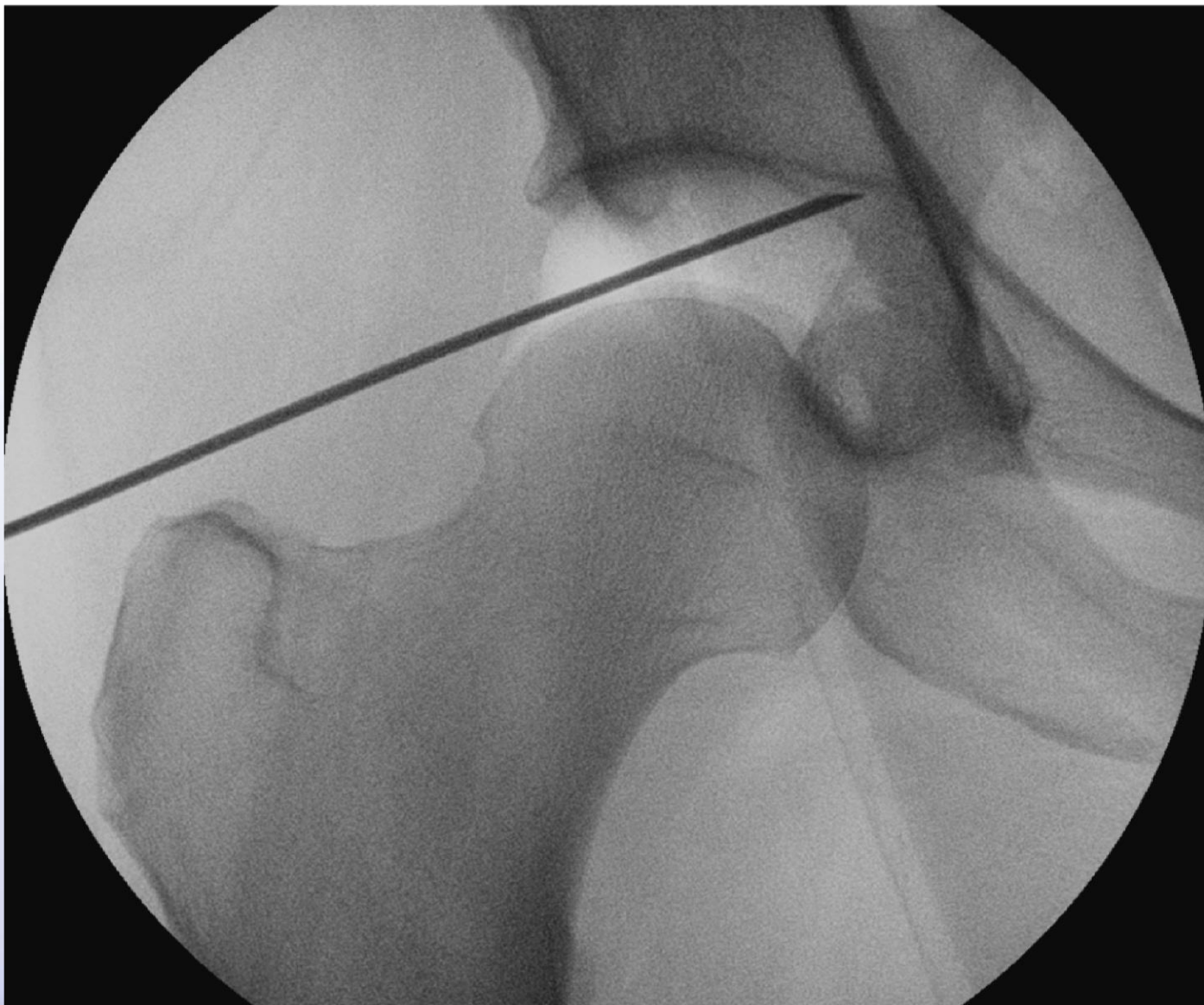


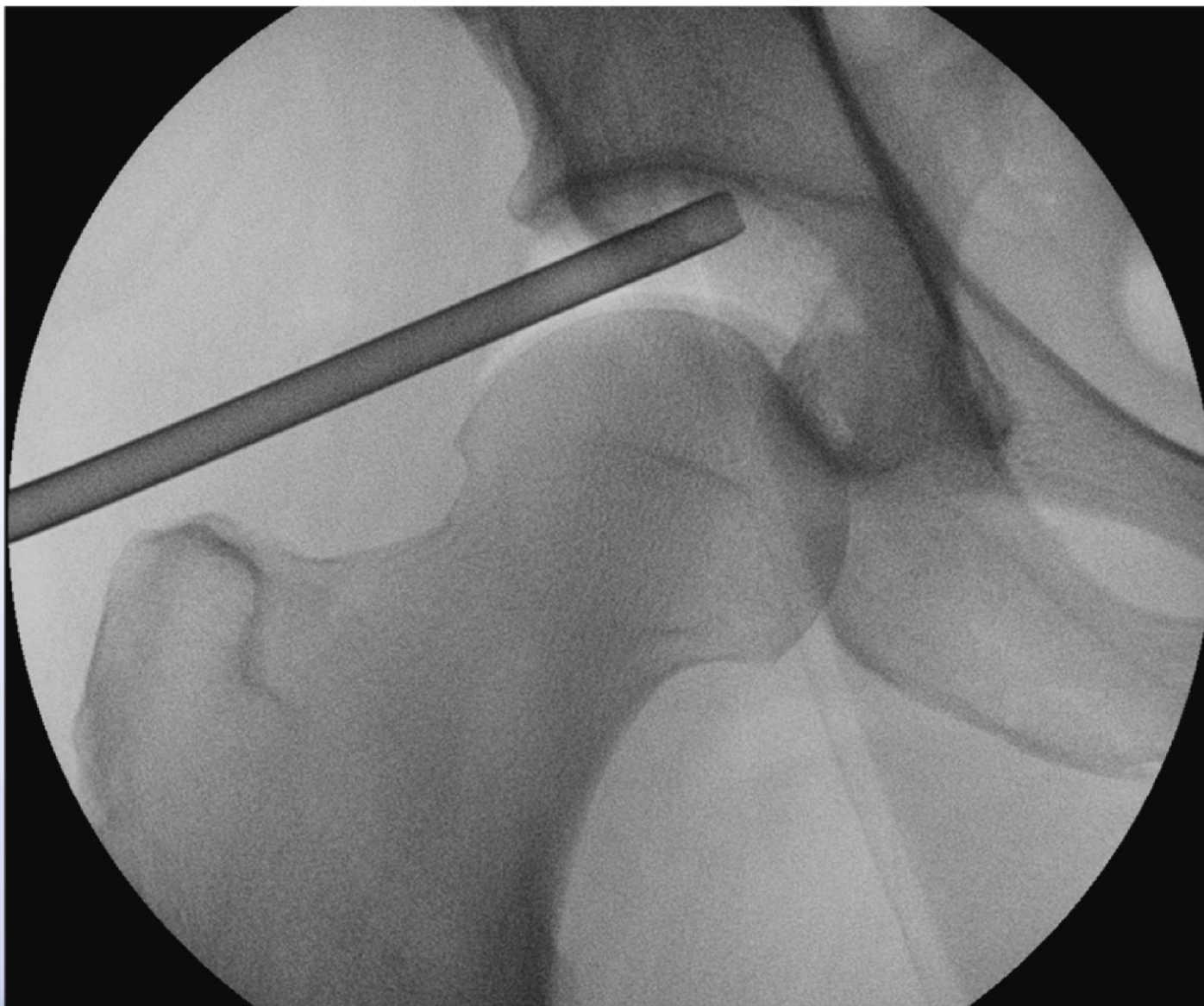


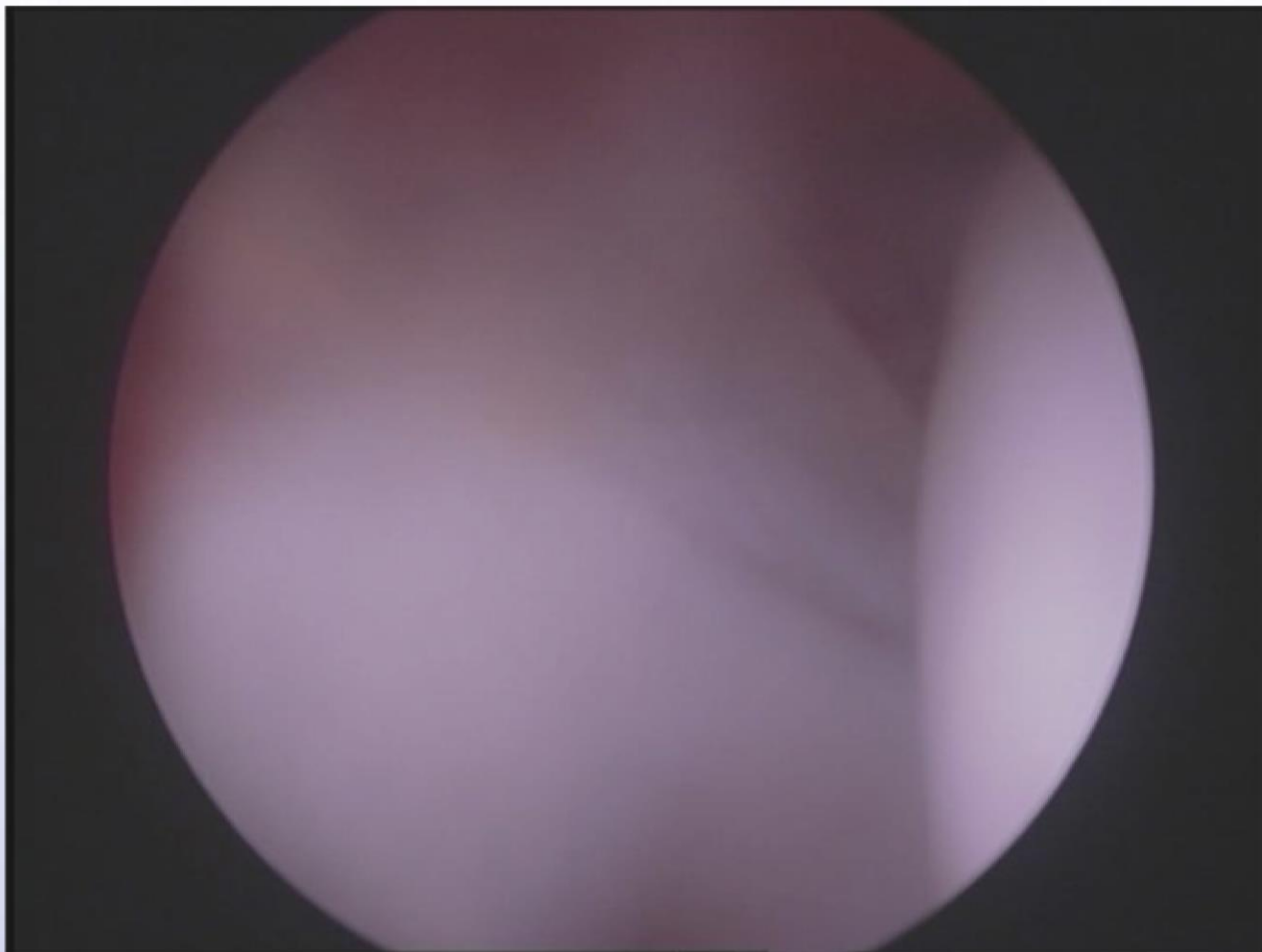


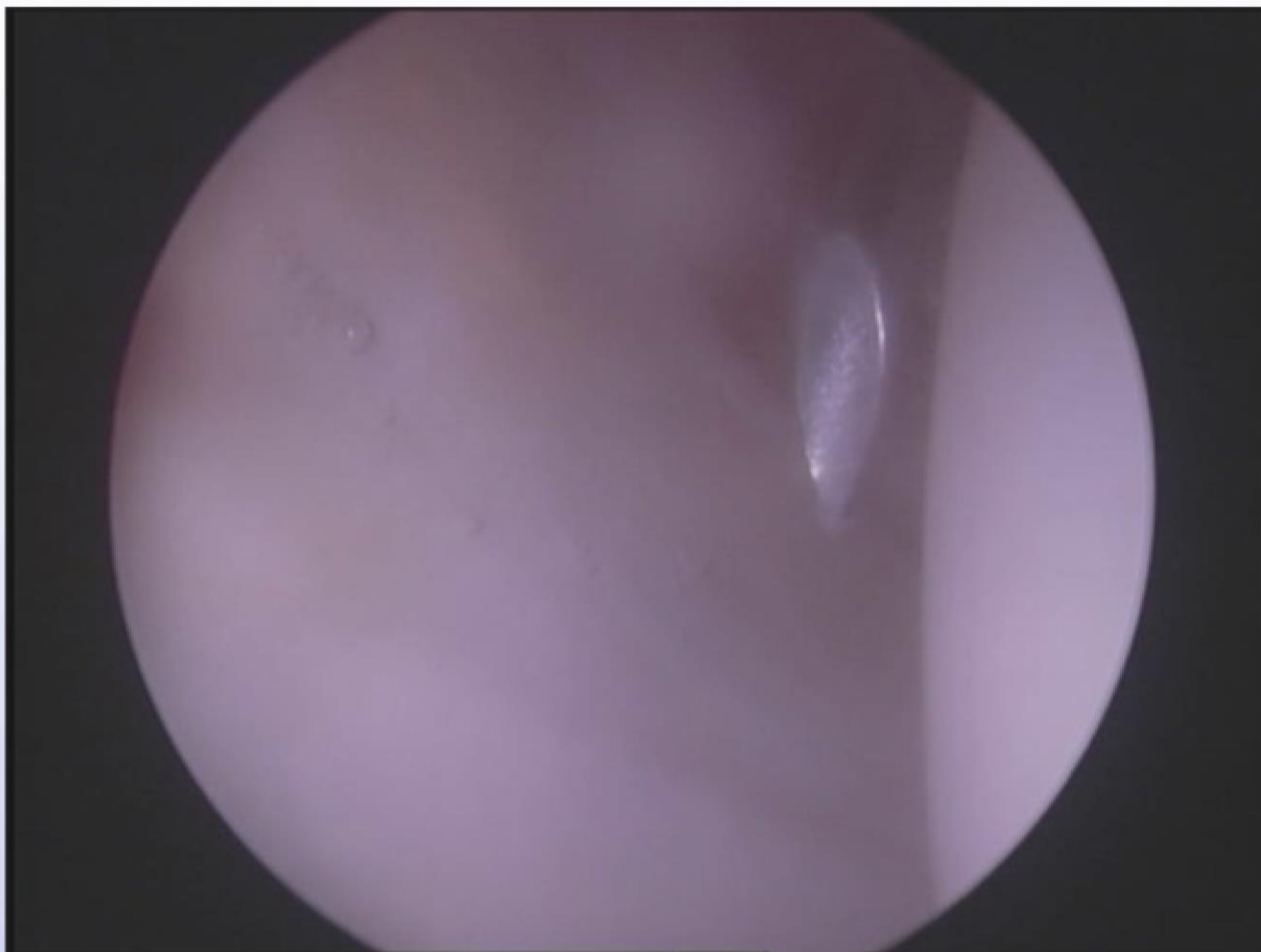




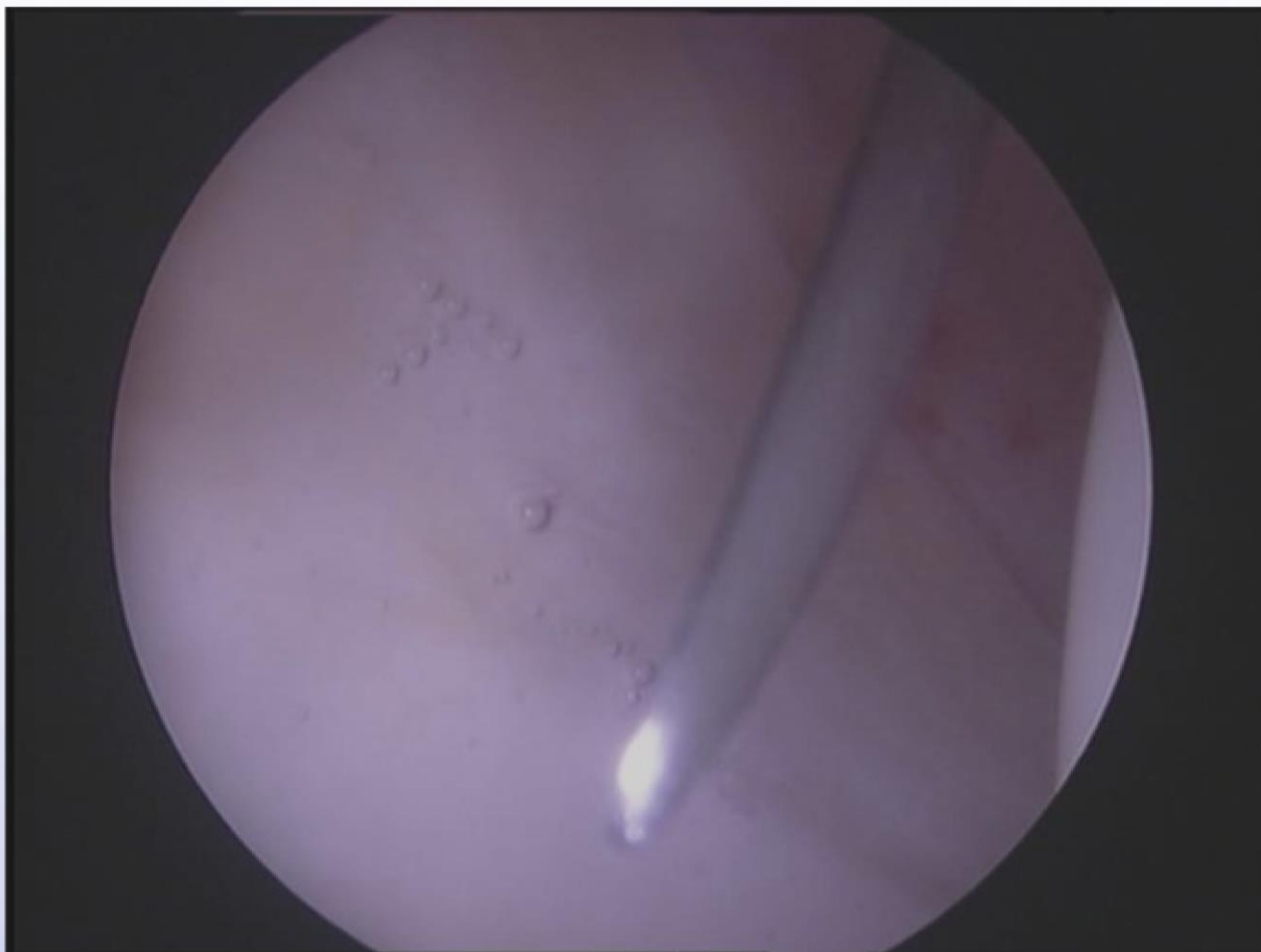




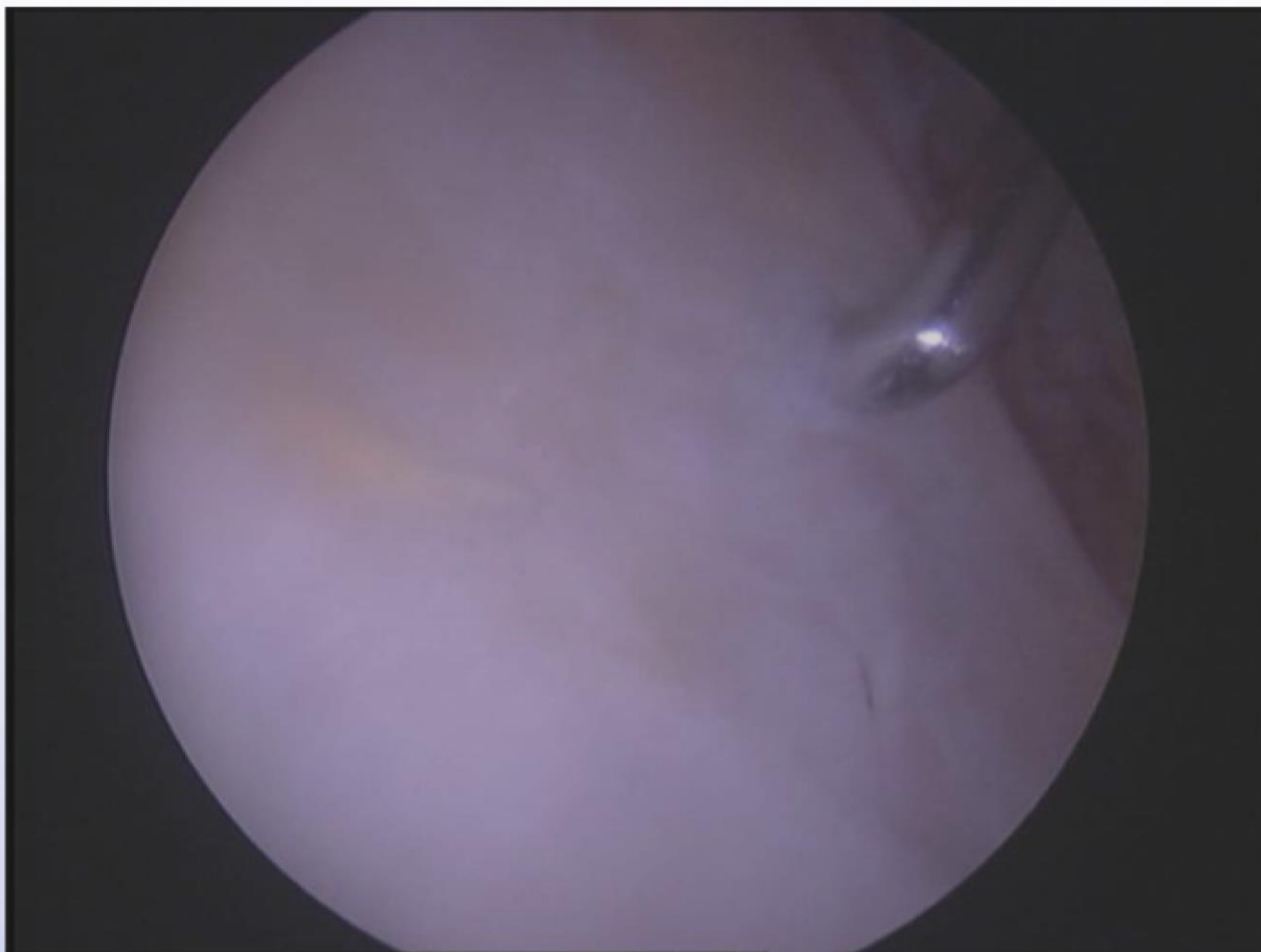


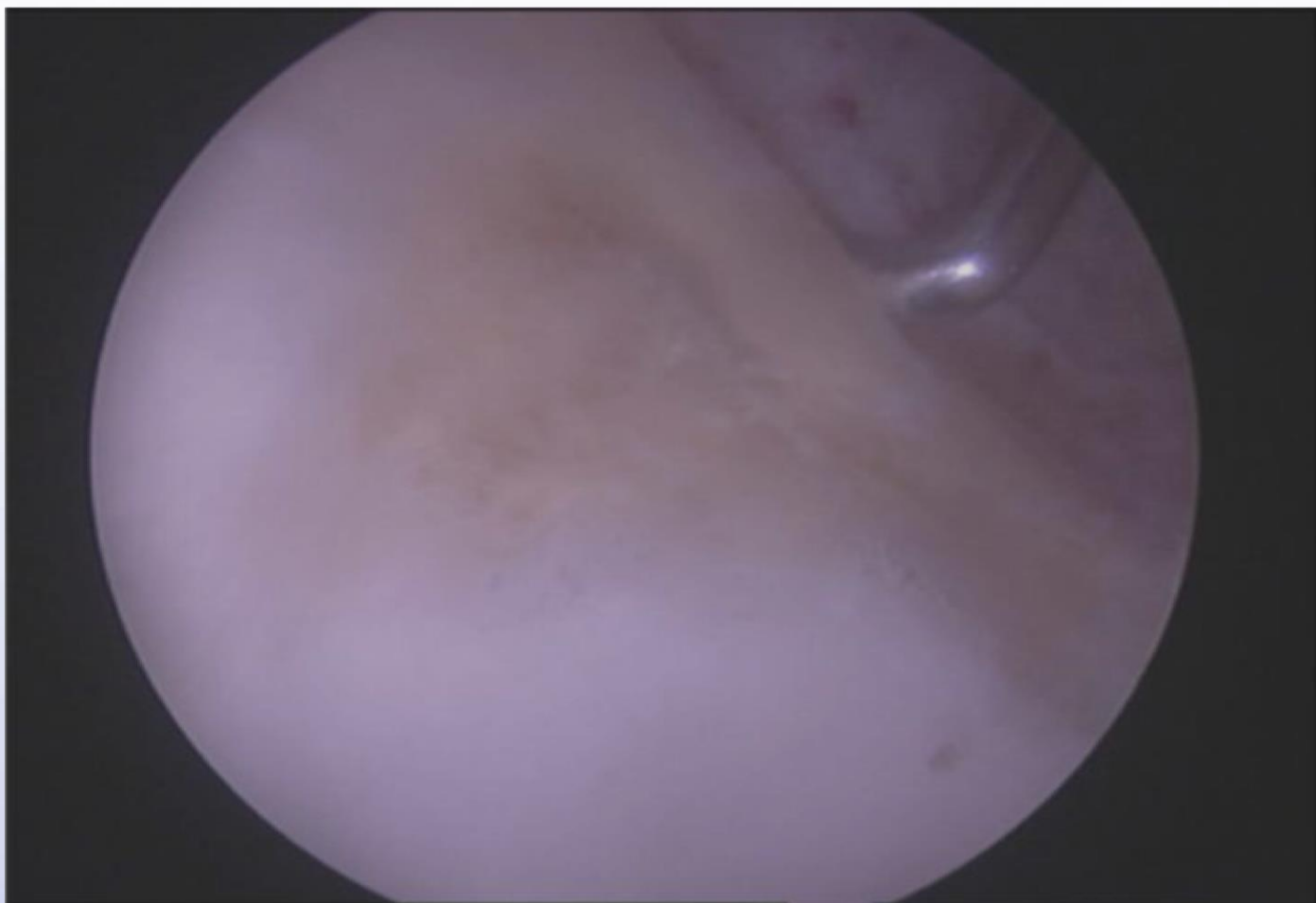




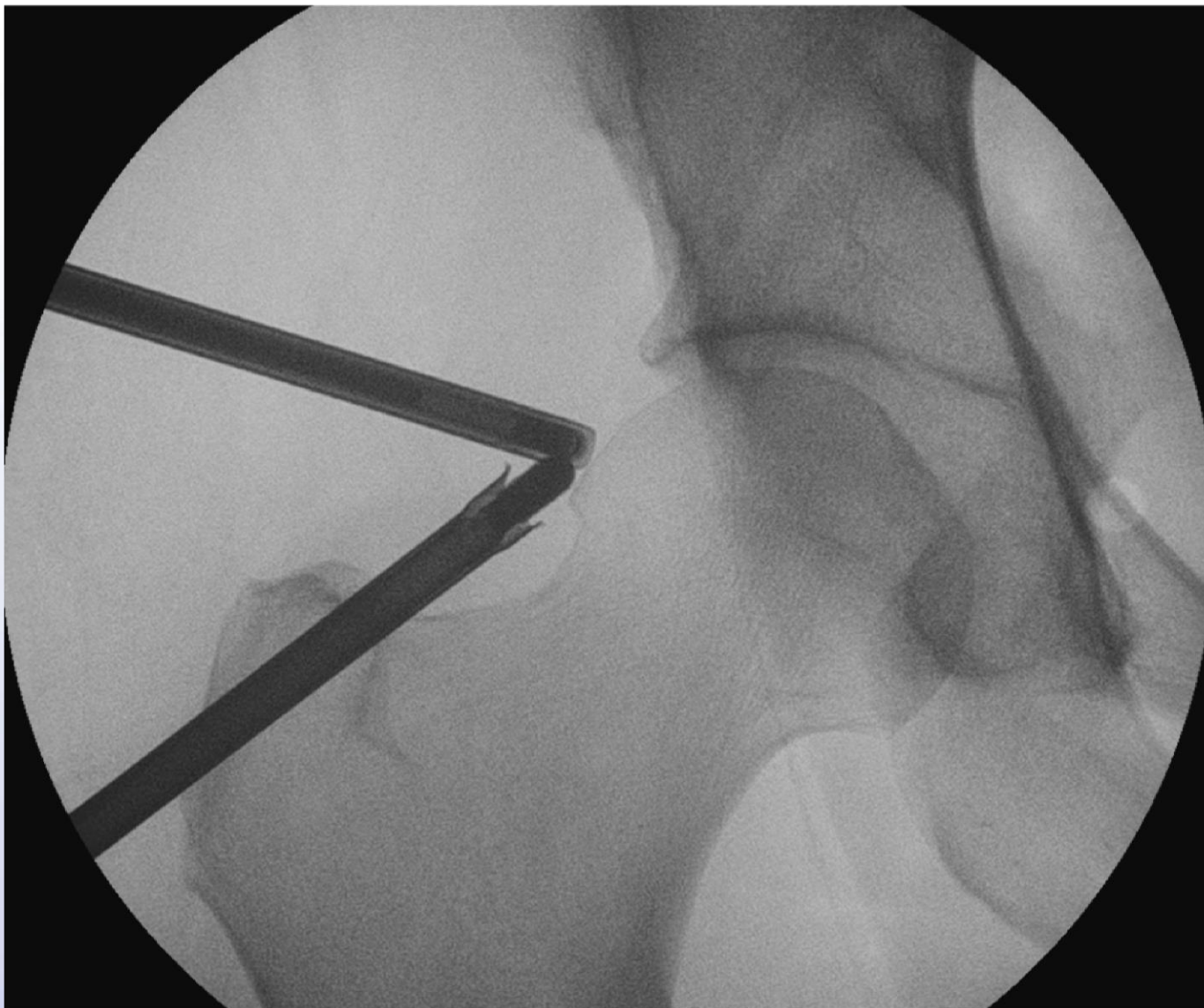




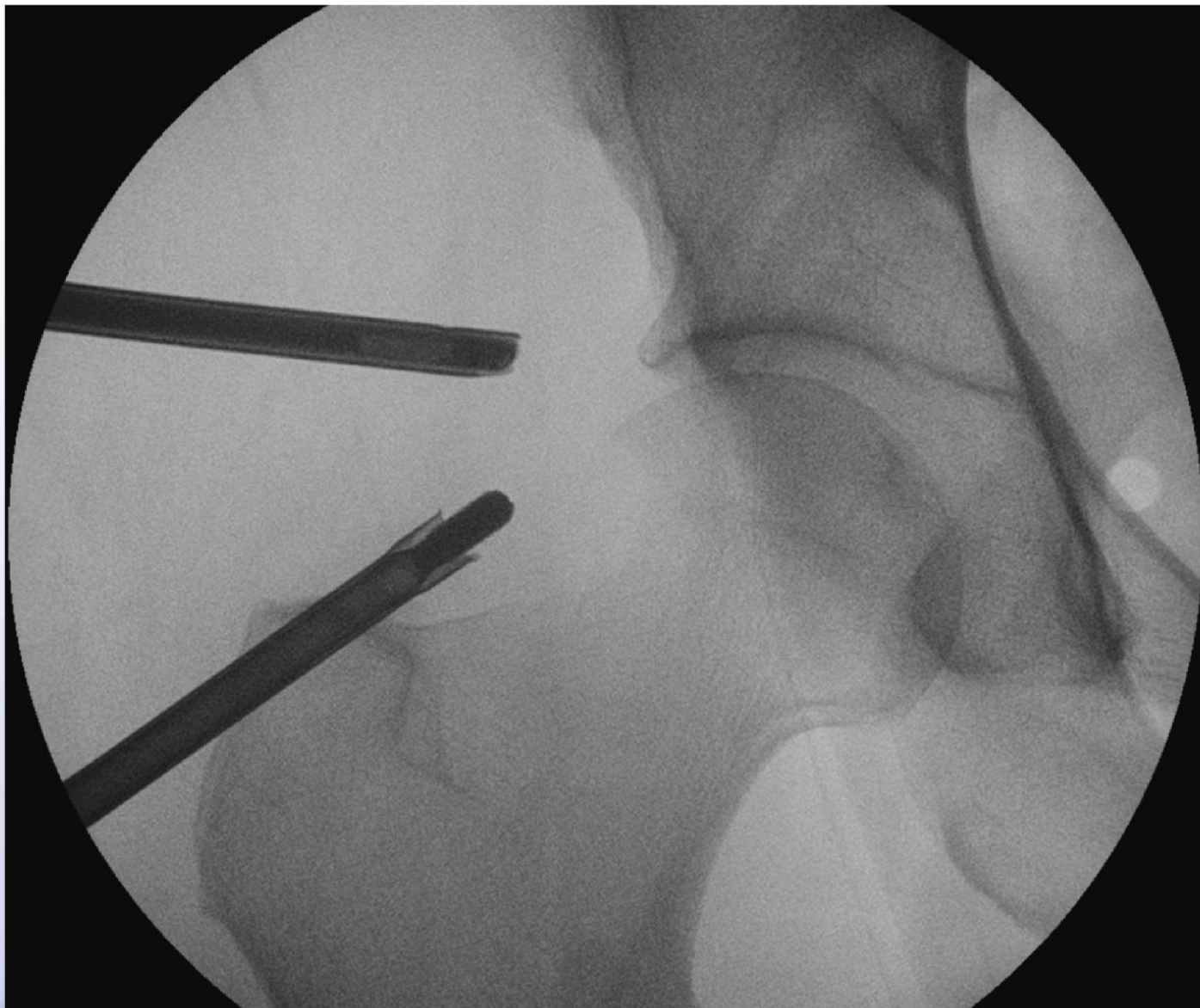


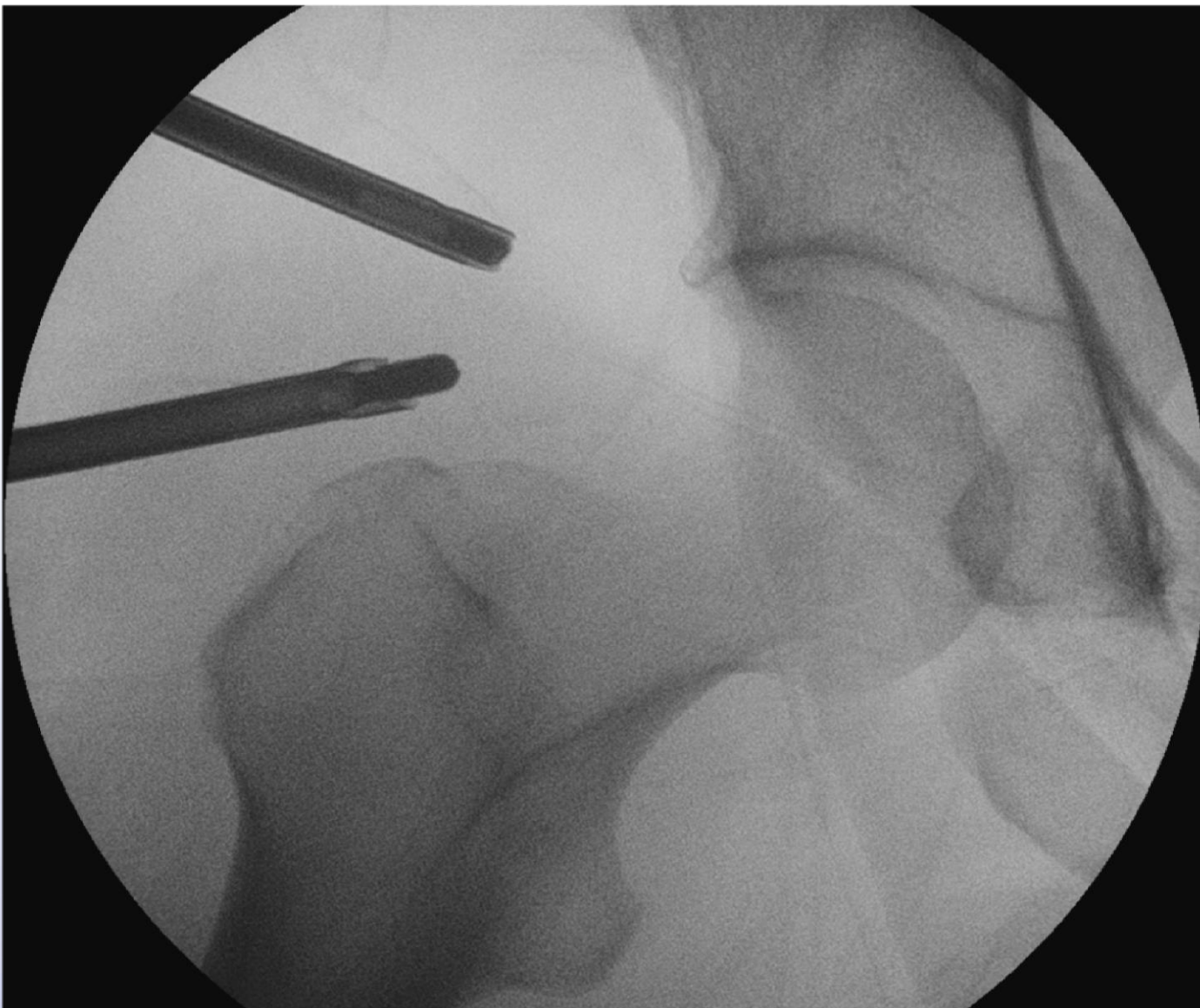














Reabilitação Pós-VAQ

Duas semanas: deambular com par de muletas, bicicleta ergométrica, crioterapia.

Segunda a sexta semana: associar hidroterapia

Sexta semana ao quarto mês: fisioterapia

Quarto mês em diante: retorno às atividades esportivas

Complicações VAQ

5% dos casos / Transitórias

Neuropraxia: mais comum

Lesões de pele: escroto / vulva

TVP / TEP: 0,08%

Infecção: relatos

Arthroscopy. 2015 Feb 7. pii: S0749-8063(14)00990-6. doi: 10.1016/j.arthro.2014.12.013.
[Epub ahead of print]

Complications and Survival Analyses of Hip Arthroscopies Performed in the National Health Service in England: A Review of 6,395 Cases.

Malviya A1, Raza A2, Jameson S2, James P3, Reed MR2, Partington PF2.

Obrigado



Florianópolis - SC