Editorial Comment

Symposium: 2012 International Hip Society Proceedings

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The papers presented in the 2012 International Hip Society Proceedings cover many aspects of contemporary hip surgery. While the presentations on total hip replacement still outnumber presentations on joint preserving surgery, hip preservation surgery research continues to grow in prominence and sophistication. Today, hip impingement is viewed as a more complex pathophysiology than antero-superior inclusion or impaction conflict. Subsequent instability is likely as important as the impingement itself [6]. The complex interplay between various femoroacetabular impingements, developmental dysplasia of the hip deformities, and instability in the sagittal plane, is covered among the papers shared in these proceedings [7]. This

complexity of bony deformities, particularly if they remain unaddressed during surgery, might be the cause for the fairly high number of required hip revision surgeries after joint preserving surgery, as reported in a multicenter study from the United States [2].

Early dislocation after joint replacement continues to be the number one reason for revisions in North America, and number two in Sweden, Australia, Great Britain, Wales, and New Zealand. In the French registry, aseptic loosening, periprosthetic fractures, infection, wear and osteolysis were more prevalent than dislocation [3]. Surgical technique and implant designs most likely account for these differences in the registries. Additionally, the cumulative 30 years of risk for hip dislocation seems to be influenced by polyethylene wear affecting the stability of joint capsule, which is not seen for ceramic-on-ceramic liners [5].

Additionally, readers can enjoy original work from New Zealand [4] highlighting the potential benefit of patient derived outcome measures (Oxford hip score) used in a registry setting prognosticating revision based upon the

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Fig. 1 Dr. Leunig is shown.

Fig. 2 Dr. Ganz is shown.

scores reported by the patients. Finally, pseudotumors, a concerning complication of large head metal-on metal articulations, are shown to increase in size even in asymptomatic patients, with occasional remissions of small masses only. However, revision resulted in remission of pseudotumors [1].

We (Figs. 1, 2) hope the reader enjoys the articles, as many important aspects of hip surgery are covered. We thank Dr. Richard A. Brand and his editorial team for their outstanding efforts to improve the quality of the papers and we hope the reader will find the papers stimulating and enjoyable reading.

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