Extreme ectasia of the femoral diaphysis secondary to loosening of a long Wagner stem
Case report

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62 y old female referred for treatment of failed THA

At the age of 14 hip arthrodesis after several operations for DDH on the right side

At the age of 24 corrective osteotomy for malunion of the arthrodesis
At the age of 54 conversion of the arthrodesis in a non-cemented THA (Wagner revision stem)
At the age of 57 ipsilateral TKA although the femoral component of the THA is loose
At the age of 62 the patient is wheelchair dependent.
The right hip is telescoping with variable shortening from 5 to 8 cm.
Hip and thigh are very painful.
Knee motion is restricted to 20° of flexion to full extension.
There is impressive expansion of the medullary canal and marked thinning of the cortical bone.
Sclerotic obliteration of the medullary canal distal to the expansion.
Surgical plan

Transfemoral approach
Revision acetabular component
Inside out osteotomy of the ectasic femur into longitudinal strips
Cutting of the distal junction of the strips with normal femoral shaft
Opening the sclerotic medullary cup and reaming distal cavity
Insertion largest available Wagner stem
Three level wire cerclage of the strips onto the prothesis
Result at two years

Consolidation femoral bone around prosthesis
Prosthesis well fixed
Leg shortening 2 cm
Hip motion reduced by 30%
Knee flexion improved from 20° to 30°
Patient needs a cane and is pain-free