



Primarna artroplastika kuka

Primary hip arthroplasty

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Apstrakt

Broj primarnih artroplastičnih procedura na kukovima je sve veći sa tendencijom stalnog porasta. Savremeni materijali i dizajni endoproteza koji se unapređuju iz godine u godinu dozvoljavaju bezbolan i pun obim pokreta u kuku uz dugi vek proteze. Preko 270 000 artroplastika kuka se uradi u SAD godišnje a očekivana projekcija za 2030. je dvostruka.

Osnovne indikacije za primarnom artroplastikom kuka su degenerativna osteoartroza kuka, prelomi vrata butne kosti, oštećenje kuka usled razvojnog poremećaja kuka i oštećenje kuka u sklopu reumatoidnog artritisa.

Osteoartroza kuka je najučestaliji razlog za artroplastikom kuka. Incidenca osteoartroze kuka (koksartroze) iznosi 3–5% kod ljudi starijih od 55 godina. U odmaklom stadijumu osteoartroze kuka finalno rešenje je artroplastika kuka tj. implantacija totalne endoproteze kuka.

Bolesnici sa prelomom vrata butne kosti kuka zauzimaju veliki deo posteljnog fonda ortopedskih i rehabilitacionih ustanova. Visok procenat smrtnosti nakon ovih preloma objašnjava se prisutnim pratećim komorbiditetom (bolesti kardio-vaskularnog, pulmonalnog i endokrinog sistema). Operativno lečenje preloma vrata butne kosti ugradnjom endoproteze kuka predstavlja metodu izbora uvek kad je to moguće i treba se izvesti što pre od povrede nakon adekvatne preoperativne pripreme.

Različiti tipovi endoproteza kuka za osteoartrozu kao i prelome vrata butne kosti (totalne, subtotalne i parcijalne) omogućavaju vrlo ranu vertikalizaciju pacijenata uz dozvoljeni oslonac na operisanu nogu. Ovo izuzetno pogoduje pacijentima jer se vrlo rana može započeti sa rehabilitacijom.

Savremene hirurške tehnike, kvalitetne endoproteze kuka, adekvatna zdravstvena nega i rana rehabilitacija imaju za cilj da smanje postoperativni morbiditet i mortalite i da pacijente osposobe za normalan i kvalitetan život.

Abstract

The number of primary arthroplasty procedures on the hips is increasing with a tendency of constant increase. Modern materials and designs of endoprostheses that are improving from year to year allow painless and a full range of motion in the hip with a long life of the prosthesis. Over 270,000 hip arthroplasties are performed in the United States annually, and the expected projection for 2030 is double.

The main indications for primary hip arthroplasty are degenerative osteoarthritis of the hip, fractures of the femoral neck, hip damage due to the developmental disorder of the hip, and hip damage as part of rheumatoid arthritis.

Hip osteoarthritis is the most common cause of hip arthroplasty. The incidence of hip osteoarthritis (coxarthrosis) is 3–5% in people older than 55 years. In the advanced stage of osteoarthritis of the hip, the final solution is hip arthroplasty - ie., implantation of a total hip endoprosthesis.

Patients with fractures of the femoral neck of the hip occupy a large part of the bed stock of orthopedic and rehabilitation institutions. The high mortality rate after these fractures is explained by the accompanying comorbidity (diseases of the cardiovascular, pulmonary, and endocrine systems). Surgical treatment of femoral neck fractures by implantation of a hip endoprosthesis is the method of choice whenever possible and should be reported as soon as possible after the injury after adequate preoperative preparation.

Different types of hip endoprostheses for osteoarthritis as well as fractures of the femoral neck (total, subtotal and partial) enable very early verticalization of patients with permitted support on the operated leg. This is extremely beneficial for patients because rehabilitation can begin very early.

Modern surgical techniques, quality hip endoprostheses, adequate health care, and early rehabilitation aim to reduce postoperative morbidity and mortality and to prepare patients for a normal and quality life.