

Case Report

Idiopathic Osteonecrosis of The Femoral Head: A CASE REPORT

Prof. Massimo Piracci*, Dr. Eisa Omer El Hag Omar¹

1. Dr. Eisa Omer El Hag Omar, Consultant Orthopedic Surgeon, Orthopedic and Sport Medicine Department, Saudi German Hospital Dubai UAE.

***Corresponding Author: Prof. Massimo Piracci** Phd, Consultant Orthopedic Surgeon, HOD Orthopedic and Sport Medicine Department, Saudi German Hospital, Dubai UAE.

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Abstract

The case report we present concerns a 65-year-old male patient with idiopathic osteonecrosis of the left femoral head. After repeated cycles without the significant success of physiotherapy treatments, due to the worsening of the painful symptoms in the left coxo-femoral site with increasing functional limitation, it was decided to proceed with decompression surgery of the femoral head using a cannulated biological screw which due to its intrinsic structural characteristics, allowed the simultaneous application in the neck and femoral head of PRP growth factors prepared at the time of surgery. The clinical picture surprisingly regressed in a very short time with a complete functional recovery in the absence of significant pain. The MRI examination performed before the treatment in place, compared with a similar examination after 5 months, shows sub-total remission of the signal affecting the trabecular structure of the cephalic portion of the femur in line with the clinical picture just reported.



History and Physical Examination

Man aged 65, complains about two years right coxalgia worsening and debilitating with progressive difficulty in walking.

Inspection

Lower limbs normally conformed and positioned without dysmetria, hip ROM dx reduced for severe pain, 100° flexion, extension 0°, 30° abduction, adduction 10°, internal rotation 15°, external rotation 30°, atrophy gluteal muscles (Trendelenburg+) and quadriceps disuse, no neurological deficits. After Rx pelvis/hip and MRI showed a right **OSTEONECROSIS** of the femoral head in stage II sec. Ficat and Arlet.

HHS=25.7

Osteonecrosis of the femoral head

- **MULTIFACTORIAL** origin affects persons of **40 – 60 YEARS**
- **50% OF CASES ARE BILATERAL** and in **10%** may also, involve **OTHER JOINTS**
- **PAIN**, alteration of the **ANATOMY AND BIOMECHANICS** of the hip and a **GROWING DISABILITIES** constitute the natural history of this disease

It is a progressive, degenerative disease in which we observe the **necrosis of osteocytes, osteoblasts and osteoclasts** that populate an area of the variously defined femoral head. Diagnosis is often difficult; for this reason, **MRI** is the best diagnostic method for osteonecrosis.



Figure 1

Treatment

The primary objective in the treatment of osteonecrosis of the femoral head is to implement an early intervention, to **avoid or procrastinate implantation of total hip arthroplasty**. The patient is treated, in one surgical session in spinal anesthesia, with a method that associates the mechanical core-decompression of the outbreak osteonecrosis, through the guidewire, and biological action obtained through the introduction of **PRP** through a cannulated screw titanium equipped of holes.

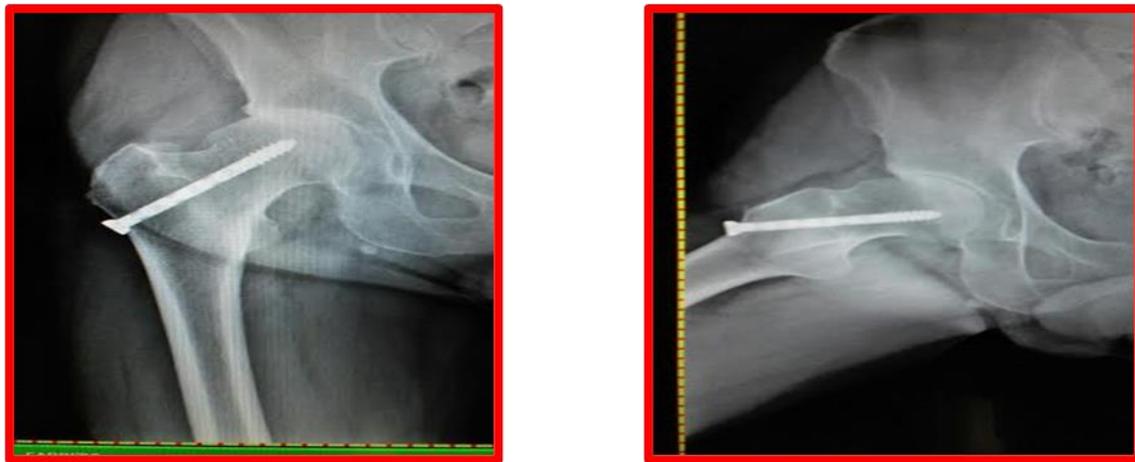


Figure 2

Results

- Significant and immediate **pain relief**
- Disappearance of **claudication**
- **Postural** recovery
- Immediate resumption of normal daily activities
- Suspension of all analgesics

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