

PARTIAL PELVIC REPLACEMENT ENDO-MODEL

3 DECADES OF CLINICAL
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PARTIAL PELVIC REPLACEMENT ENDO-MODEL 3 DECADES OF CLINICAL EXCELENCE

Is an Acetabular Cage and Cement Fixation Sufficiently Durable for the Treatment of Destructive Acetabular Metastases?

We noted important design differences between the LINK partial pelvis cage and other previously reported anti protrusio constructs. In comparison with its typically non-malleable counterparts, the stainless-steel LINK cage is thicker and its three long flanges enable increased surface area and dispersion of fixation, including ischial screw fixation.¹

Of the 46 patients in this study, 45 were able to ambulate in the community post operatively. Twenty-three patients (50%) were able to do so without aids in the community within 3 months, 10 with the use of a walking stick (22%) and 12 using a walker (26%). The patient who died within 30 days post operatively was the only one who did not mobilize in the community.¹

We have favored a malleable stainless steel partial pelvis cage for acetabular fixation in these patients because it allows immediate weight bearing and offers a greater surface area and dispersion of fixation with ischial fixation. Our technique in this small series has identified no revisions for loss of fixation, shown a small but substantial number of major complications, and helped restore community ambulatory function in most patients. This is relatively safe, straight forward technique with durable fixation that can be used in diverse acetabular defects and on occasion used when other techniques would be challenging.¹

The LINK Partial Pelvis was designed in stainless steel to provide high fracture resistance together with the option for individual intraoperative flange adaption to the patient's anatomy.

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