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ABSTRACT BOOK
446-E
TRIPLE OSTEOTOMY OF THE PELVIS IN CHILDREN AND ADOLESCENTS
Alehsakalouski*, Belarusian Research Institute, Minsk, Belarus. Residual dysplasia of the hip joint in adolescents (10-18 years) is complemented with a complex of biomechanical problems, the pelvic component of dysplasia being often the leading one (more than 58% of all the cases). Triple pelvic osteotomy occupies the leading position in our clinic (152 cases—54% of all the surgical interventions) and is the operation which permits to achieve the aims. The aims of surgical intervention are stability of the hip joint, elimination or prevention of hip lateralization, restoration of articular surface congruity, centration of the femoral head, normalization of biomechanical conditions of the attached gluteus muscles function. We've performed 153 triple osteotomies of the pelvis in adolescents at the age of 10 to 18 years using your own operative technique. The features of our operative technique are: the only one approach (by Smith-Petersen), pelvic bones osteotomies without detachment of the periosteum, use of incomplete ischium osteotomy (osteotomy-osteoclasy), pubic parasacetabular osteotomy with preservation of the pubo-capsular ligament that prevents lateral displacement of the hip joint; angle-shaped ilium cut line (which we have performed since 1981) which permits to abandon the use of auto and allograft and to preserve the pelvic wings intact, minimal pelvic muscles damage (we detach only m. tensor fascia lata, m. sartorius and tendon miliopsoas), avoidance of direct contact with large nerve trunks and vessels. In case of considerable abnormality of the proximal end of the femur, that cannot be removed by transfer of the acetabulum, especially if the latter is flattened markedly, additionally we perform correction osteotomy of the femur. In case with a relative overgrowth of the greater trochanter against a short neck of the femur the greater trochanter prevents free reorientation of the acetabulum. Therefore, in this case at the first stage of the operation from the lateral approach we perform resection of the bottom of the greater trochanter bringing it downward.
Triple osteotomy of the pelvis reorients the acetabulum in three dimensions and permits to get the angle of vertical correspondence between pelvic and femoral components of the joint up to 90°. Displacement of the acetabulum form into a nearly horizontal or horizontal position is the most important biomechanical result, as it considerably increases the joint tolerance to load.

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A COMBINATION OF PEMBERTON AND SALTER PELVIC OSTEOTOMIES FOR DEVELOPMENTAL DYSPLASIA OF HIP- "PEMBER-SAL PELVIC OSTEOTOMY" 
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We reviewed the results for forty-eight hips in forty-two patients who had had a combination of Salter and Pemberton pelvic osteotomies—"Pember-Sal Pelvic Osteotomy"—between 1991 and 1997 as a treatment for developmental dysplasia of the hip. The average age of the patients at the time of the operation was 28 months. The average follow-up period was seven years. At the latest follow-up thirty-four hips were rated as excellent, five hips were good, six hips were moderate and three hips were poor. We have concluded that a combination of Salter and Pemberton pelvic osteotomies—"Pember-Sal Pelvic Osteotomy"—is a reliable and effective procedure in the treatment of developmental dysplasia of the hip.