

# Birmingham Hip Resurfacing at minimum 13 years: Acceptable survivorship but high incidence of ARMD

Hastie GR, Basu S, Temperley D,  
Collinson S, Aqil A, Board T, Wynn-  
Jones H

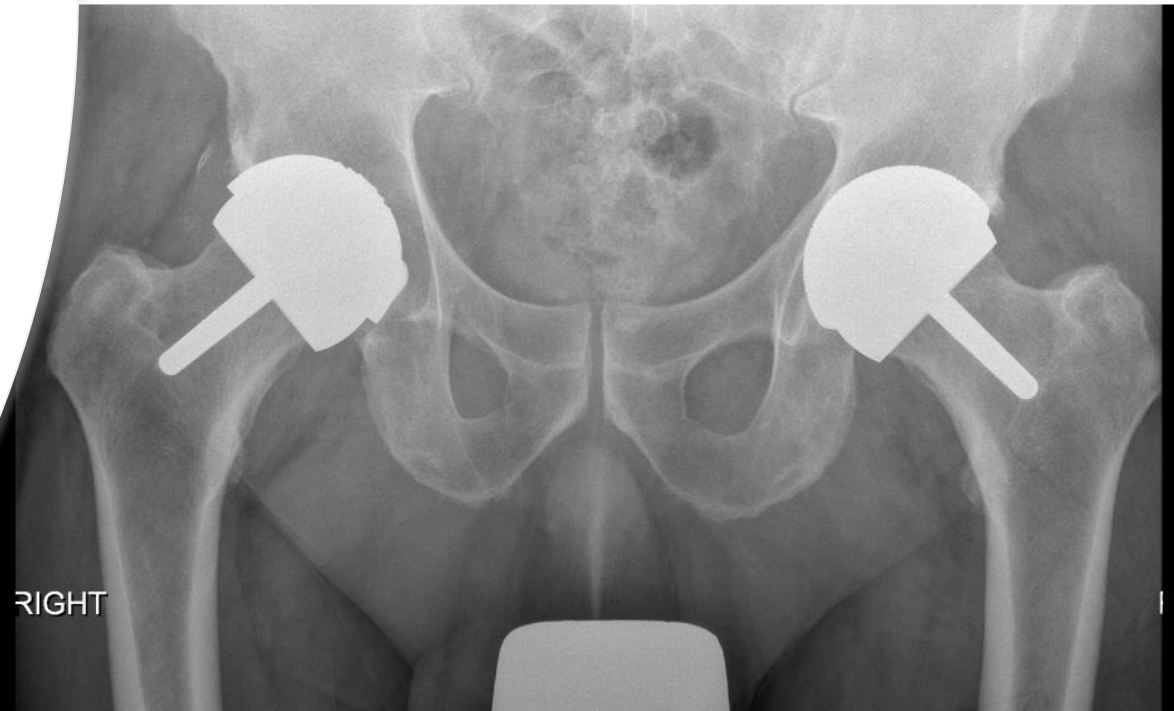
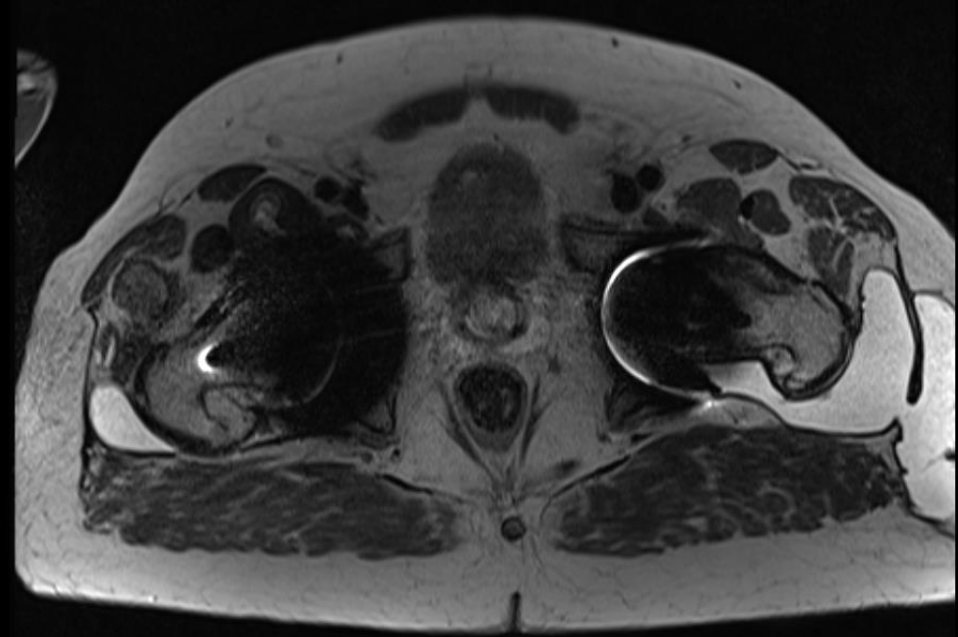


**Wrightington,  
Wigan and Leigh**  
NHS Foundation Trust

# Background

---

- Recent increase in interest in the use of the BHR in the popular press
- ARMD commonly clinically “silent”
- Incidence of ARMD following BHR at mid to long term follow-up is unknown.



# Methods

- Retrospective study, consecutive series of patients between 01/01/2000 and 01/08/2005
- MRI scans, reported and graded by two specialist musculoskeletal consultant radiologists.
- Imaging classified using the Anderson Classification and the Oxford Classification



# Results

- 123 BHRs in 102 patients included
- Survivorship rate between 87.2% and 93.2%
- 94 had MR imaging available
  - 63 normal, 31 had ARMD (34%)
    - Anderson classification, 19 - C1, 6 - C2 and 6 - C3
    - Oxford classification, 25 grade 1 and 6 grade 2
- 5 (16%) of the 31 hips with MR detected ARMD were symptomatic.



# Results

- No difference in cobalt/chromium levels between ARMD and non-ARMD groups
- No difference in acetabular version/inclination between ARMD and non-ARMD groups
- ARMD had no relationship to safe zones described by Lewinneck
- Subgroup analysis of males with head size >48mm showed no improved survival or ARMD rates



# Discussion

- Implant survivorship satisfactory
- High incidence of MR detected ARMD (34%)
- Surgeons and patients considering a BHR should be aware of the risk of ARMD developing in the medium to long-term

