

# Plannification PTH

JECOT Rabat, (Septembre 2010)

A. Rodriguez MD; PhD

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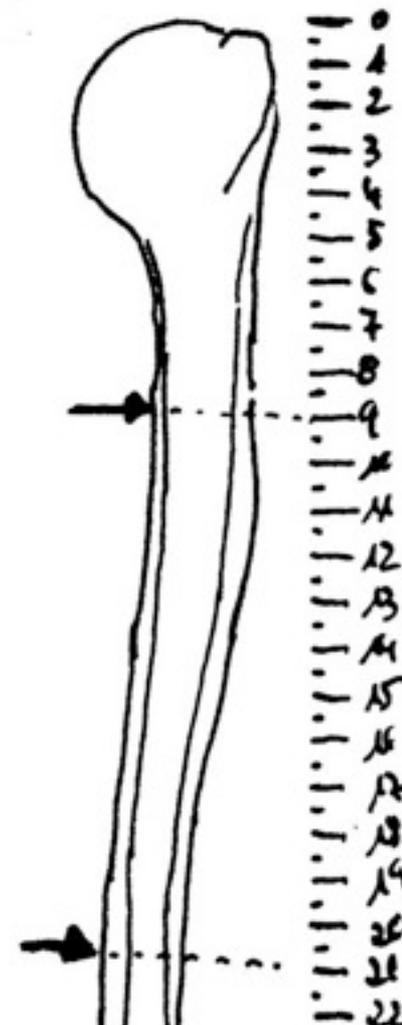
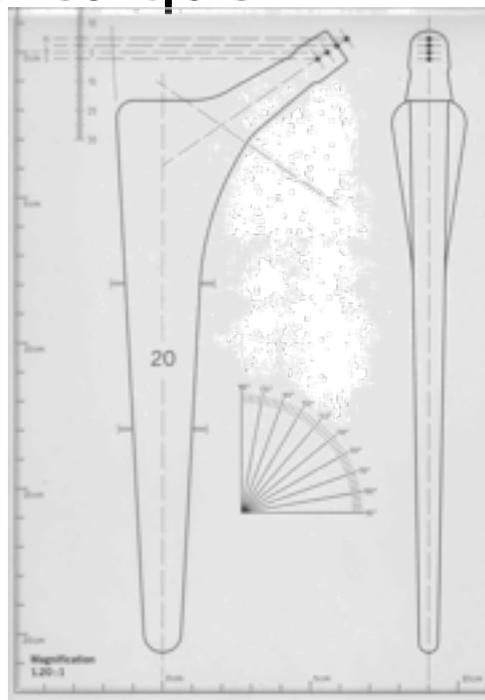
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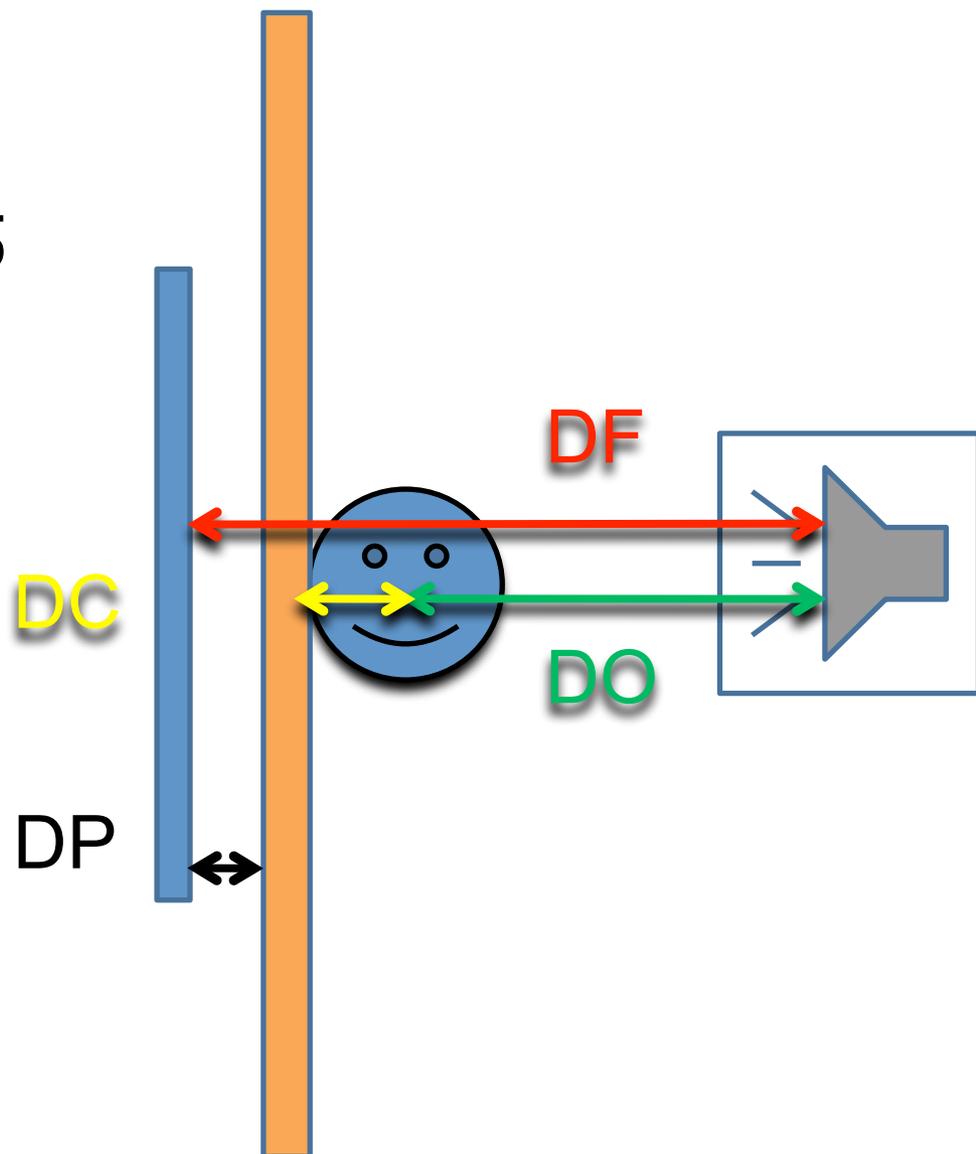


- Radiologie standard
  - Distance focale 1.15
  - Règle de Bell niveau osseux
  - Règle du calque



- Agrandissement Rx
  - $DF/DO=1.15$
  - $x/x-(DP-DC)=1.15$

- Rx spéciales
  - Sur mesure
  - TéléRx
  - Scanner



- Radiologie standard
  - Distance focale 1.15
  - Règle de Bell niveau osseux
  - Règle du calque
  - Bassin centré symphyse
  - Hanches en RI 15°
  - Tenir en compte: **Hanche controlatérale !**
    - Bassin fixé?
    - Flexum genou?
    - Difformité axiale?

- Sur les Rx on DOIT pouvoir voir:
  - 2 hanches
  - 1 hanche et 1/3 supérieur du fémur AP + P

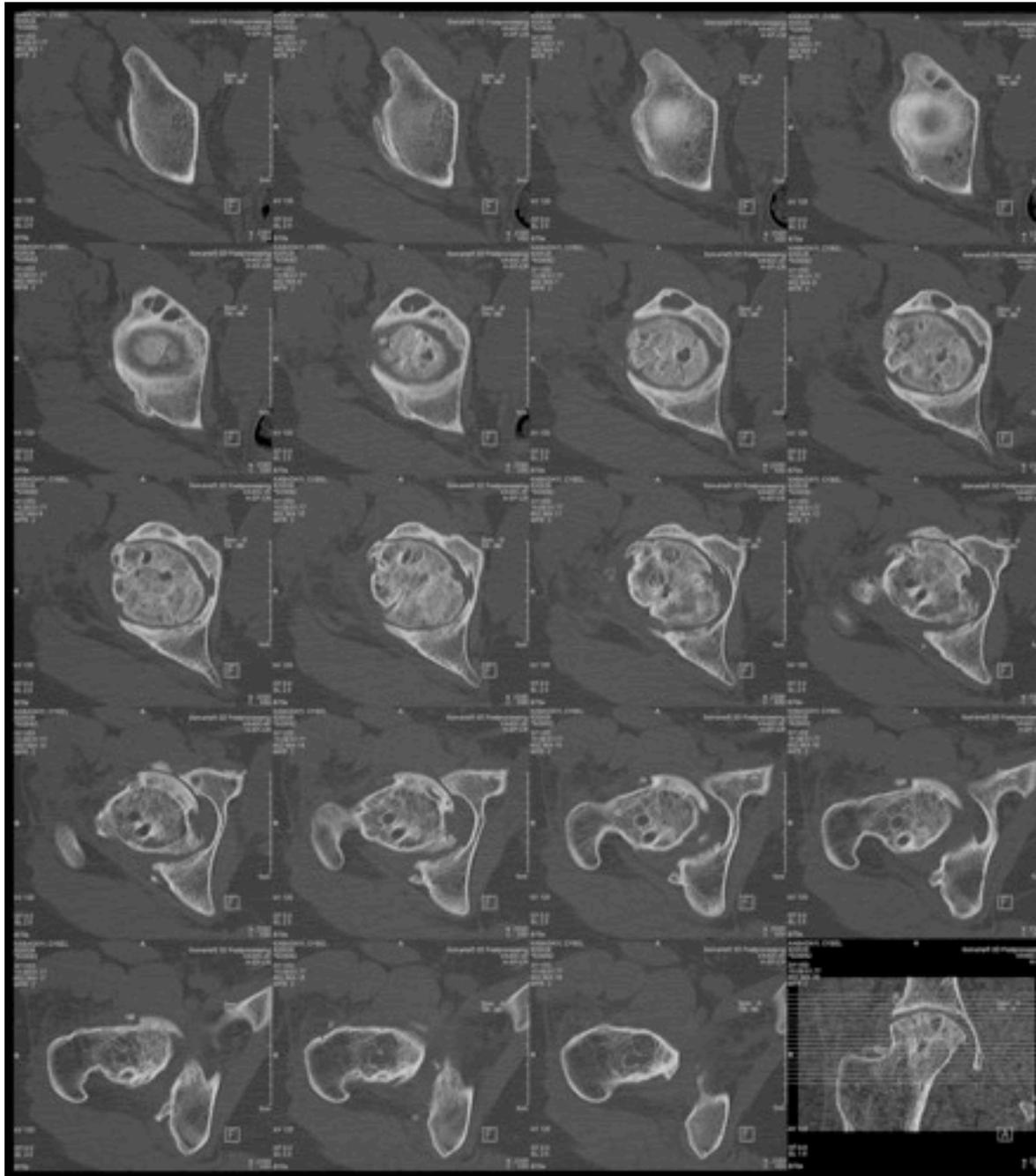


- Sur les Rx on DOIT pouvoir voir:
  - 2 hanches
  - 1 hanche et 1/3 supérieur du fémur AP + P



- Evaluer les difformités / séquelles
- Evaluer les difficultés éventuelles





- Sur les Rx on DOIT pouvoir voir:
  - 2 hanches
  - 1 hanche et 1/3 supérieur du fémur AP + P



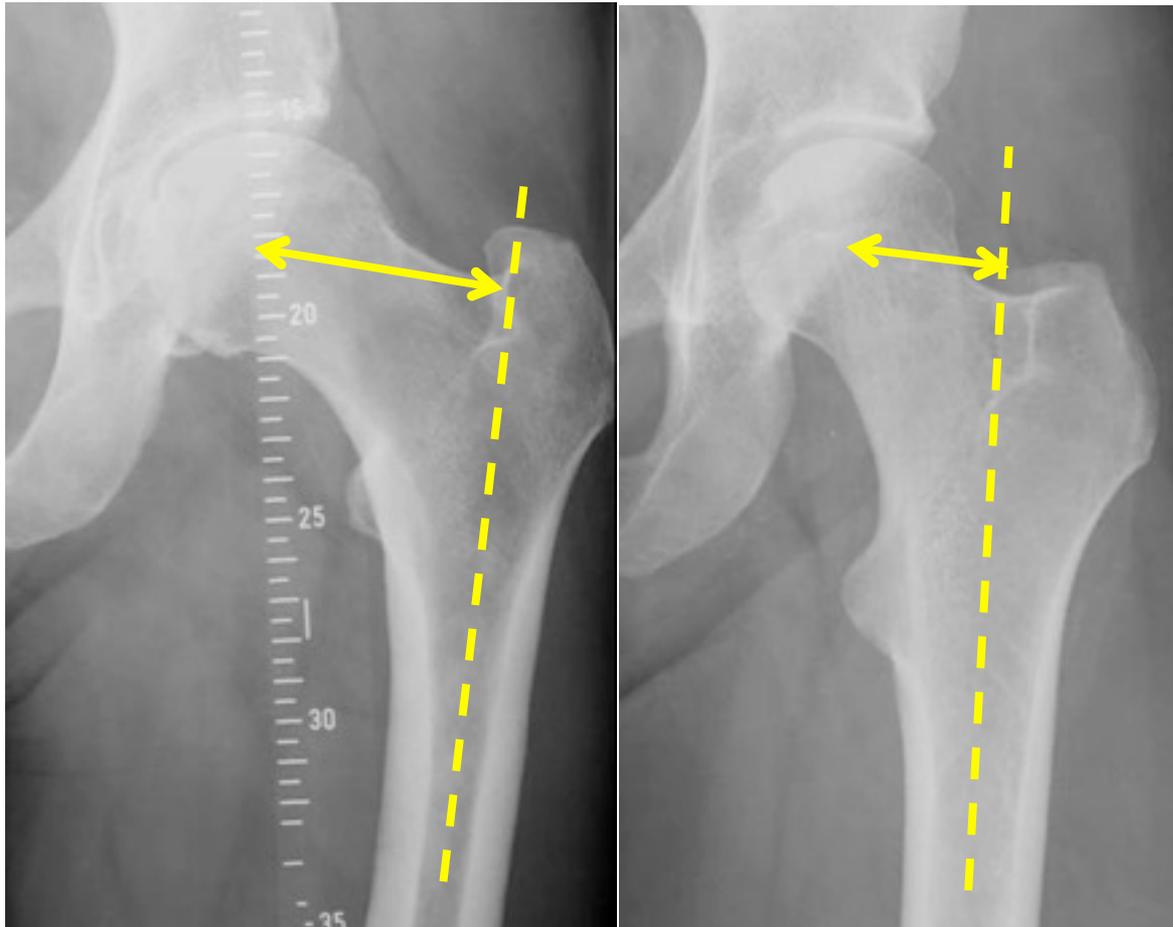
- Adapter la prothèse a la morphologie osseuse, pas adapter l'os a la prothèse



- Morphologie variable du canal médullaire



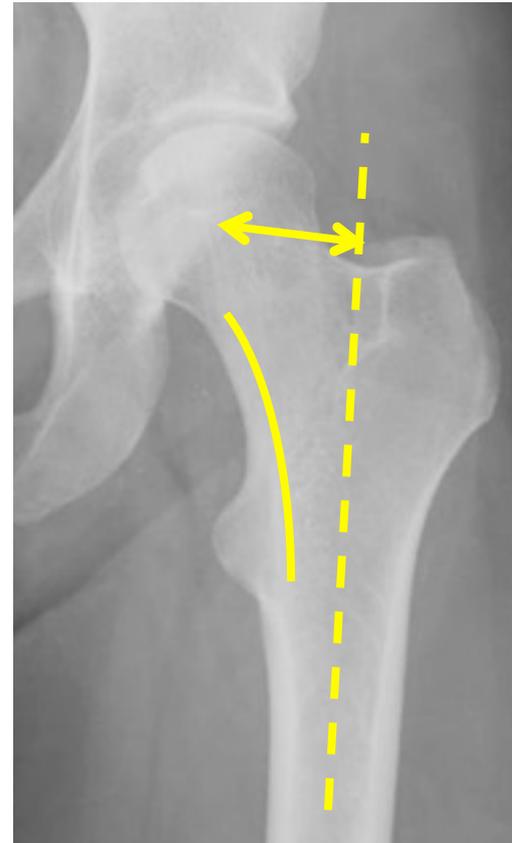
- Latéralisation: centre rotation/axe fémoral variable, indépendant de la taille fémorale



- Morphologies métaphyse proximale diverse



- La tige fémorale doit s'adapter au fémur receveur et corriger la difformité anatomique, pas l'aggraver



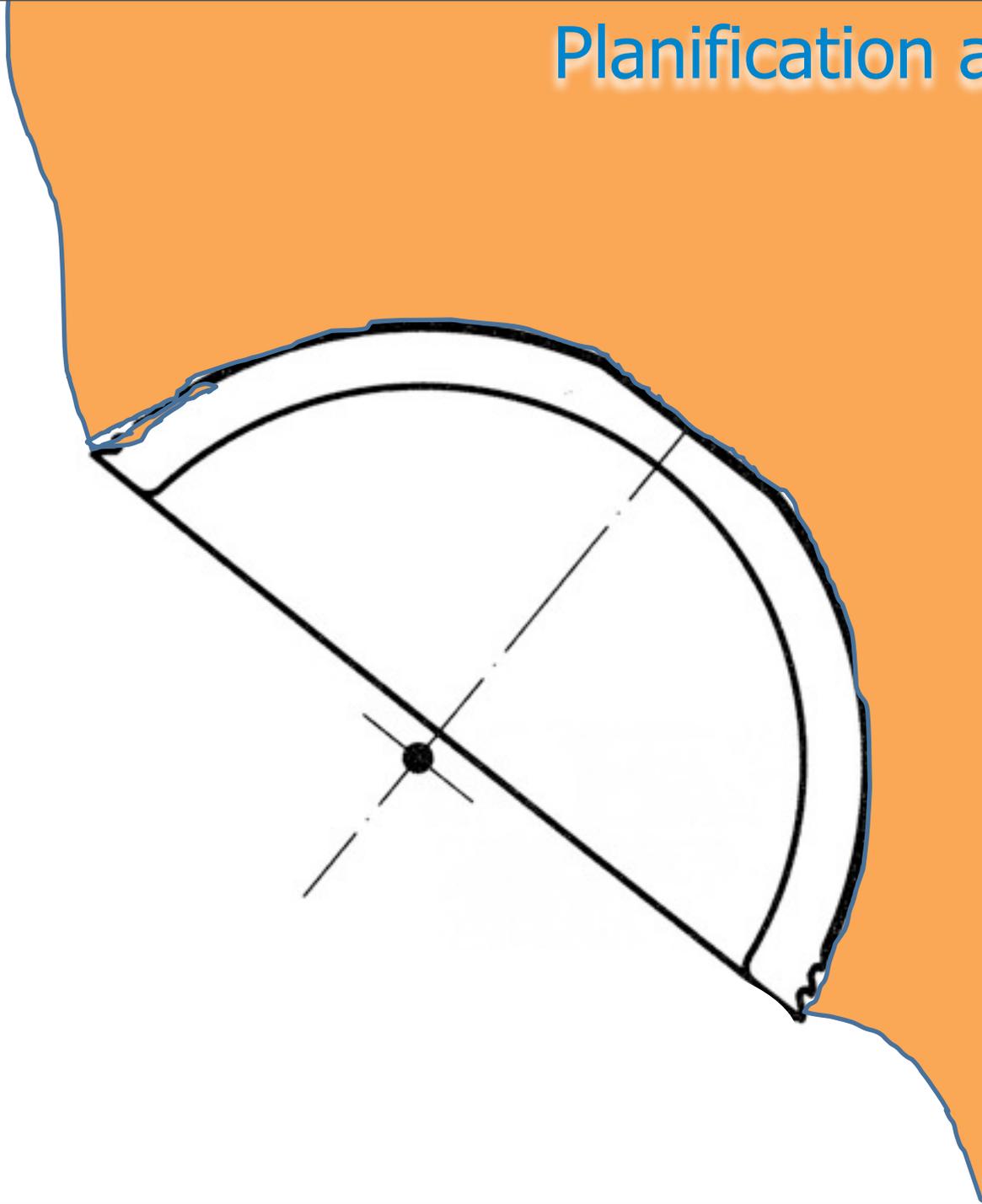
- Adapter la morphologie osseuse aux tiges
  - Ostéotomies
  - Tiges modulaires
  
- Adapter les tiges aux morphologies osseuses
  - Resurfaçage
  - Prothèses sur mesure
  - Tiges courtes
  - Tiges avec angle CCD variable

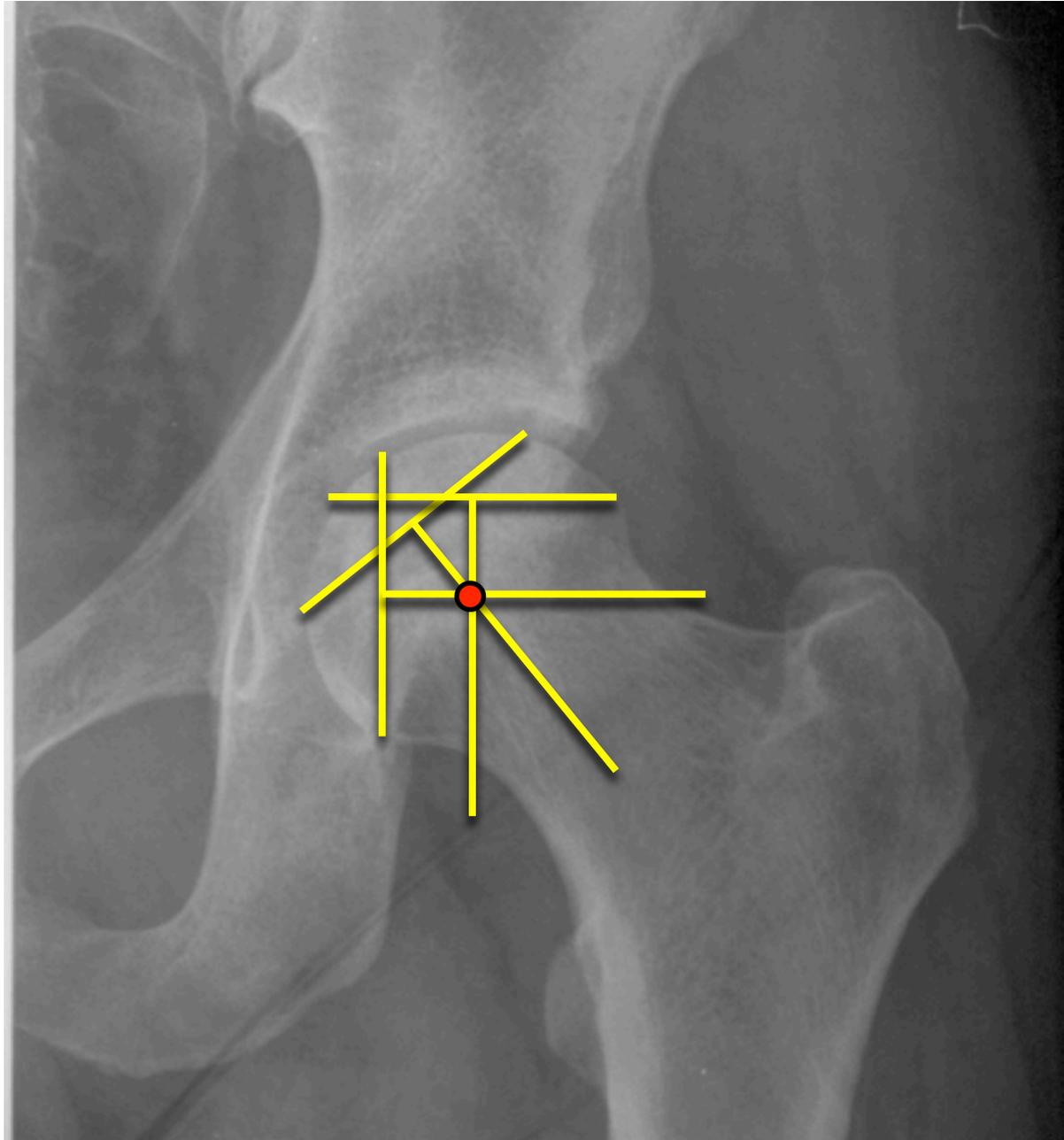


- Définir
  - centre rotation acétabulaire
  - centre rotation tête fémorale
  - différences entre centres
- Quantifier corrections de
  - Longueur
  - Latéralisation
- Adapter la planification a **chaque modèle** de prothèse

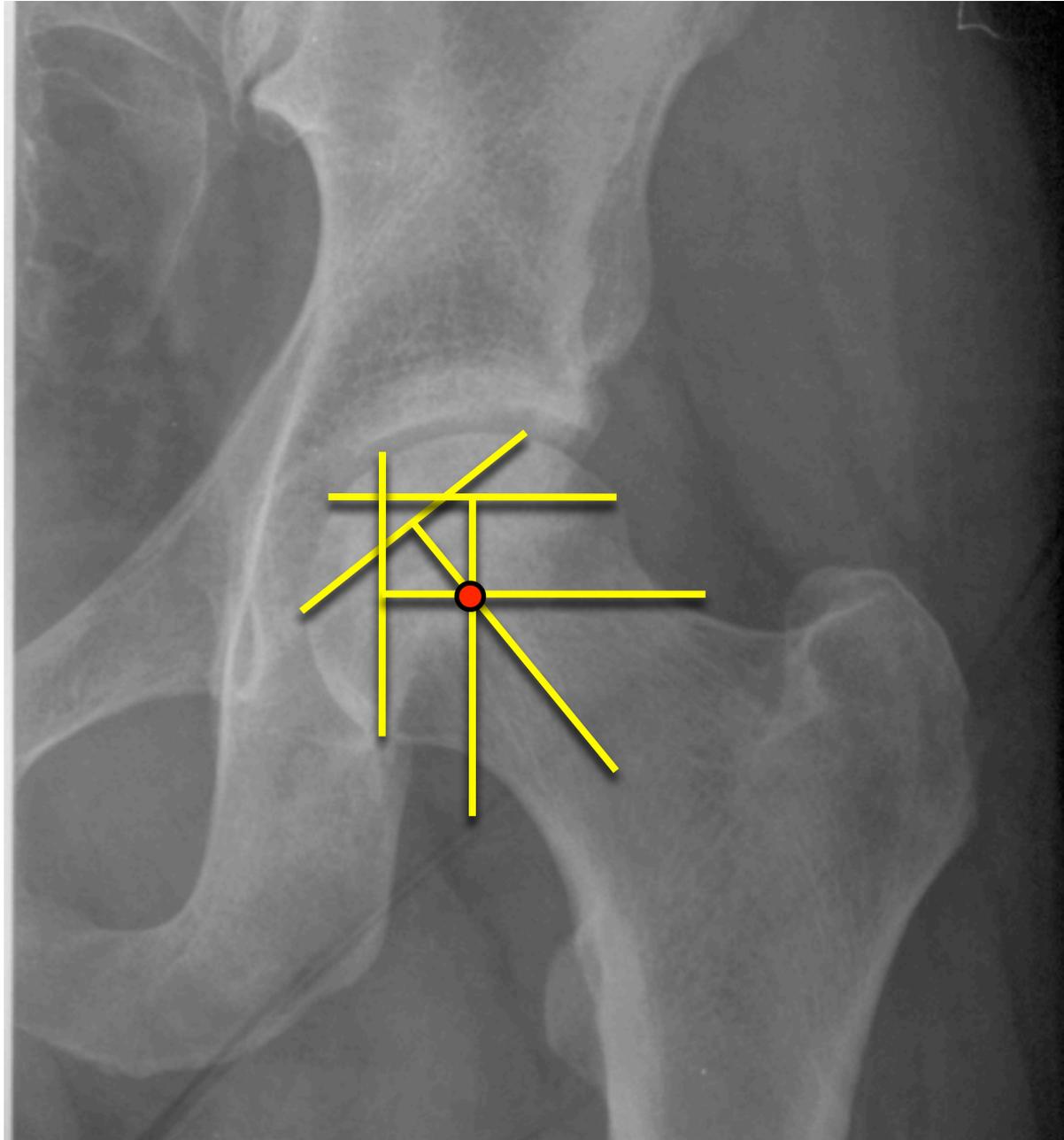


# Planification acetabulum



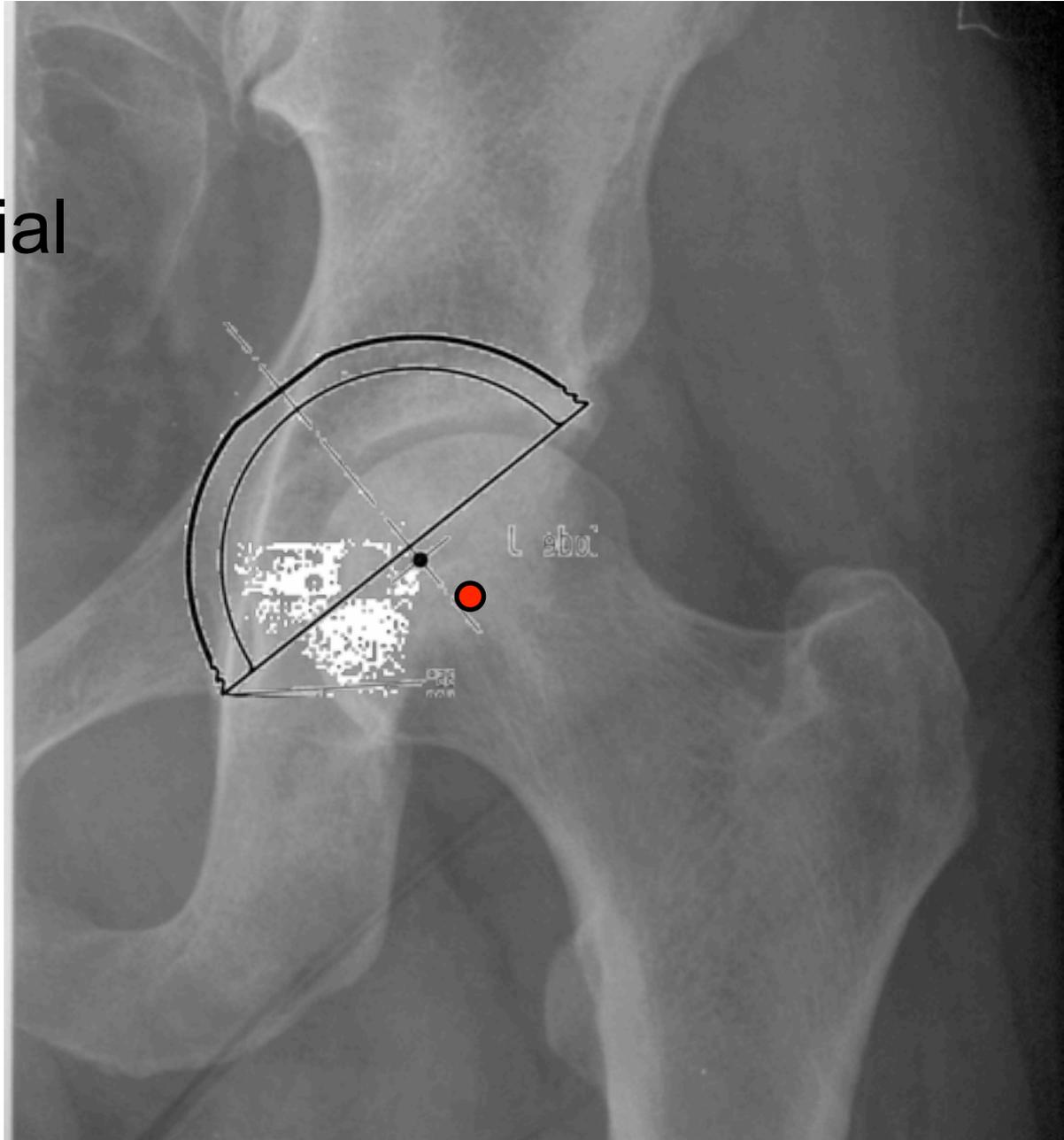


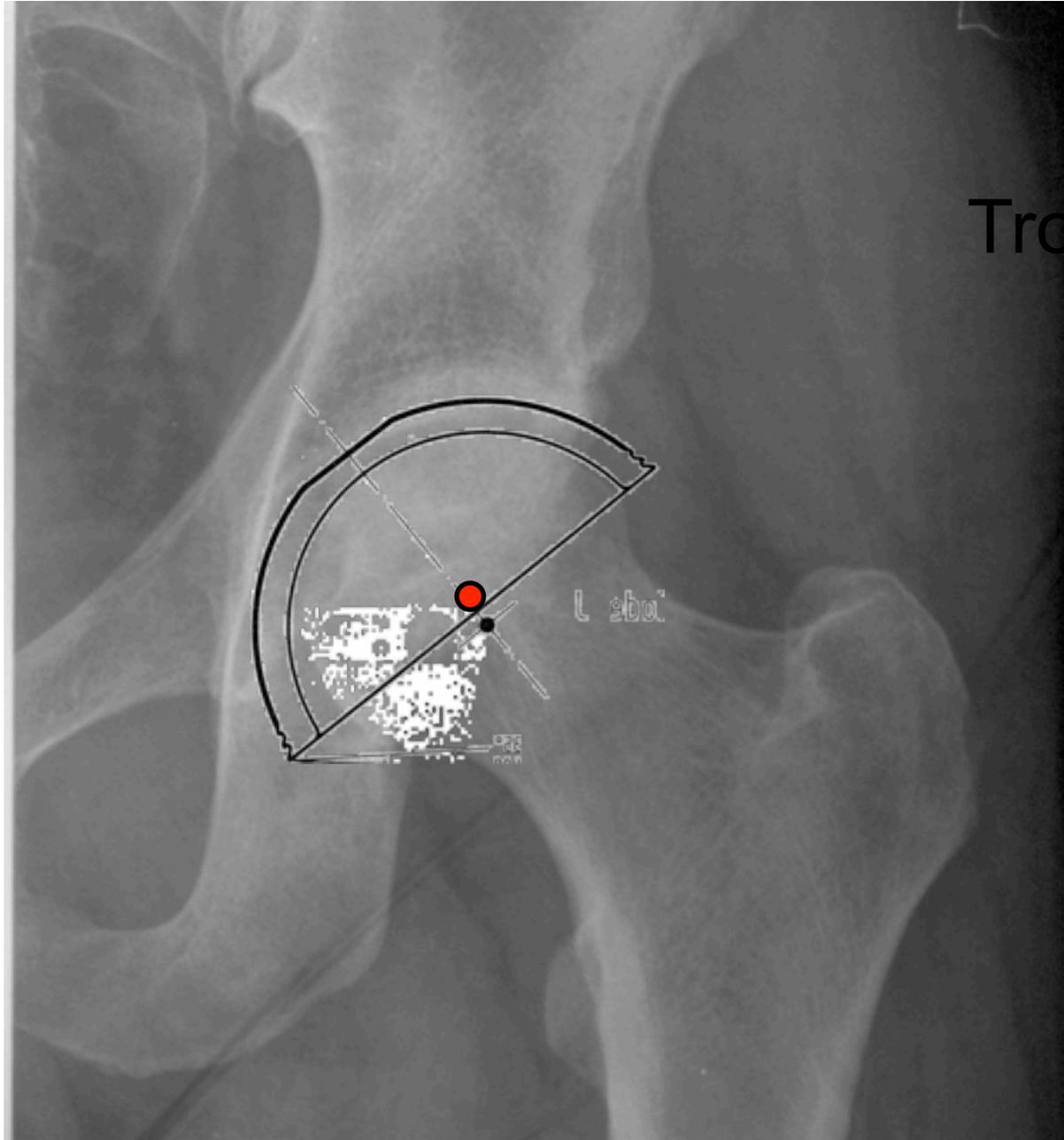
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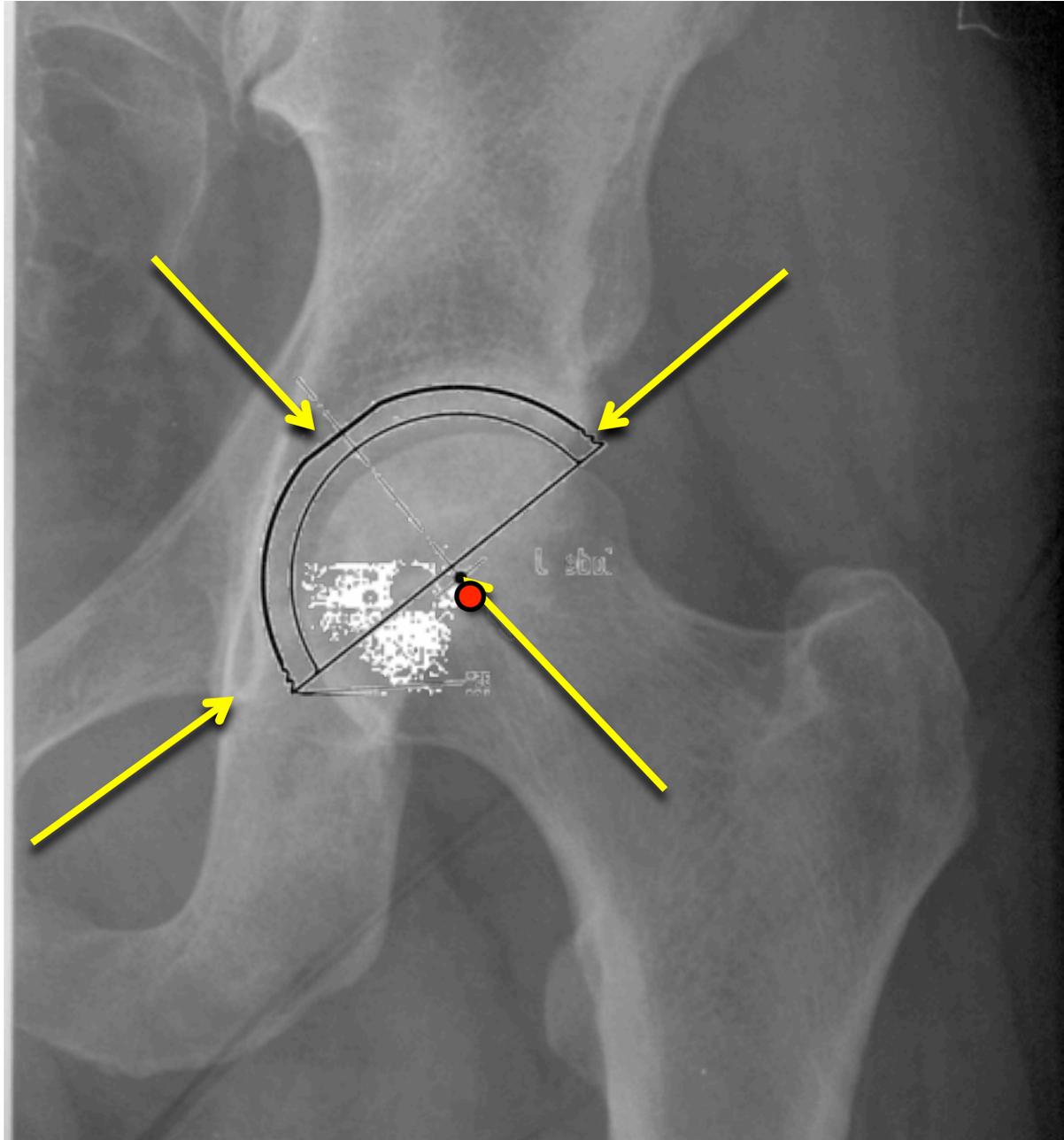
OK

Trop médial



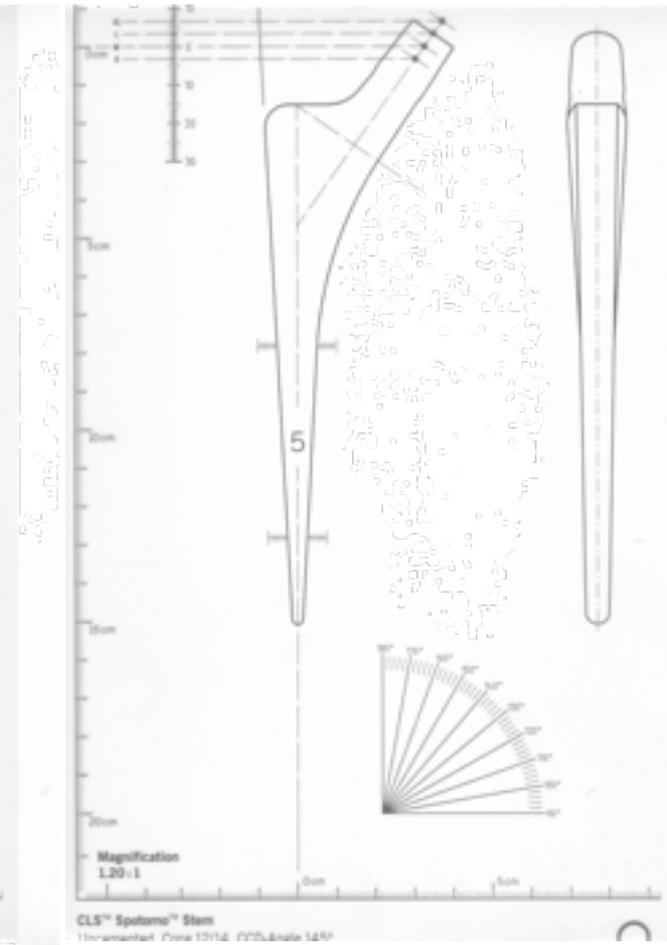
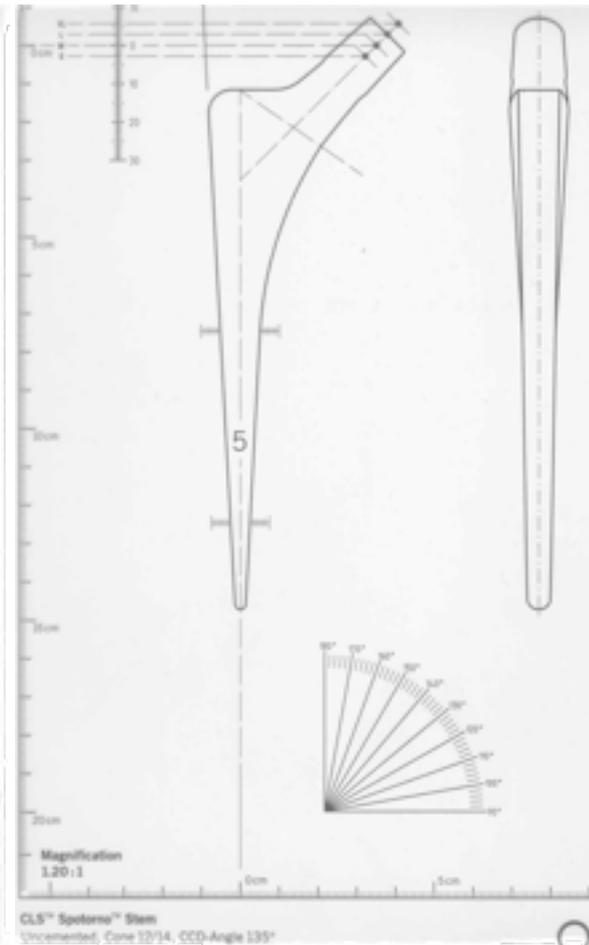
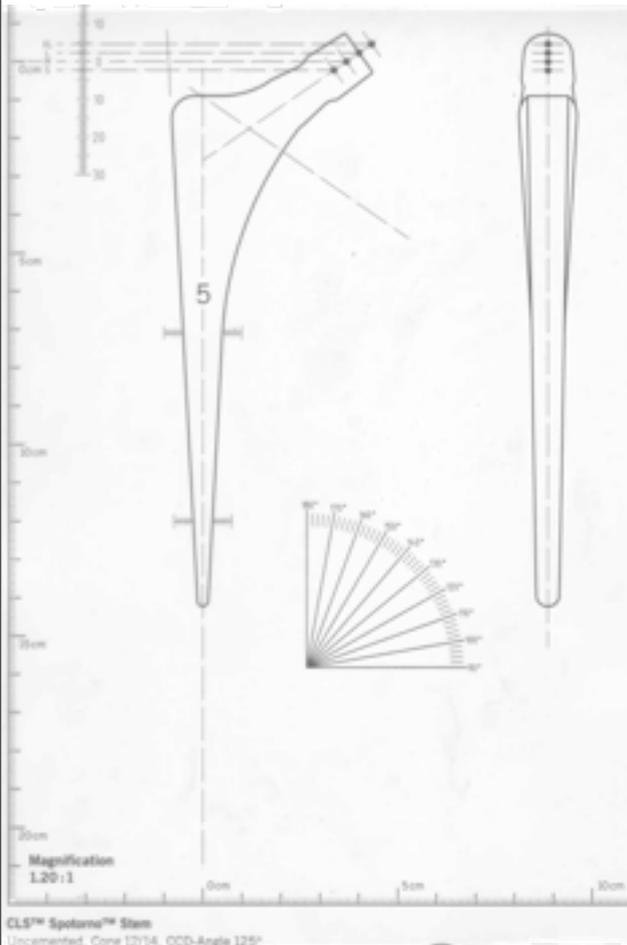


Trop latéral



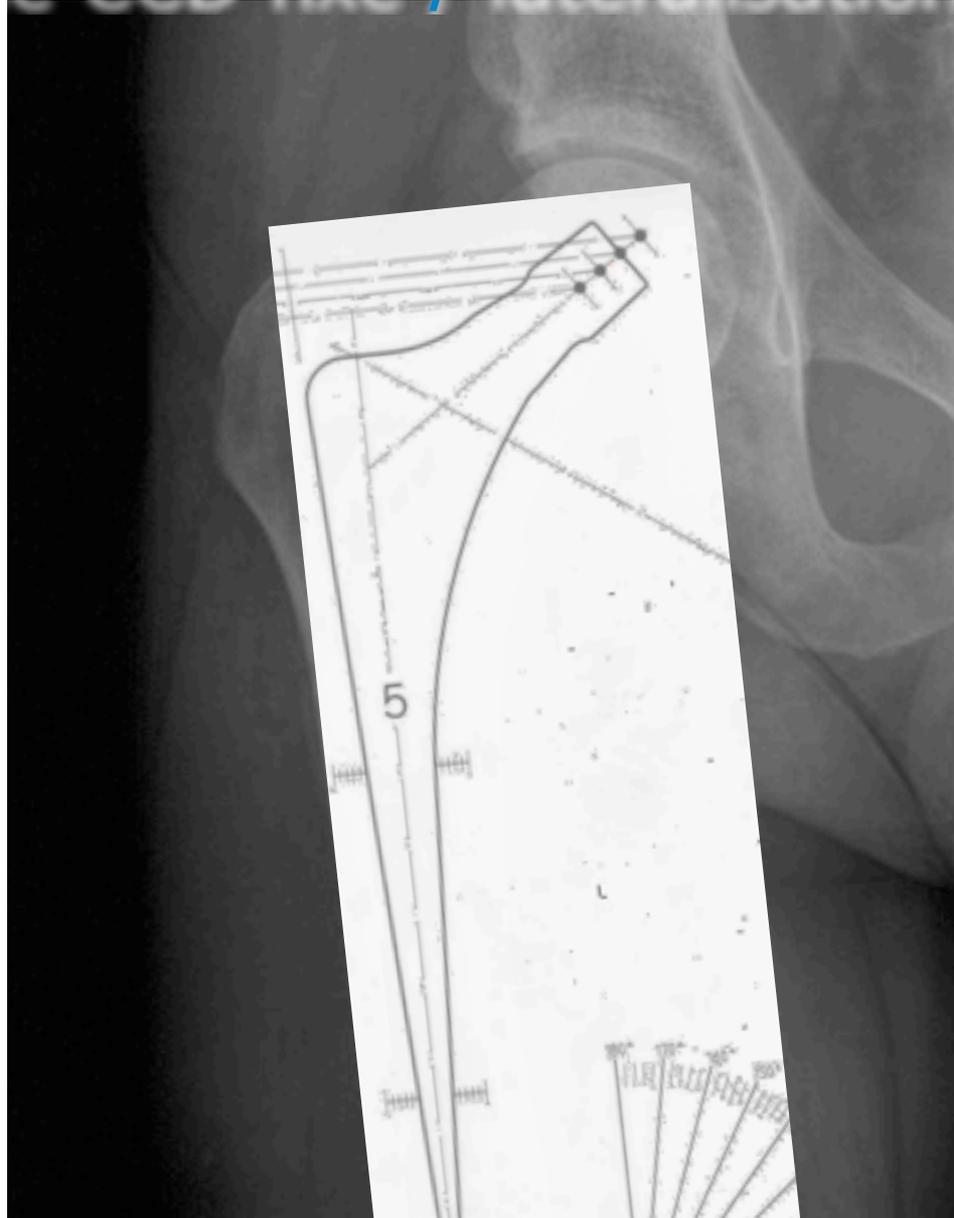
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# Planification tige standard à angle CCD variable





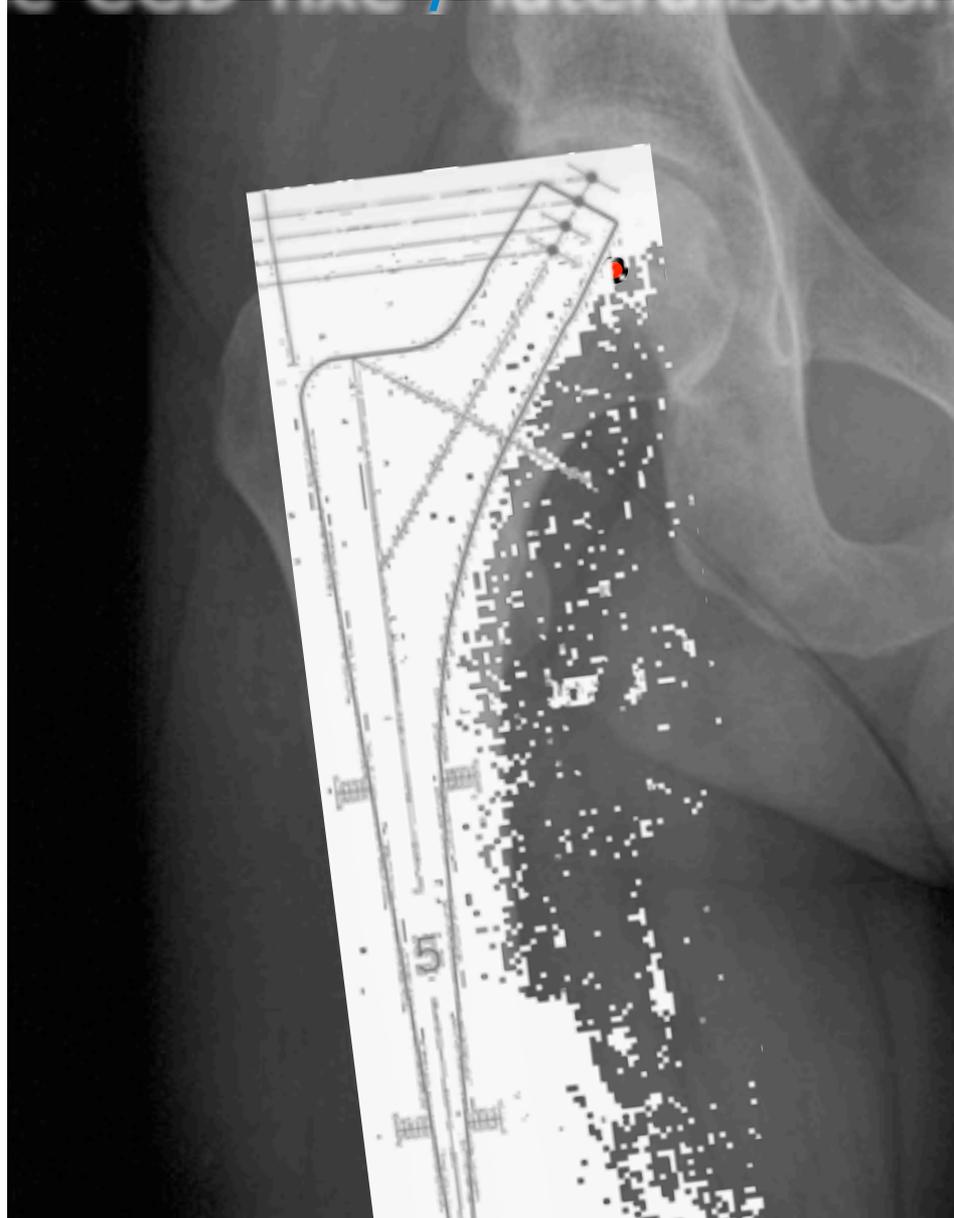
# Planification tige standard à angle CCD fixe / latéralisation progressive



125°

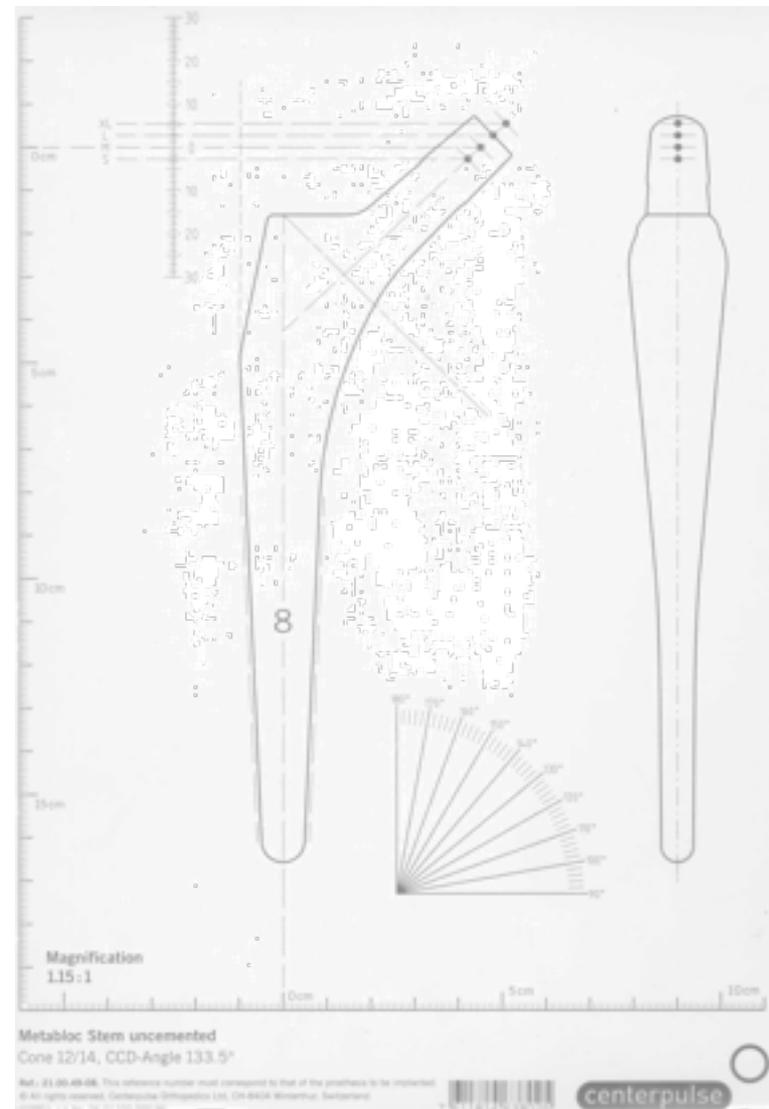
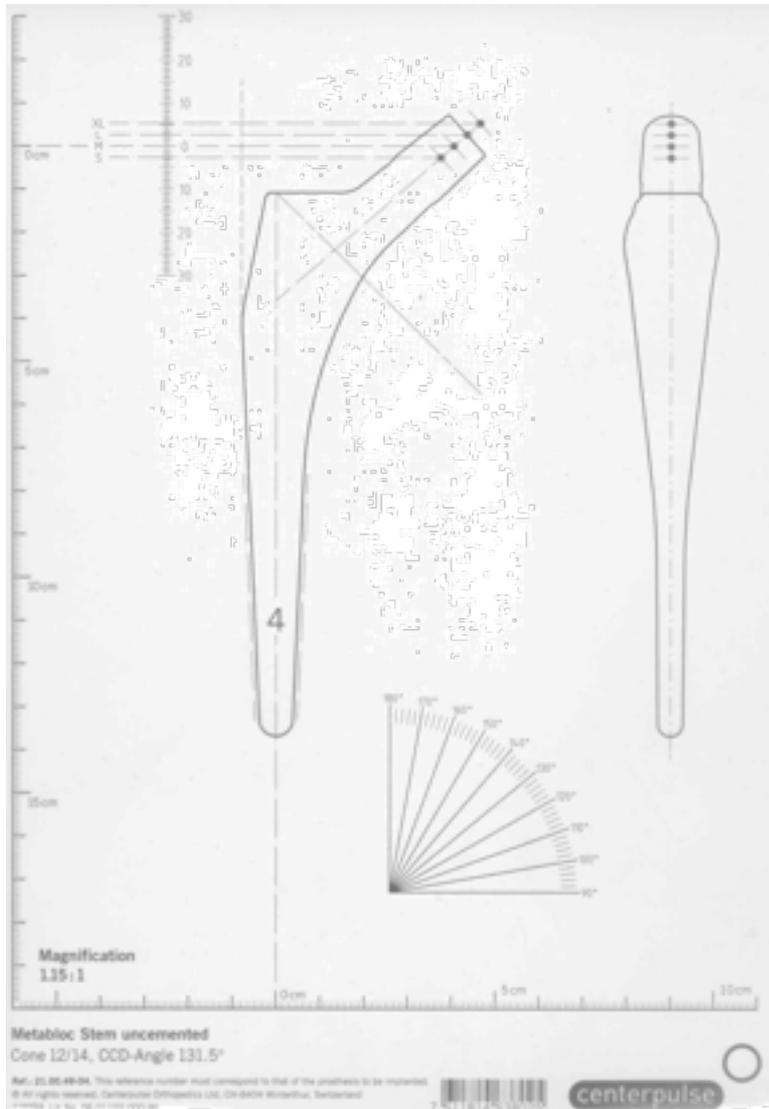


# Planification tige standard à angle CCD fixe / latéralisation progressive



145°

# Planification tige standard à angle CCD fixe / latéralisation progressive





# Planification tige standard à angle CCD fixe / latéralisation progressive



145°  
Taille 4

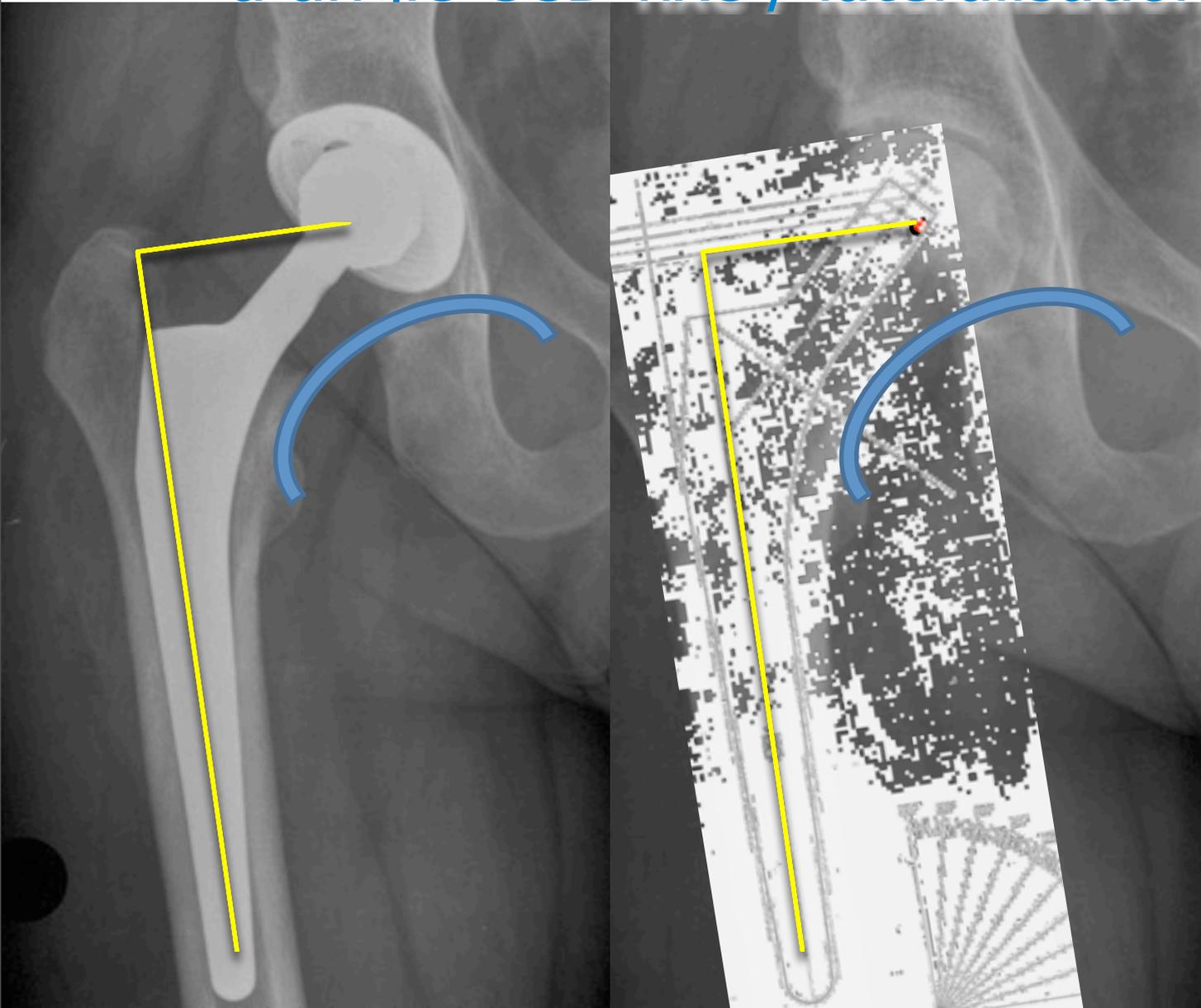


# Planification tige standard à angle CCD fixe / latéralisation progressive



145°  
Taille 8

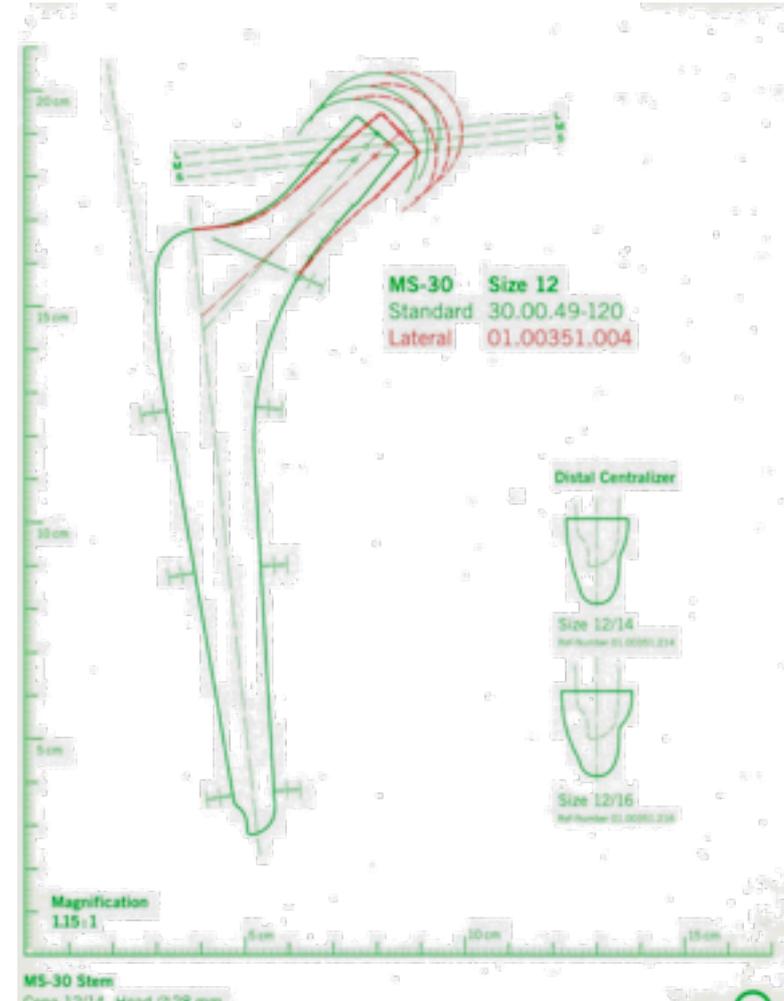
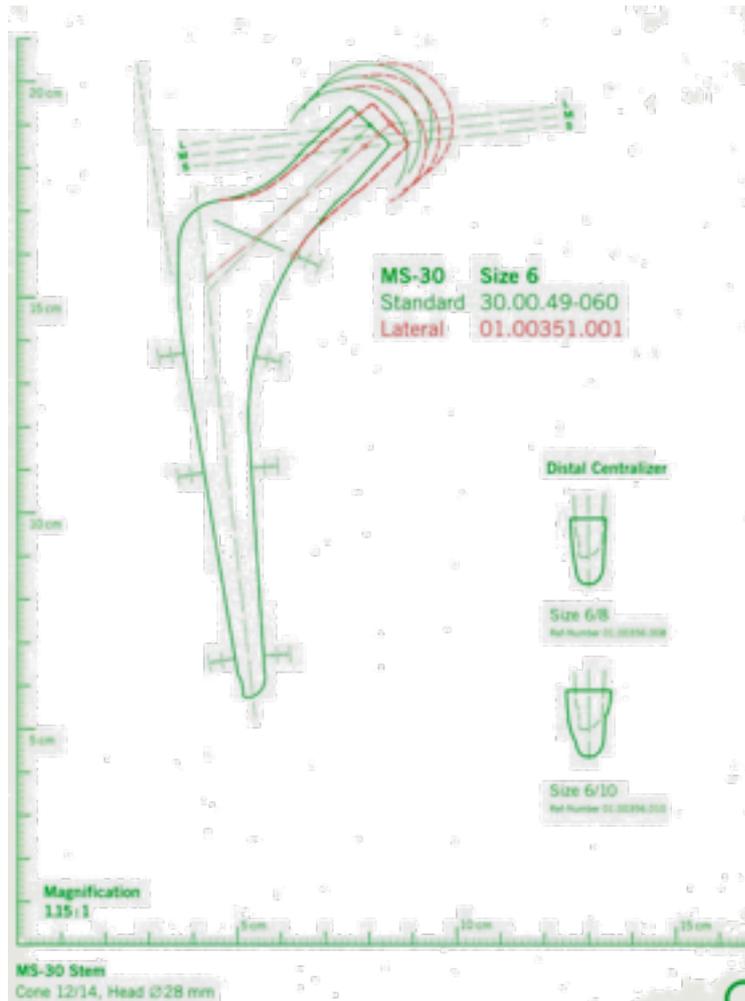
# Planification tige standard à angle CCD fixe / latéralisation progressive



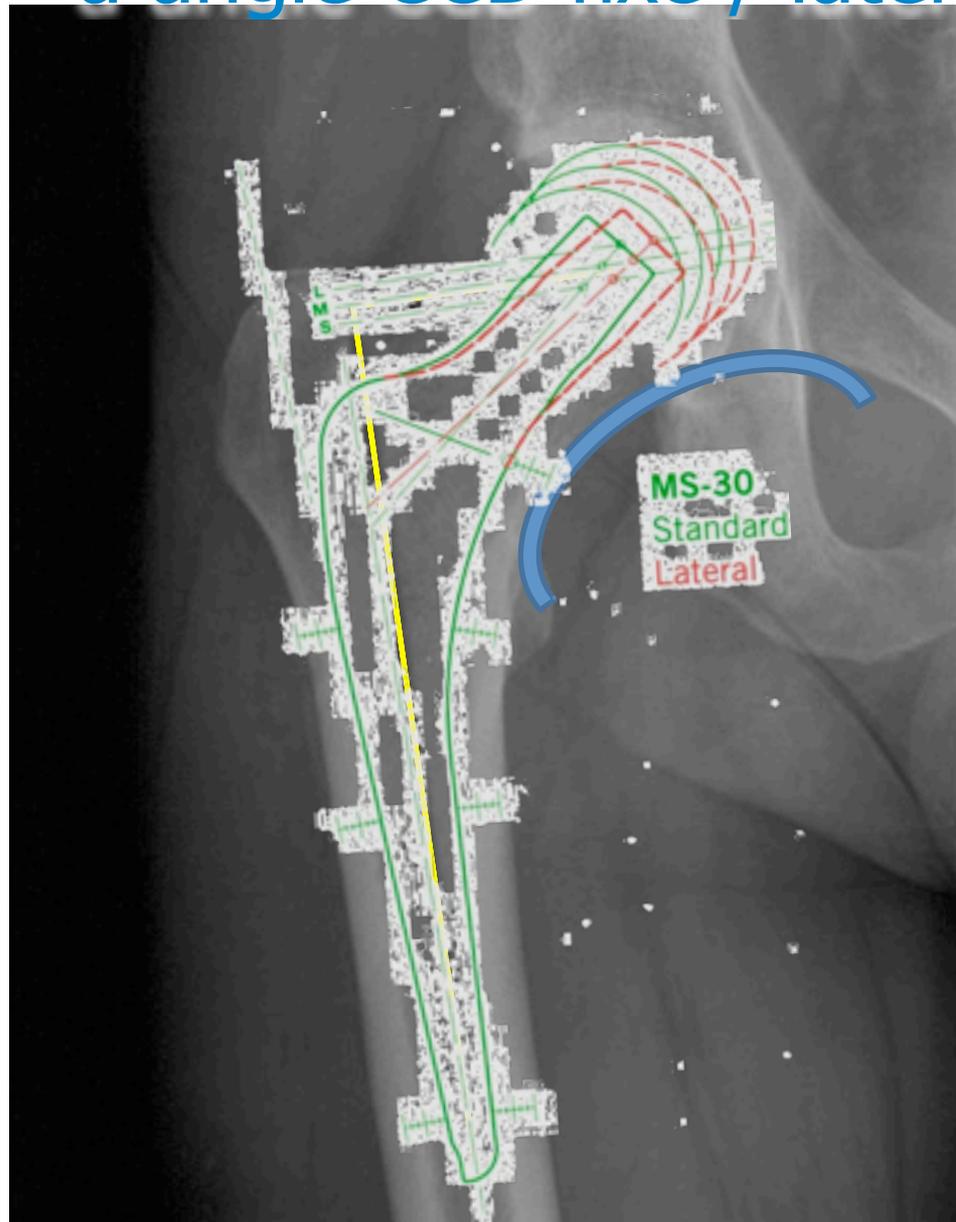
Respect de:

- Centre rotation
- Latéralisation
- Longueur

# Planification tige standard à angle CCD fixe / latéralisation fixe



# Planification tige standard à angle CCD fixe / latéralisation fixe

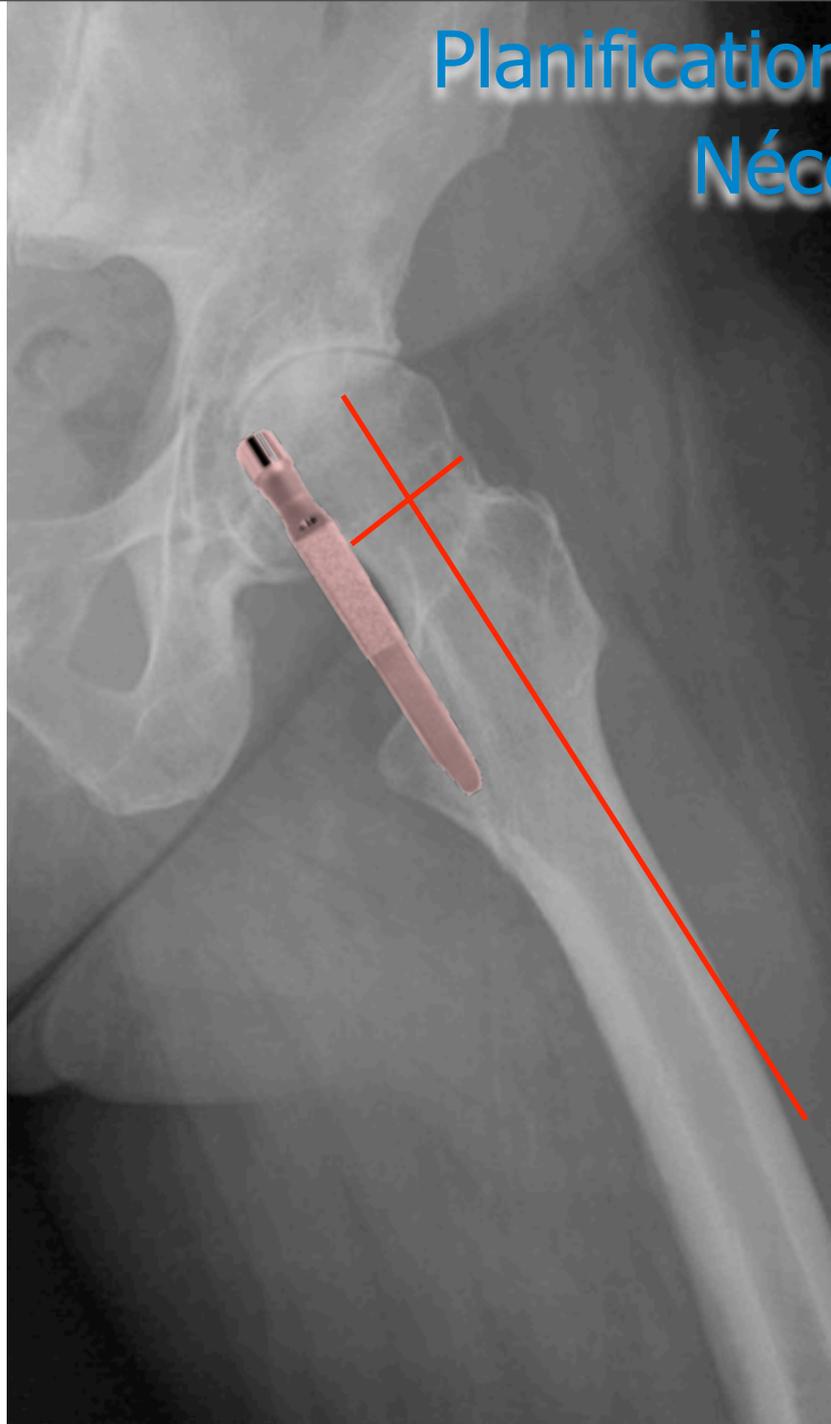




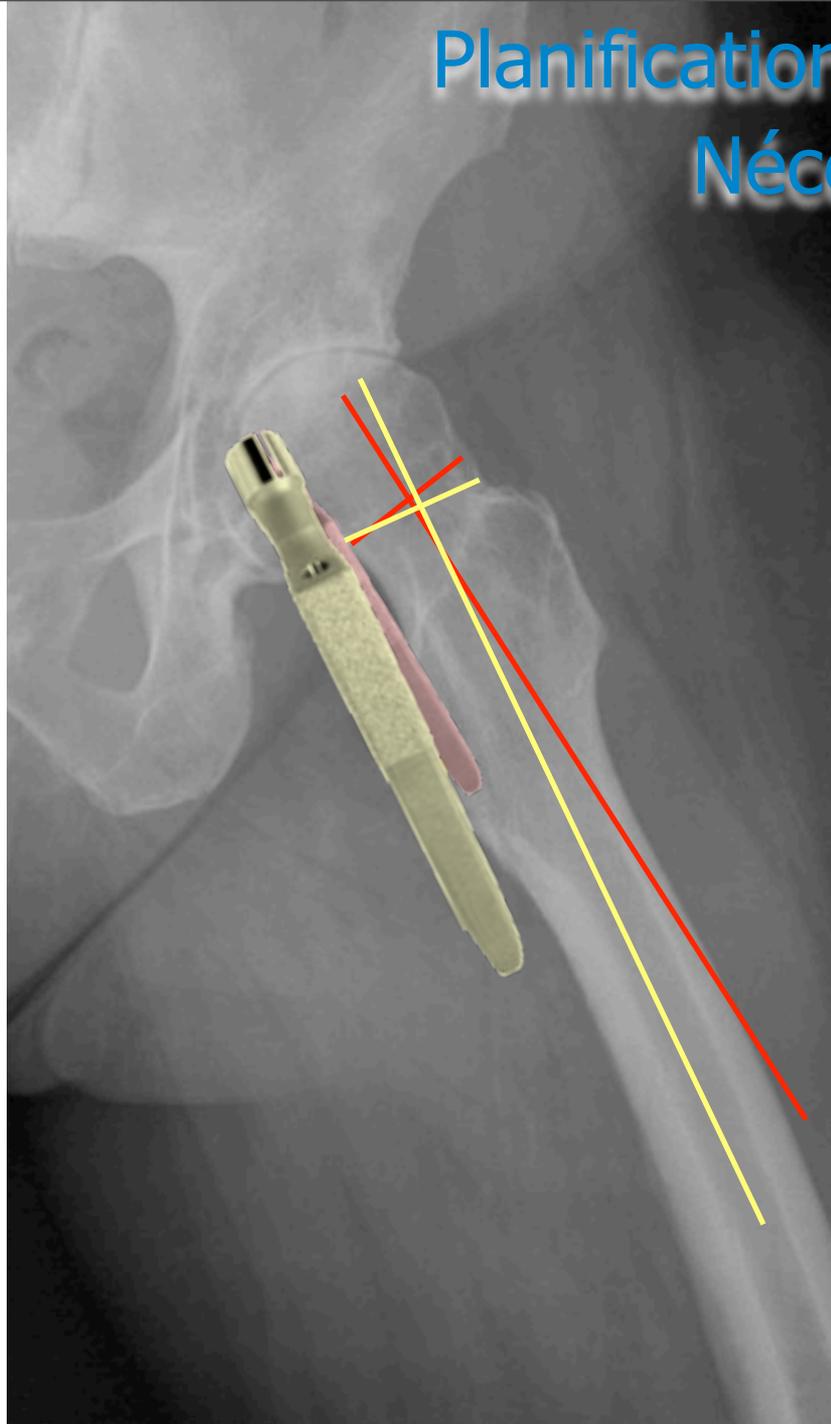
# Planification tige standard Nécessité du profil



# Planification tige standard Nécessité du profil



# Planification tige standard Nécessité du profil





# Planification resurfaçage

ROEKEVISCH,AW

R

C: 511.5, W: 1023.0

Status: AUT

Geb: 03-12-1958 M

PID: 031258RO100

S: 241 / L: 2.1

AP

Bekken

07-10-2008 - 15:14:07

1



# Planification resurfaçage

KEVISCH,AW

R

3-12-1958 M  
1258RO10

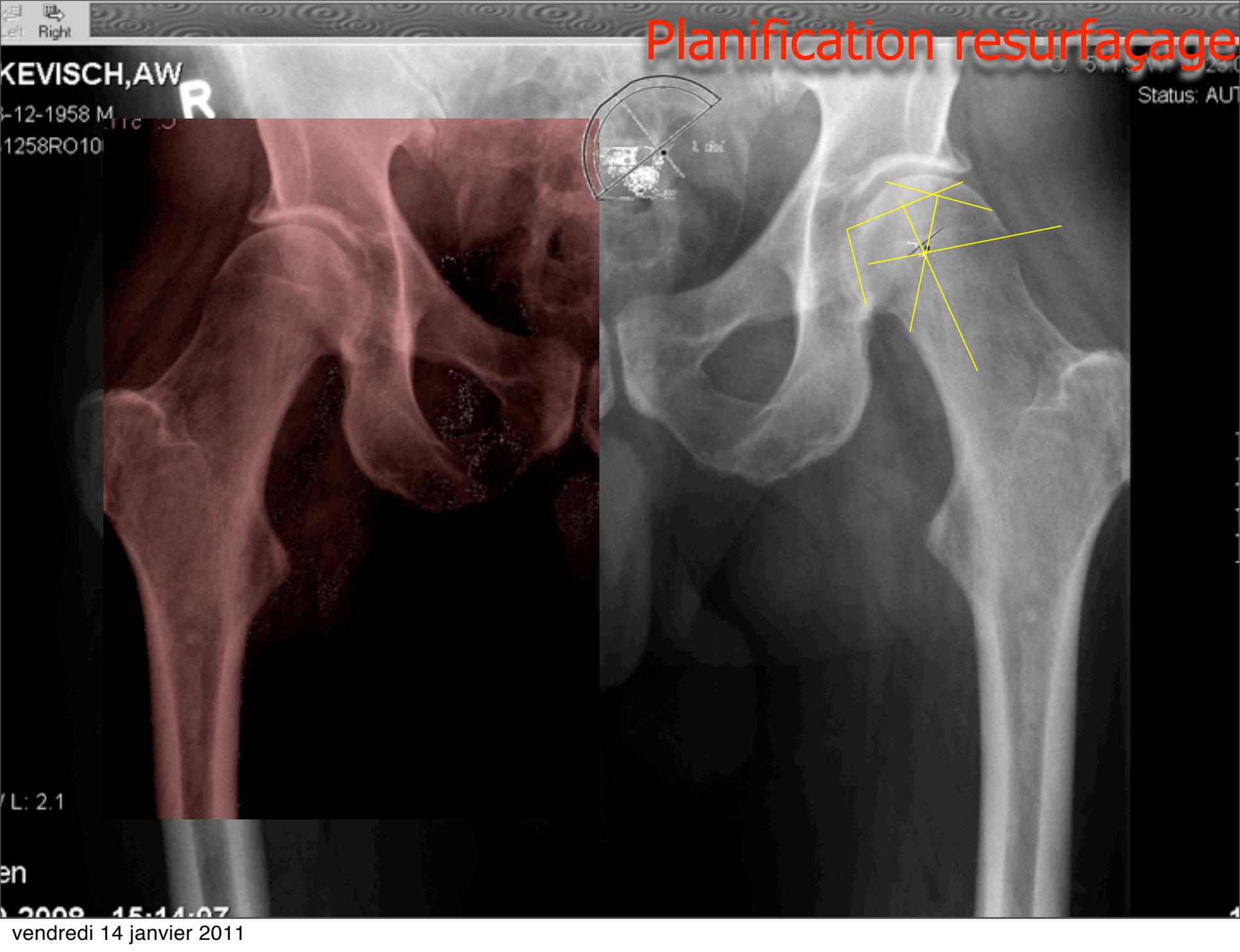
Status: AUT

L: 2.1

en

2009 15:14:07

vendredi 14 janvier 2011



# Planification resurfaçage

KEVISCH,AW

R

-12-1958 M  
1258RO10

Status: AUT



L: 2.1

en

2009 15:44:07

vendredi 14 janvier 2011

KEVISCH,AW

-12-1958 M  
1258RO10

R

# Planification resurfaçage

Status: AUT



L: 2.1

en

2009 15:14:07

vendredi 14 janvier 2011

# Planification resurfaçage

KEVISCH,AW

R

-12-1958 M  
1258RO10

Status: AUT



L: 2.1

en

2009 15:44:07

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# Planification resurfaçage

KEVISCH,AW

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Status: AUT



L: 2.1

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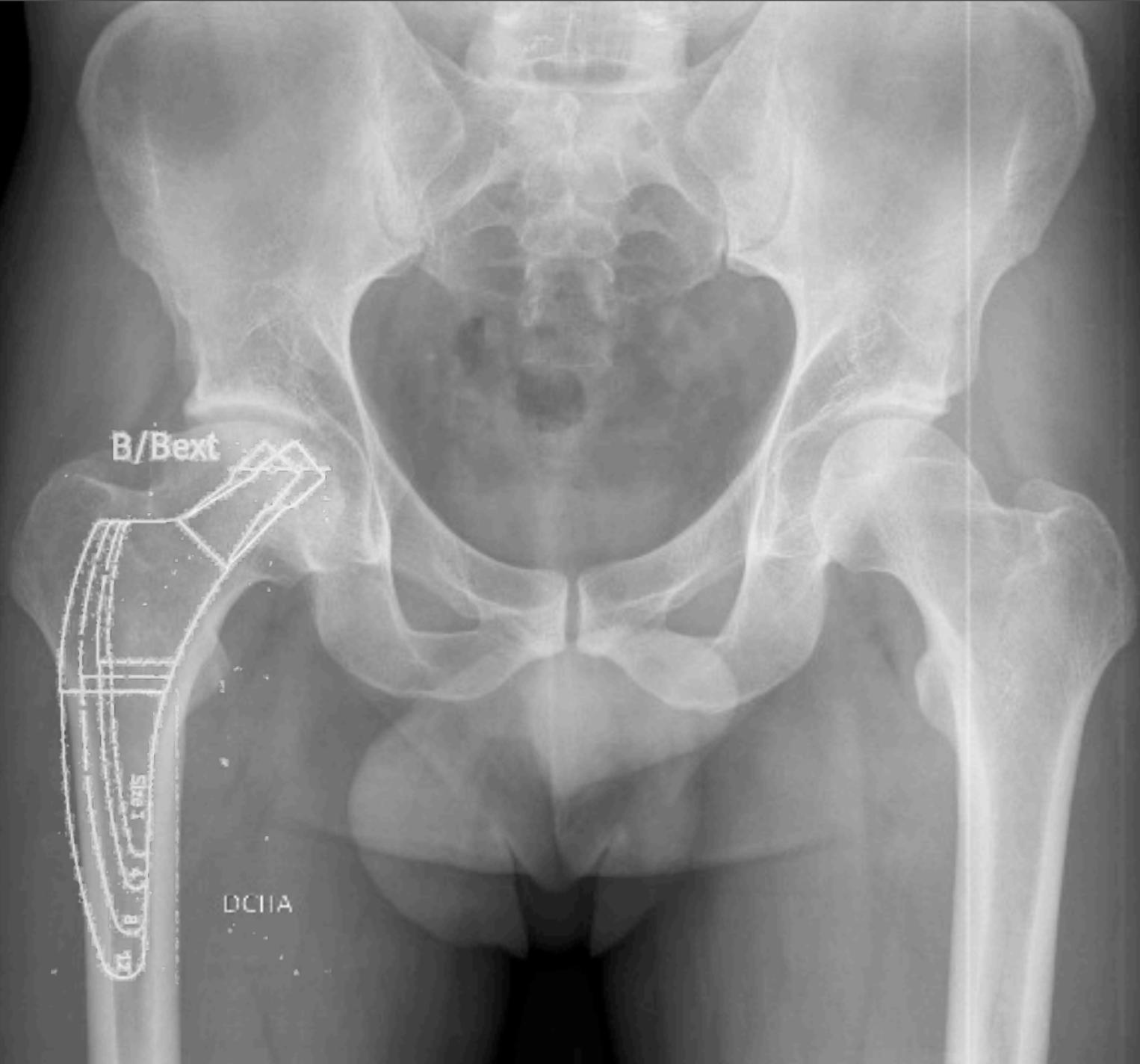
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# Planification tige courte/courbe







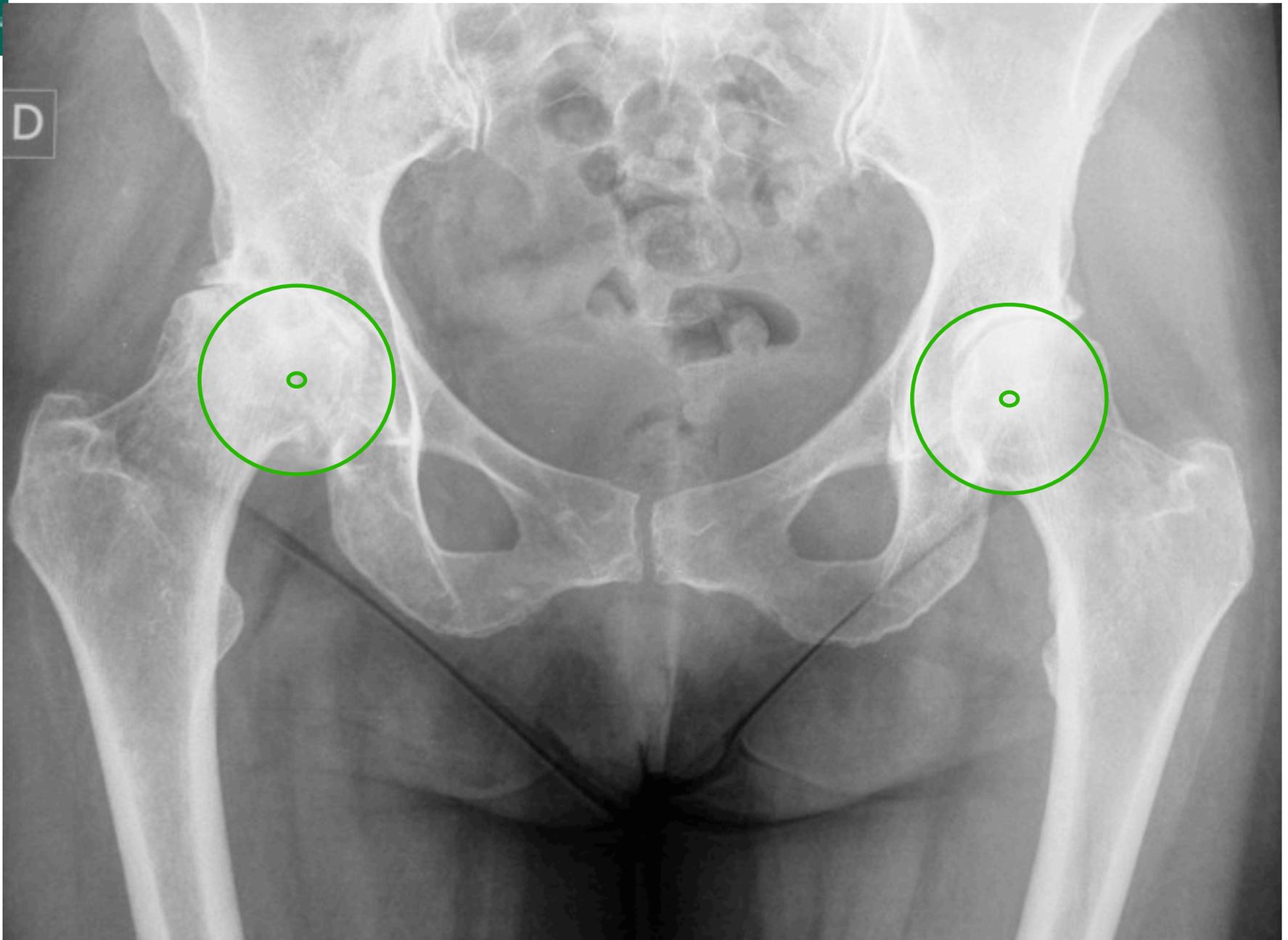
DC11A



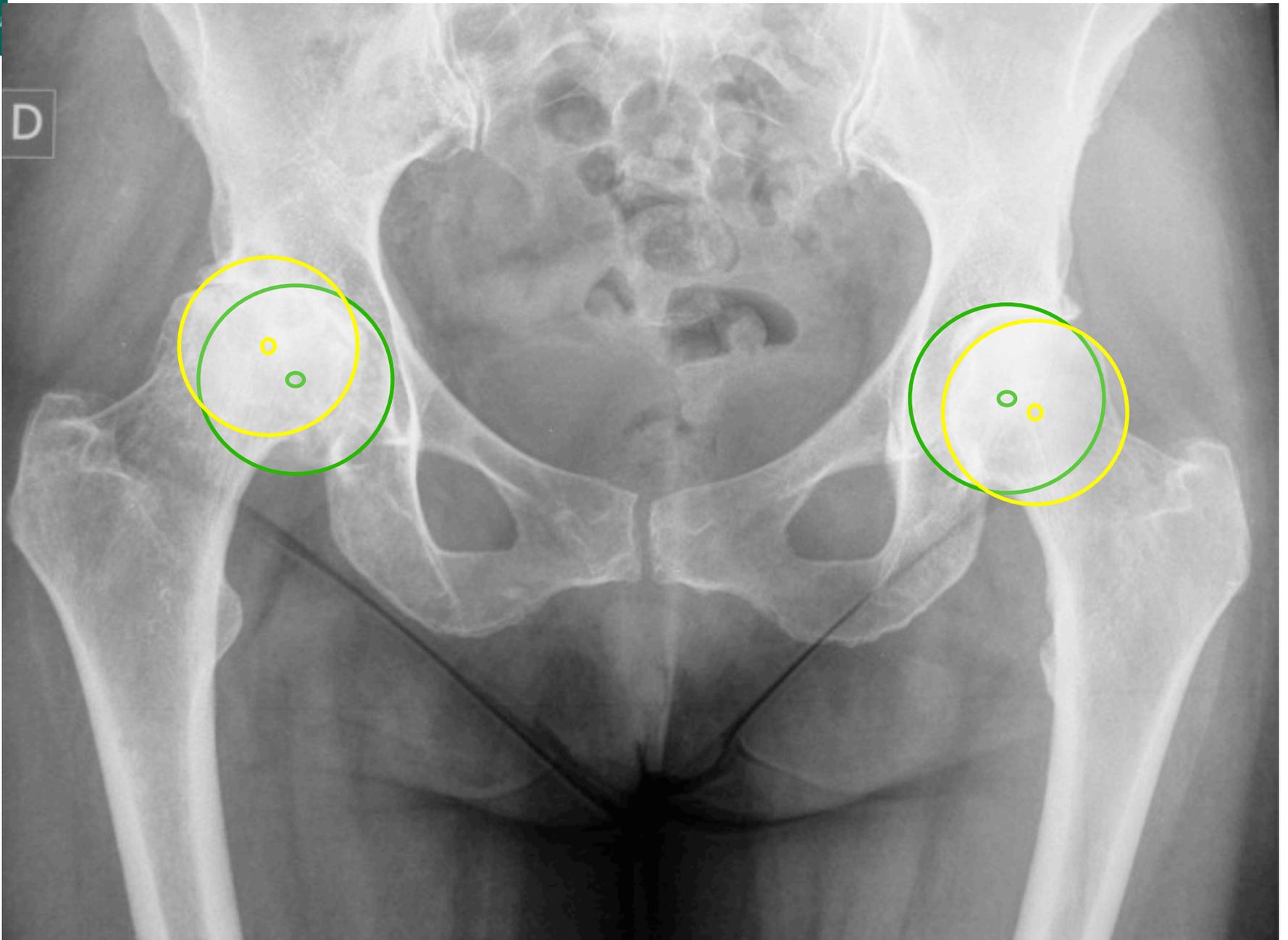
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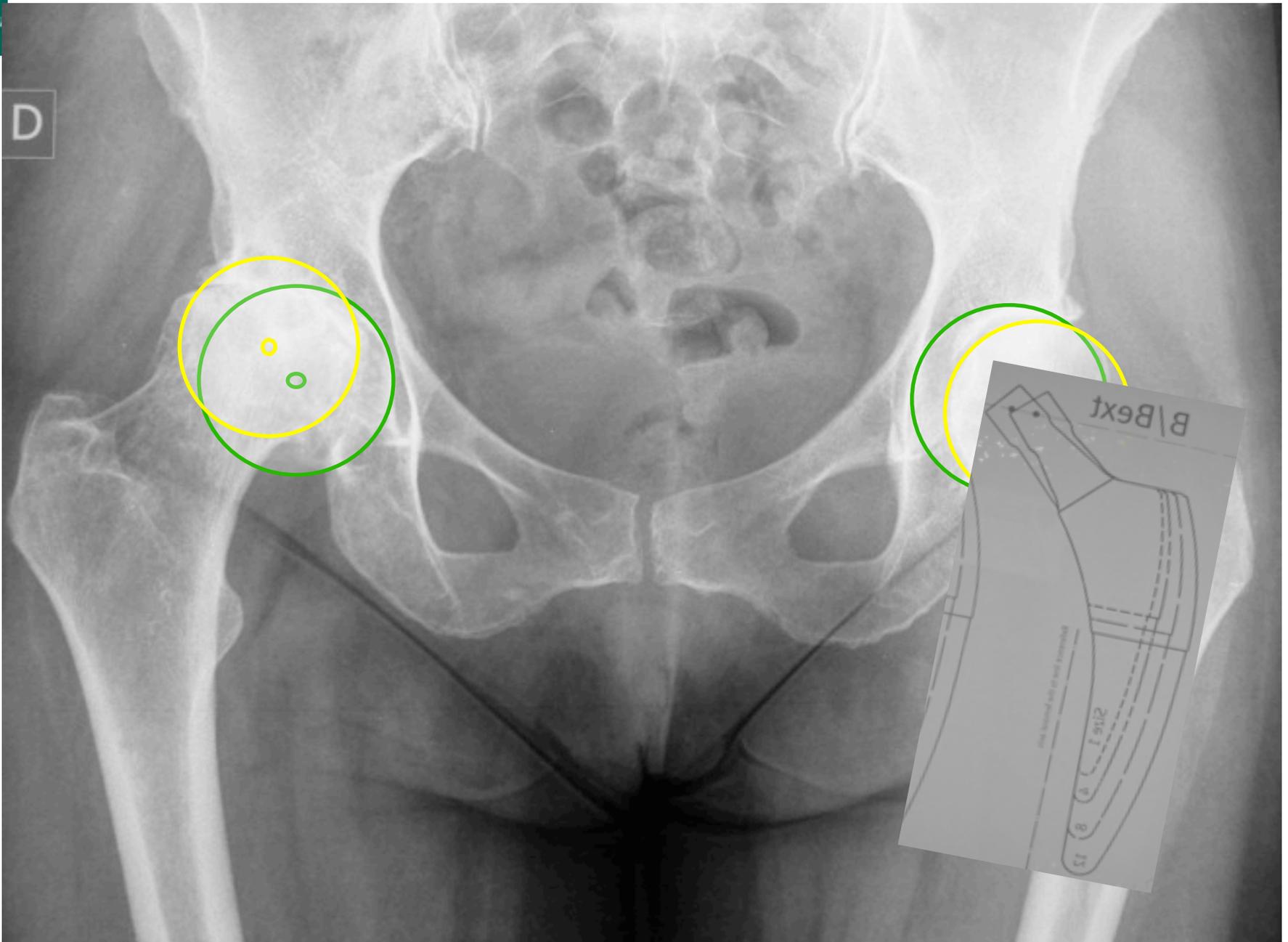
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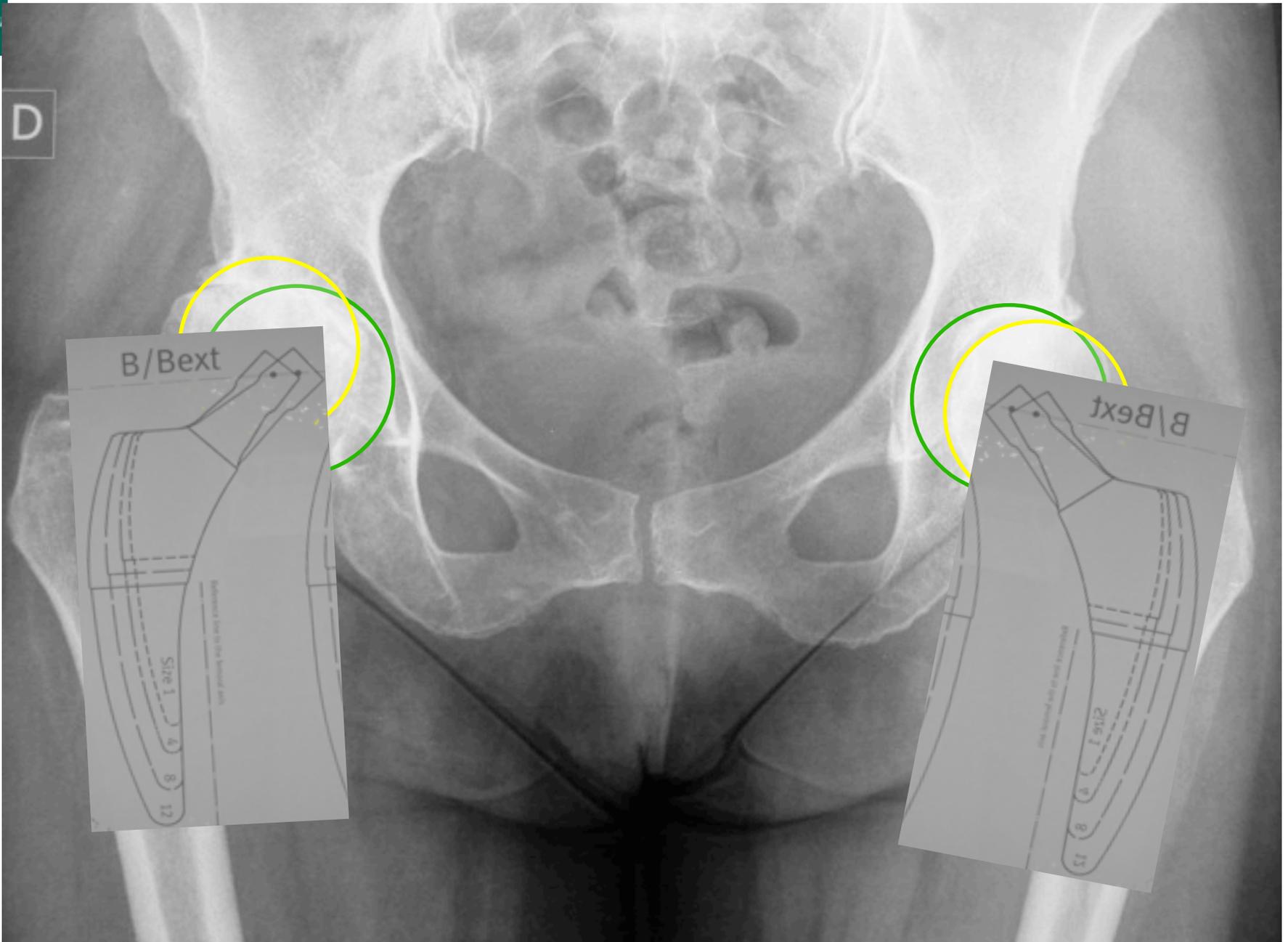
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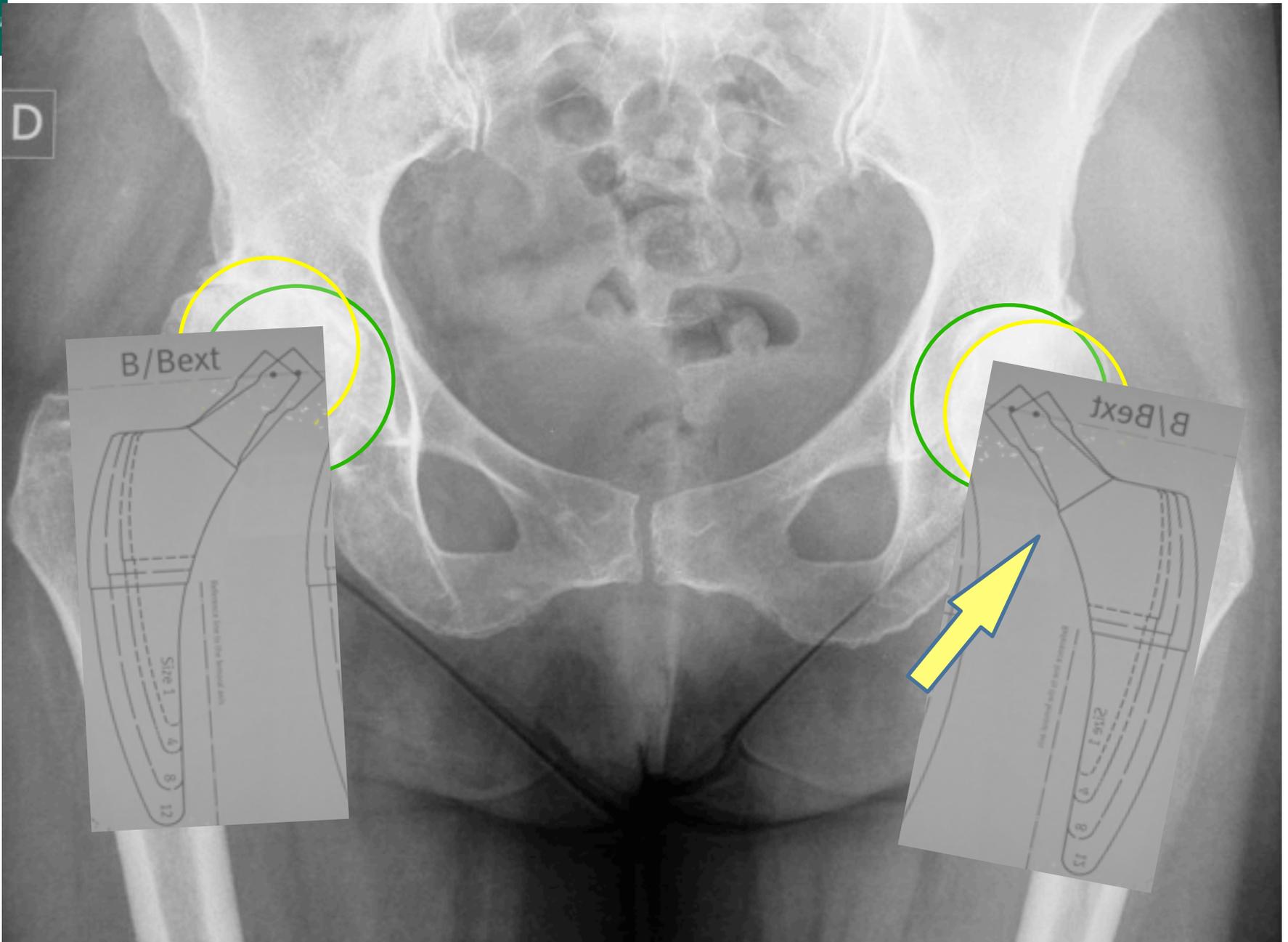
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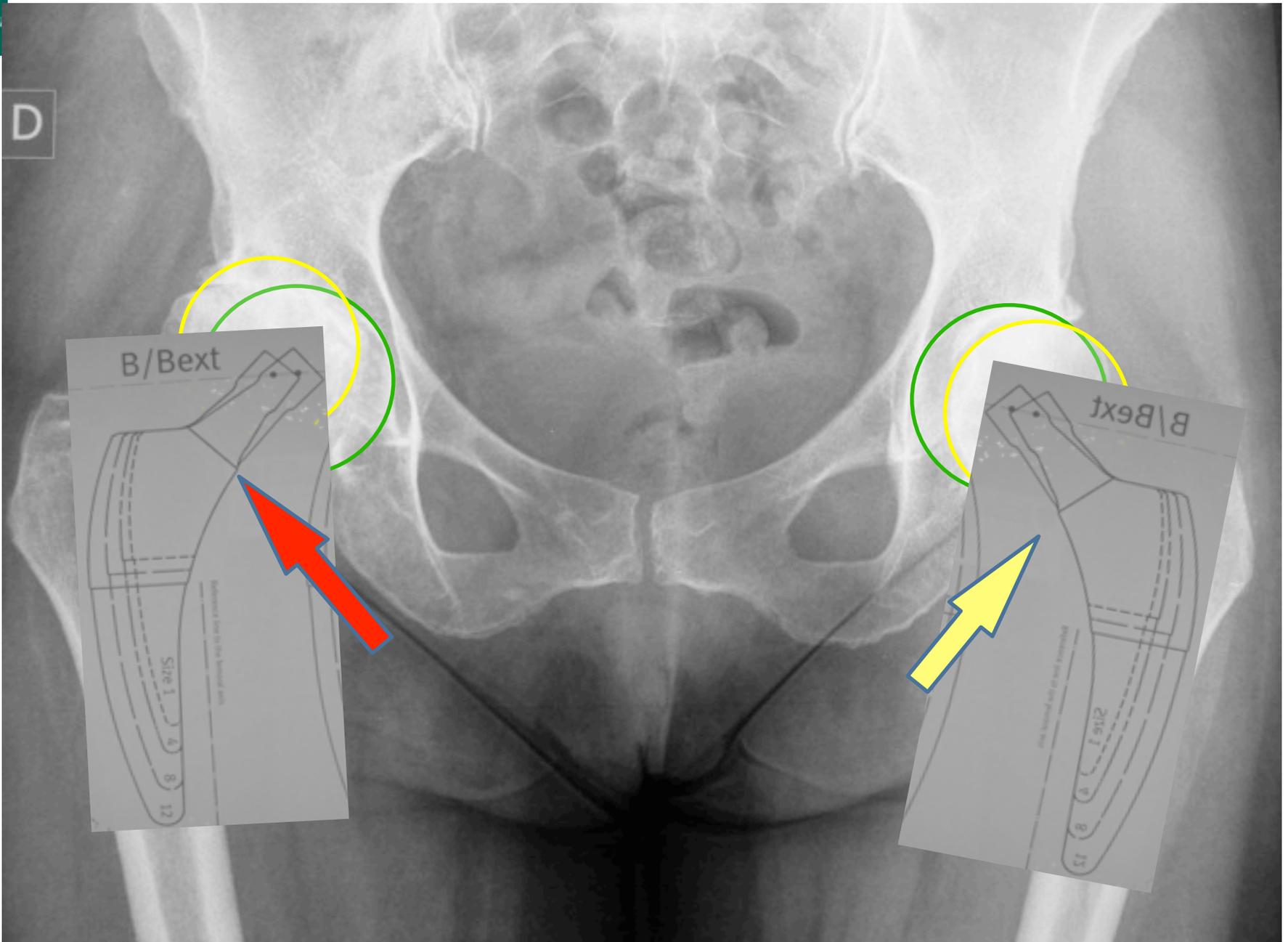
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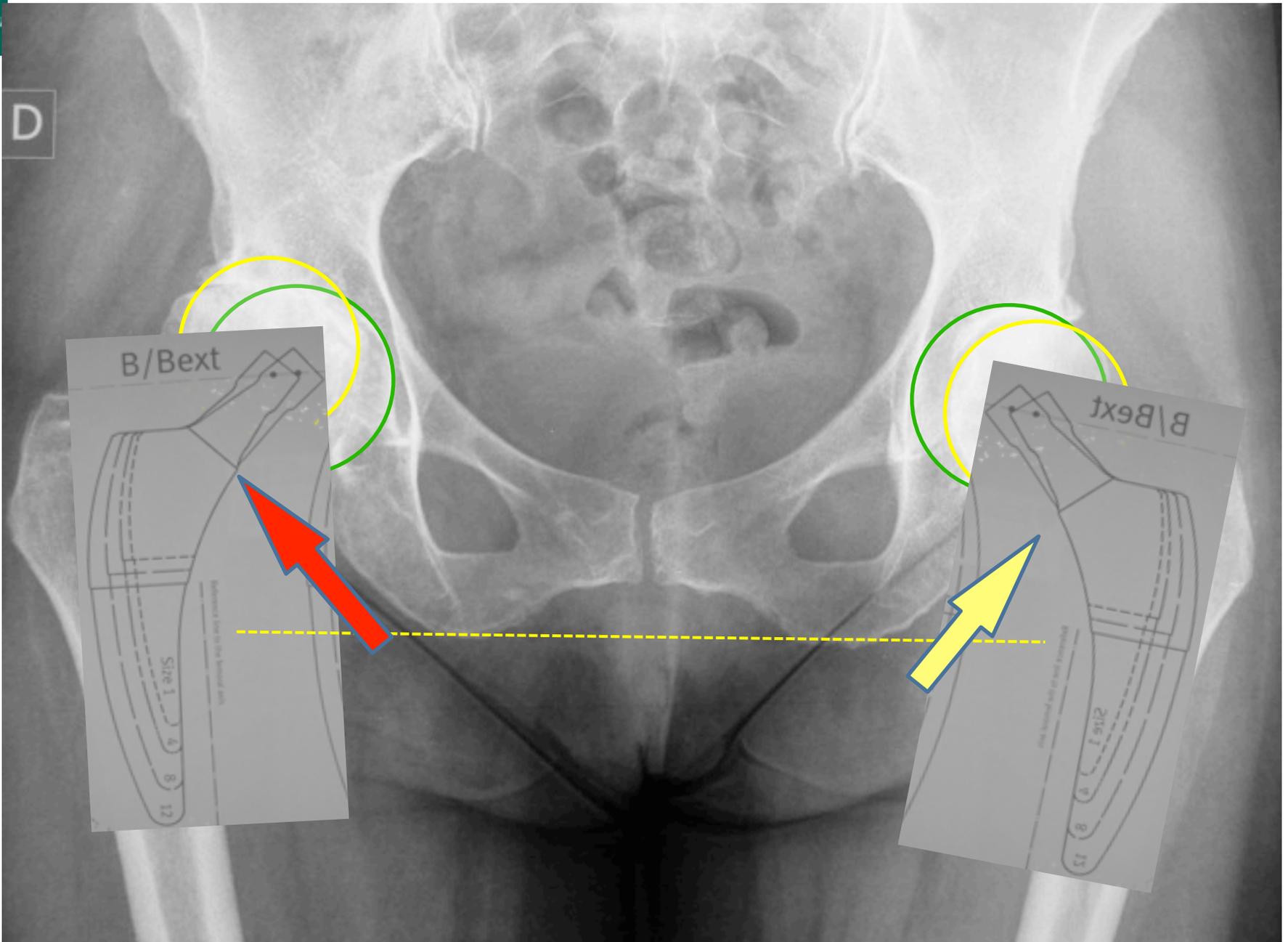
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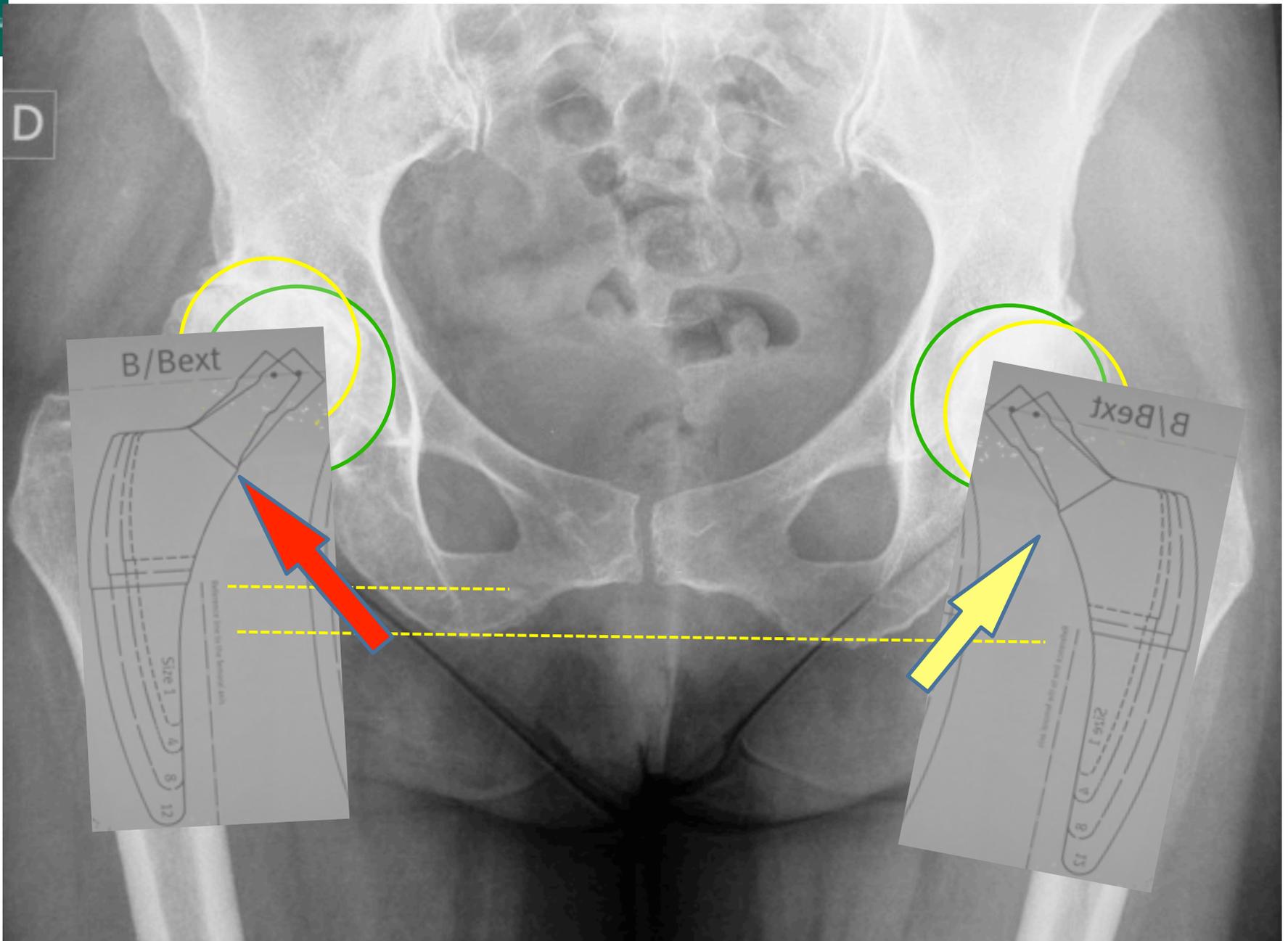
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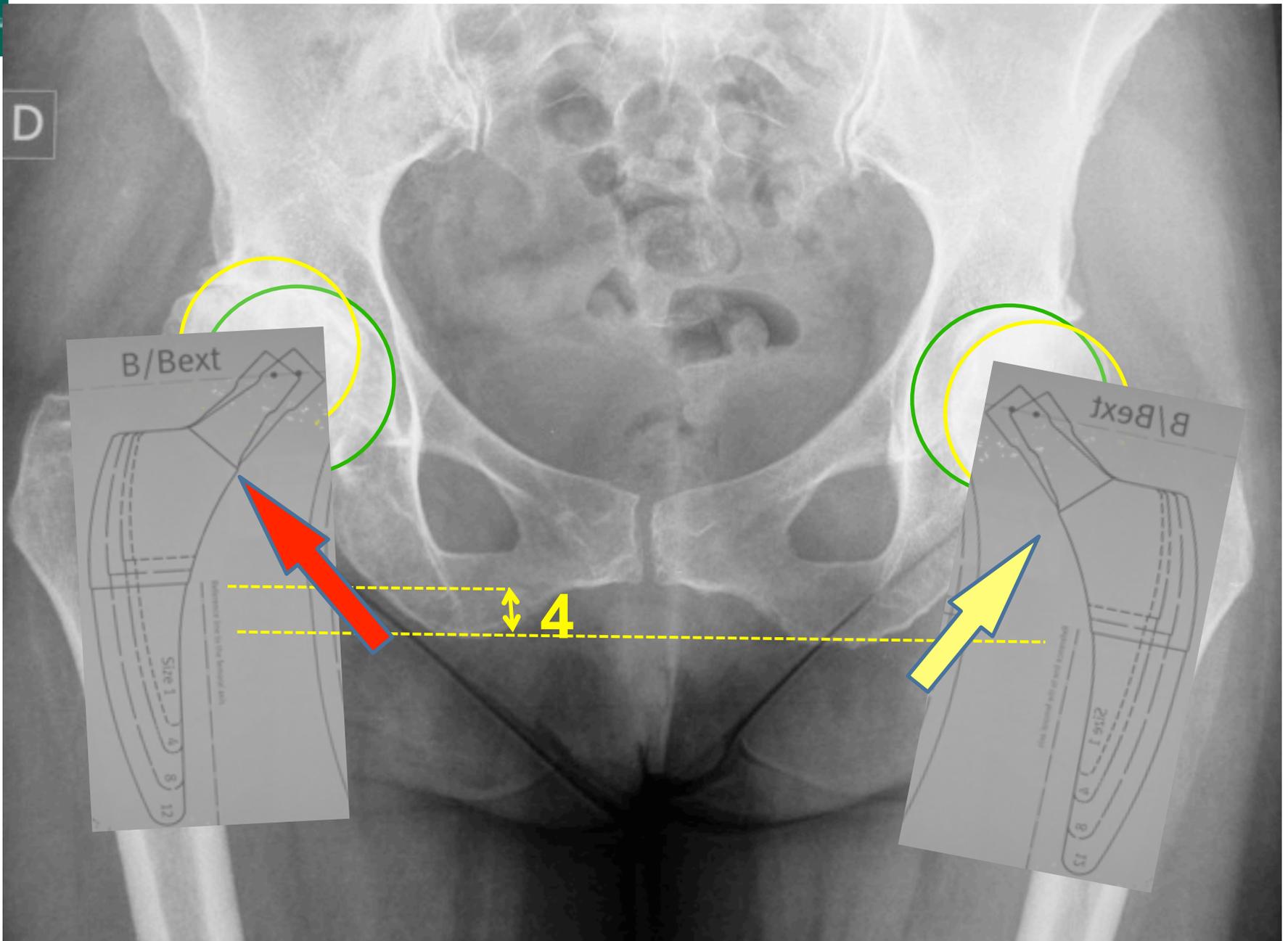
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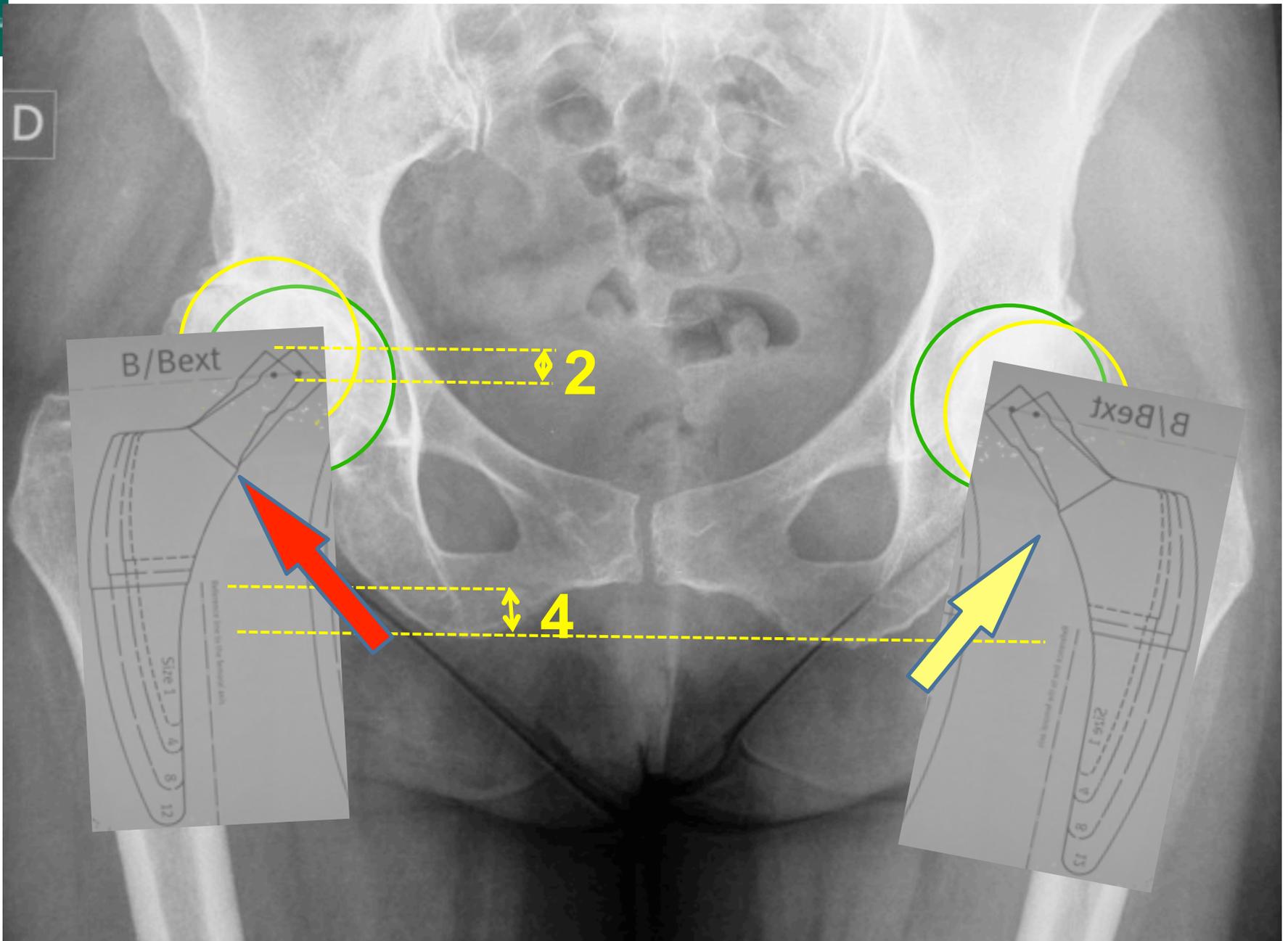
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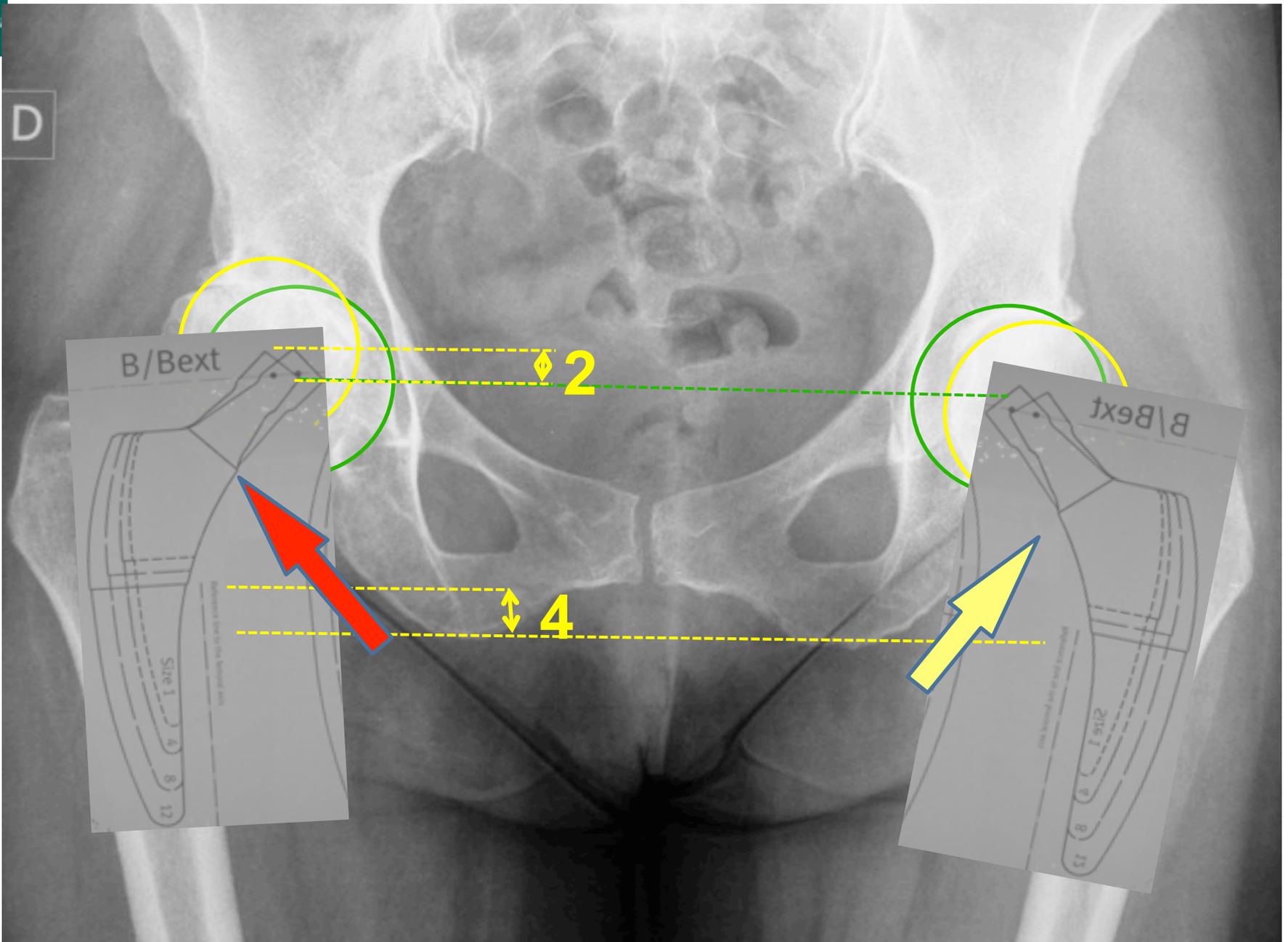
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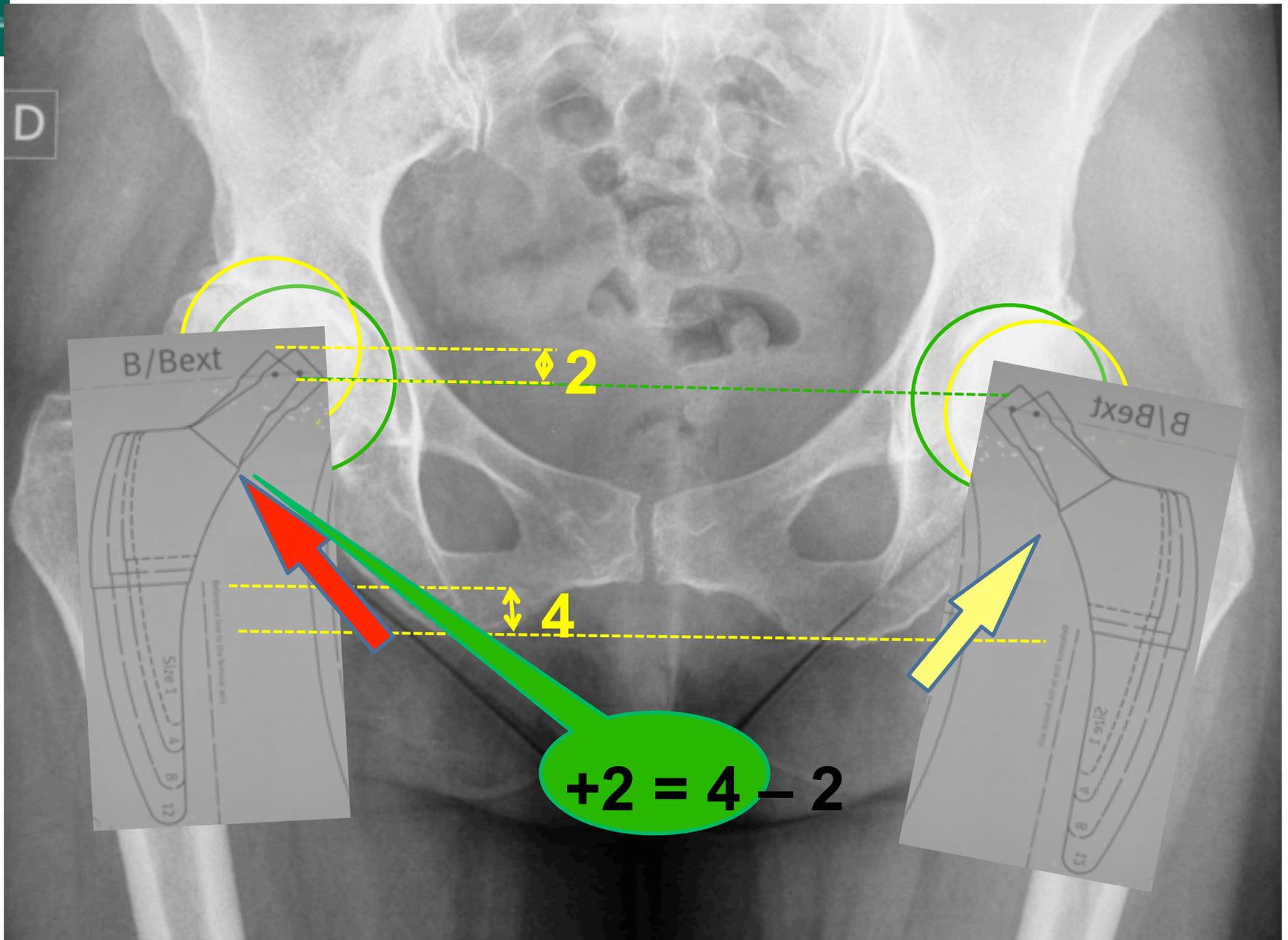
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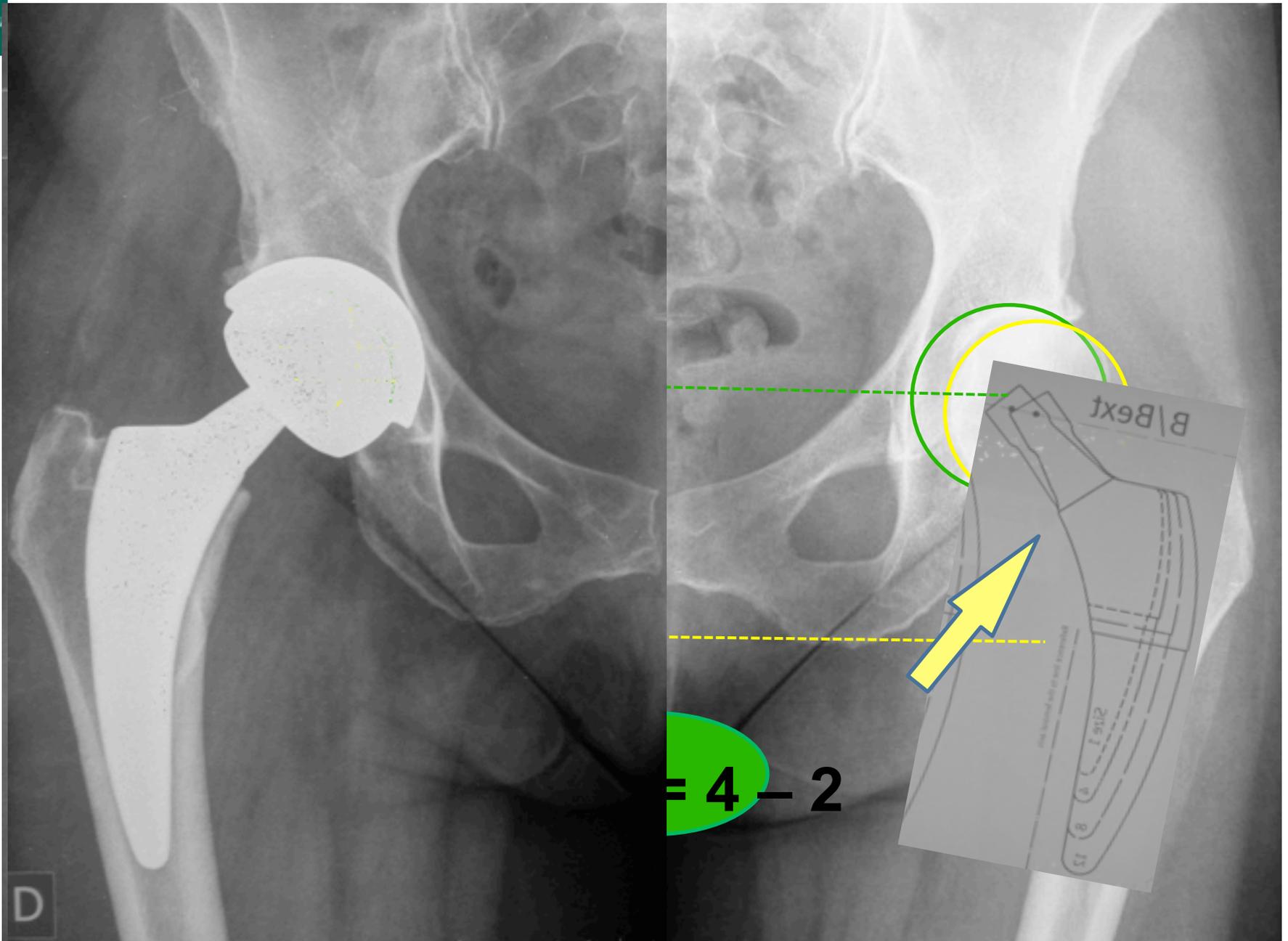
# Planification tige courte/courbe + simple



# Planification tige courte/courbe + simple



# Planification tige courte/courbe + simple





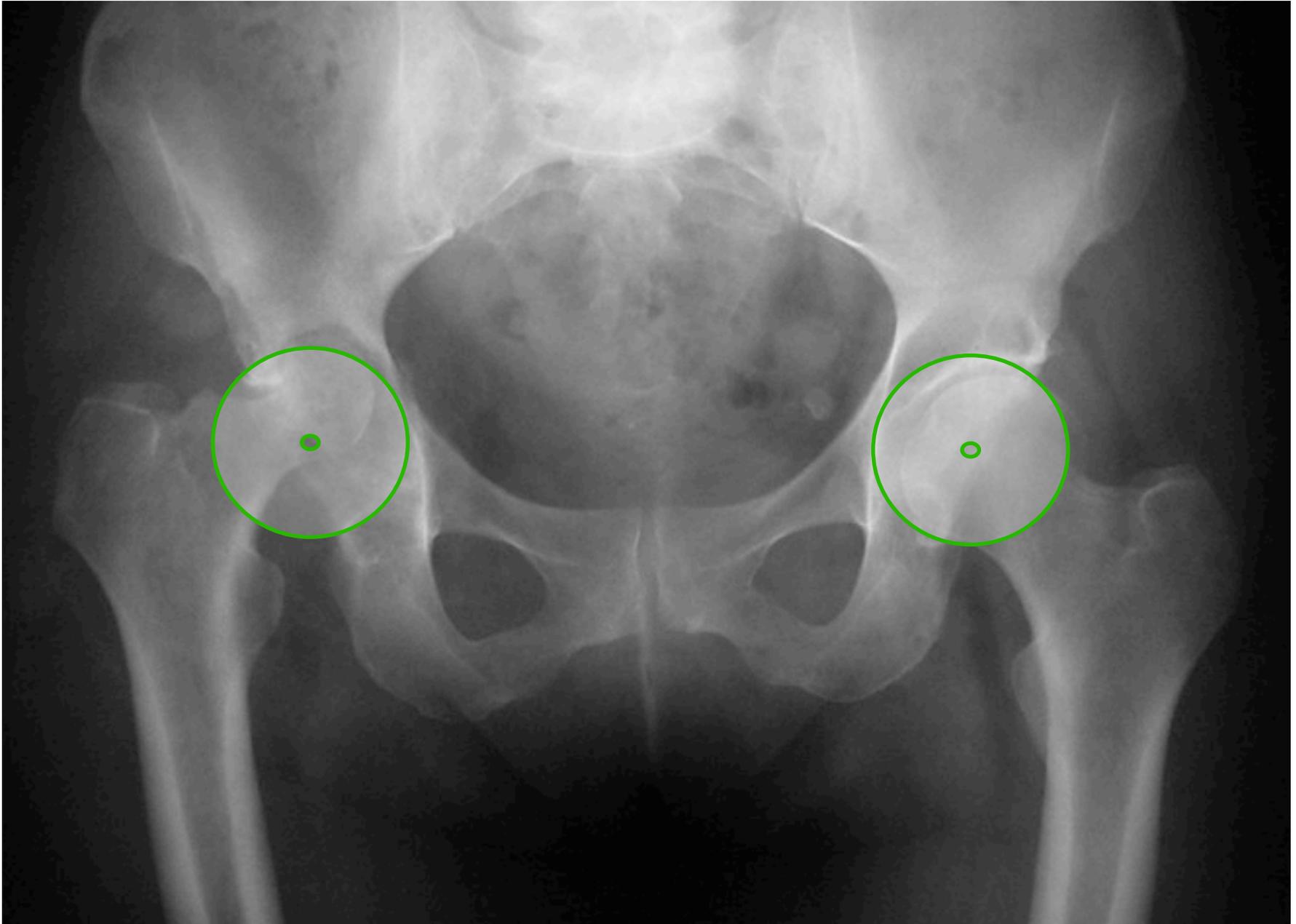
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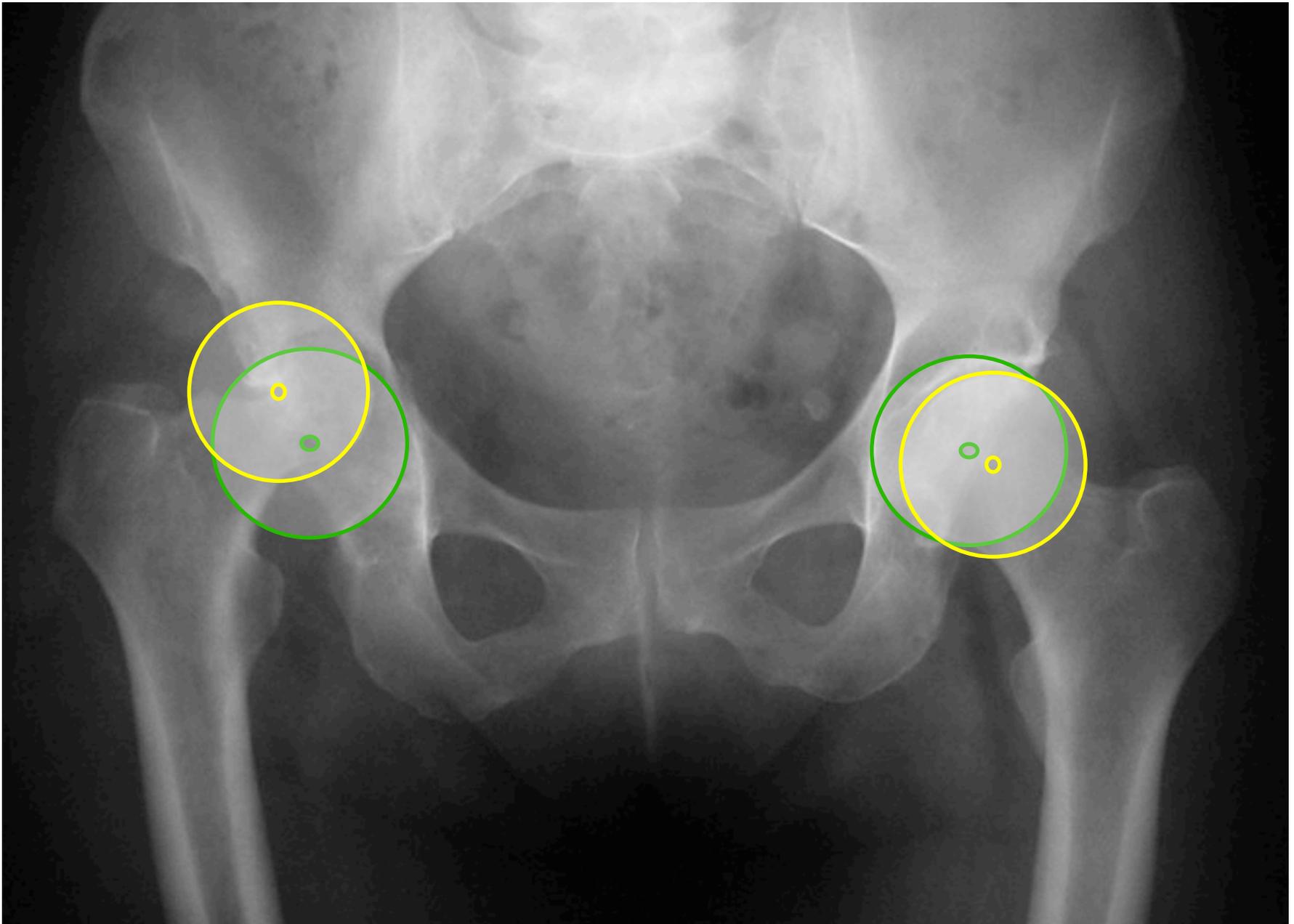
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# Planification tige courte/courbe + complexe

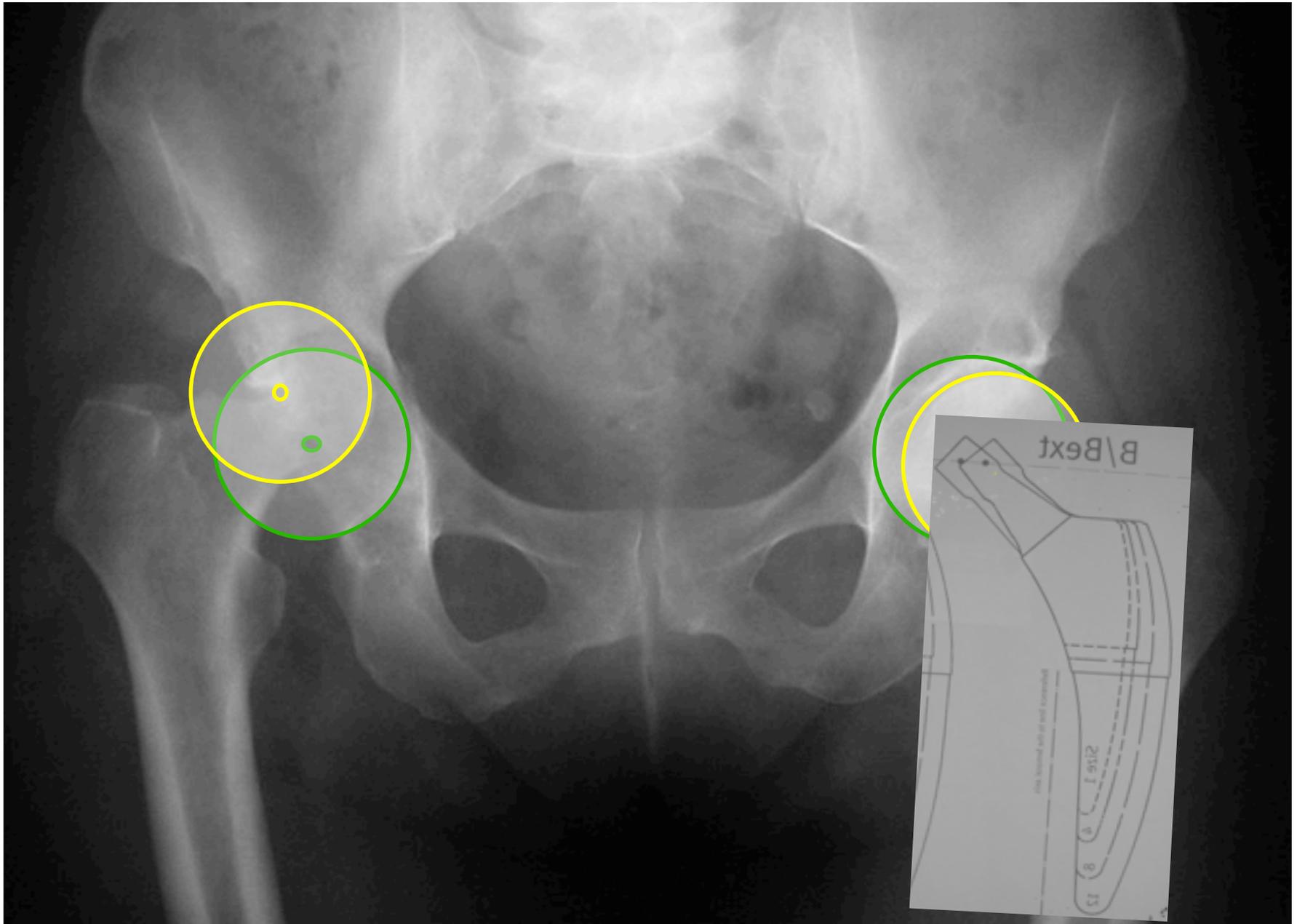


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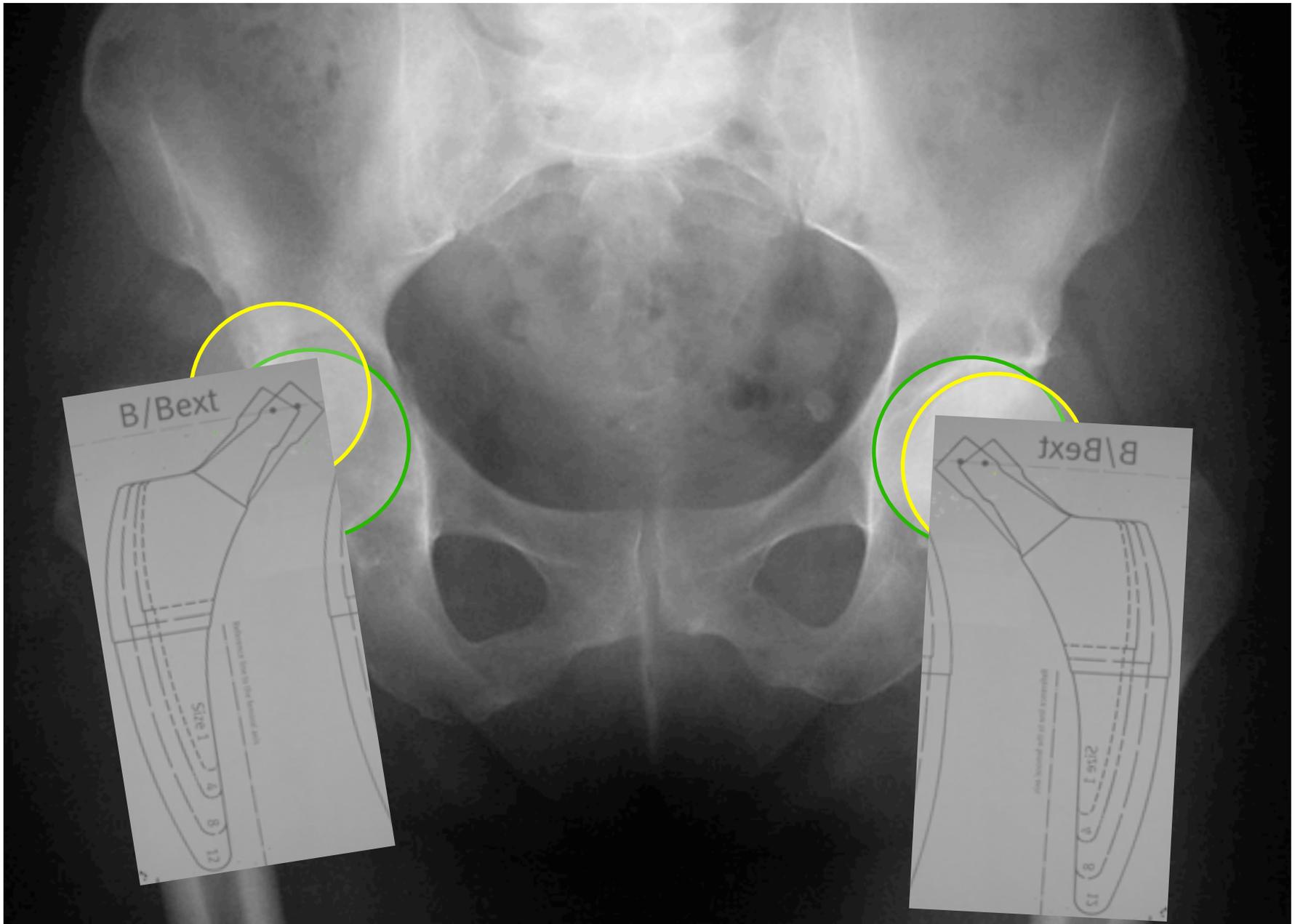




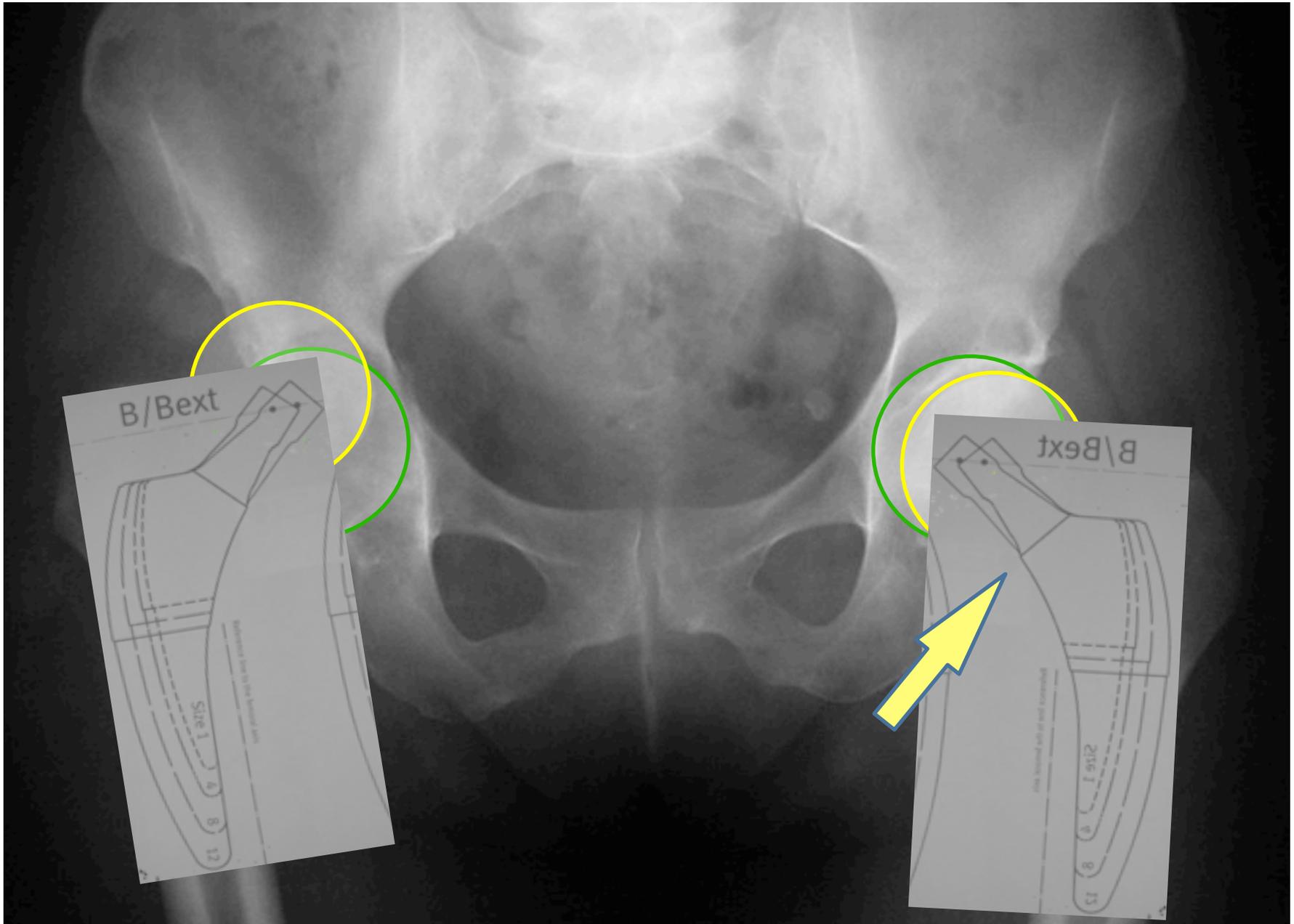
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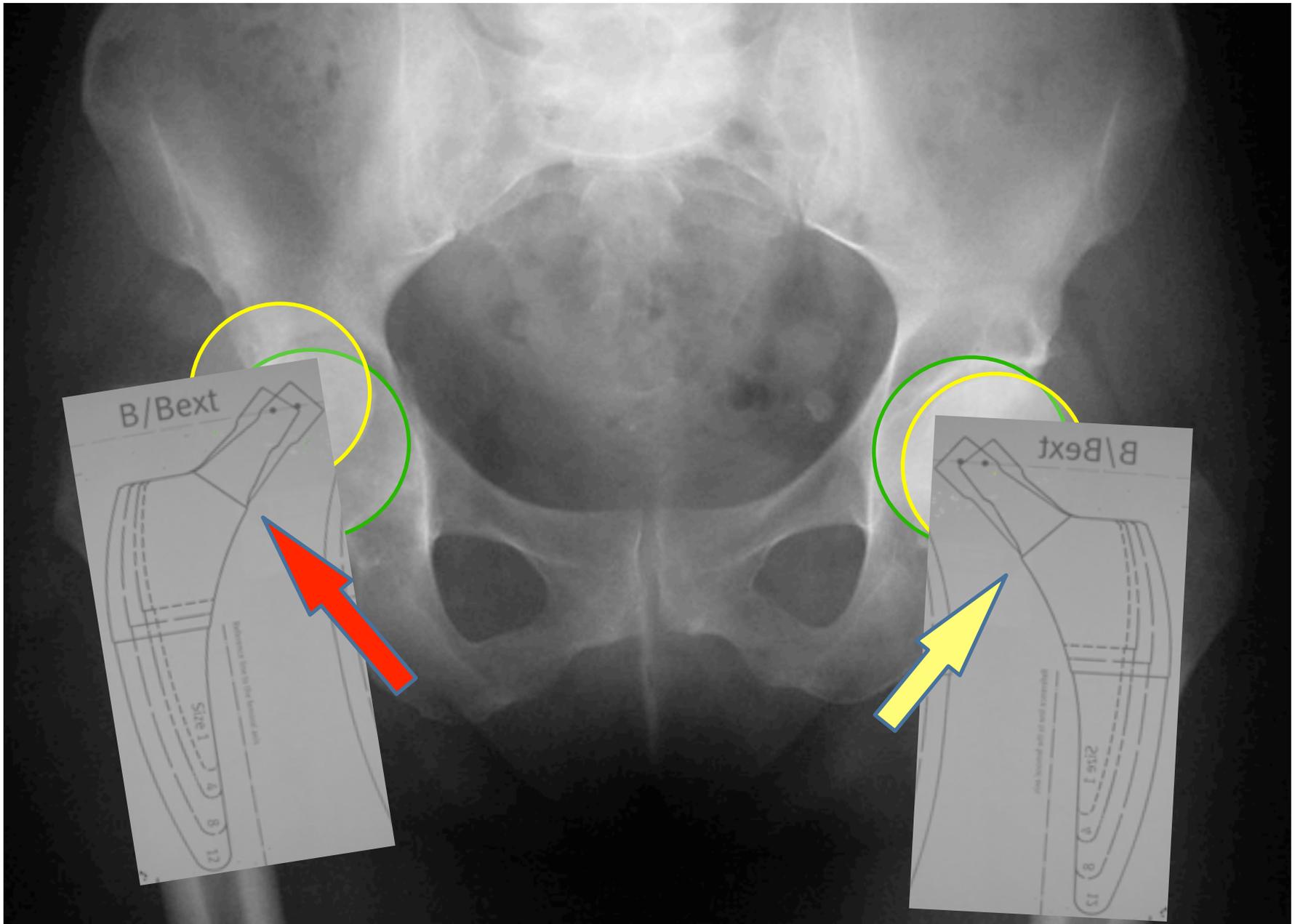
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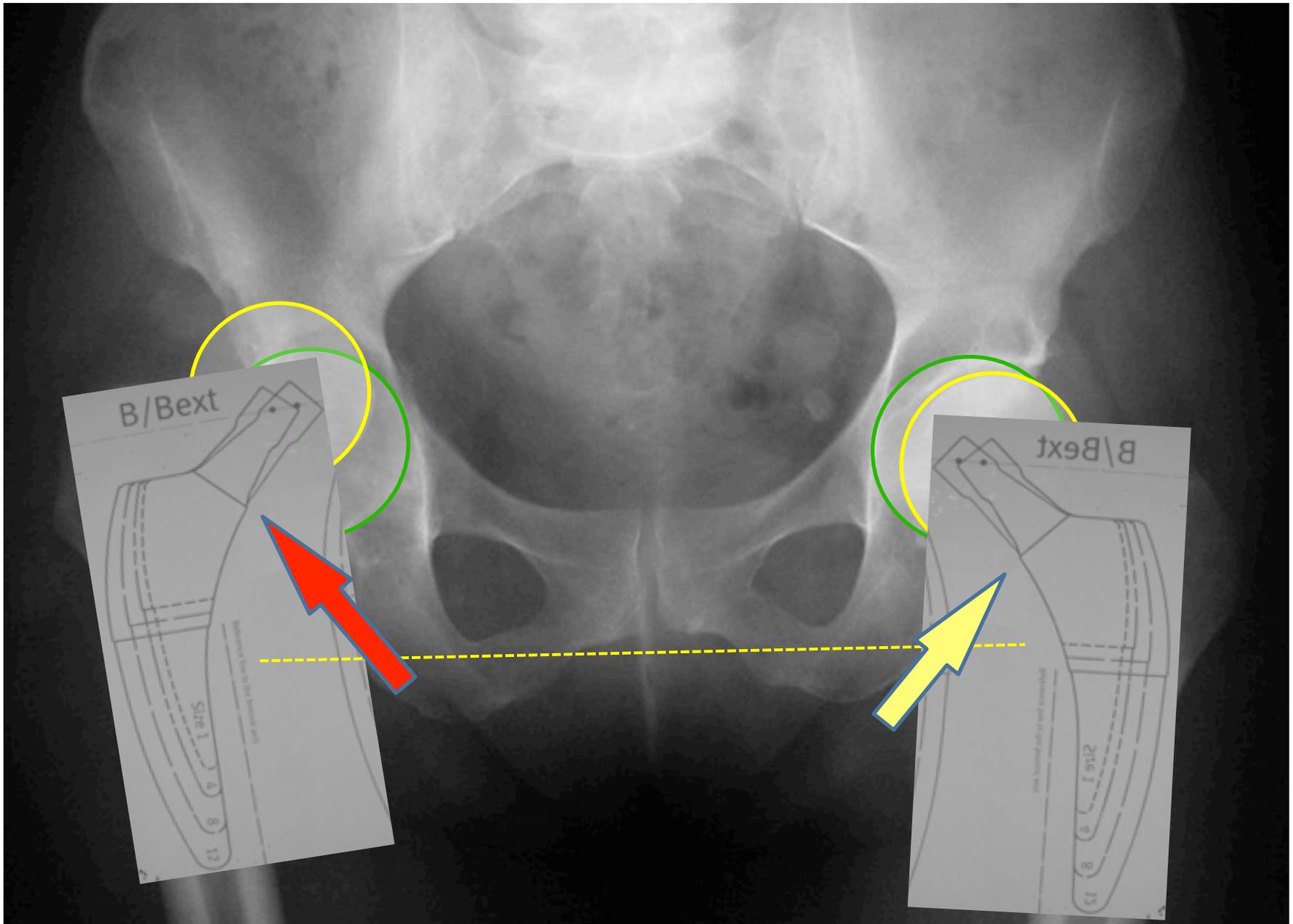
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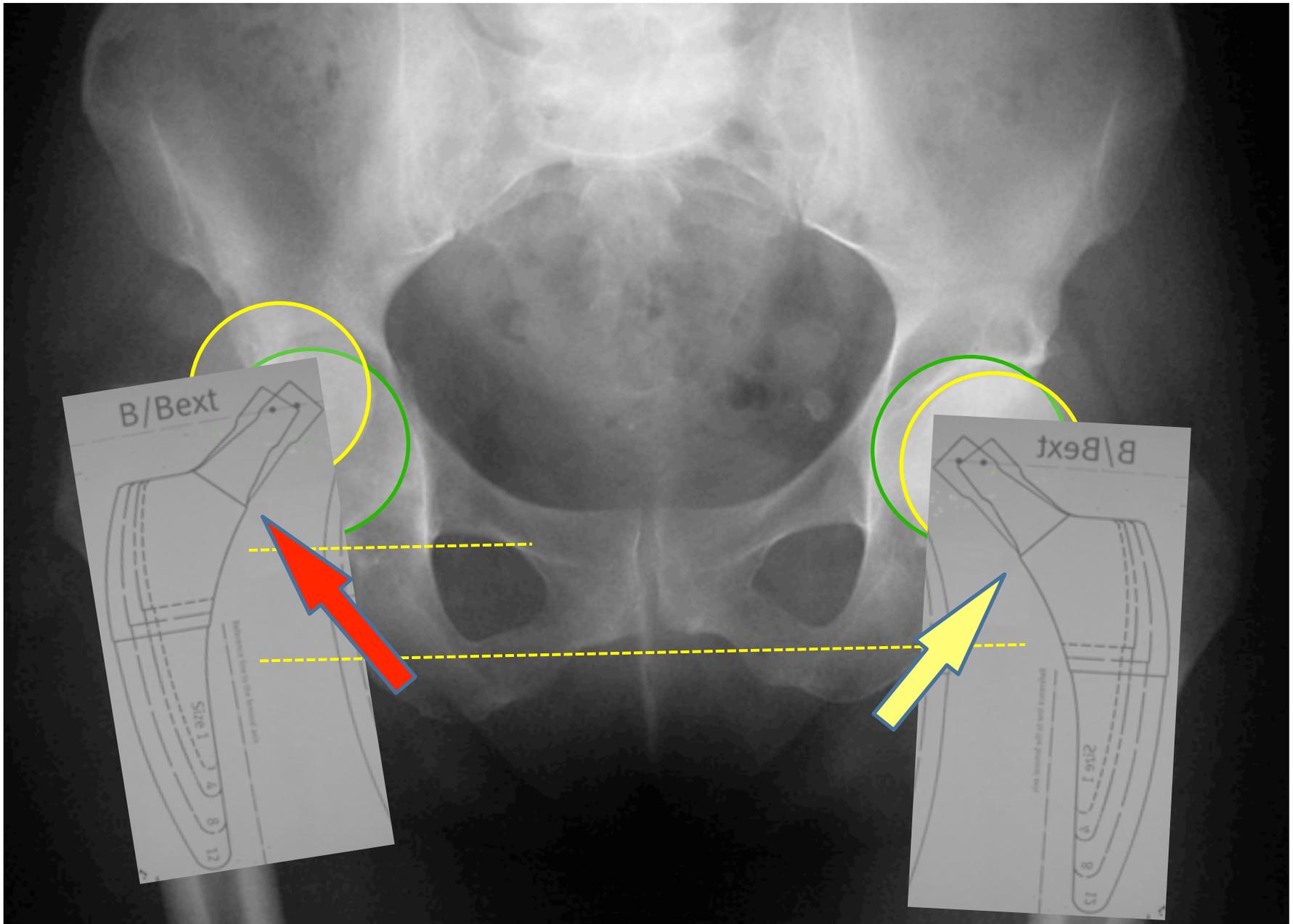
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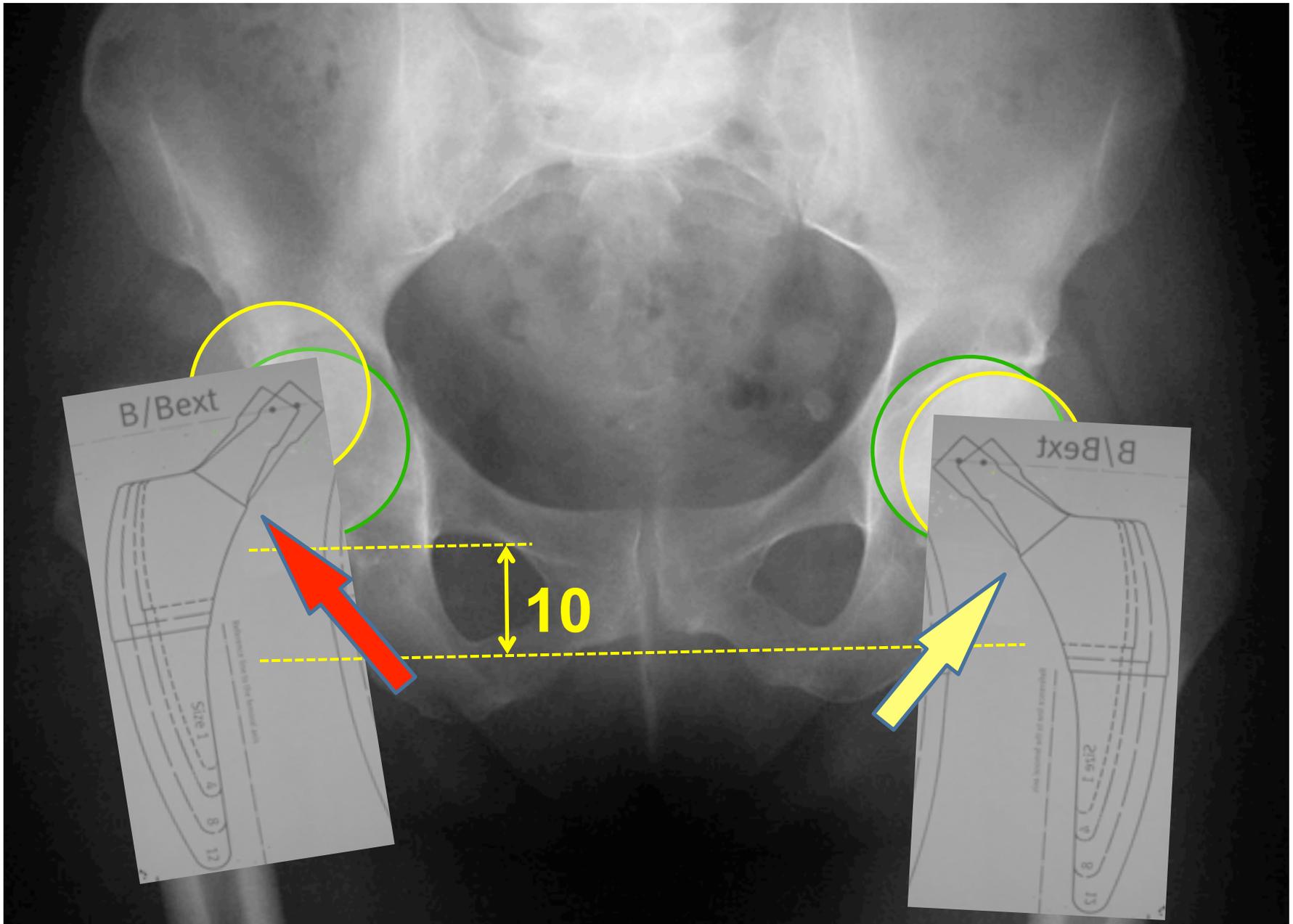
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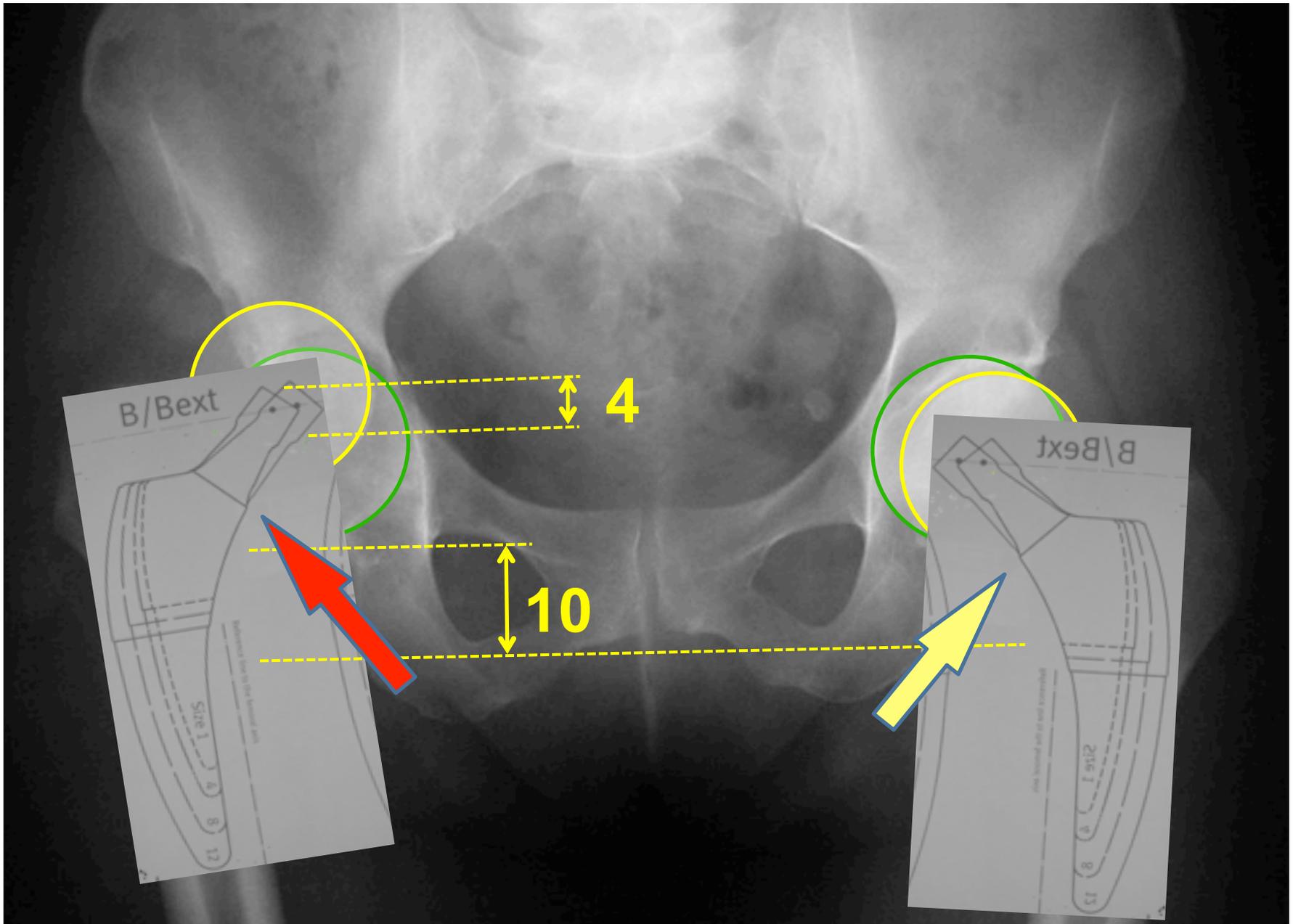
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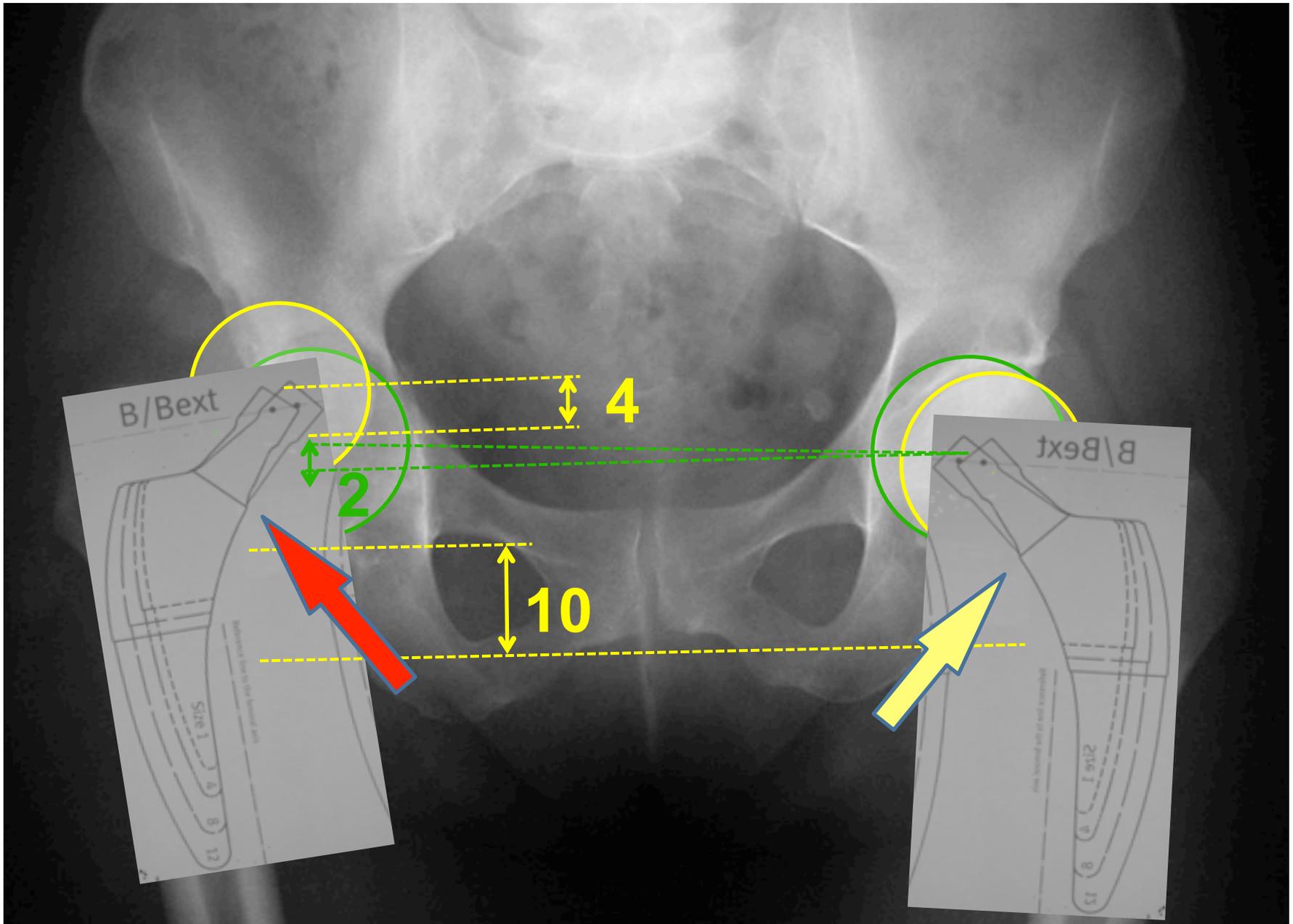
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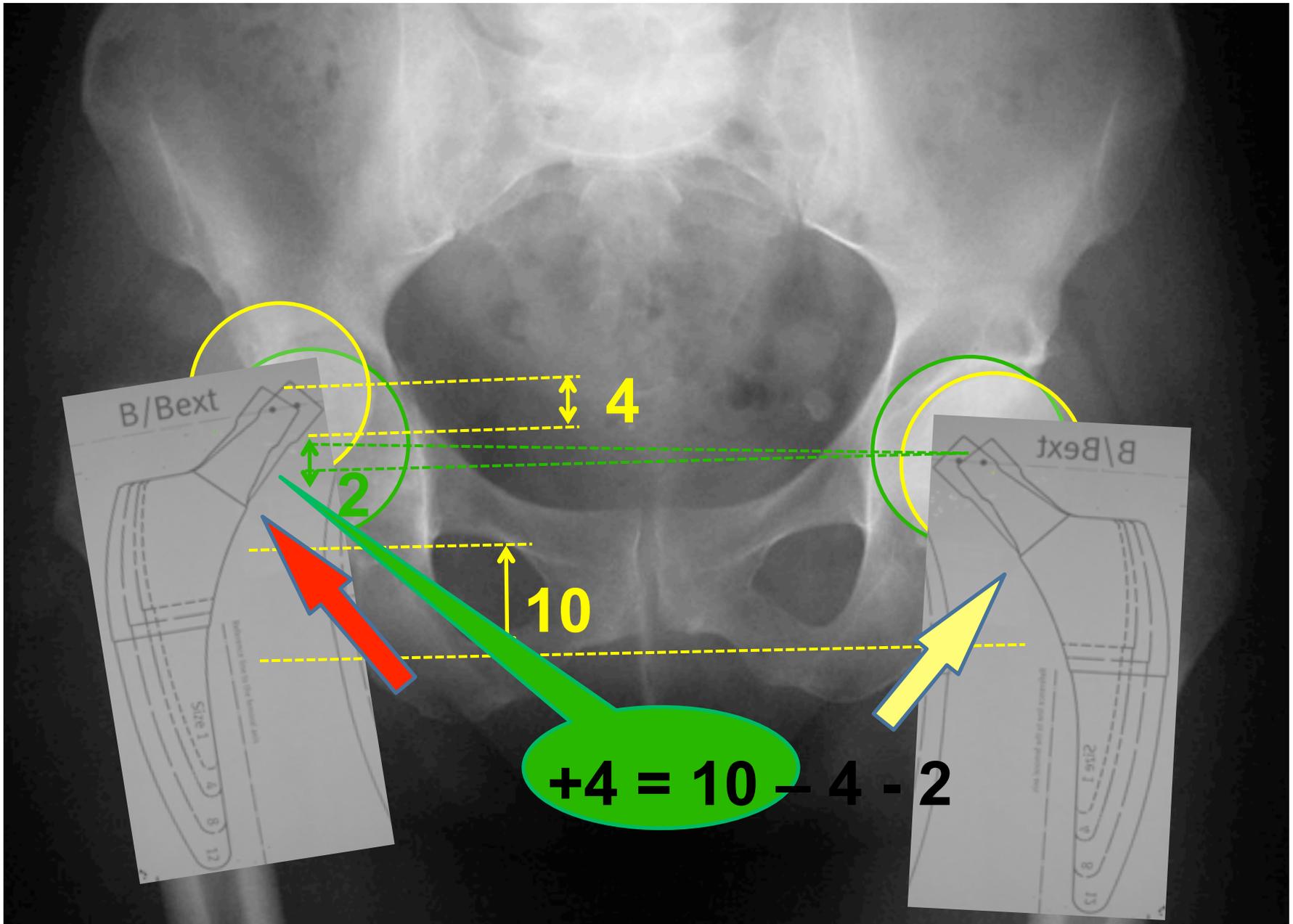
# Planification tige courte/courbe + complexe



# Planification tige courte/courbe + complexe



# Planification tige courte/courbe + complexe





# Planification PTH... une nécessité !

- Ne pas chausser tous les pieds avec le même modèle et/ou taille de chaussure
- Adapter les tiges aux morphologies osseuses
- Chaque patient à sa morphologie
- Chaque problème à sa solution

Merci !