

LUXACION DE CADERA: MIS TECNICAS FAVORITAS

A.V.E.P.A

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Luxación de cadera

- 50 – 90 % de las luxaciones

- Traumáticas

- Displasia – predisposición



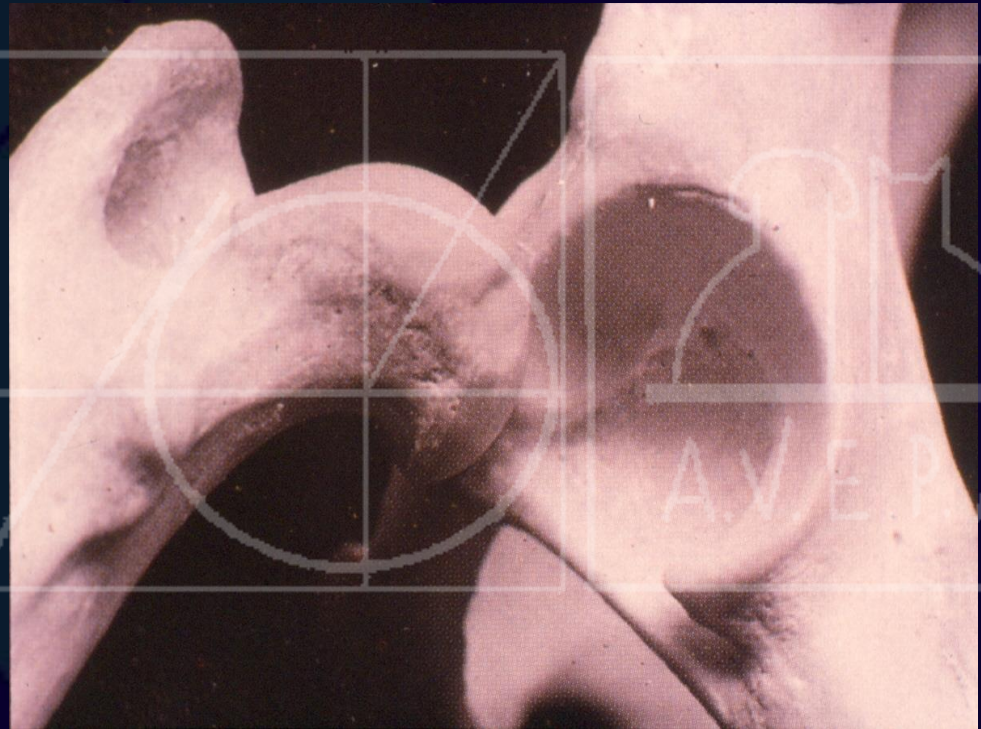
Articulación de la cadera

Componentes óseos

- Acetábulo
- Cabeza femoral

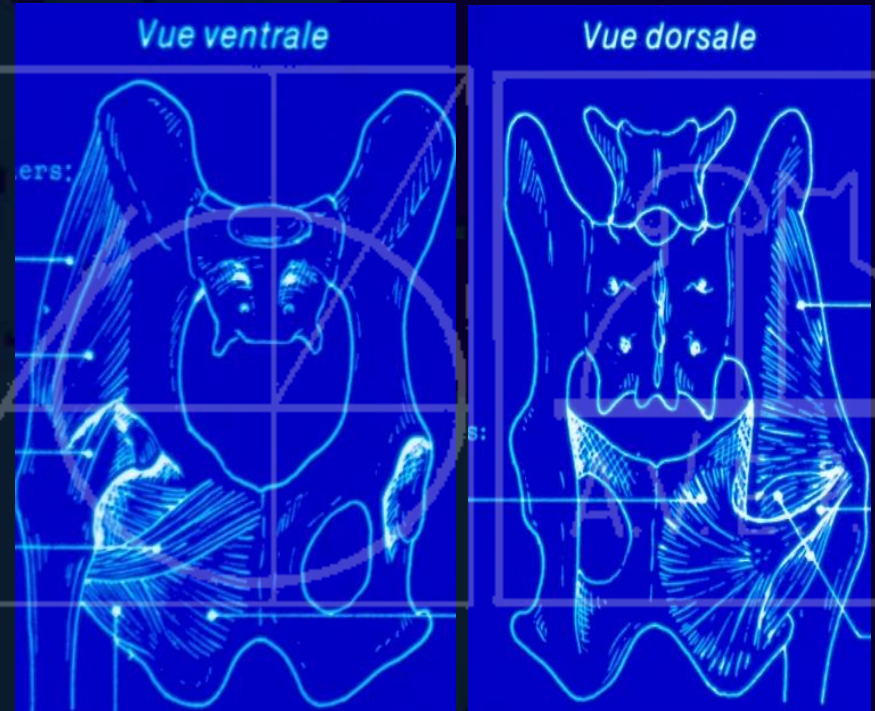
Elementos de fijación (rotos ambos en luxación)

- Capsula articular.
- Ligamento redondo



Envoltura muscular

- Cranealmente: Recto de cadera y pequeño articular
- Dorsalmente: Glúteos
- Caudalmente: Obturadores y gemelos
- Medialmente: Adductor



Finalidad del tratamiento

- Reducción de luxación

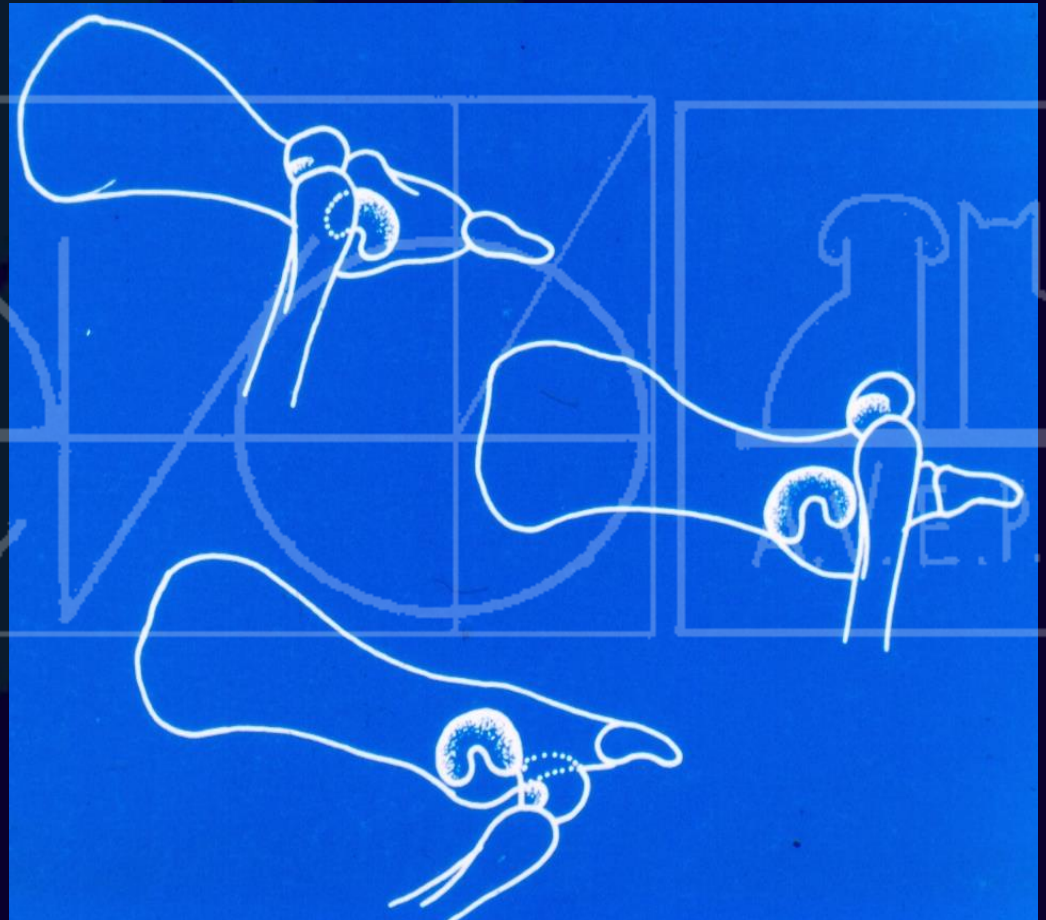
- Evitar recidivas

- Evitar inestabilidad → Artrosis



Tipos de luxaciones

- Craneodorsal.
- Caudodorsal
- Caudoventral (intrapélvica)



Tipos de luxaciones

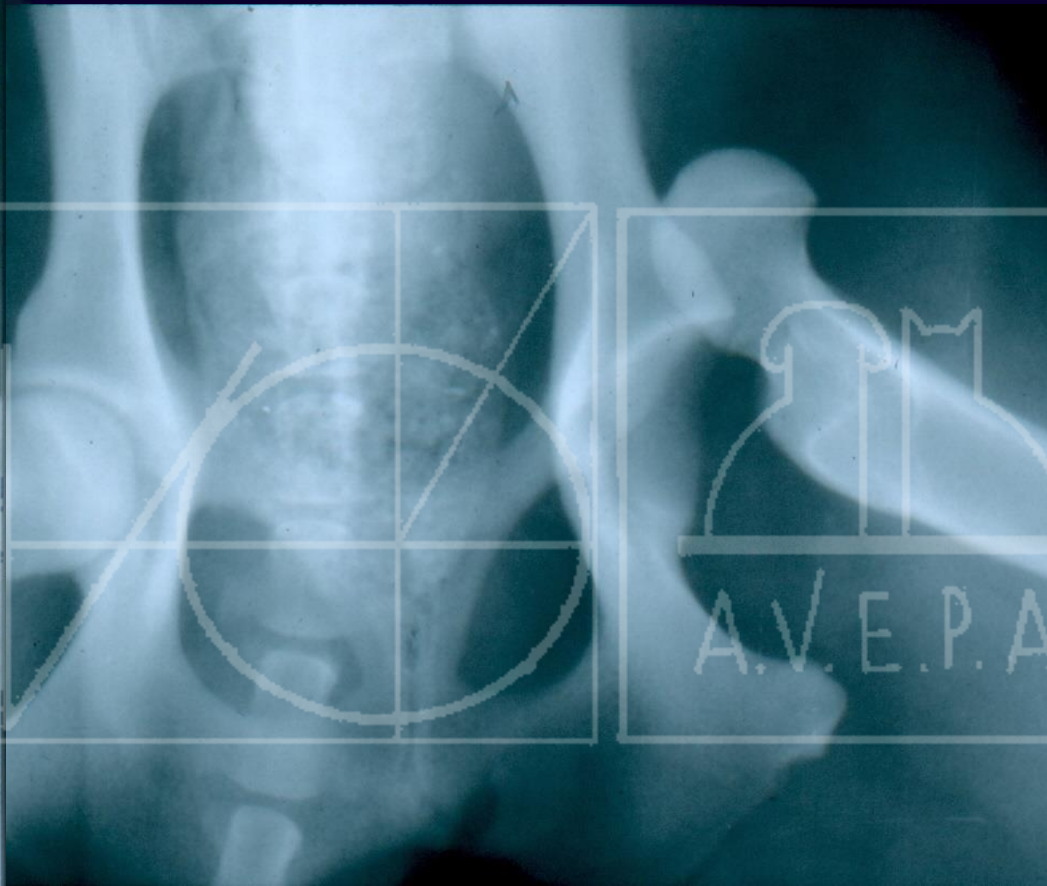
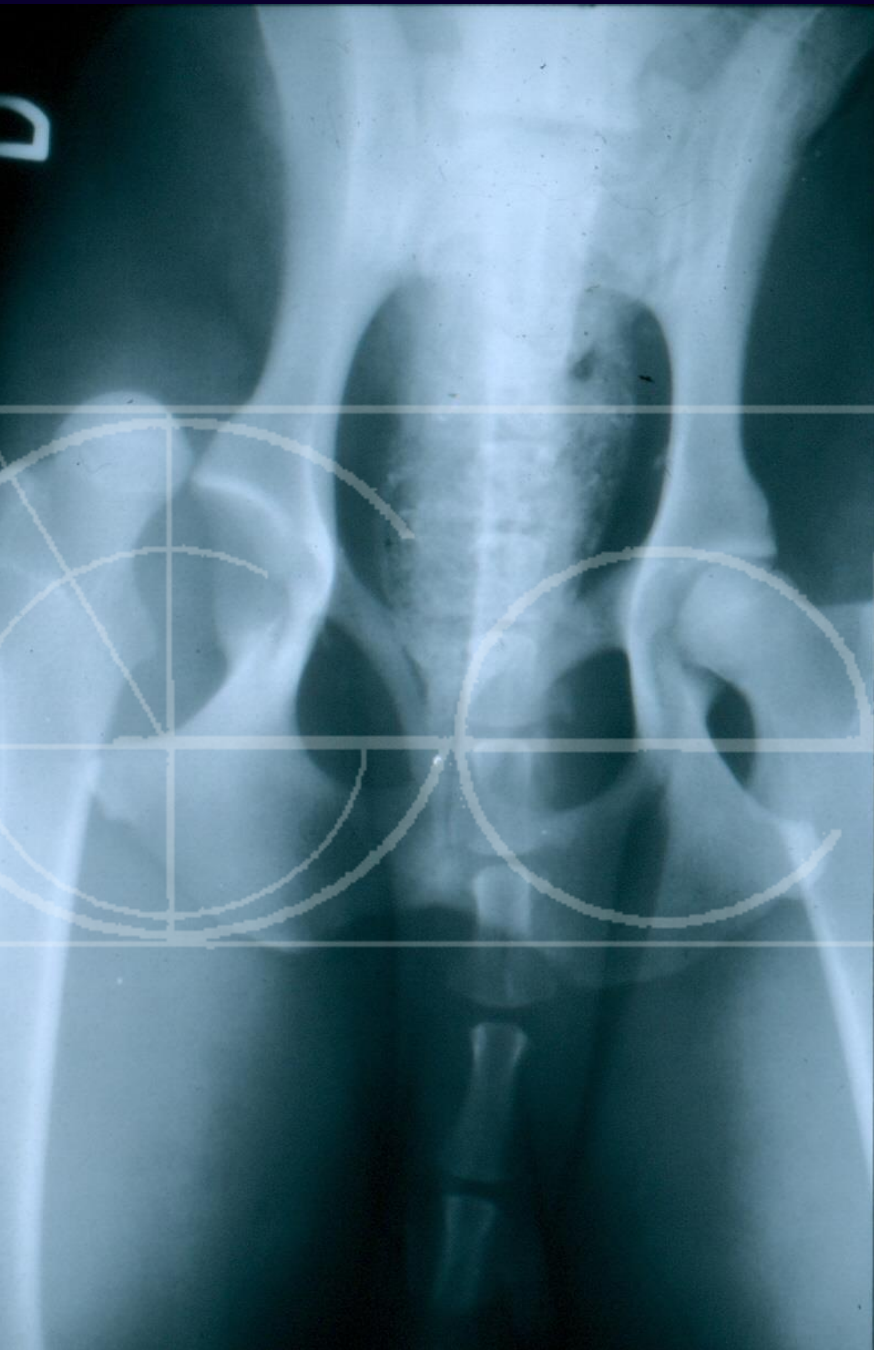
1. Craneodorsal

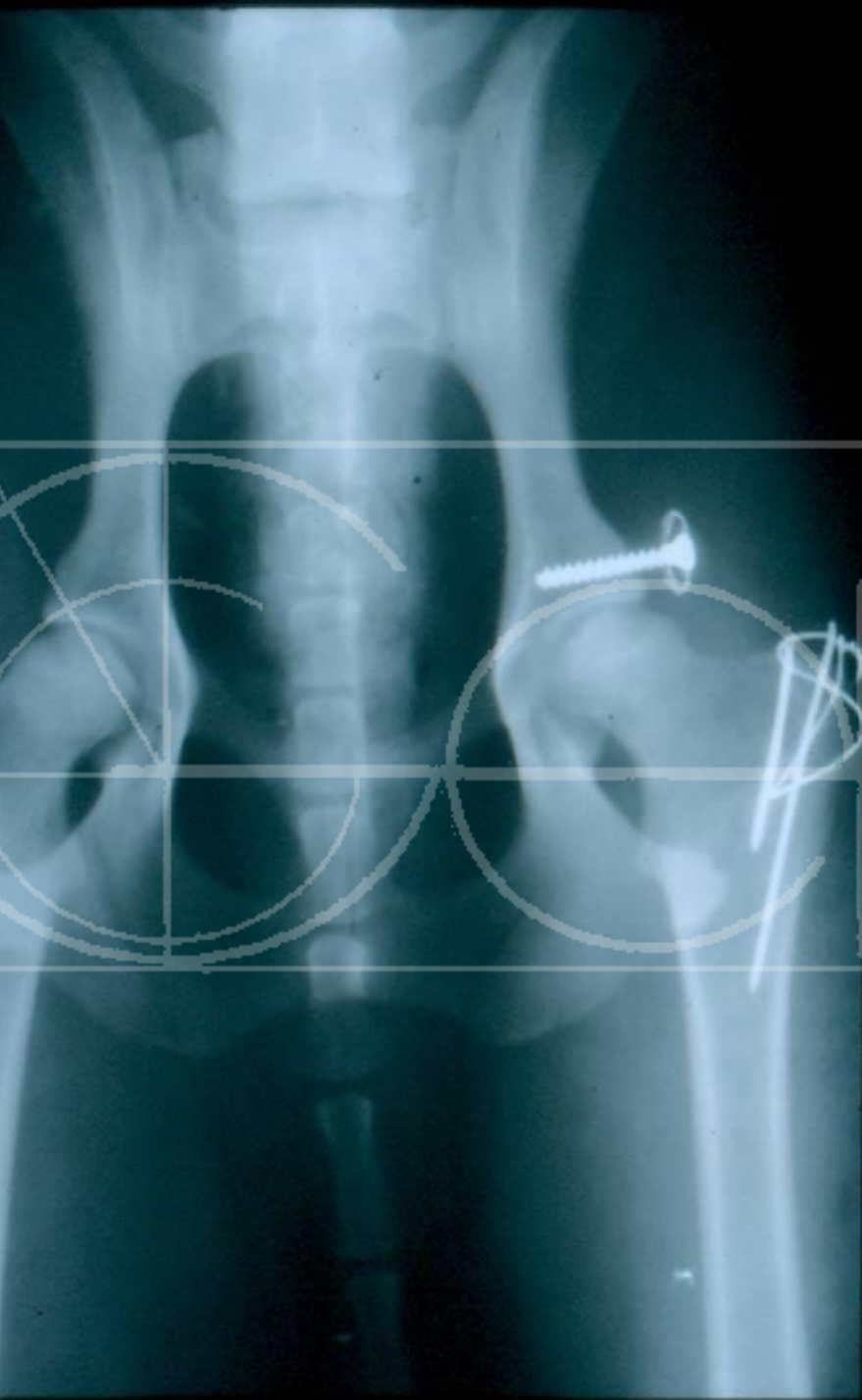
- Cabeza femoral anterior a acetabulo
- Extremidad en abducción y mas corta
- Trocánter elevado





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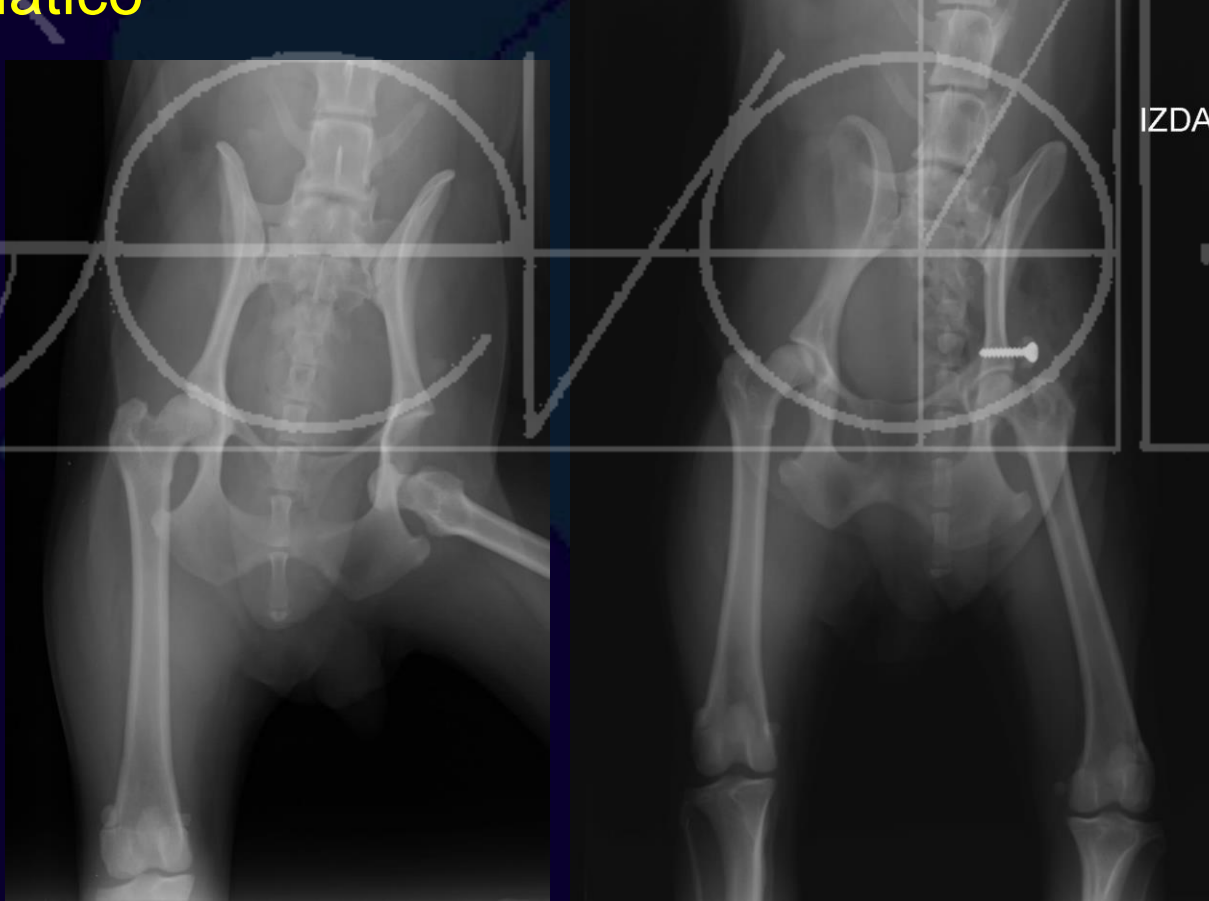




Tipos de luxaciones

2. Caudodorsal

- Cabeza posterior a acetábulo
- N. ciático



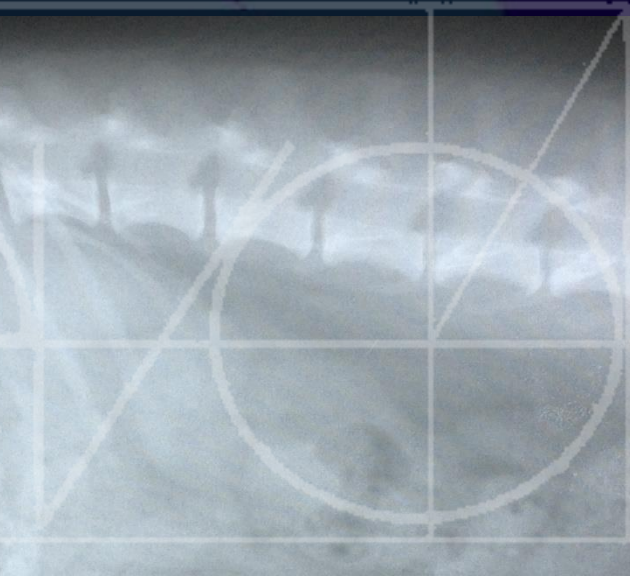
Tipos de luxaciones

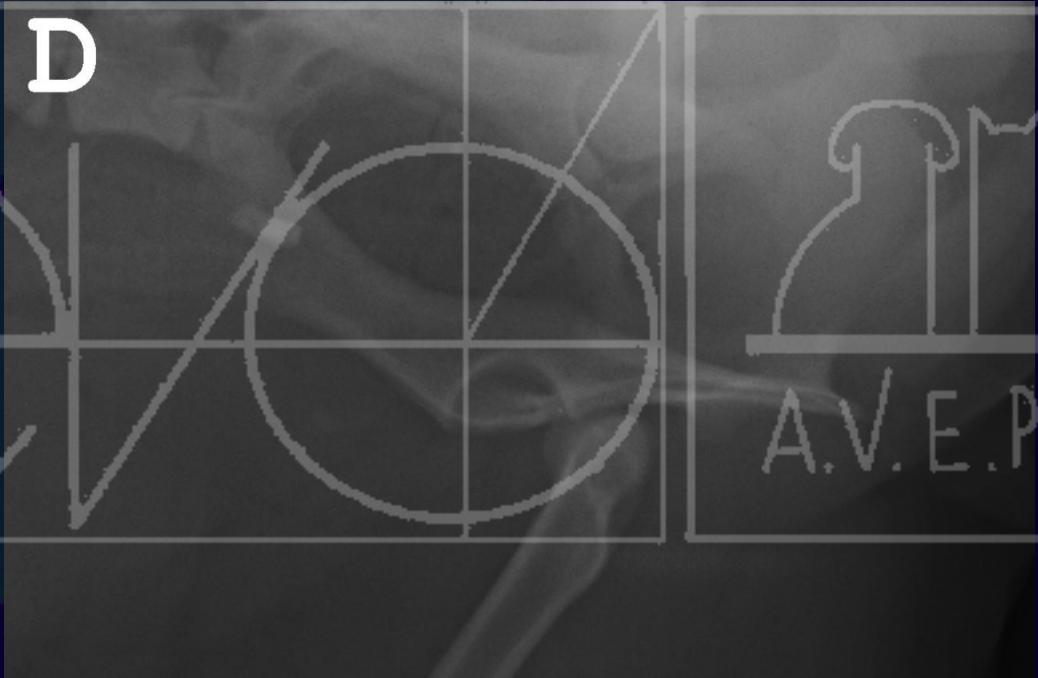
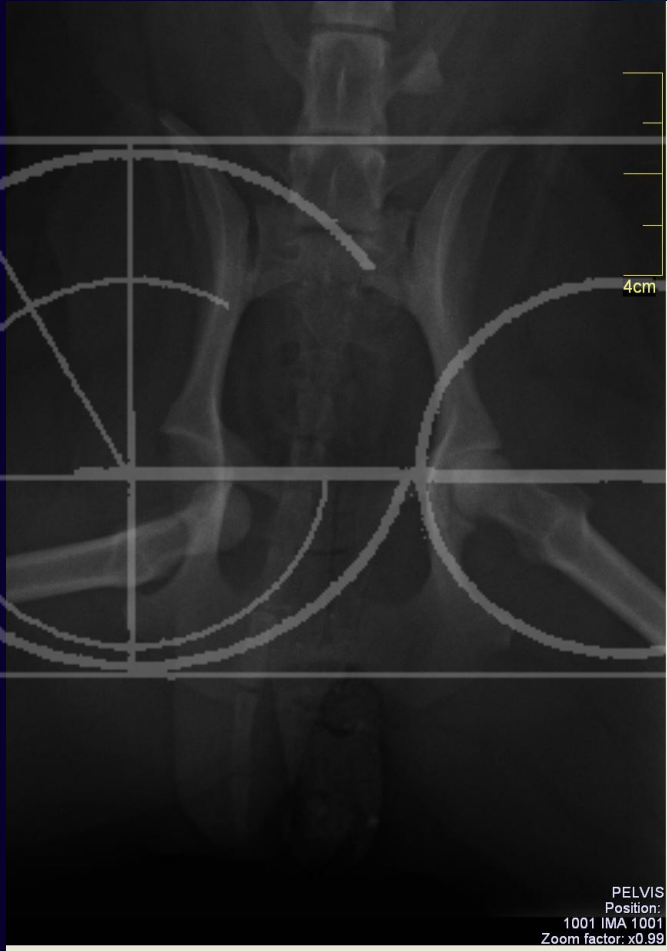
3. Caudovernal (intrapélvica)

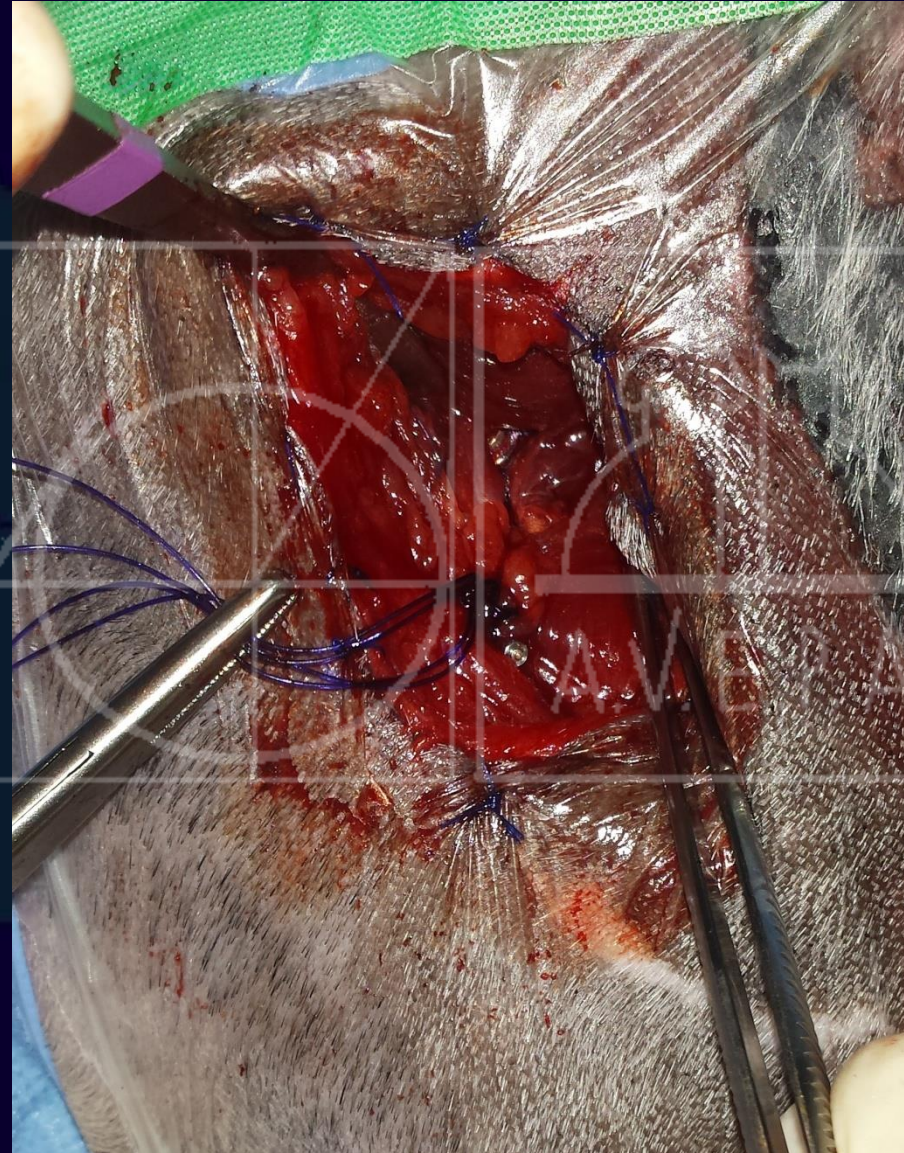
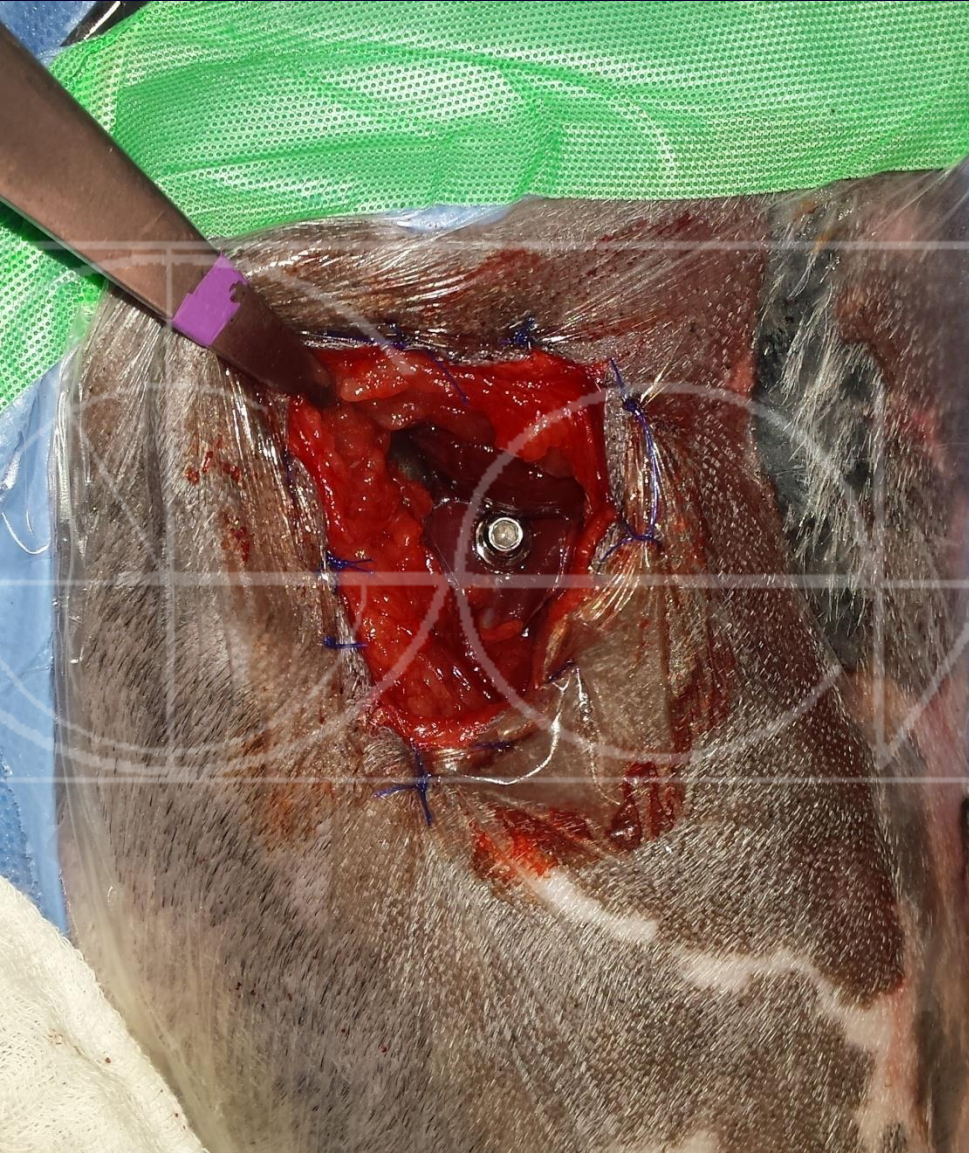
- Con o sin fractura de acetábulo
- Maniobra de reducción de otra luxación

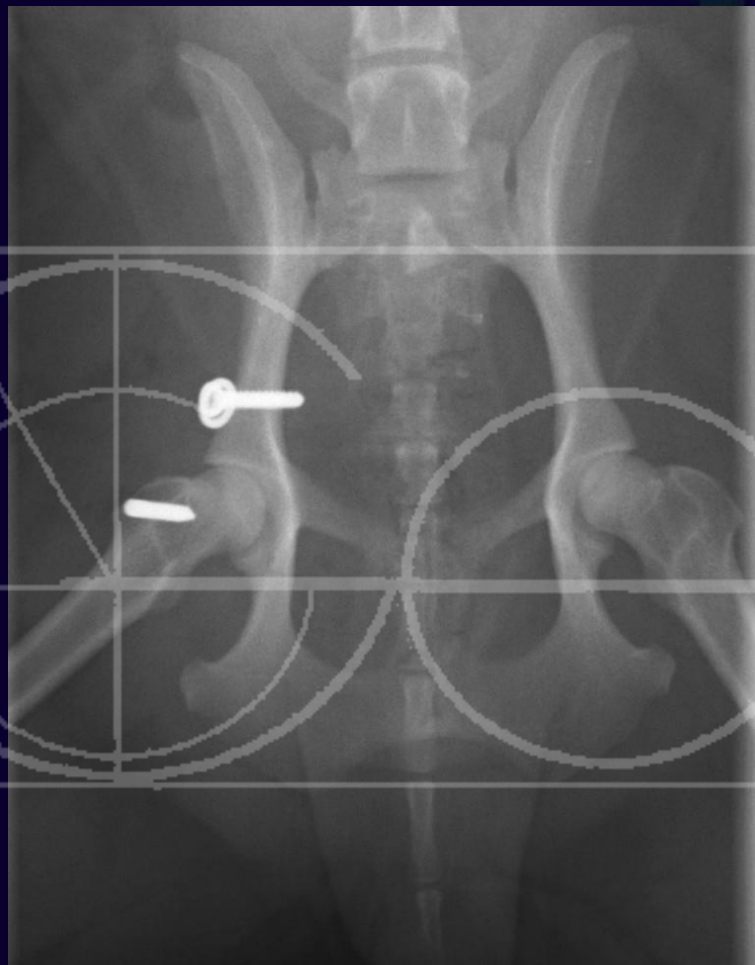


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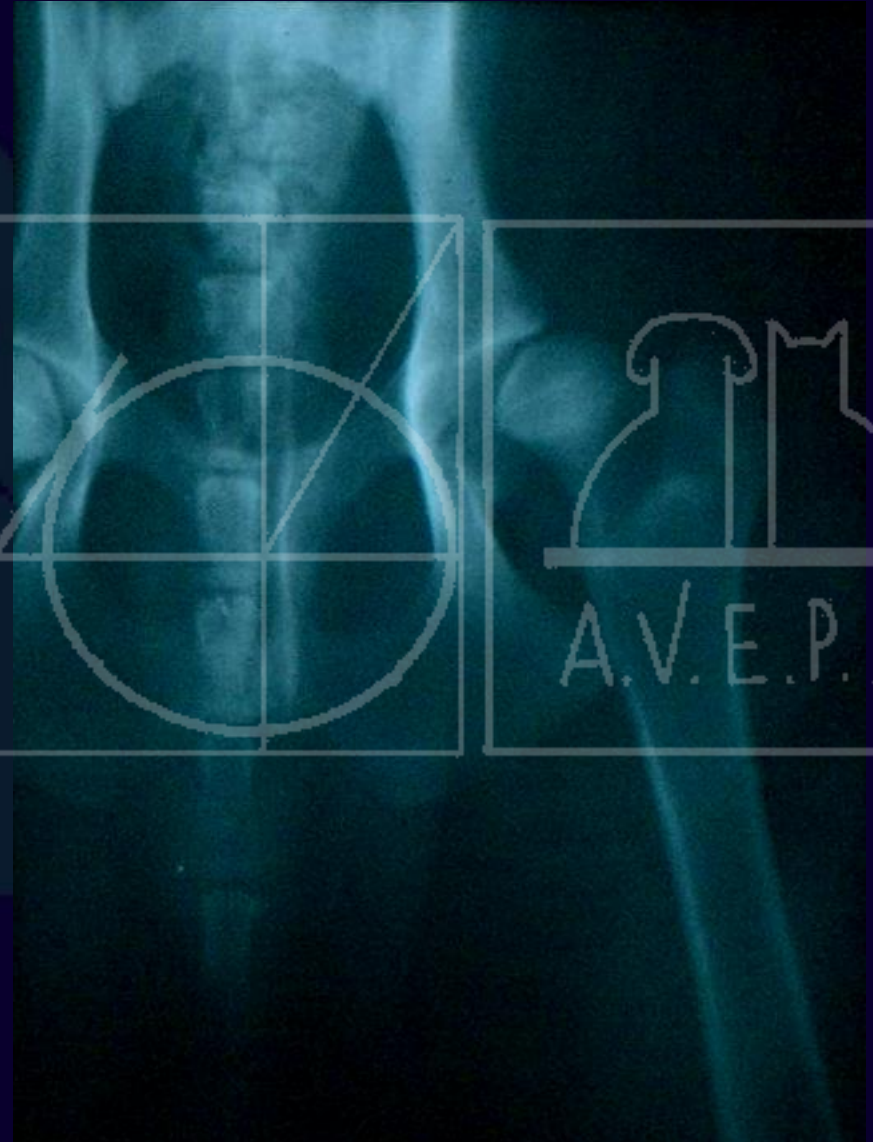


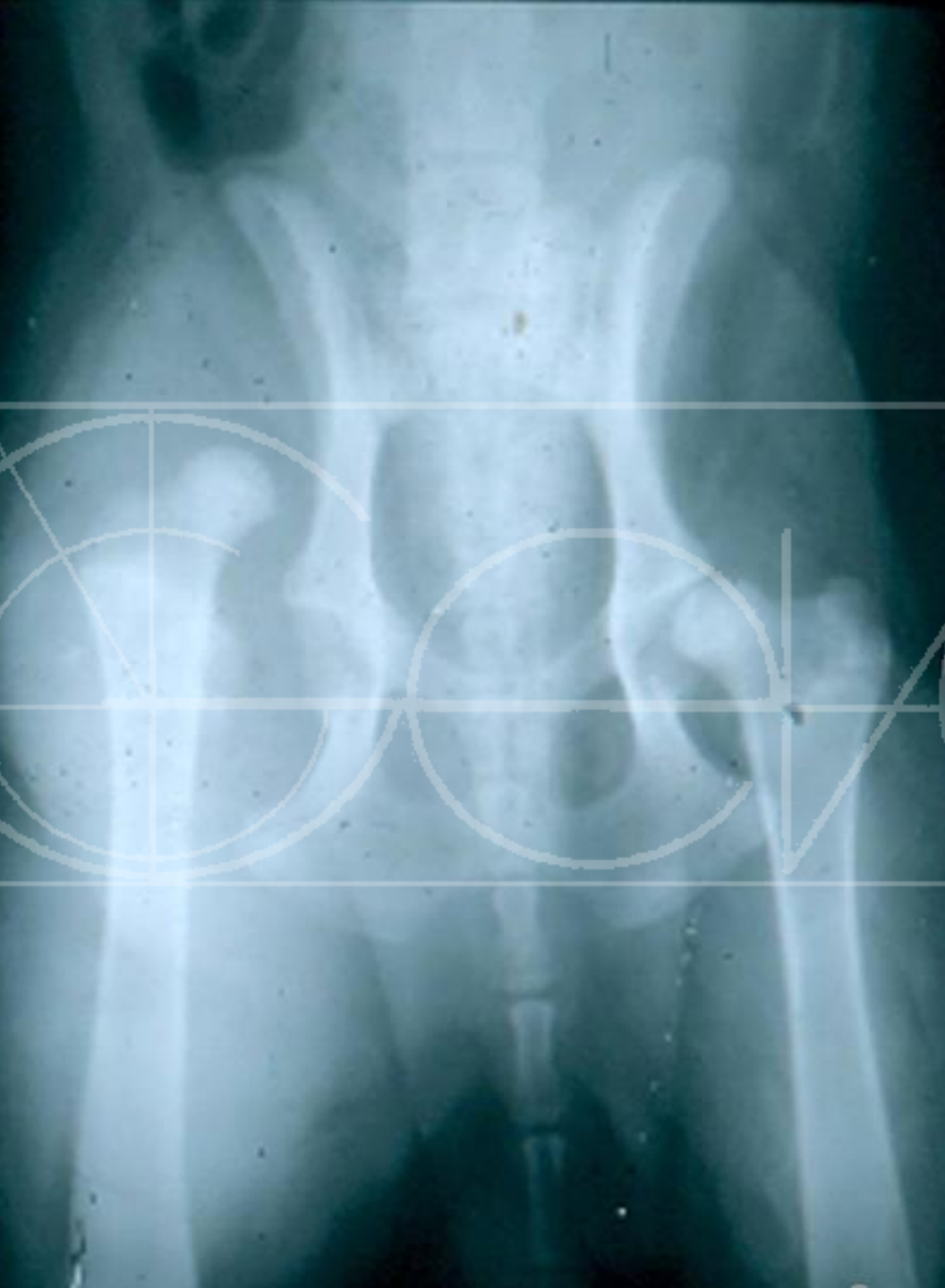


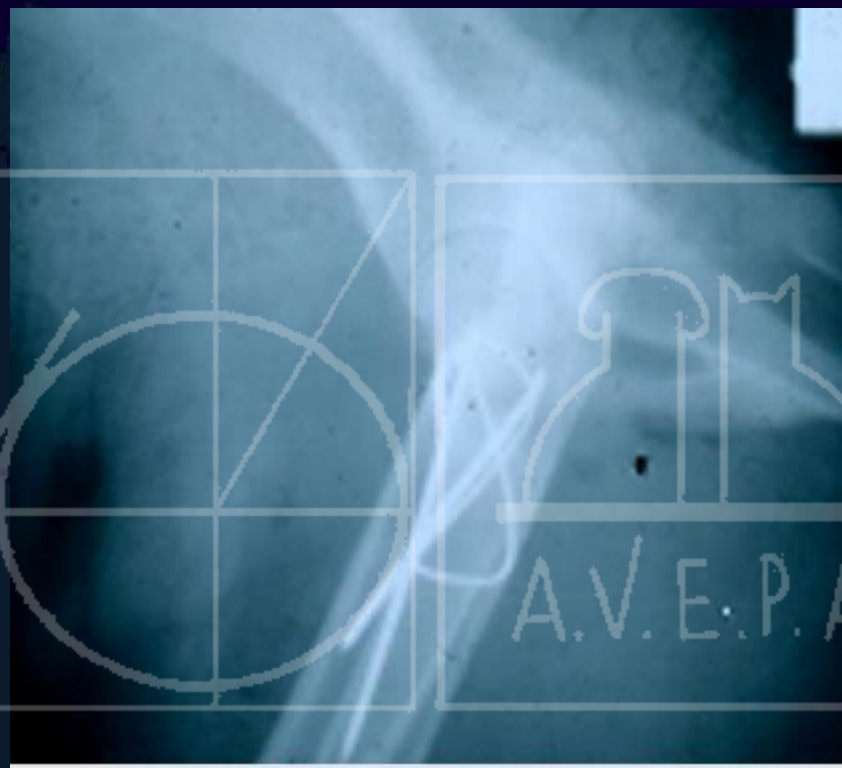


Diagnóstico

- Historia
- Exploración
- Radiografías
 - Laterolateral
 - Ventrodorsal
 - Oblicua
 - Lateral (miembro afectado)





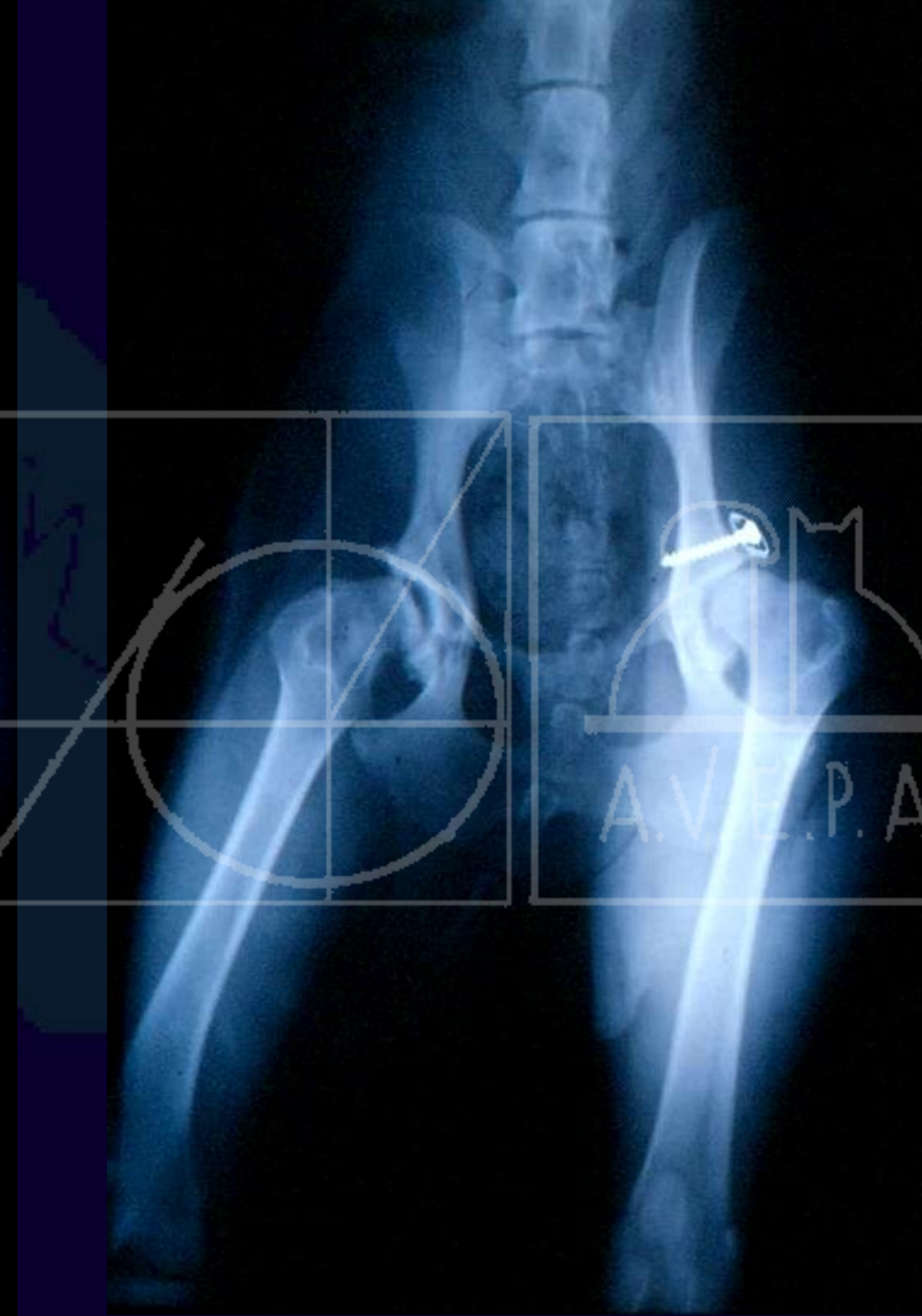


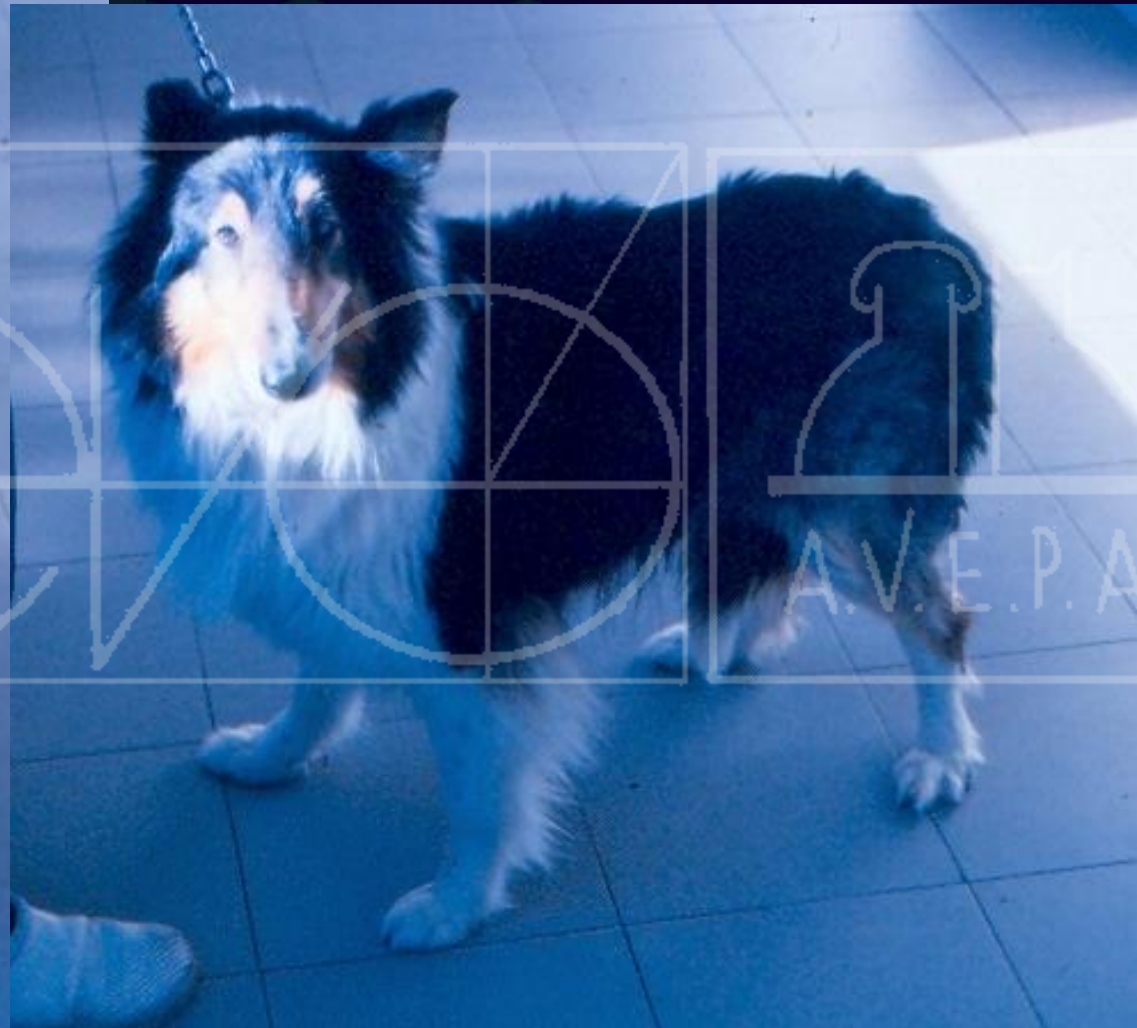
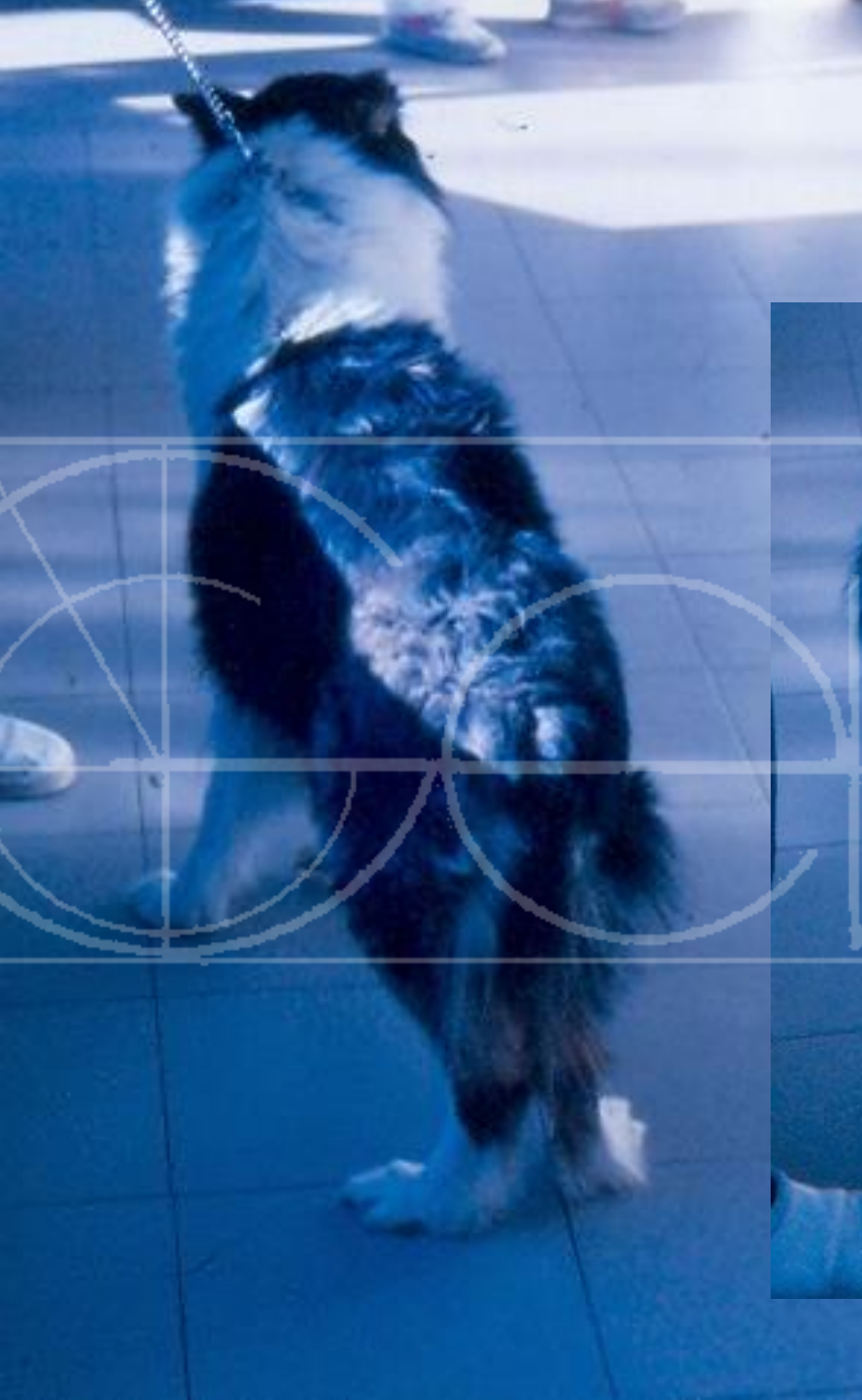
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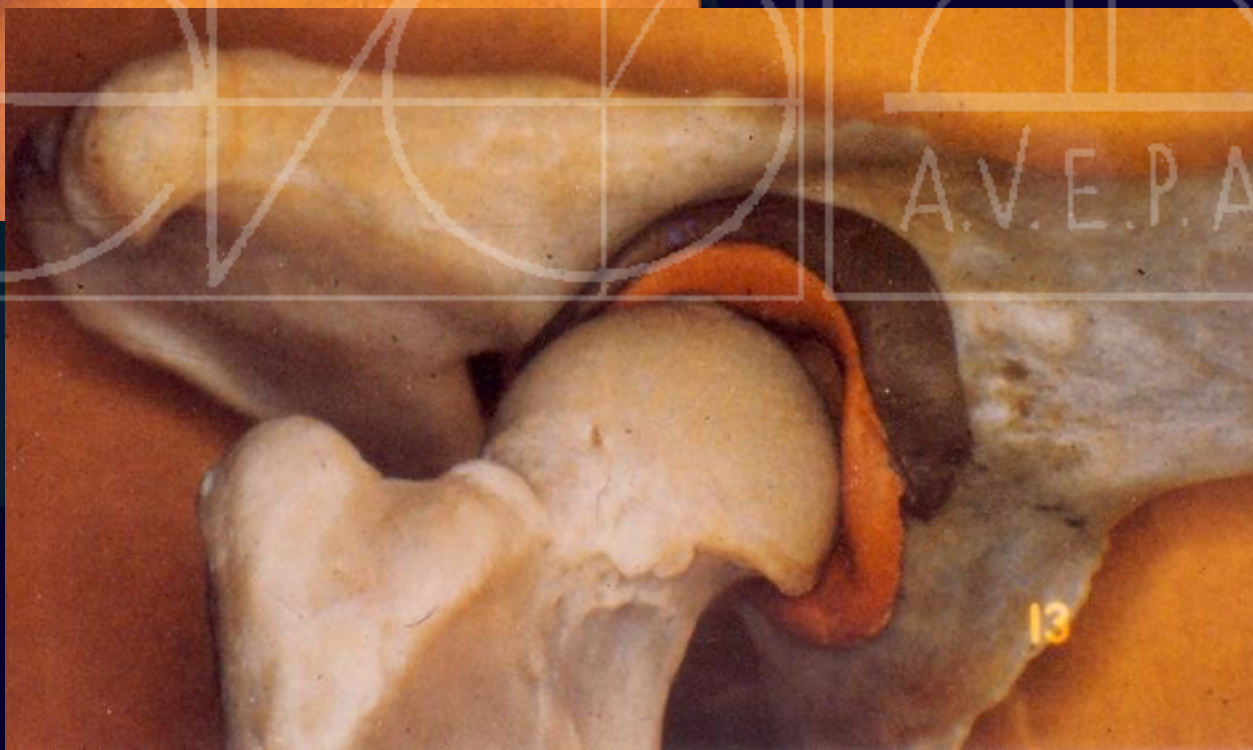
Lesiones de cadera luxada

- Fractura de cabeza femoral (gato, ligamento redondo)
 - Reducción cerrada imposible
- Congruencia de elementos oseos / lesiones degenerativas
 - Reducción no indicada
- Interposición de capsula
- Relleno de acetábulo en lesiones antiguas; fibrosis de ligamento redondo









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Reducción cerrada

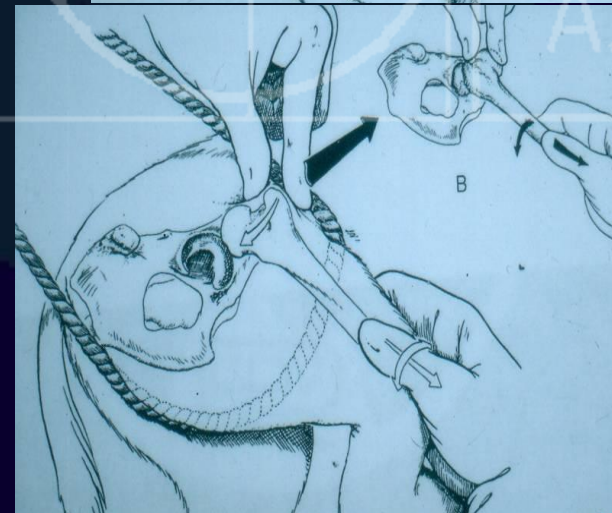
- 50% posibilidades
- 3-5 días máximo

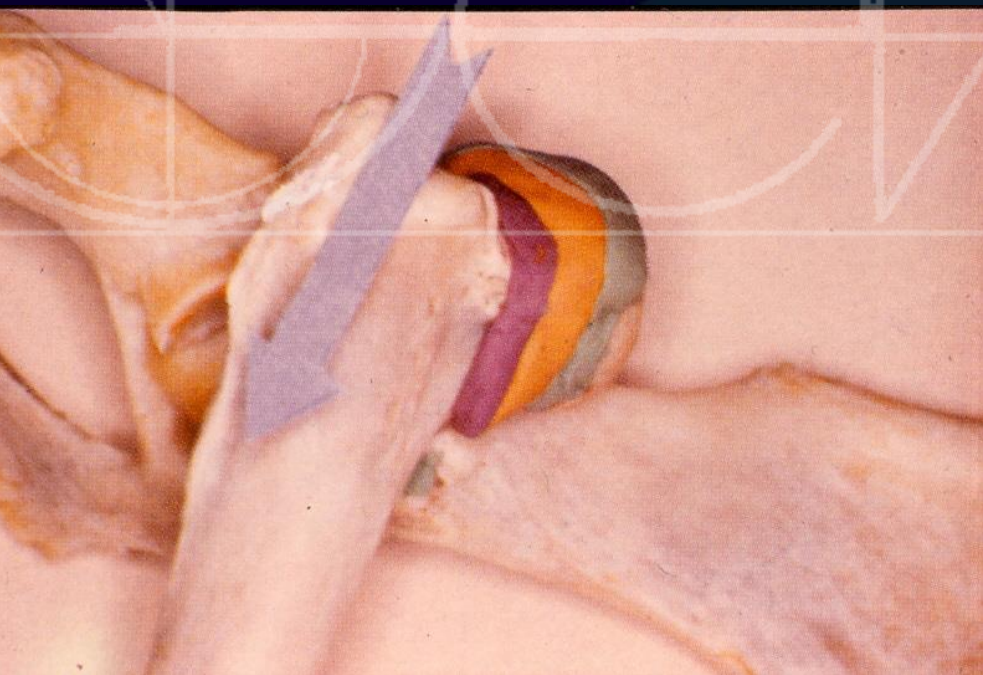
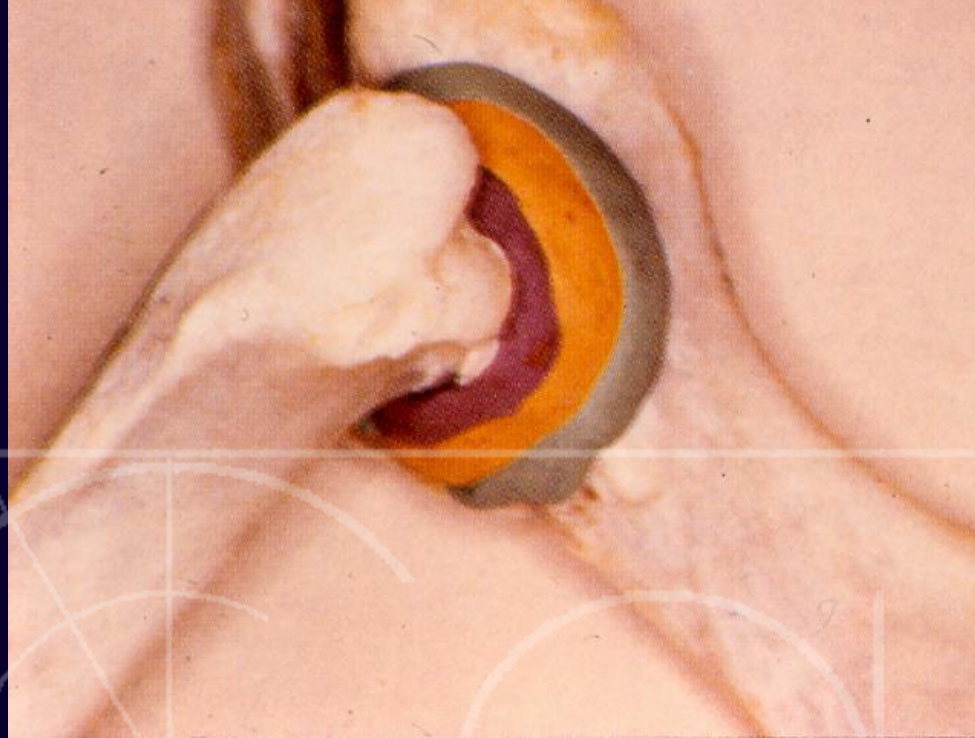
Braden: 50% día 1

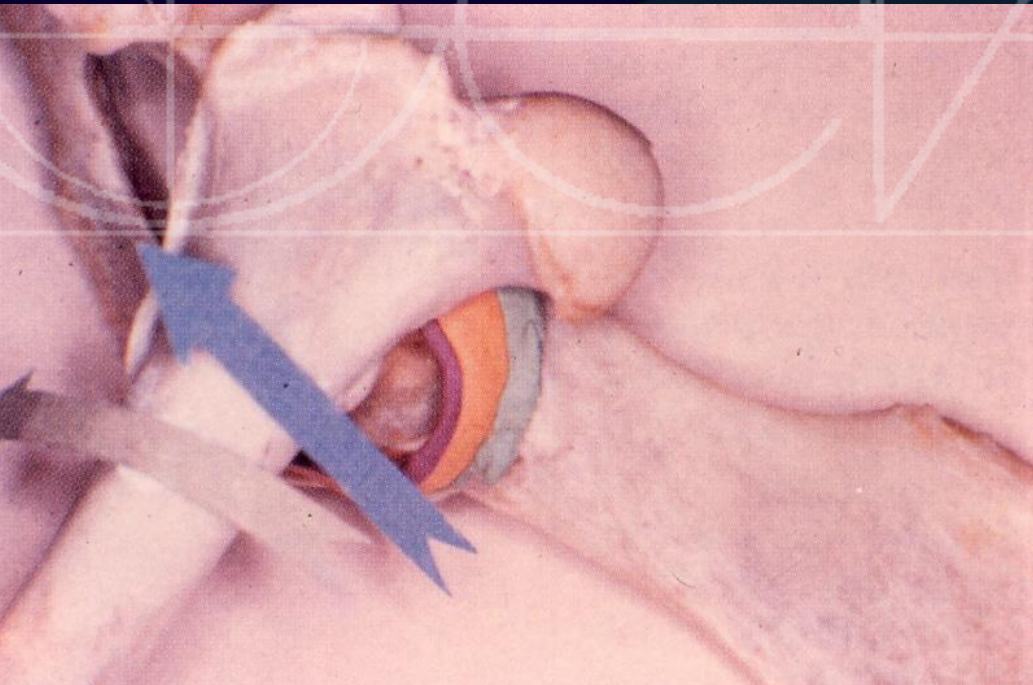
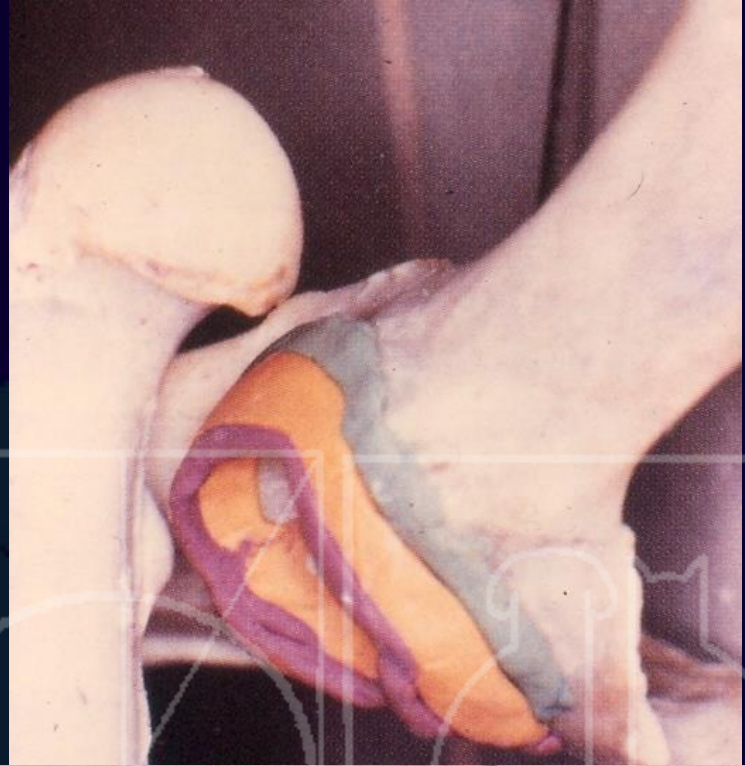
25% día 2

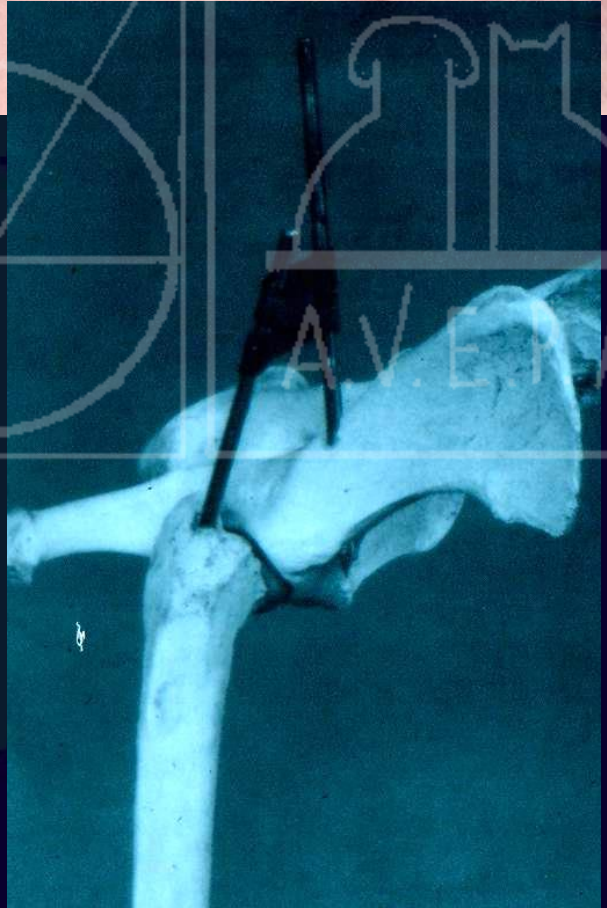
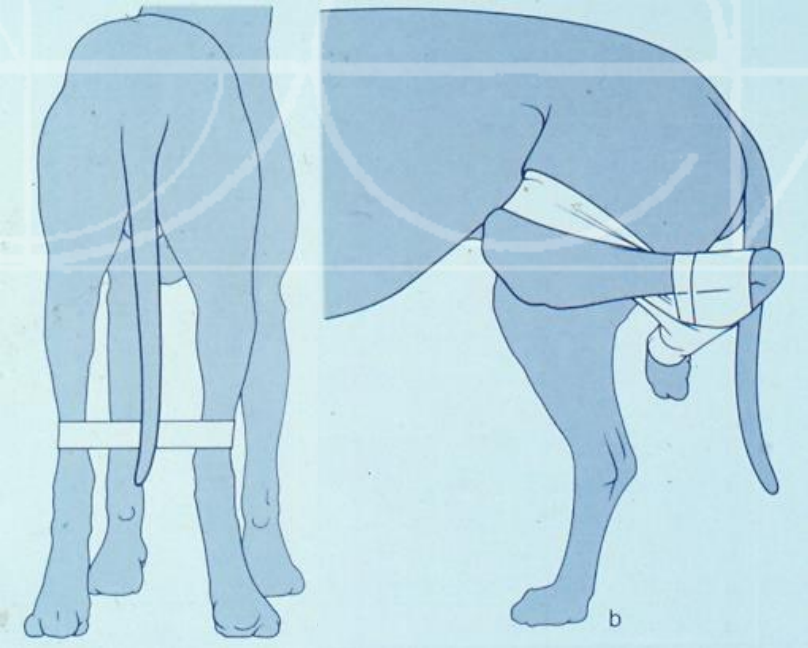
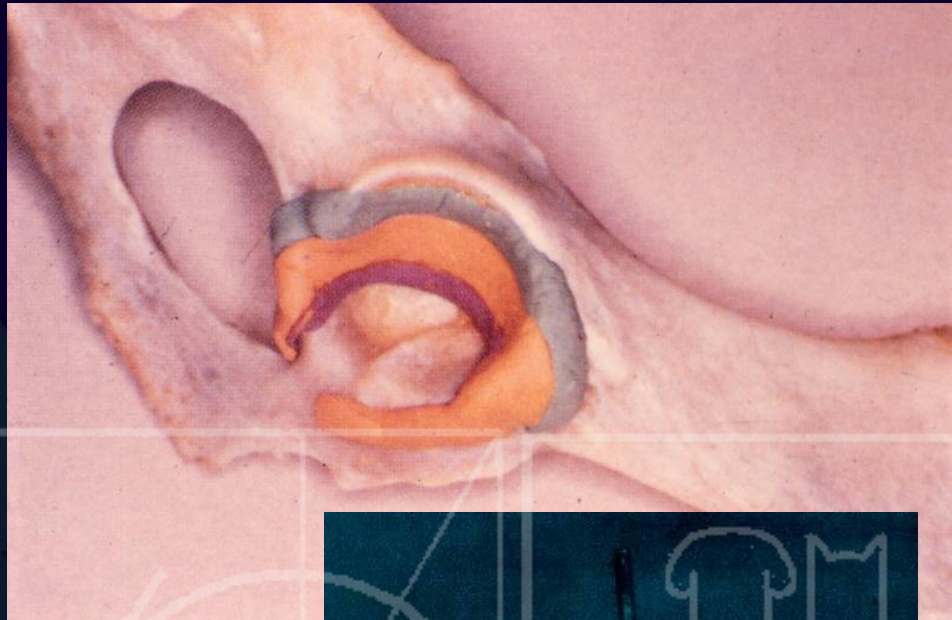
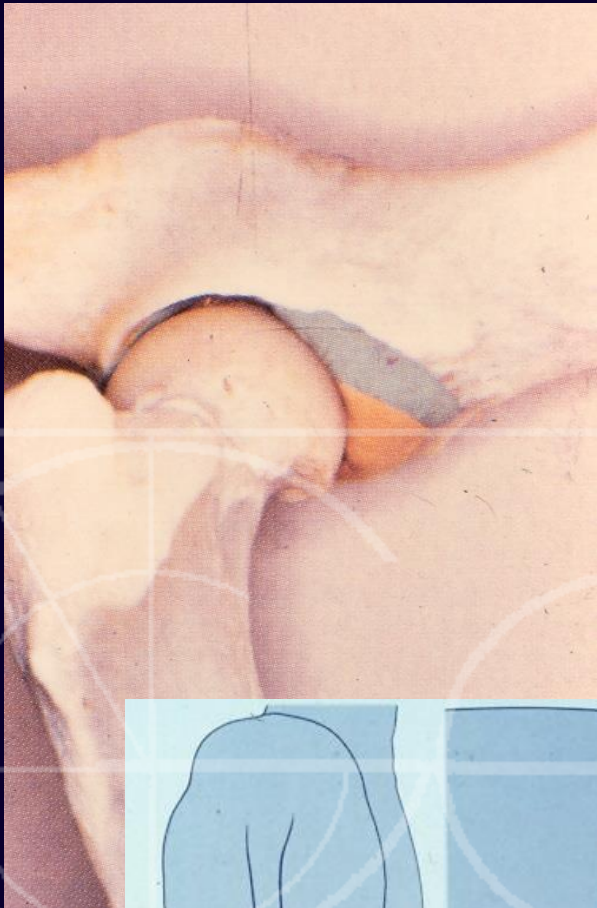
12% día 3

No intentar a
partir del día 3









Técnicas quirúrgicas

- Capsula articular - Extraarticulares
- Ligamento redondo - Intraarticulares



Técnicas extraarticulares

- Capsulorrafia
 - Simple
 - Transfixión glúteo profundo
 - Cap. prostética
- Transposición del trocánter



Técnicas intraarticulares

- Enclavamiento transarticular
- Pasador de Paatsama



Clavo pasador de Paatsama

- Sustitución de ligamento redondo
- Apoyo precoz
- Orificio desde fóvea a cuello
- Orificio en acetábulo
- Anclaje de pasador en acetábulo
- Paso a través de cuello y anclaje a nivel de trocánter mayor
- Lesiones articulares

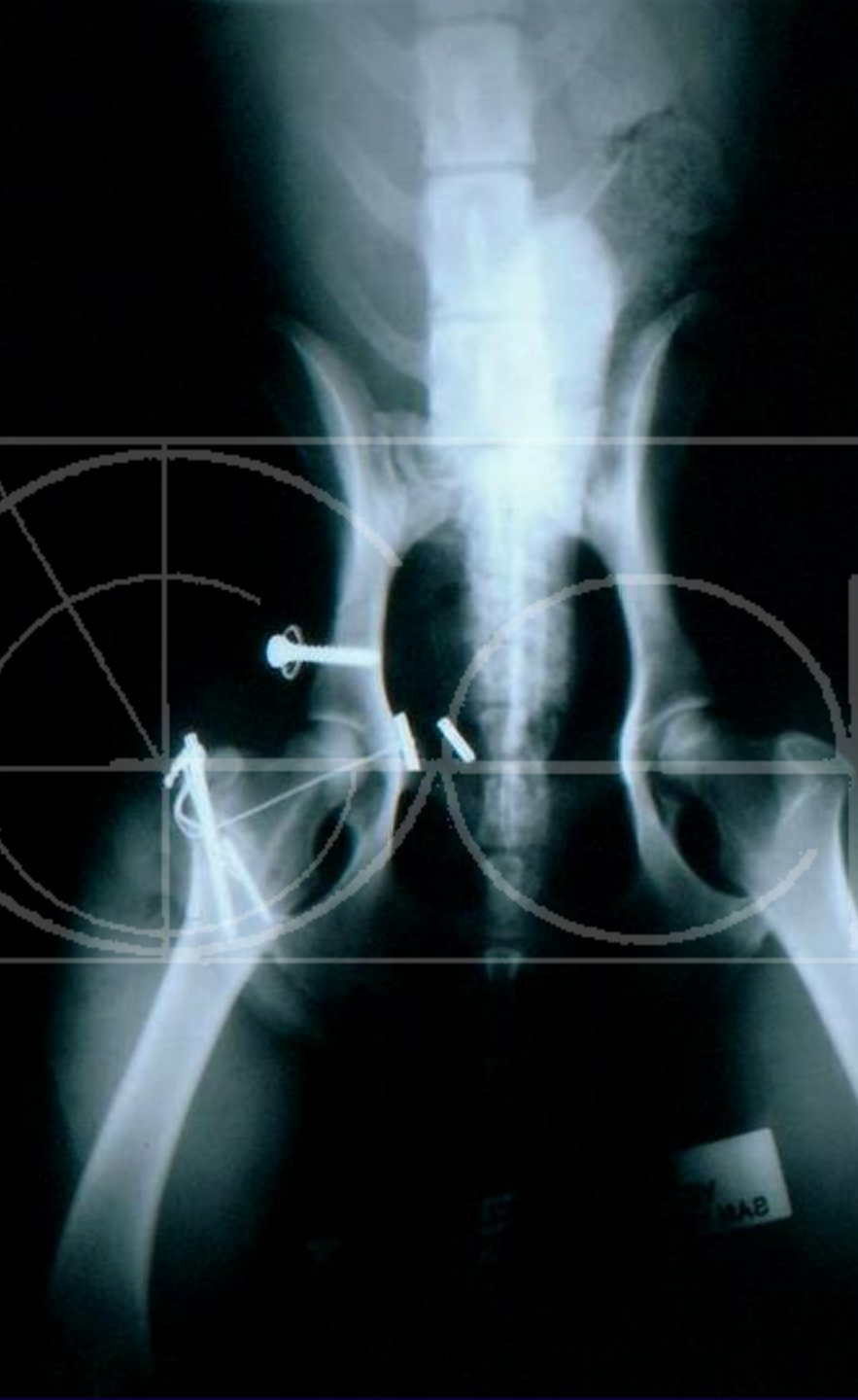


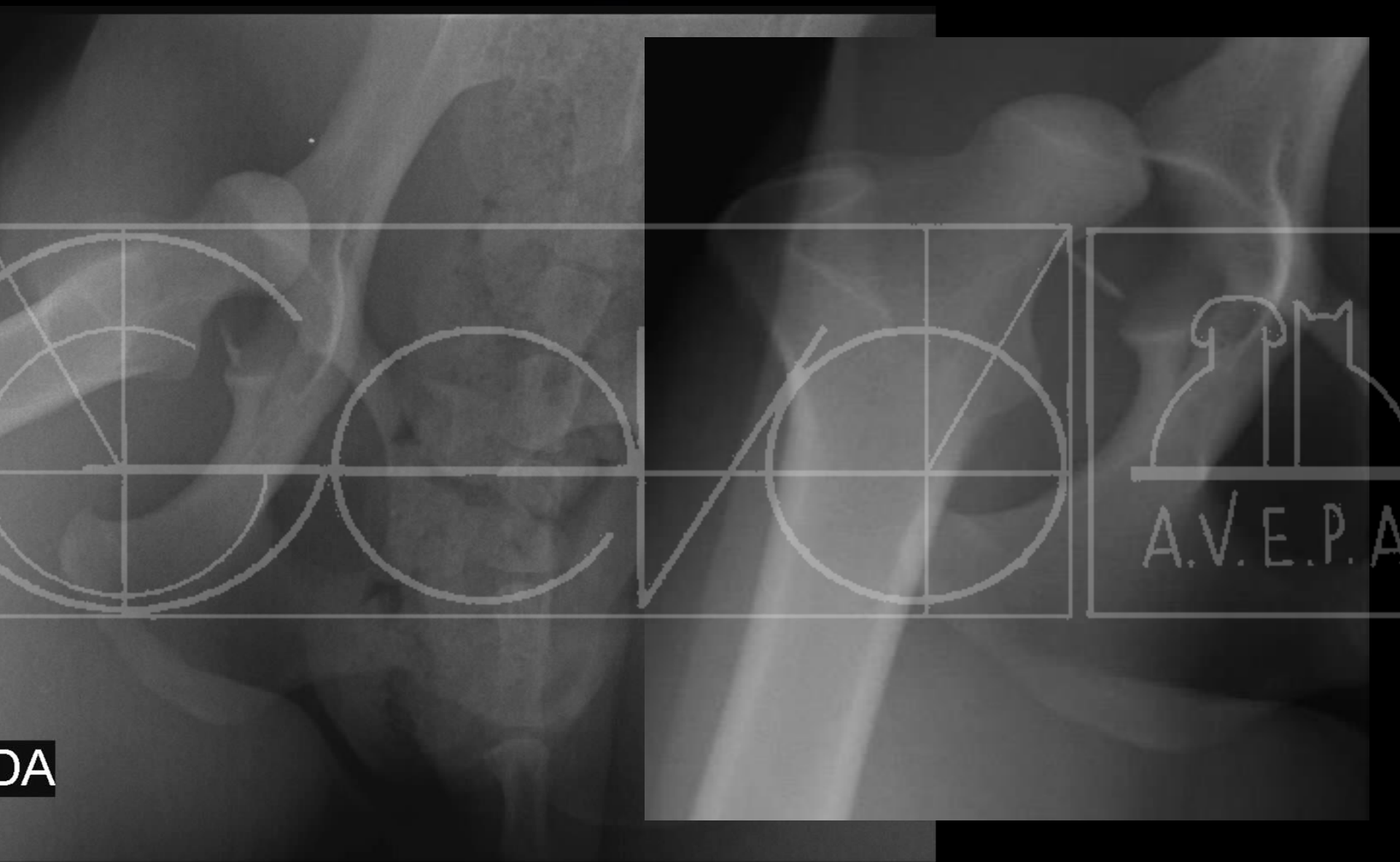


САН АС
АВ

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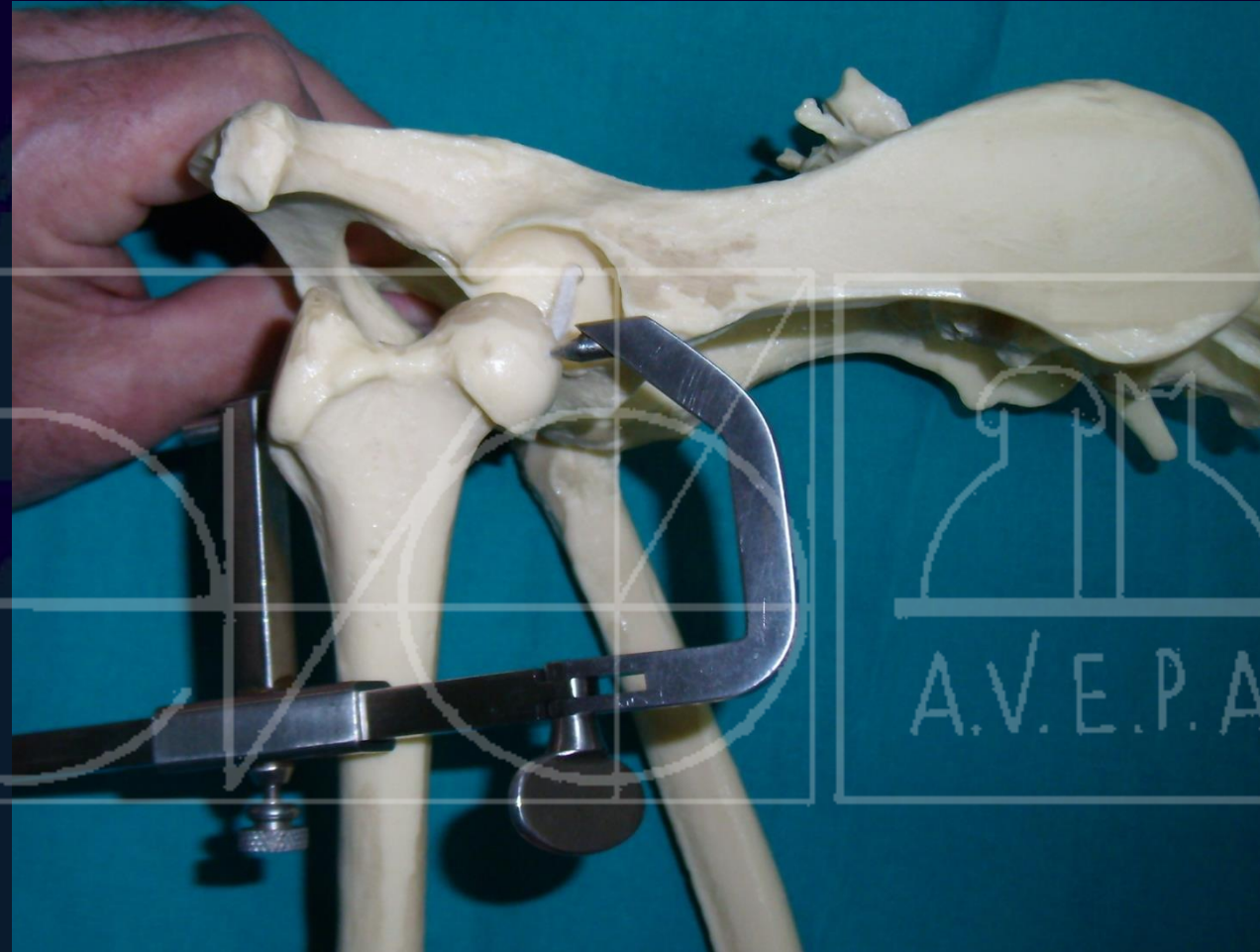
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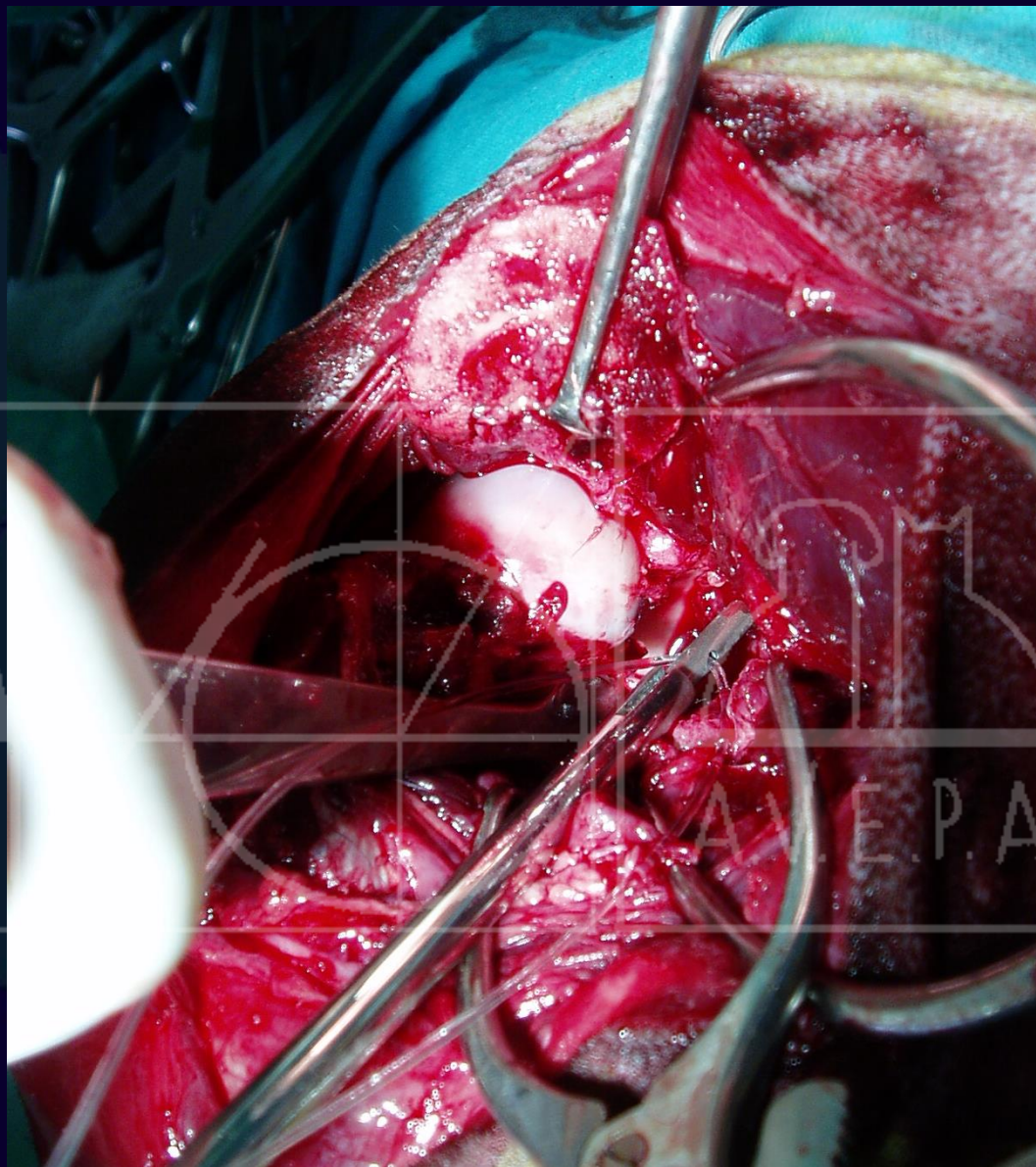
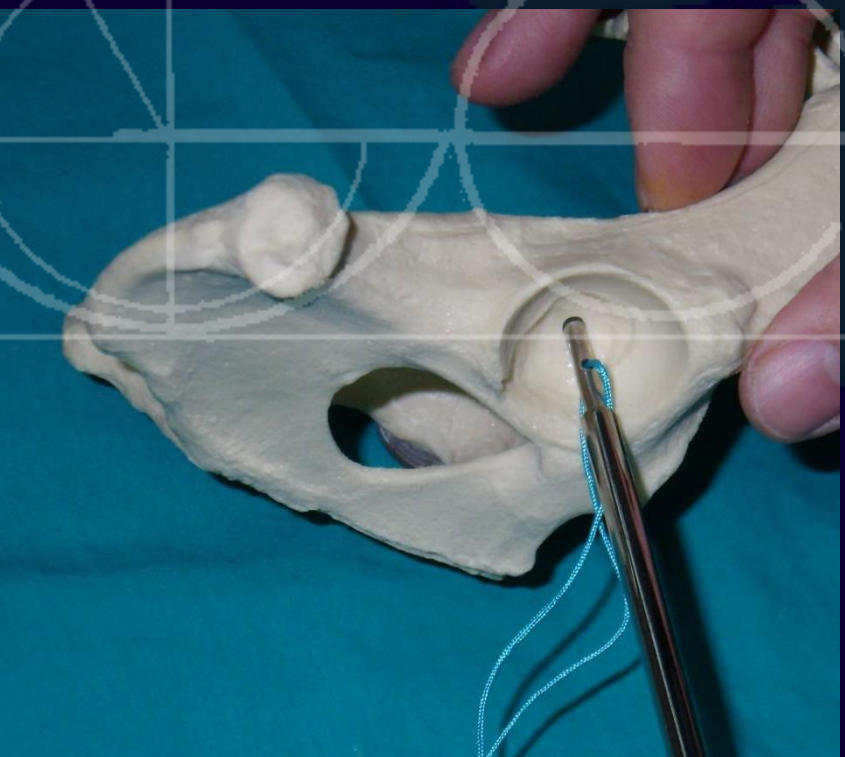
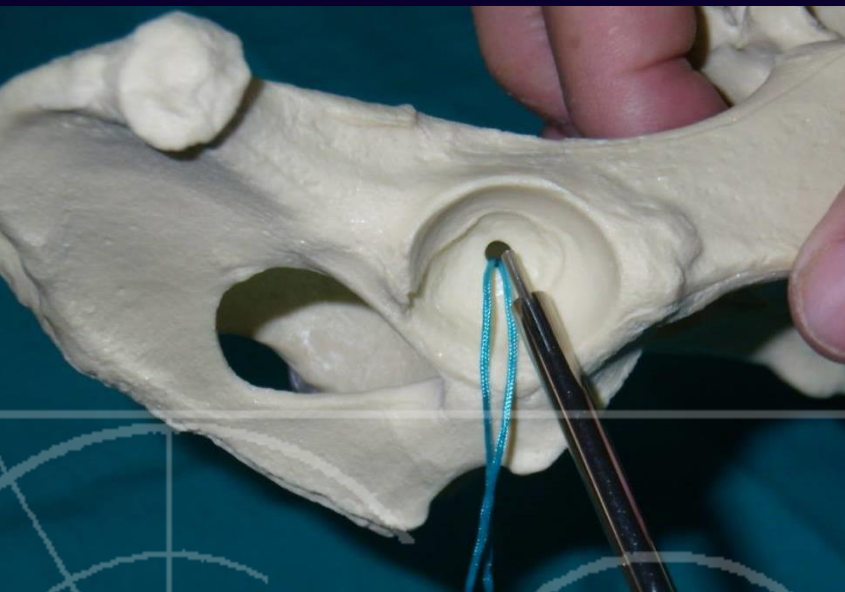


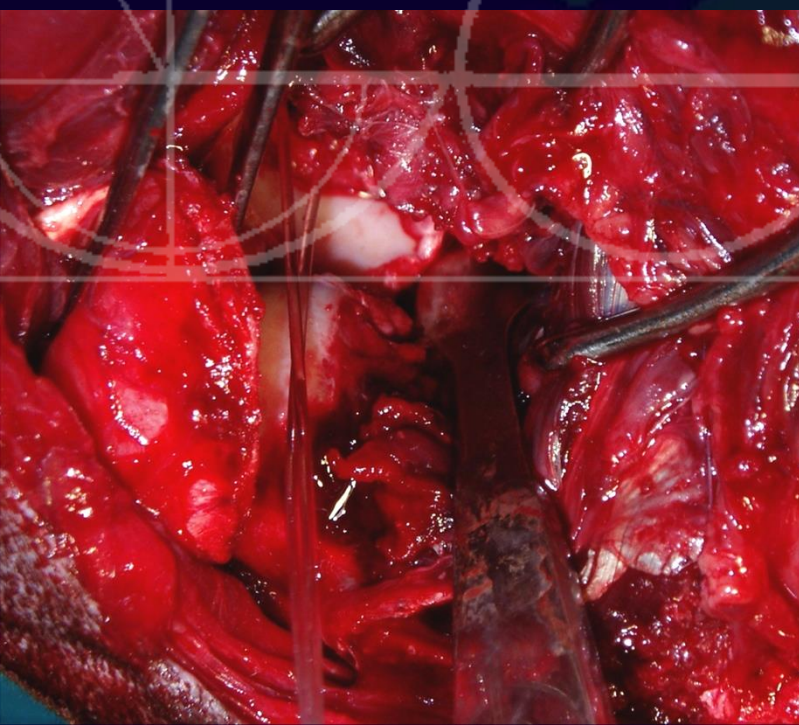
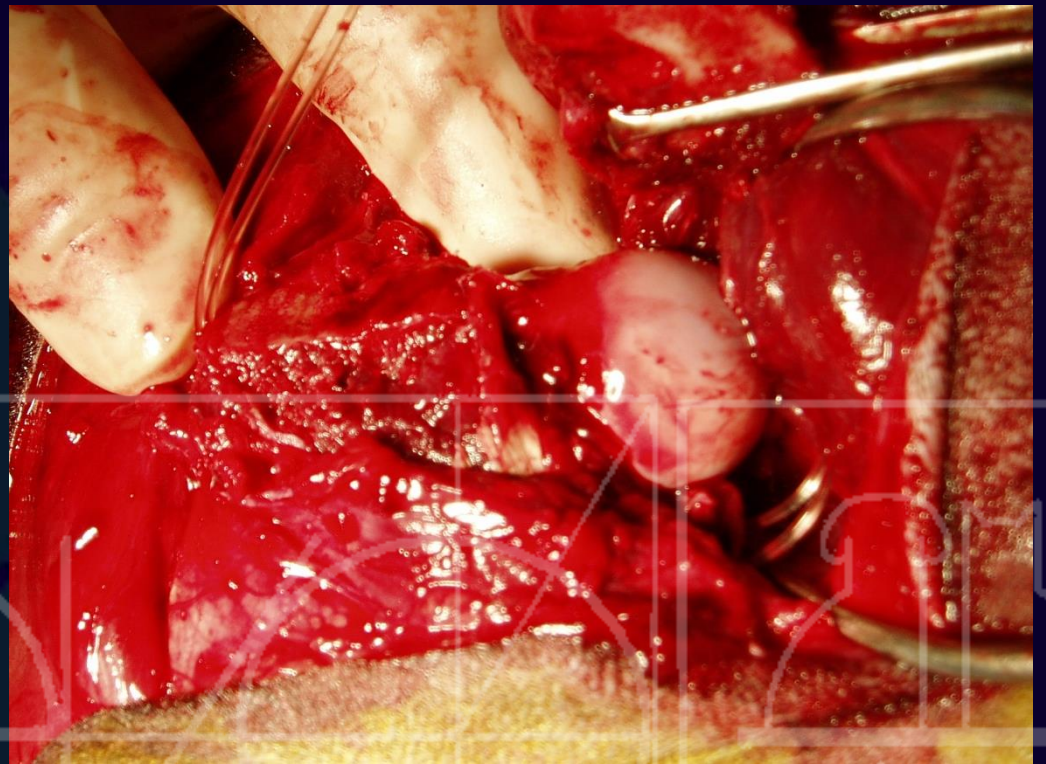
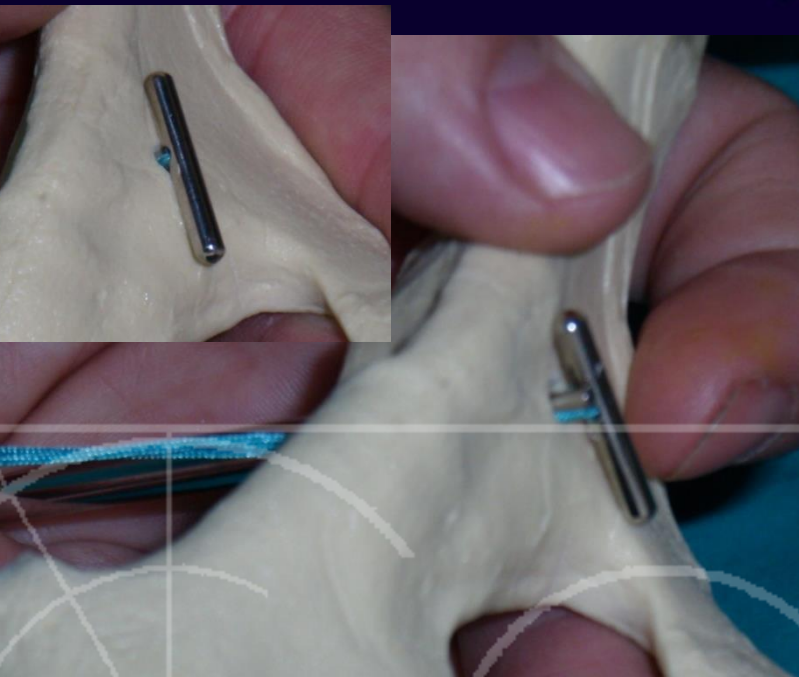
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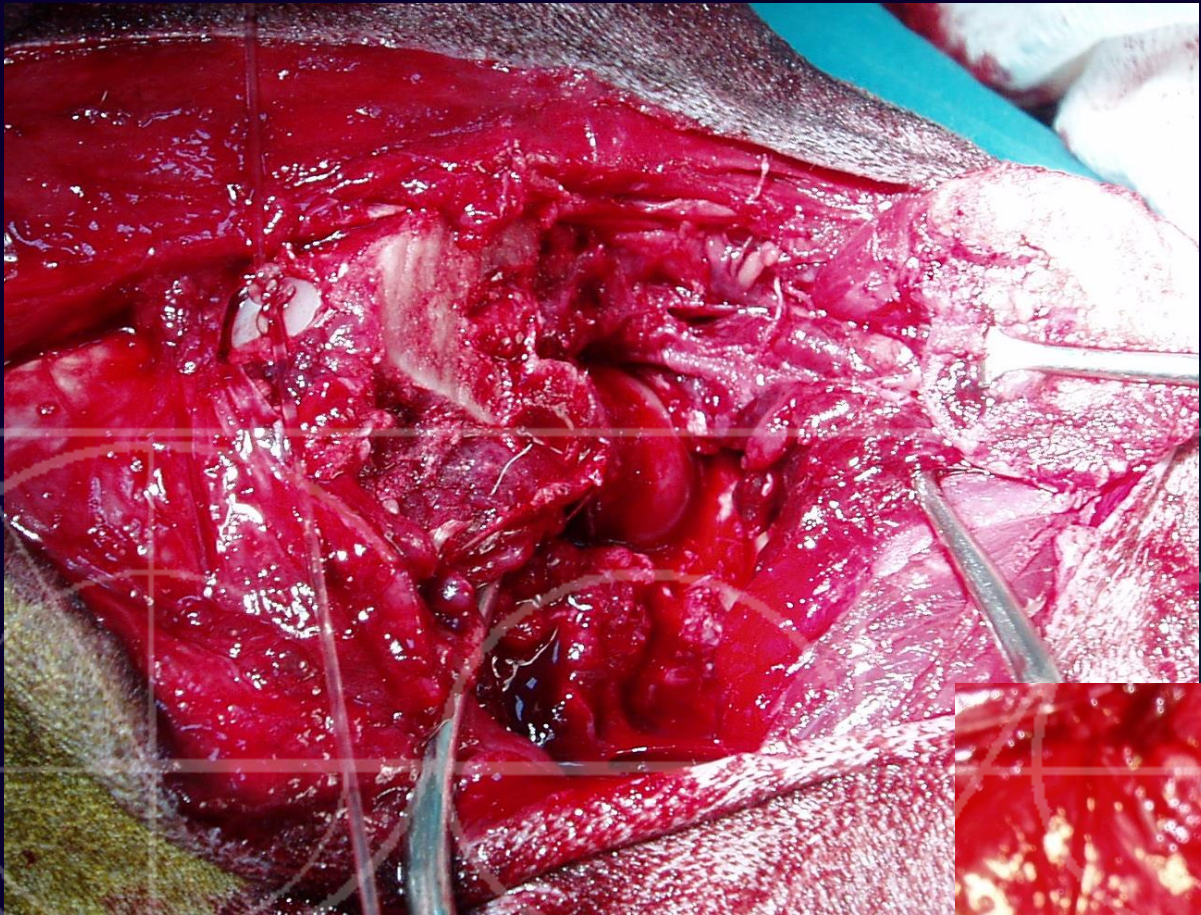


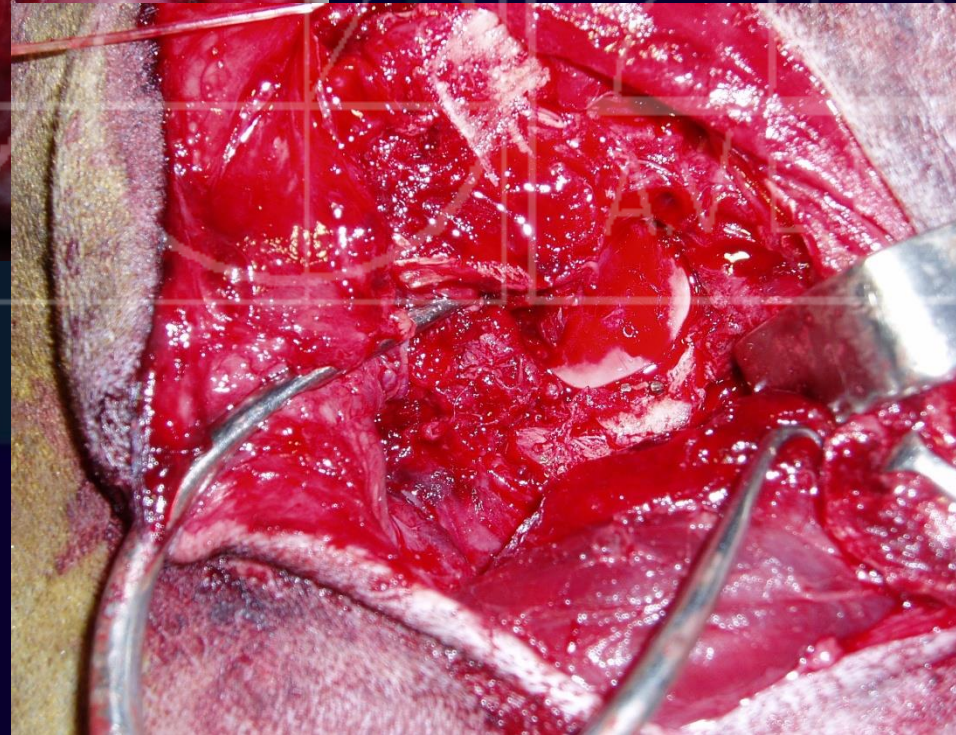
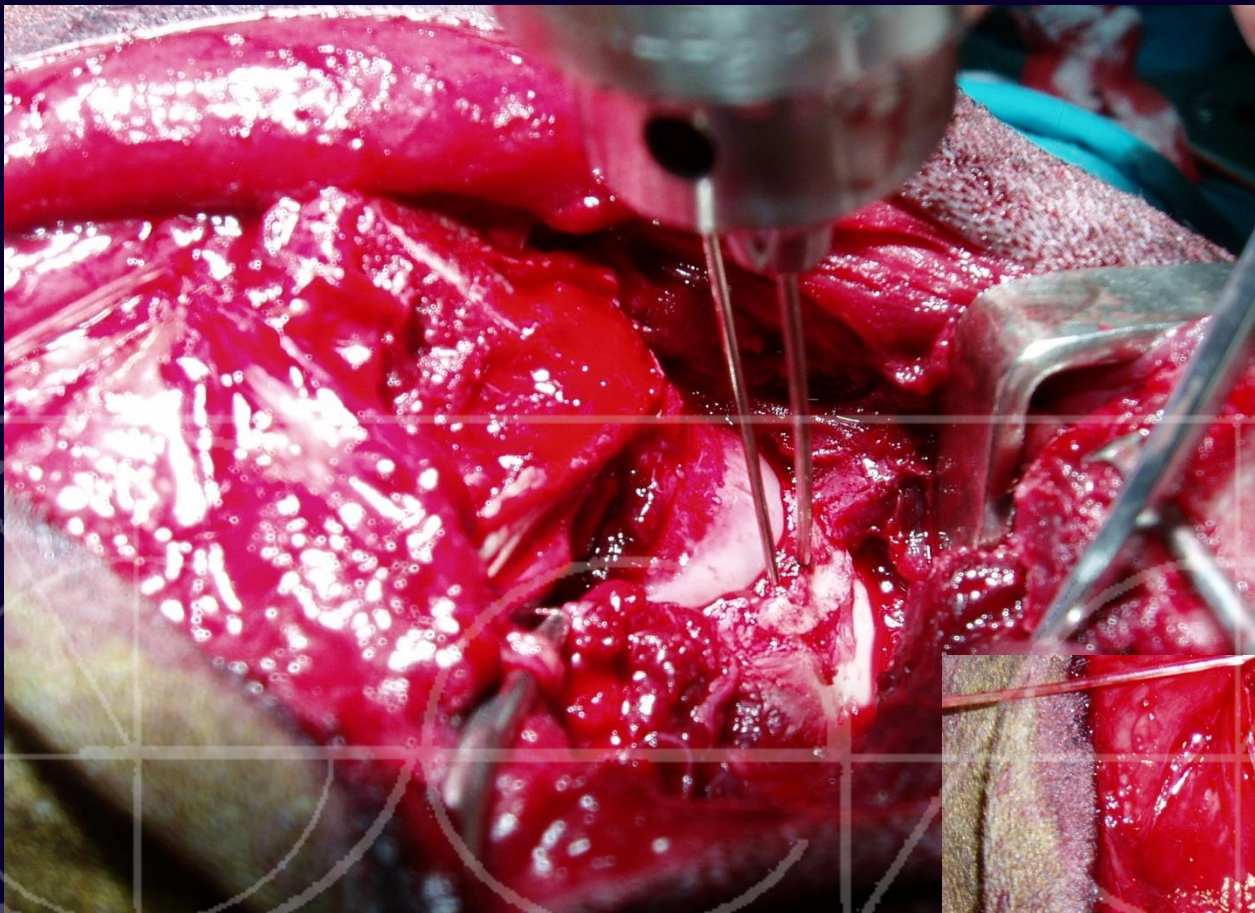
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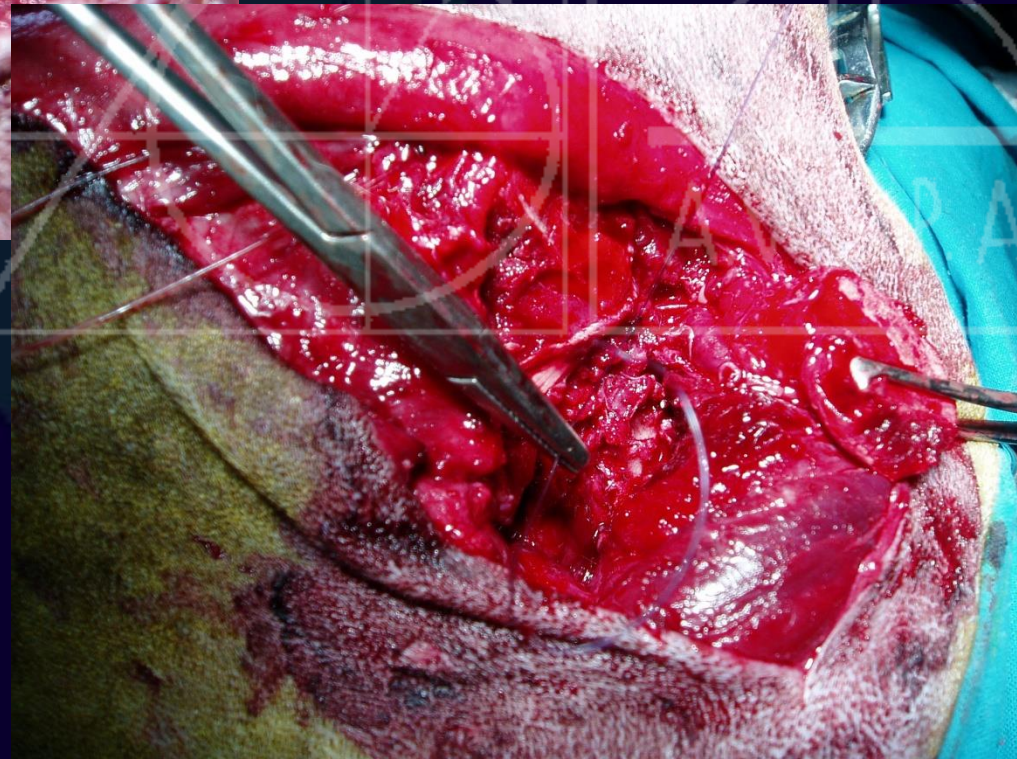
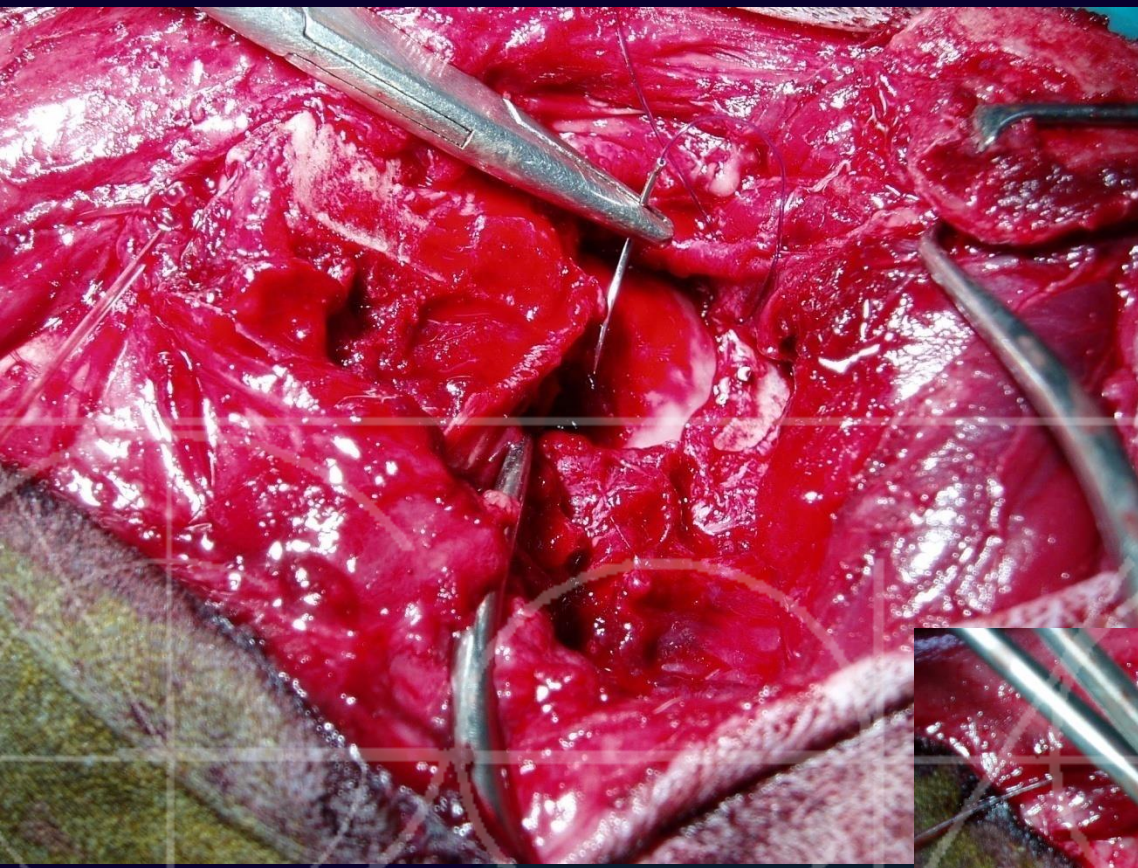


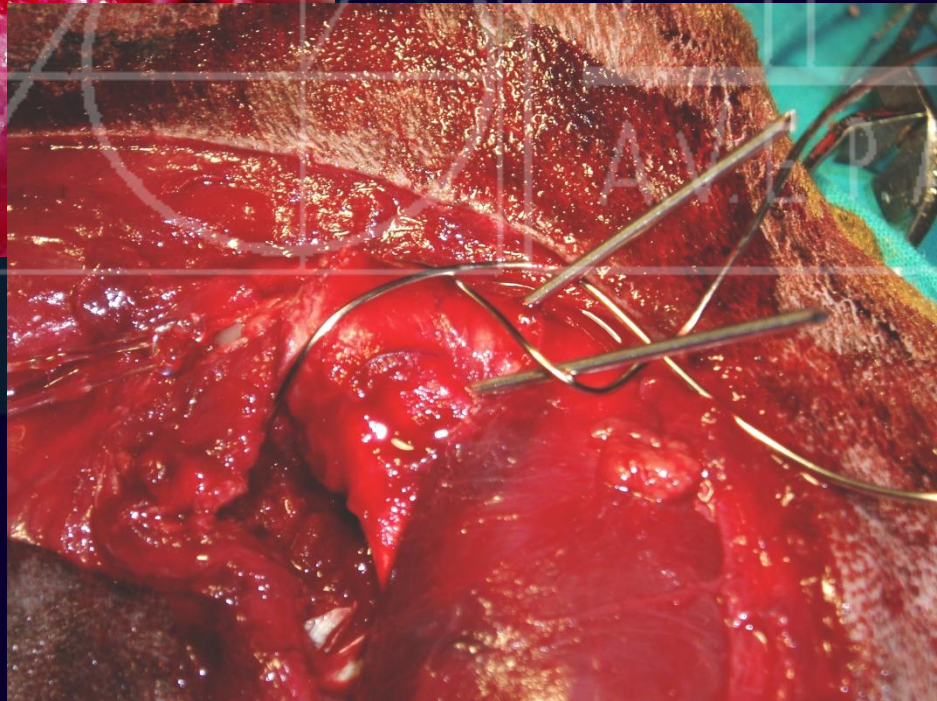
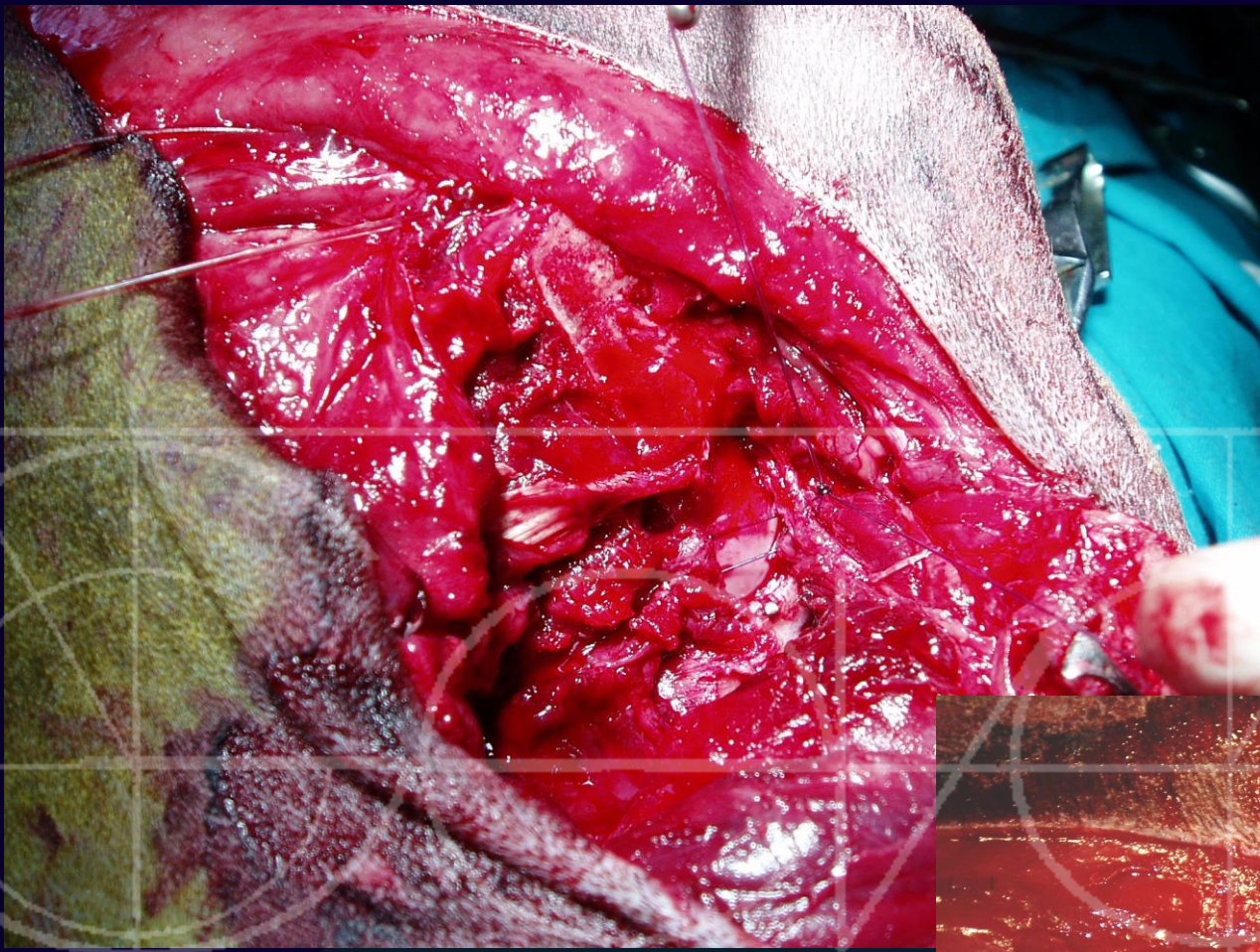


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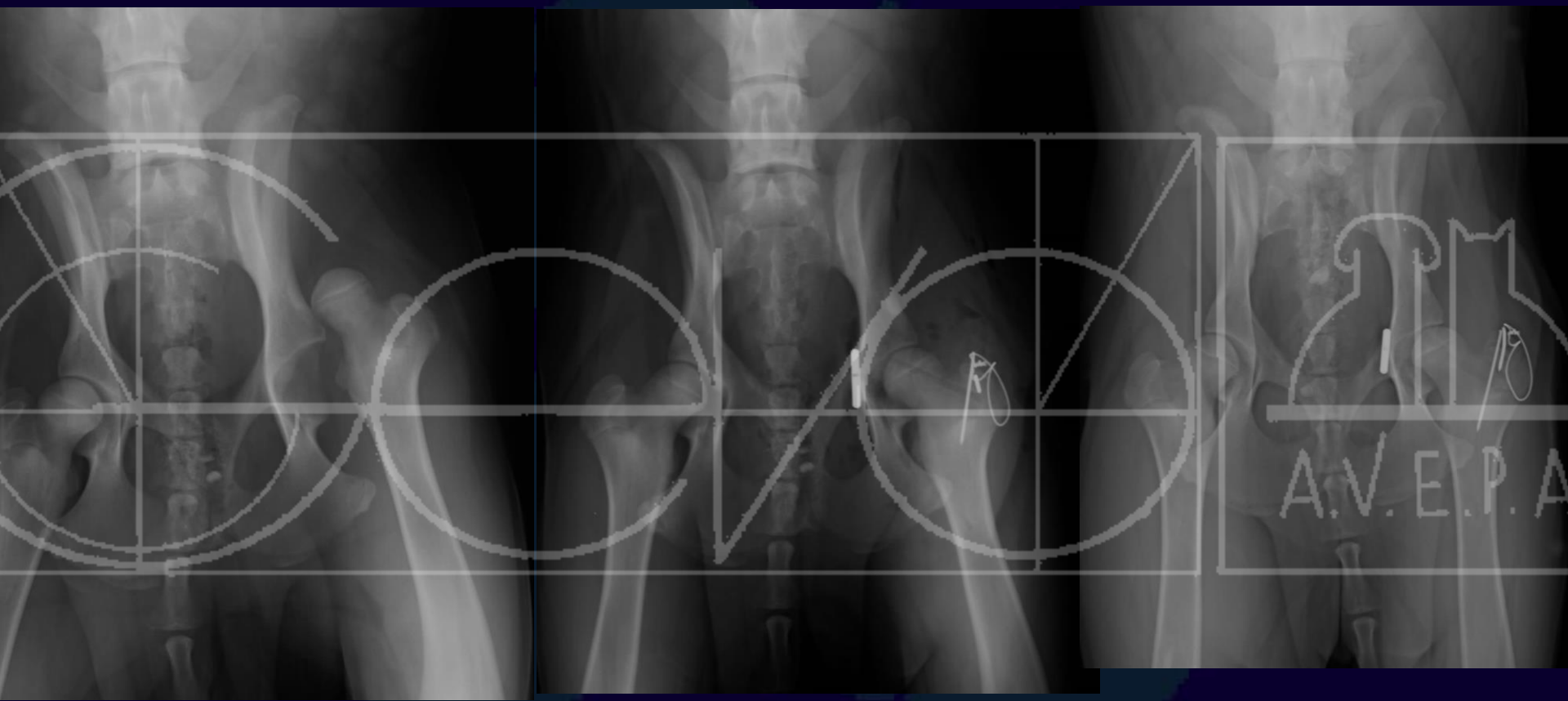












PREOP

POSOP

2MESES

Capsulorrafia

- Acceso: Craneolateral o osteotomía del trocánter
- Limpieza articular
- Sutura con Supramid, propilene
- Tornillo en acetábulo o cuello femoral
- Vendaje de Ehmer
- Pacientes de menos de 20 Kg

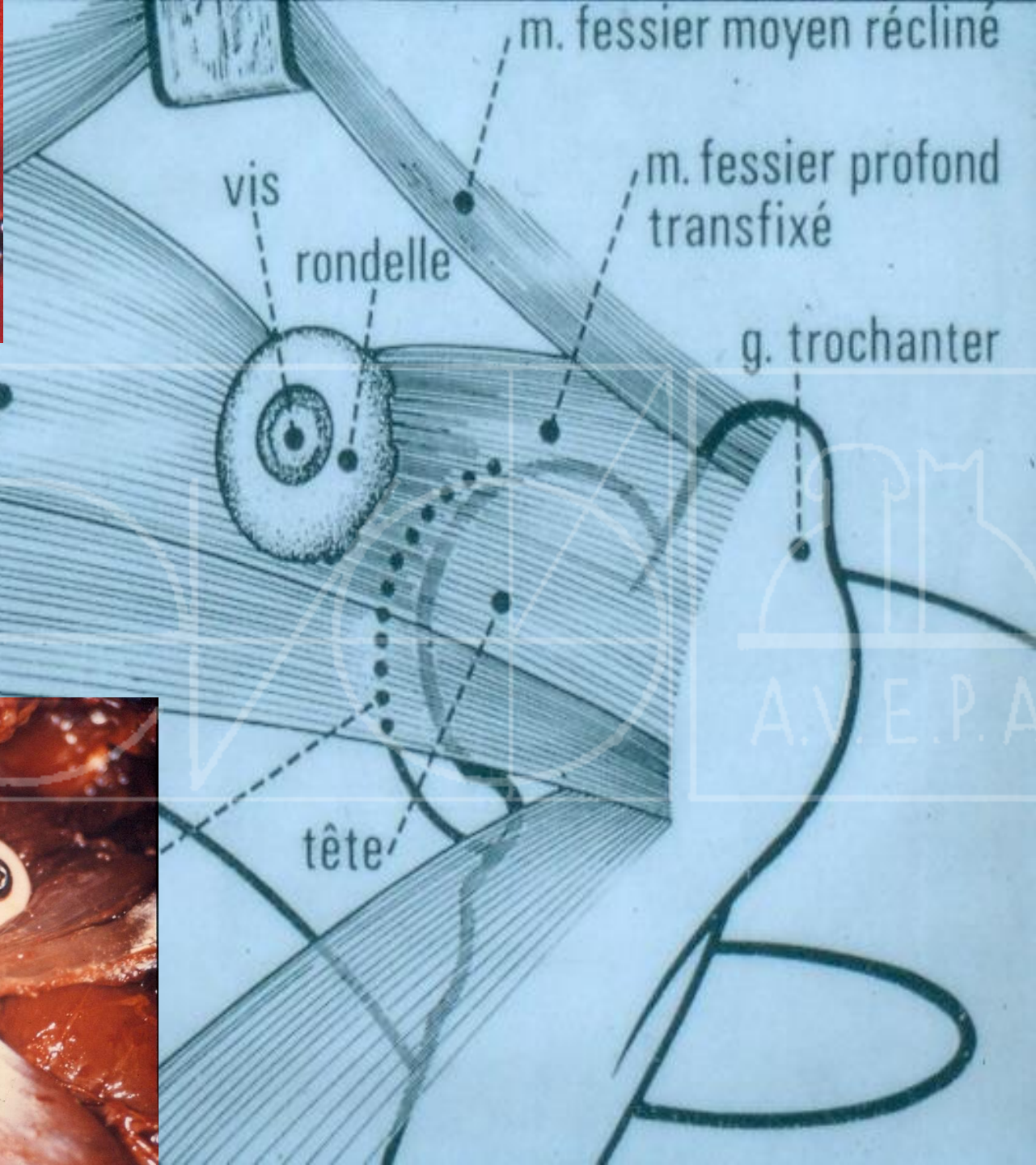
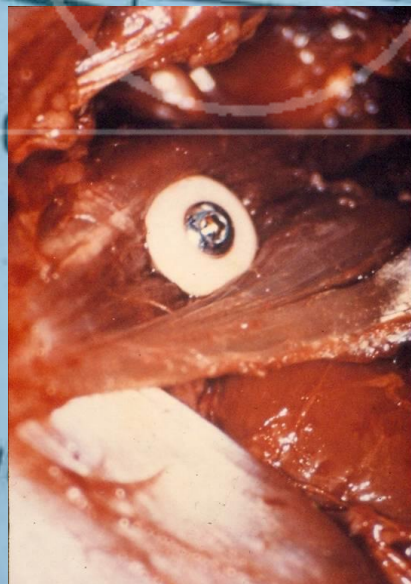
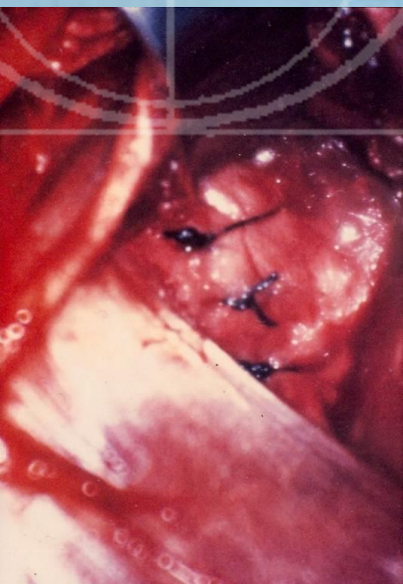
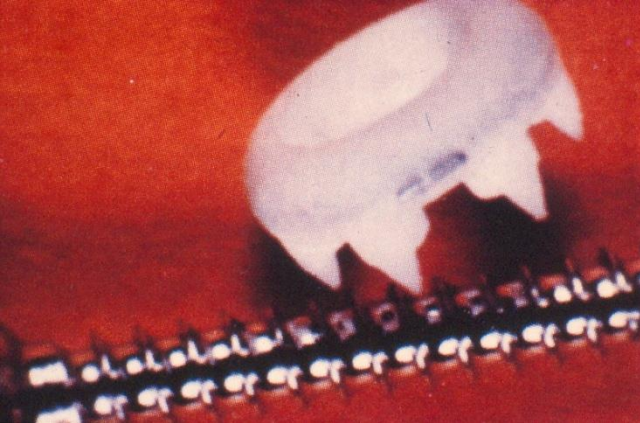




Capsulorrafia y tranfixión de glúteo profundo (Puget-Drape)

- Capsulorrafia
- 1-2 tornillos sobre gluteo
- Mayor estabilidad articular
- Inconvenientes:
 - Estado glúteo profundo
 - Lesión aplicación arandela
 - Sustitución de tornillo por placa



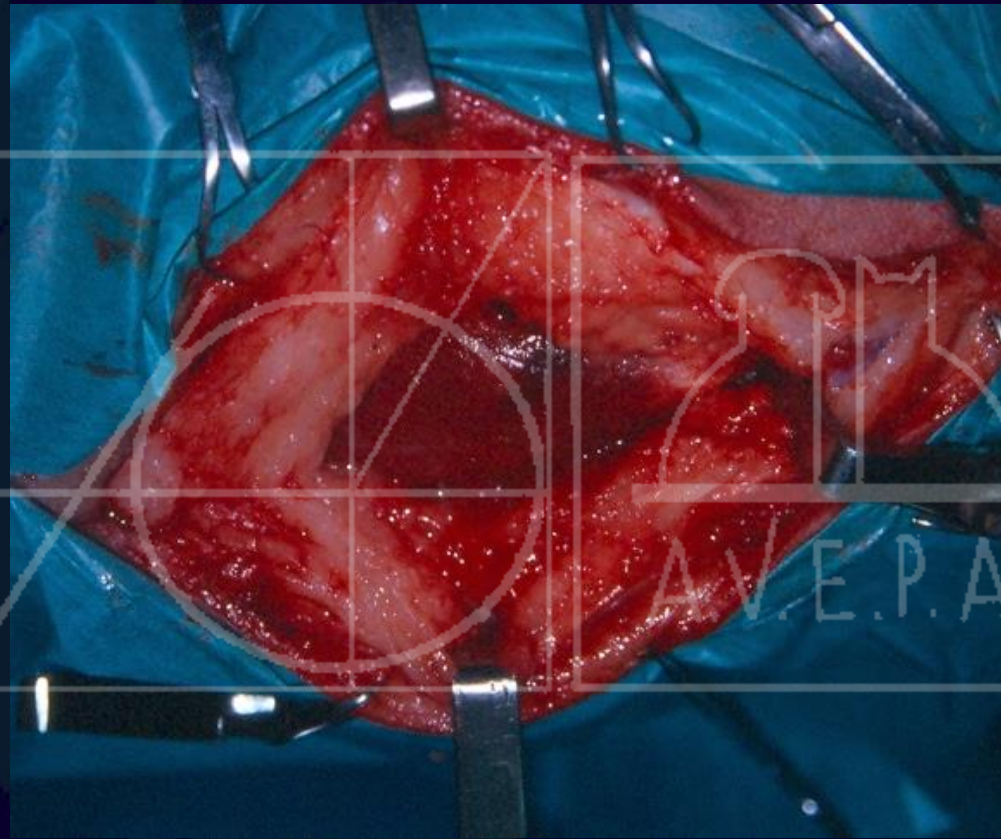
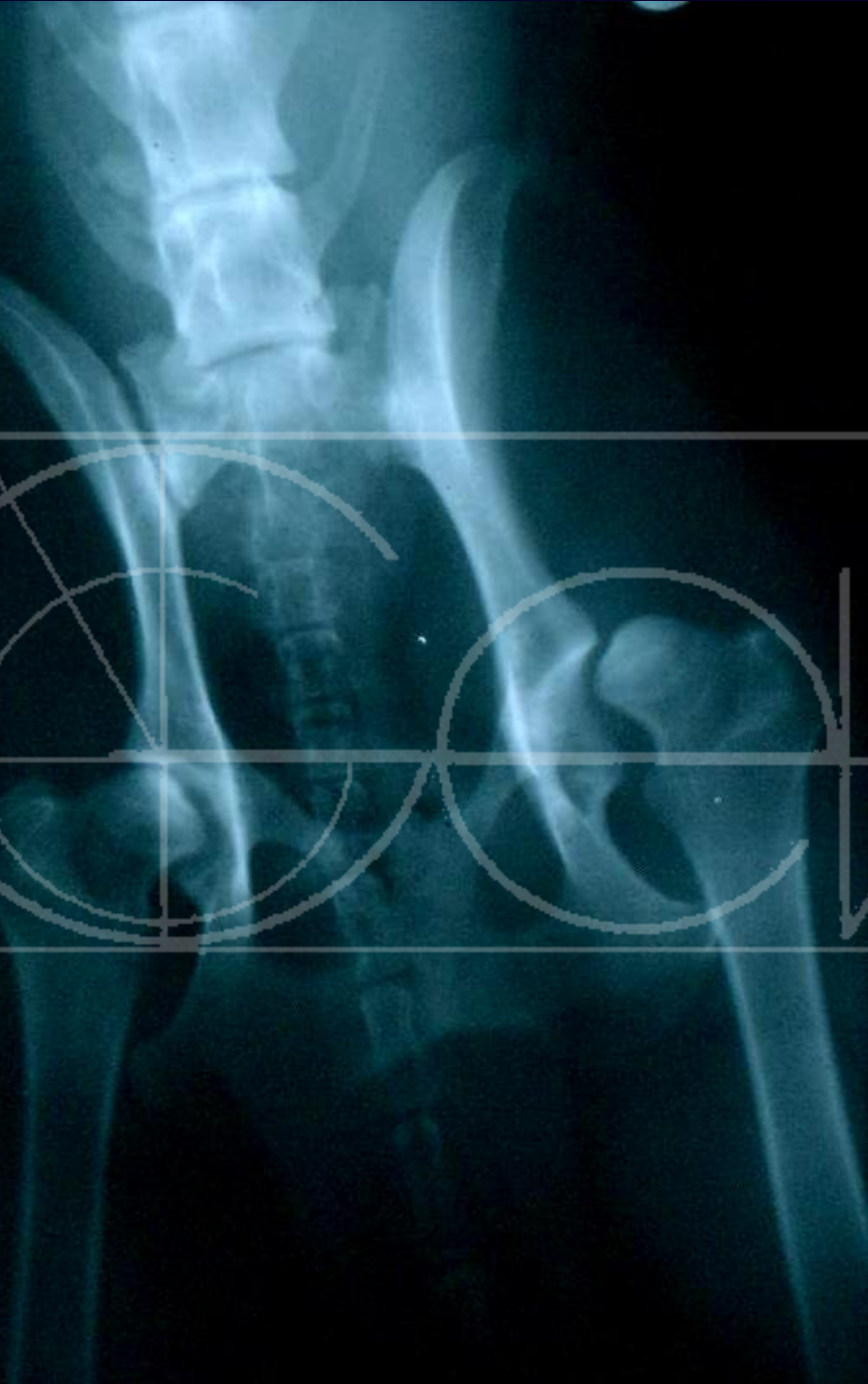




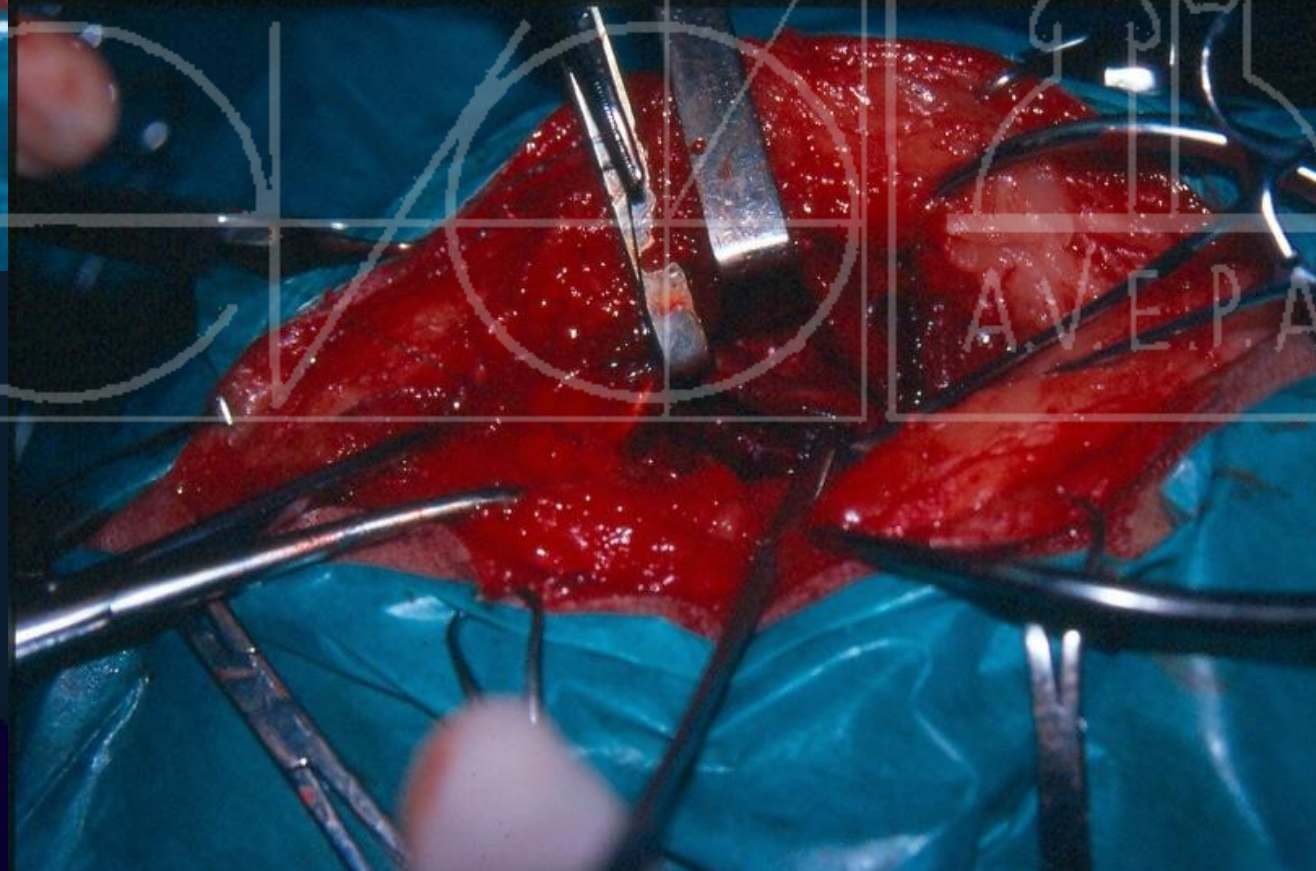
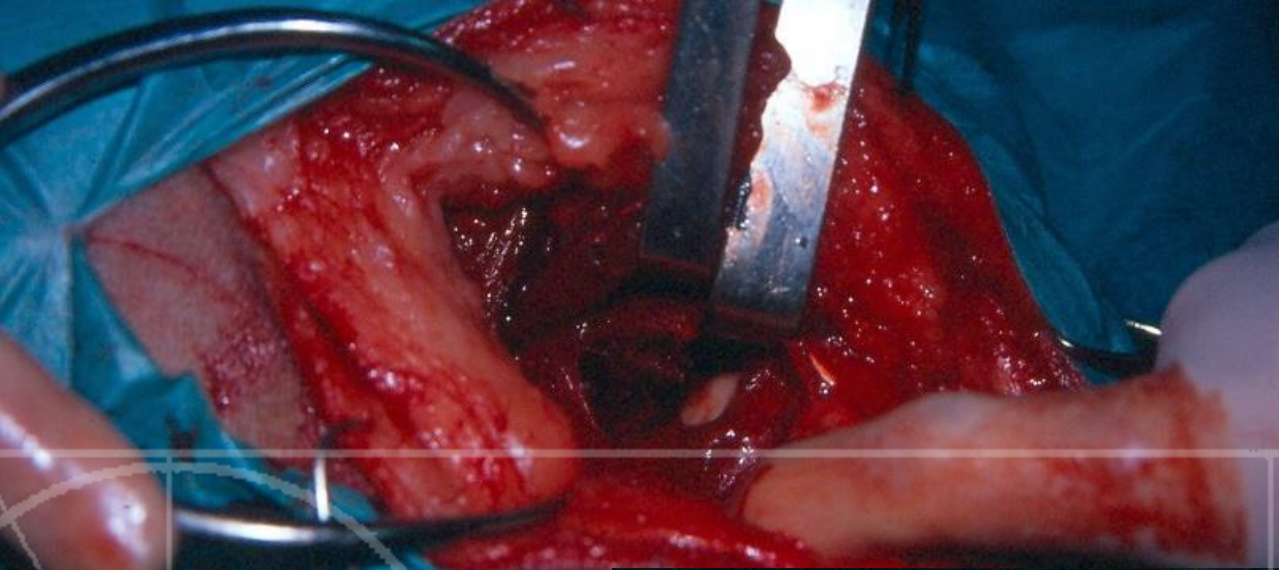
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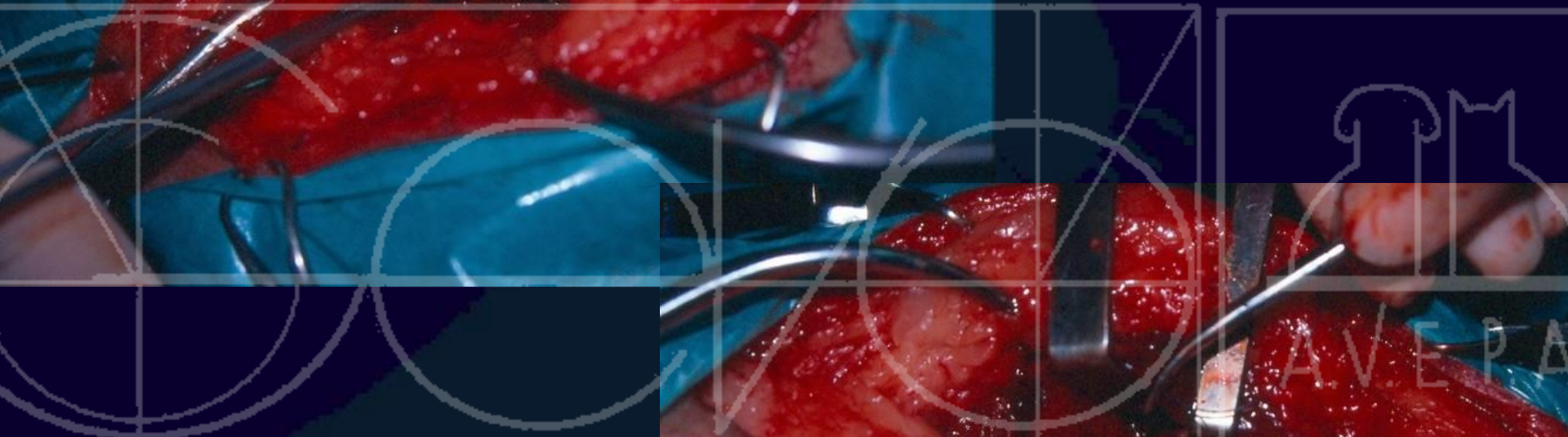
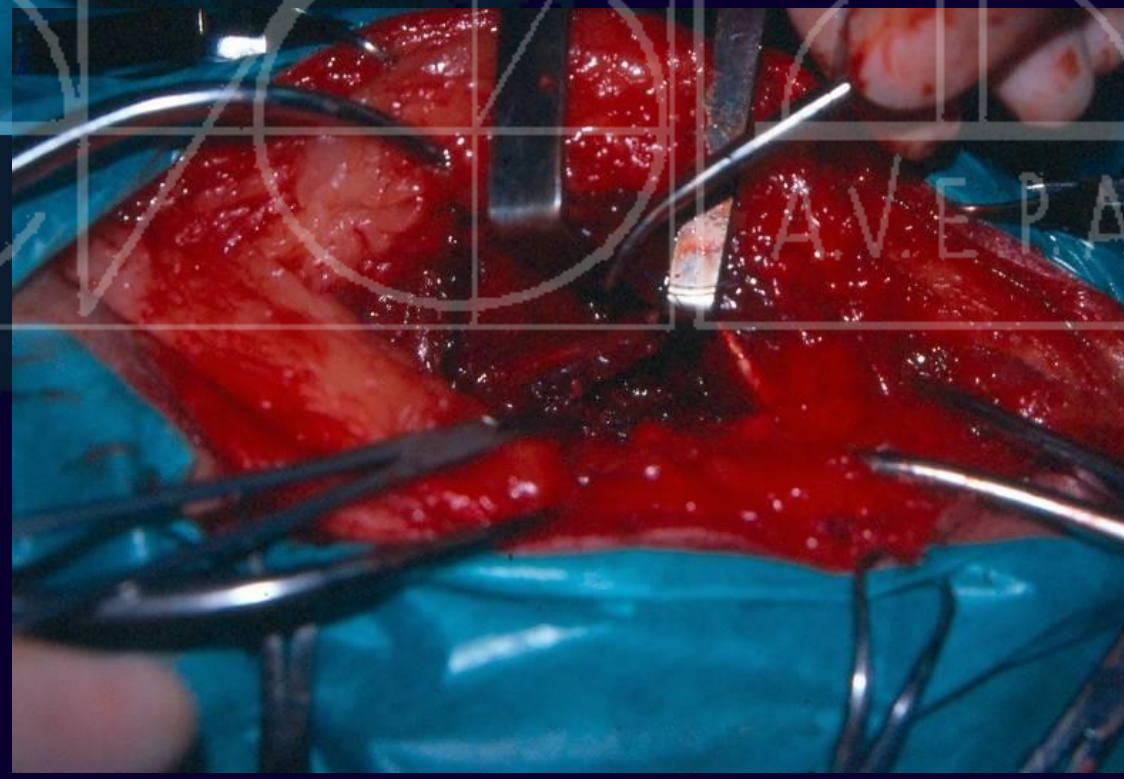
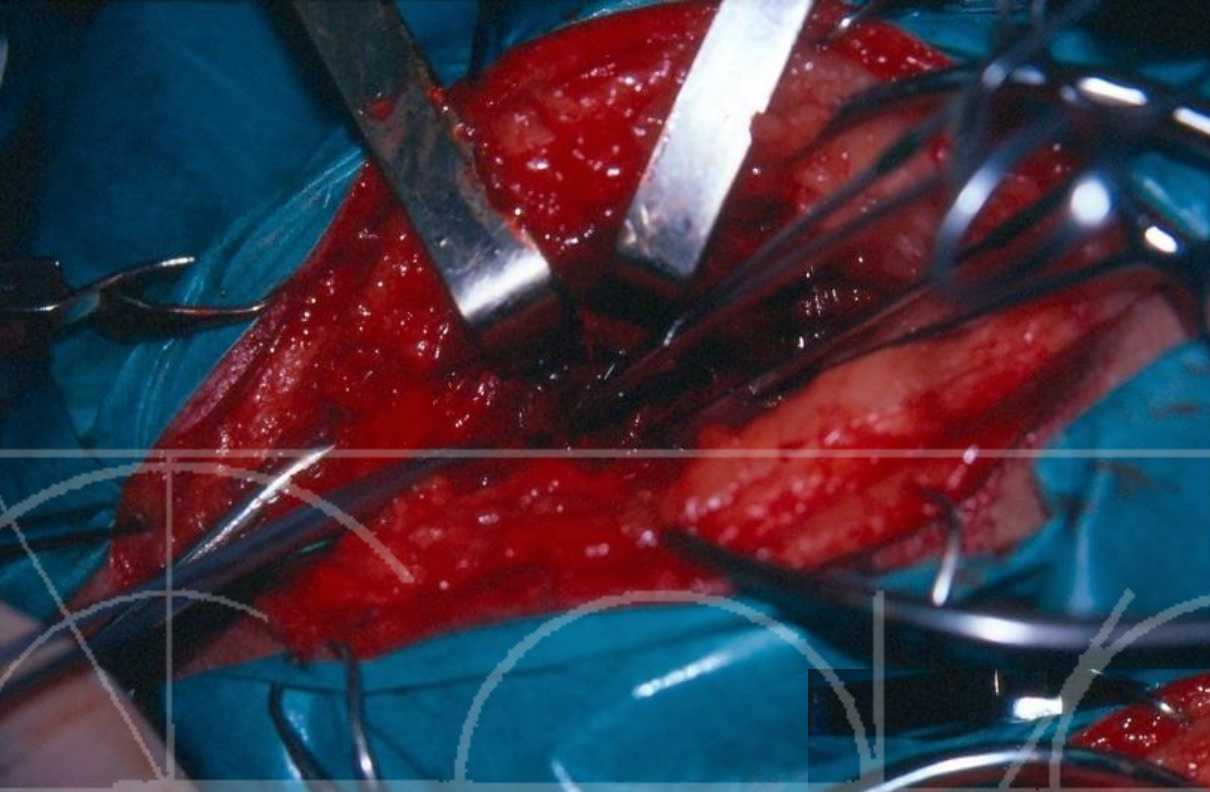


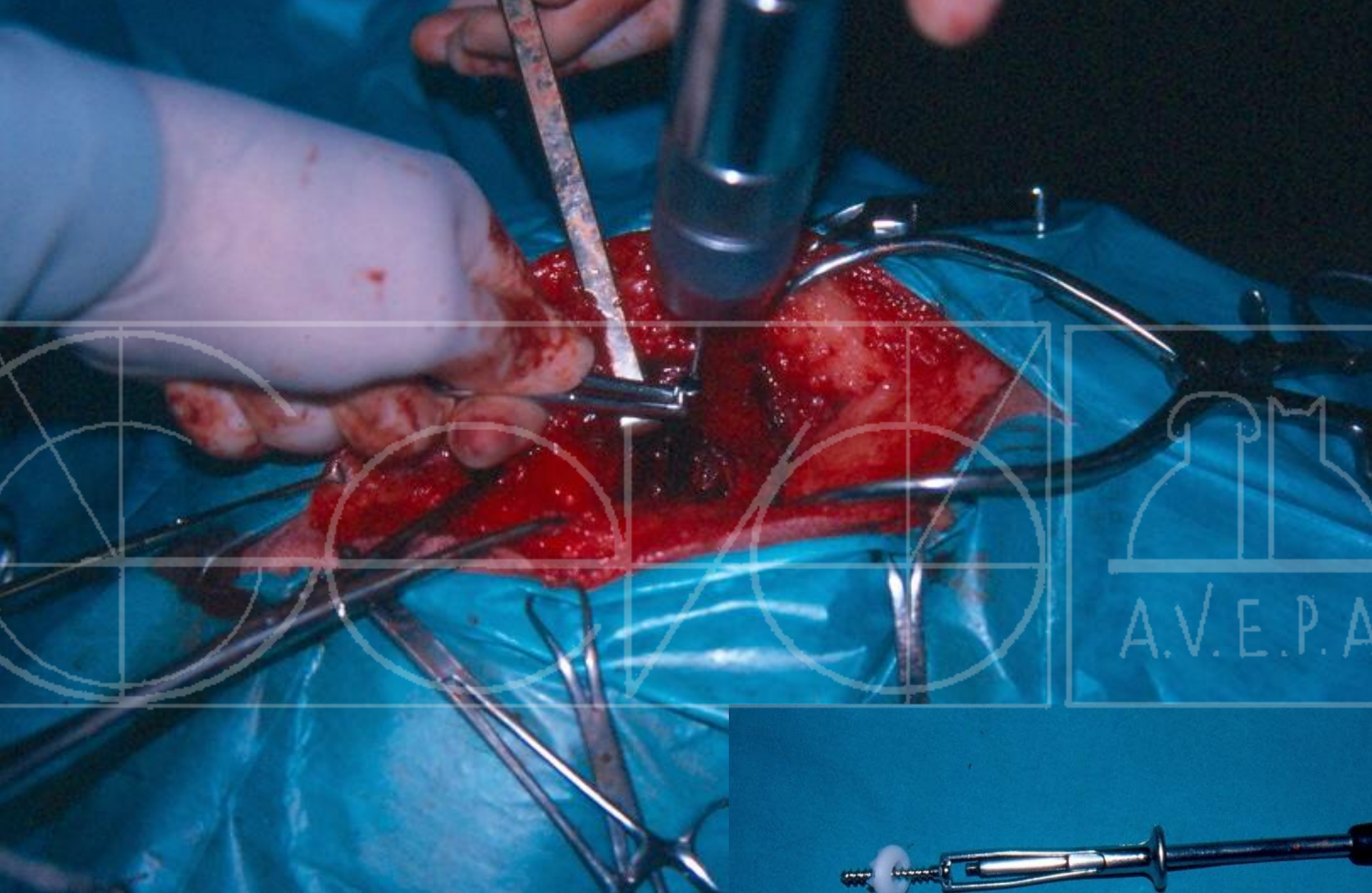
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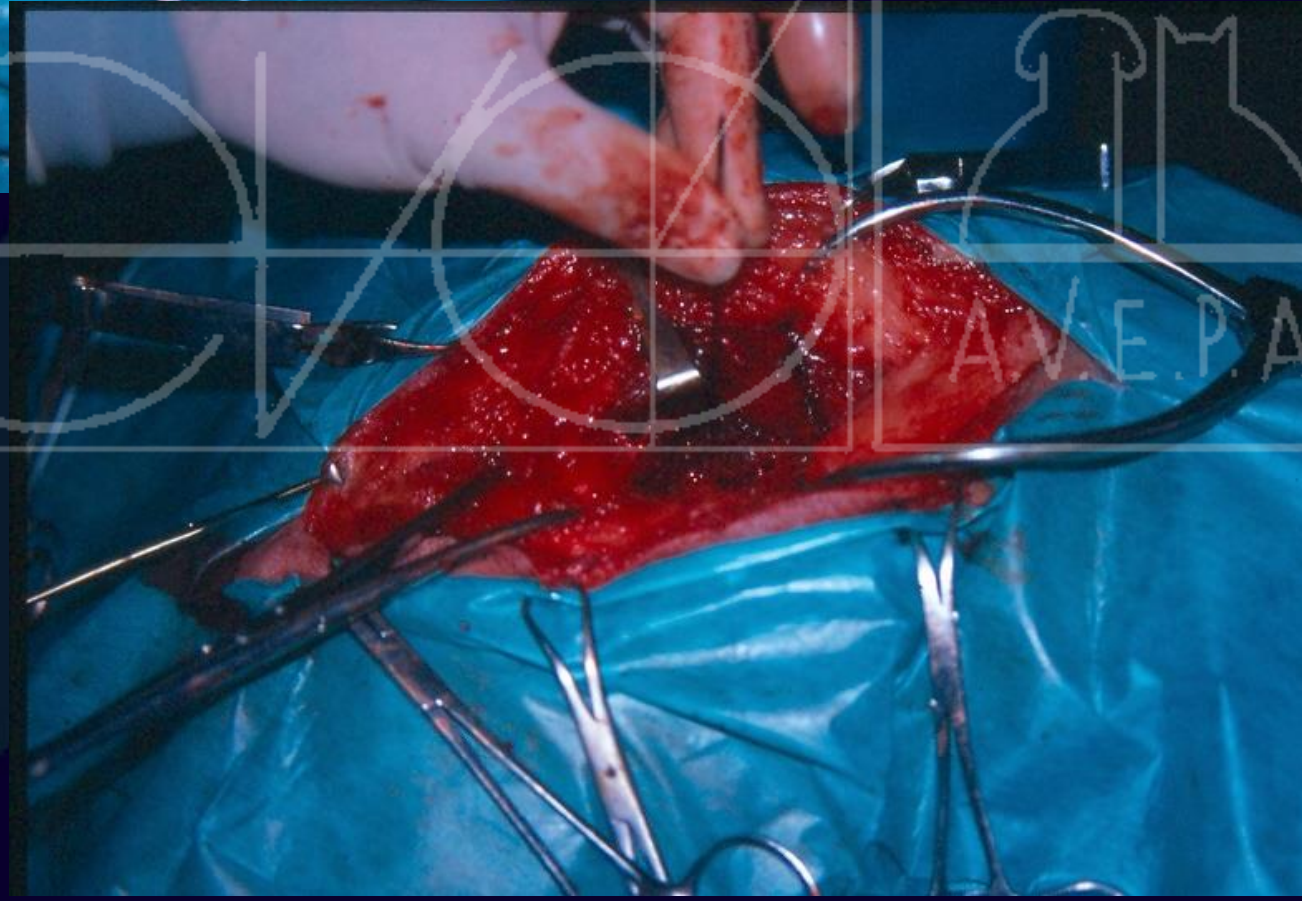
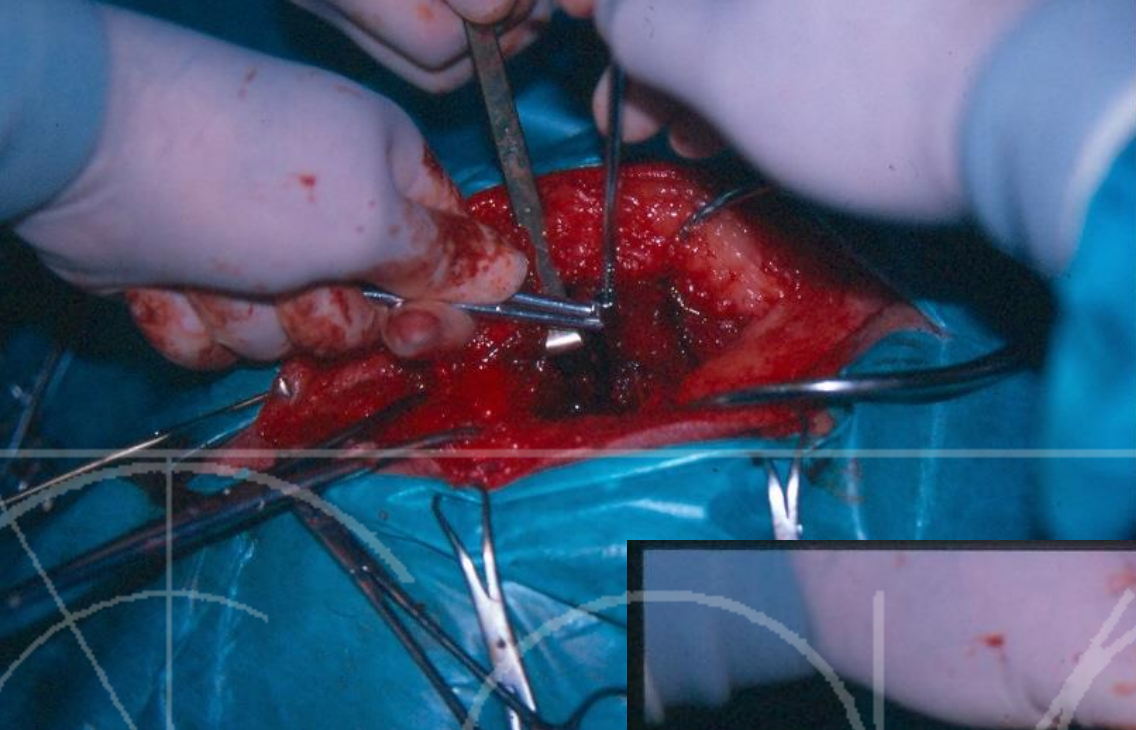


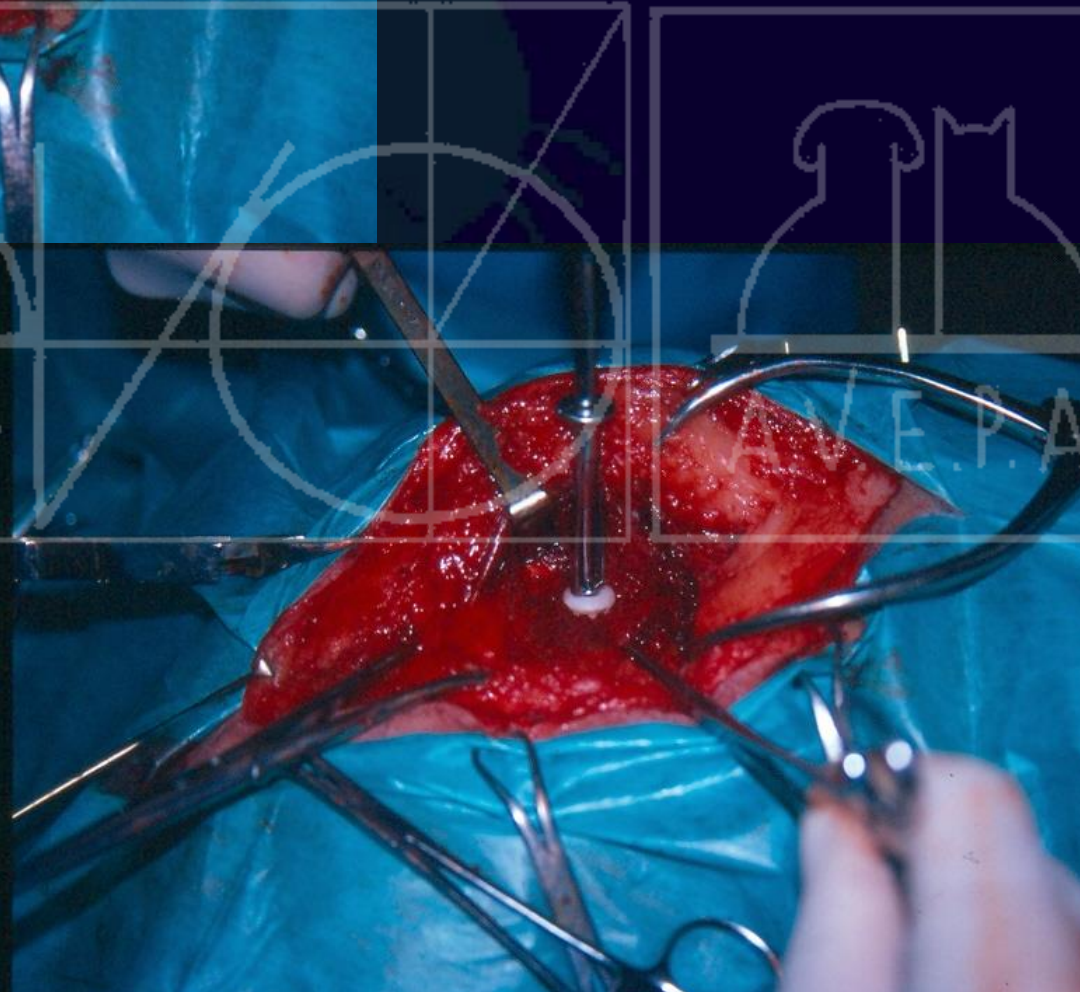
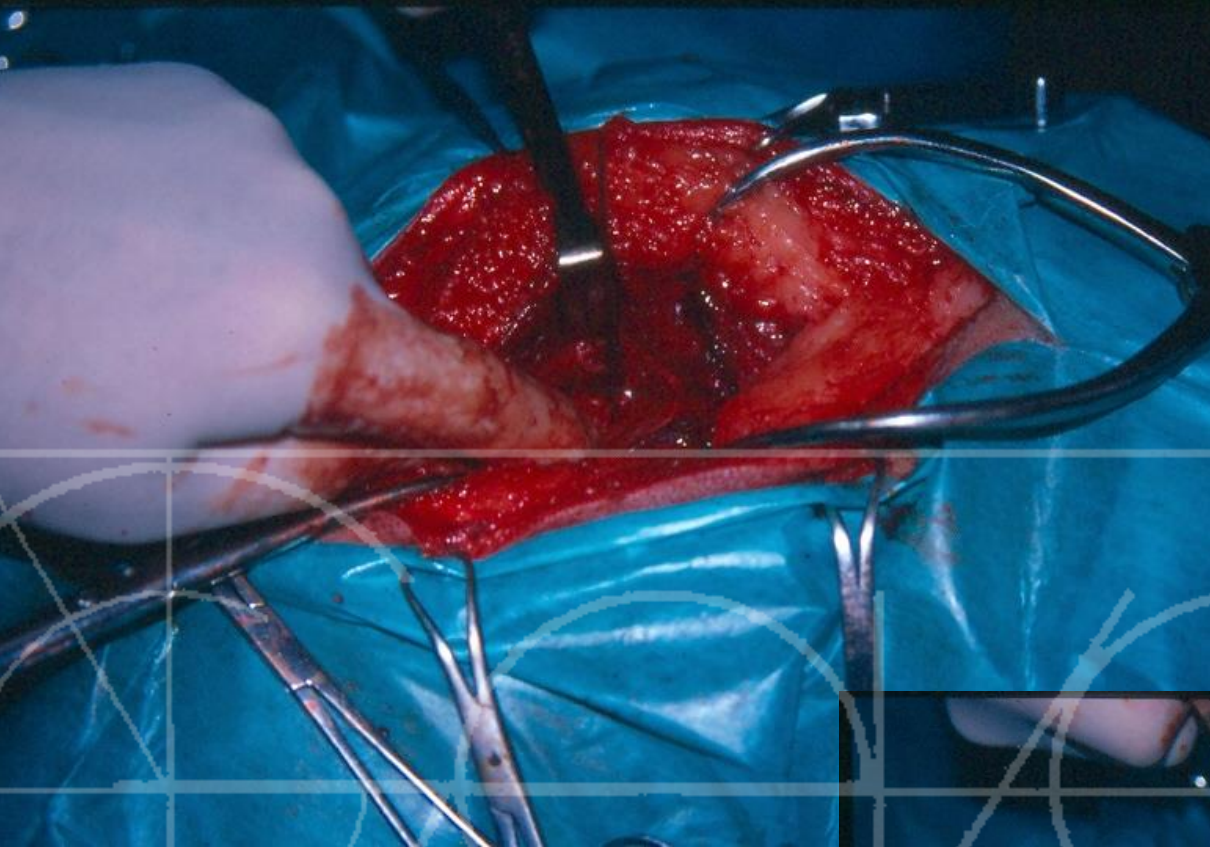
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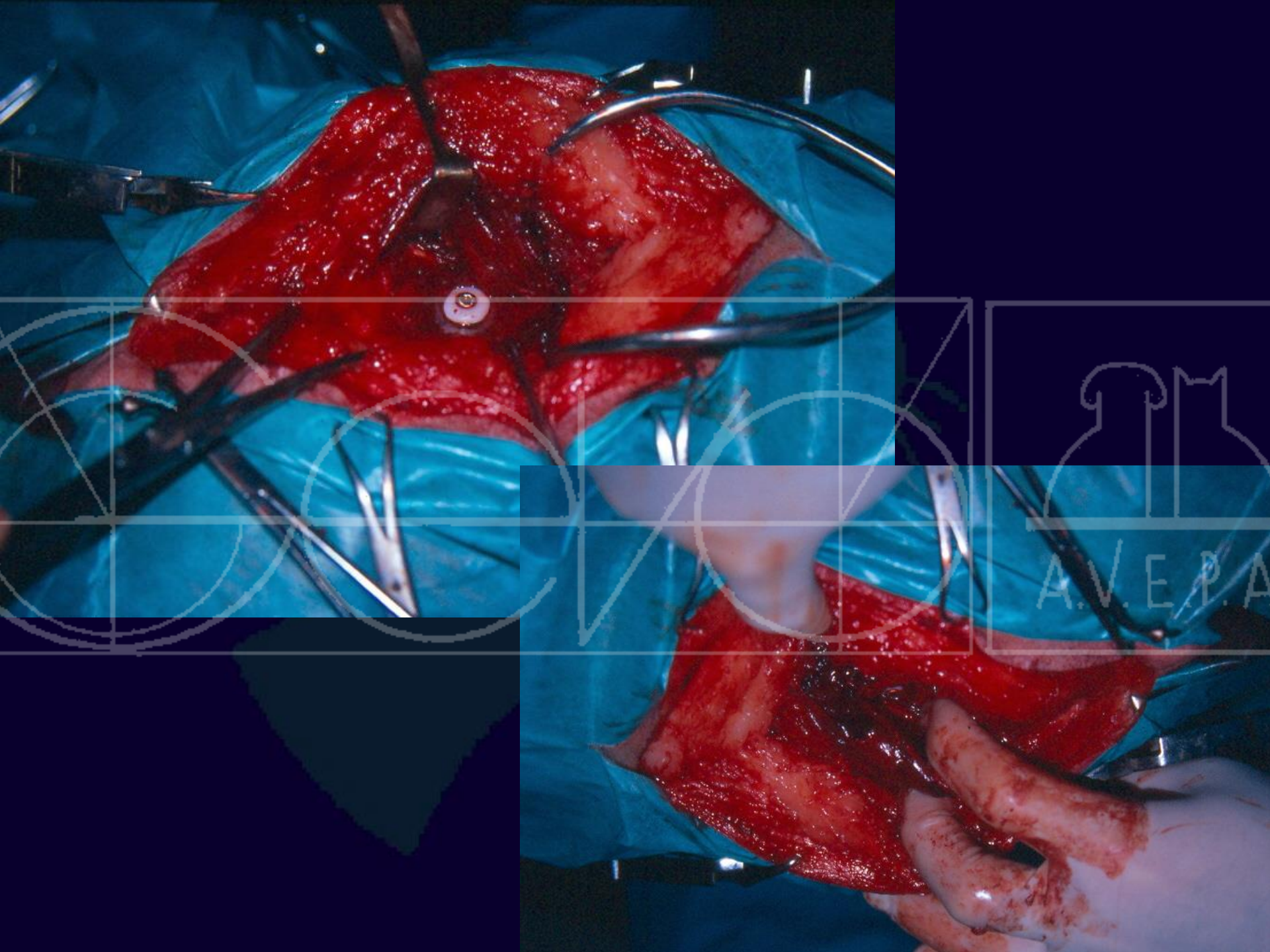








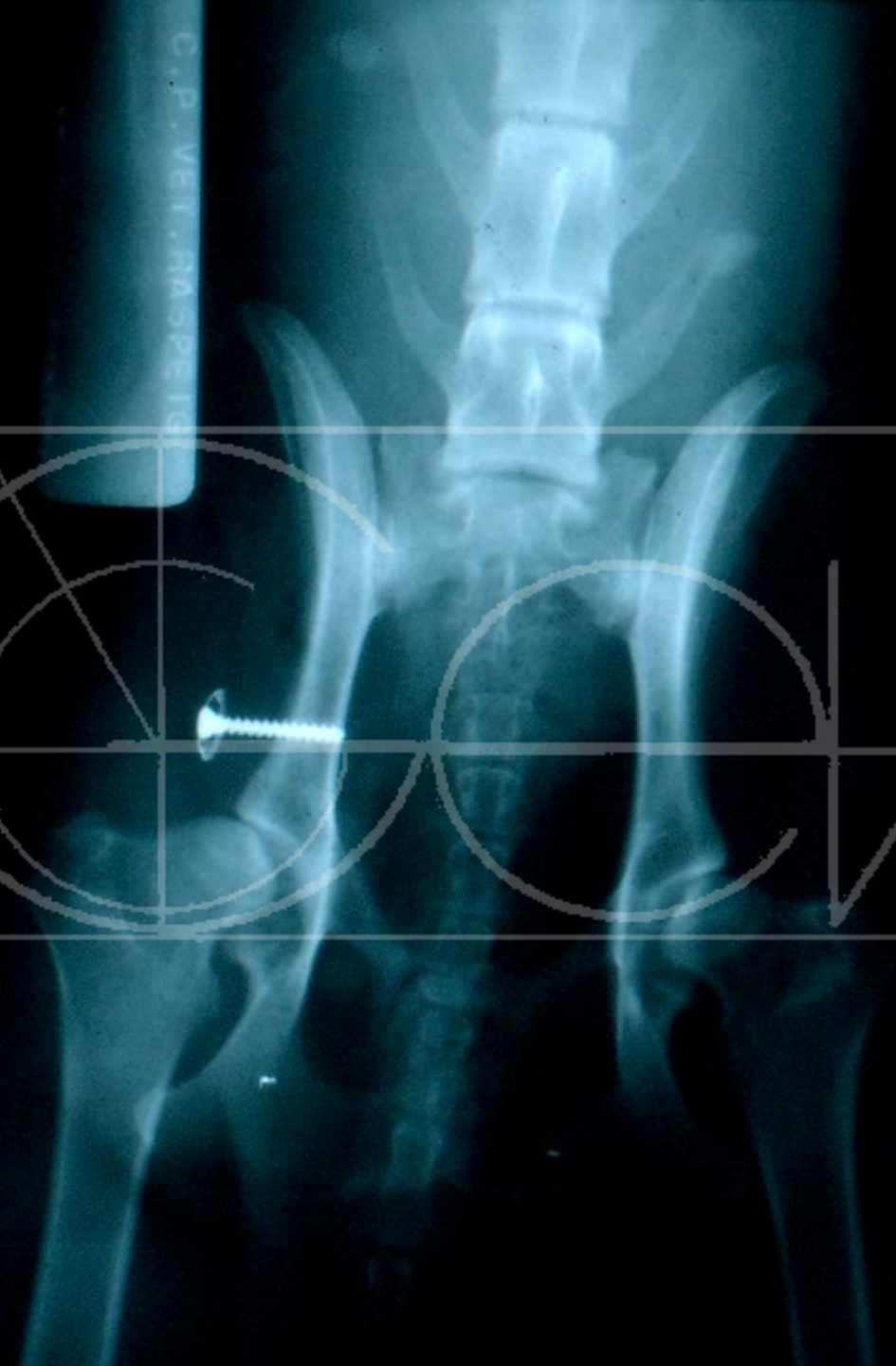


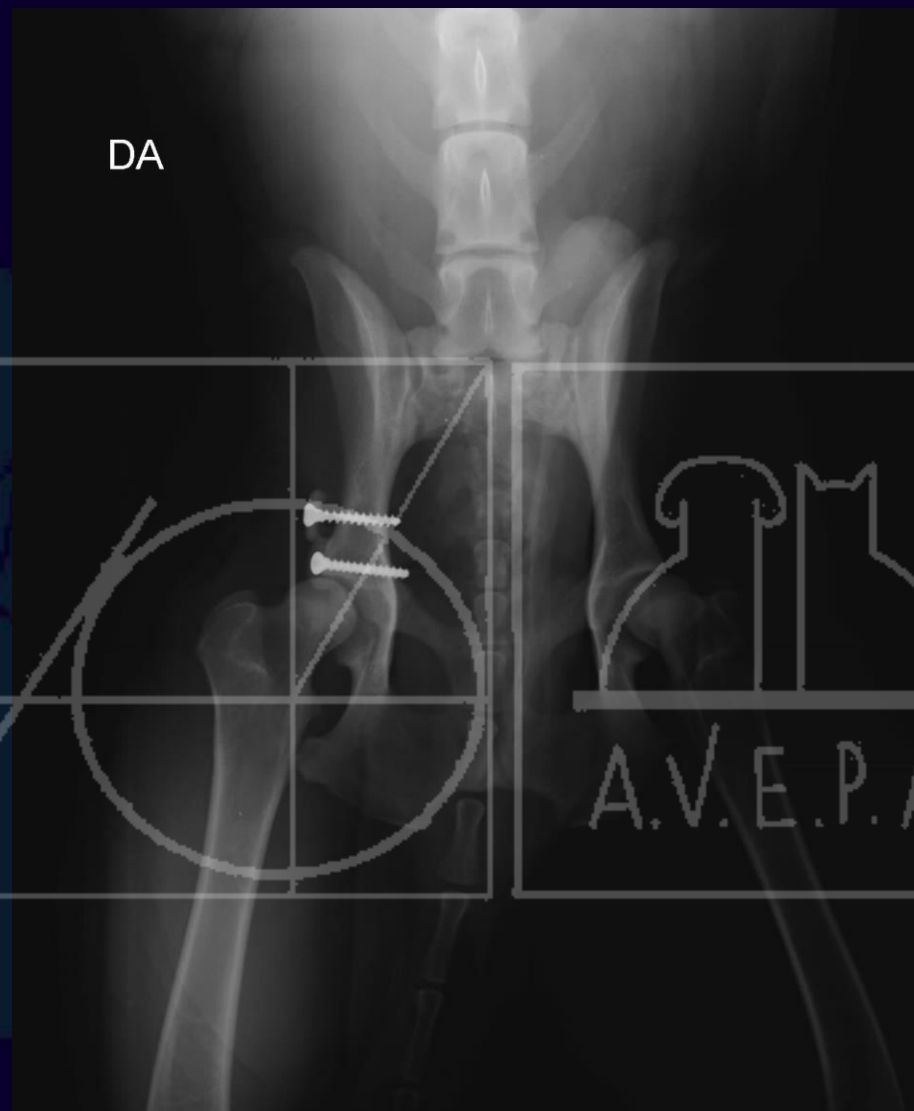


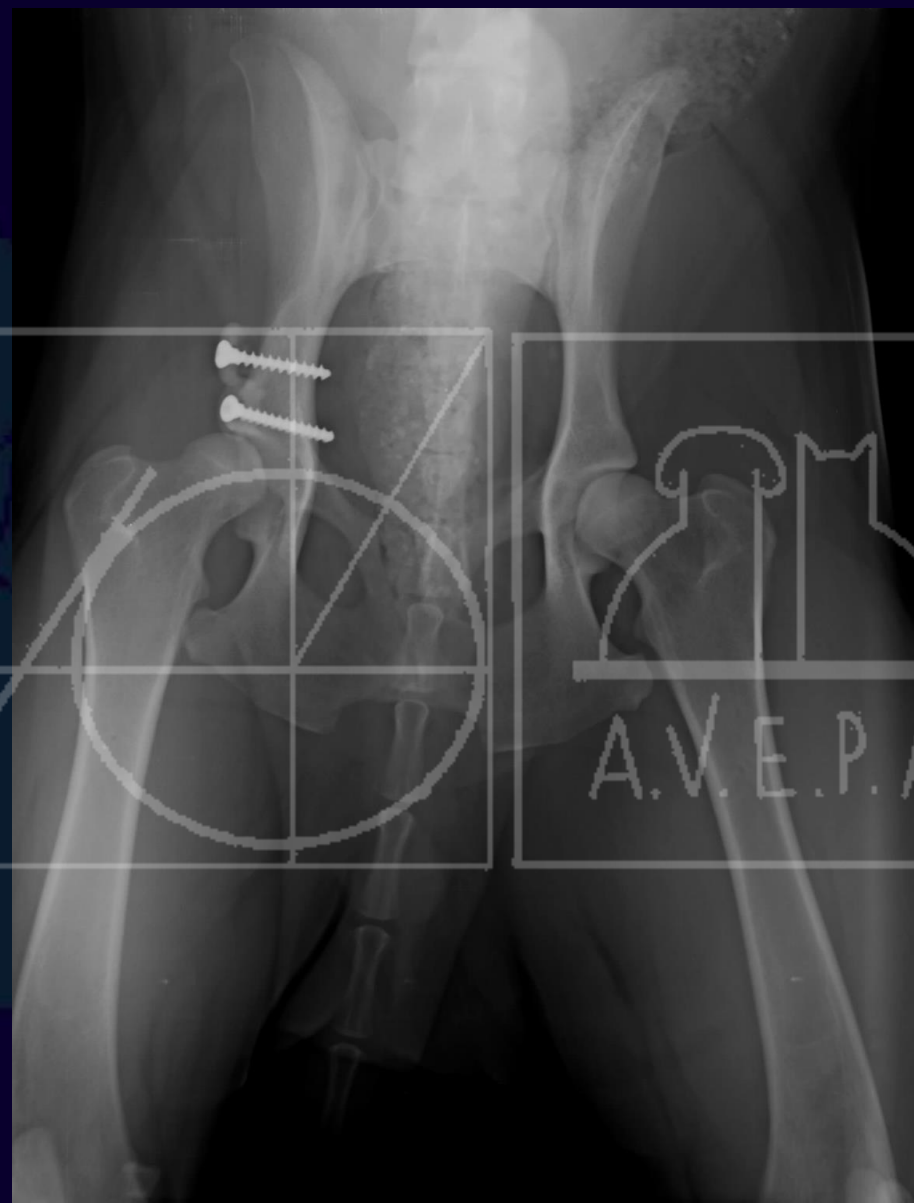
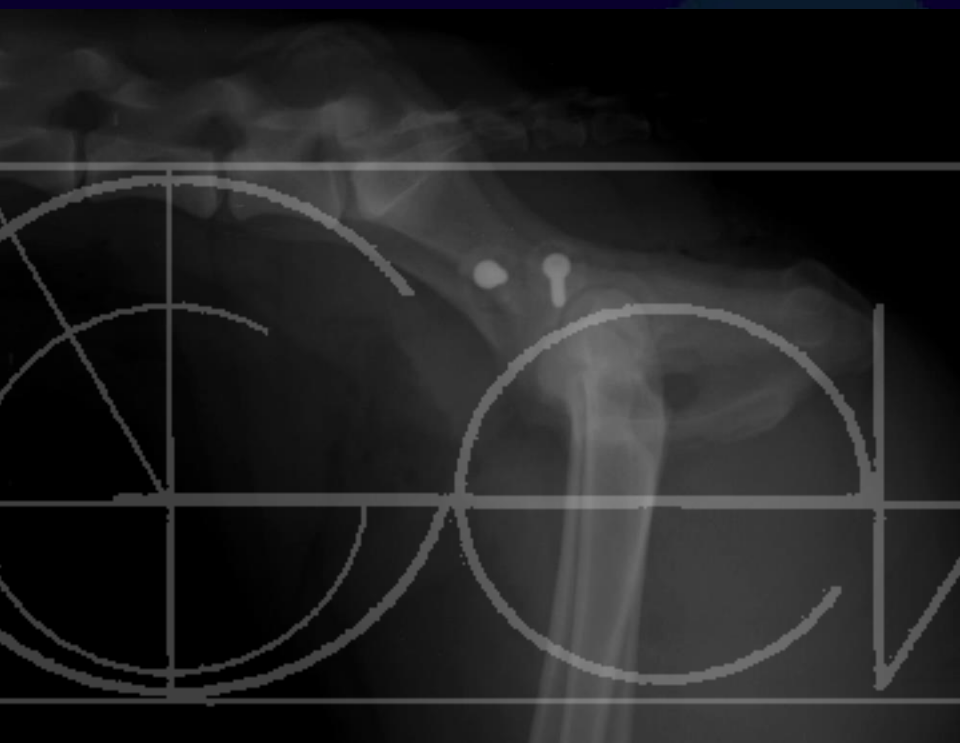
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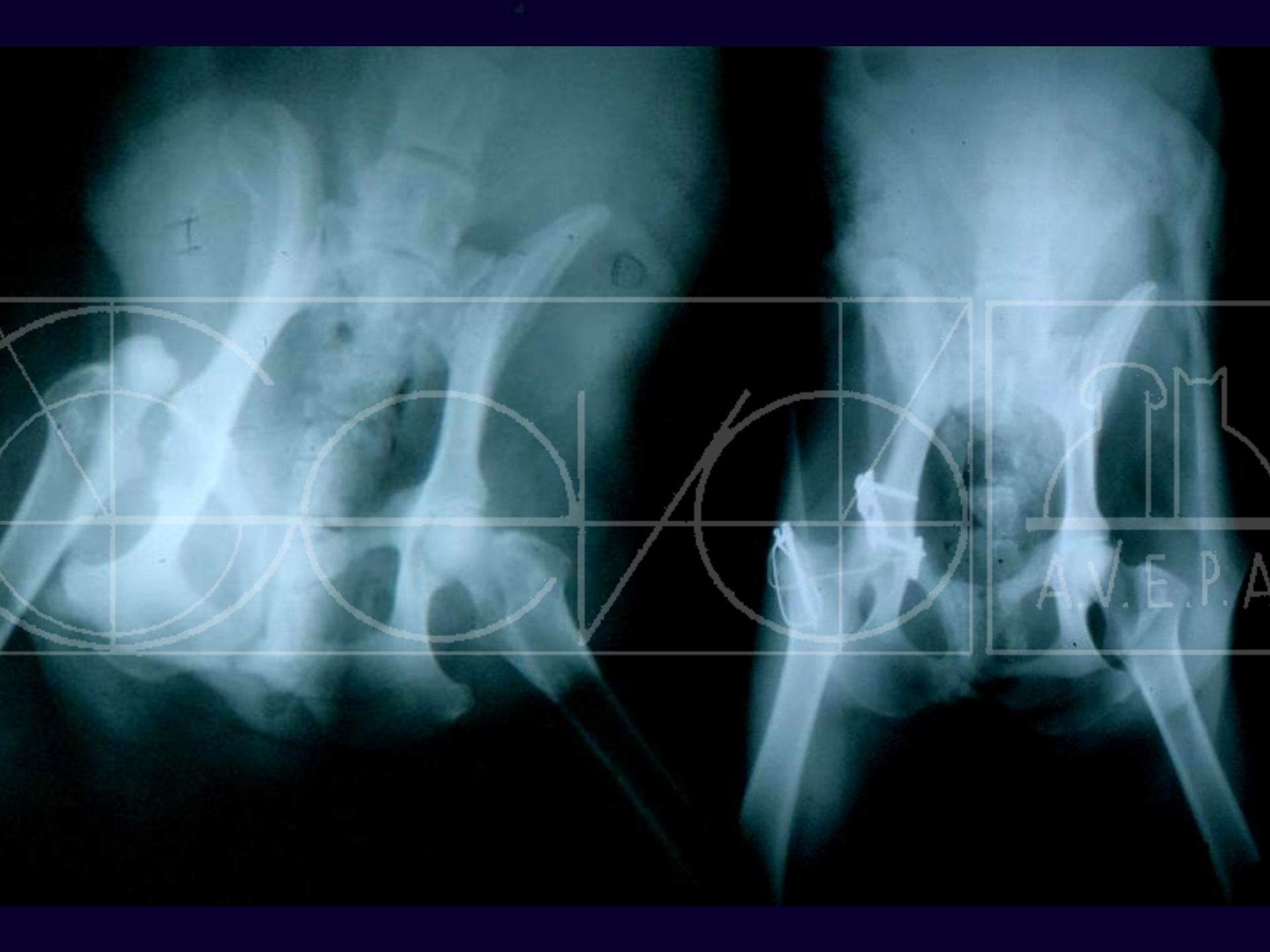


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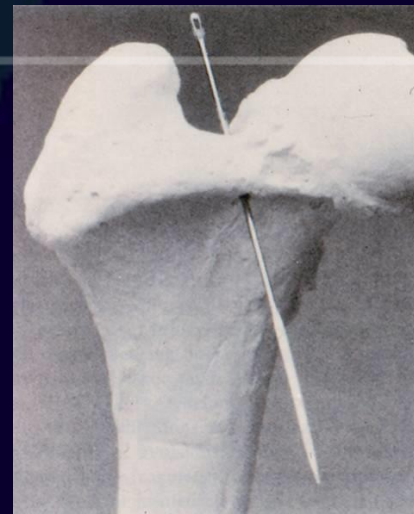


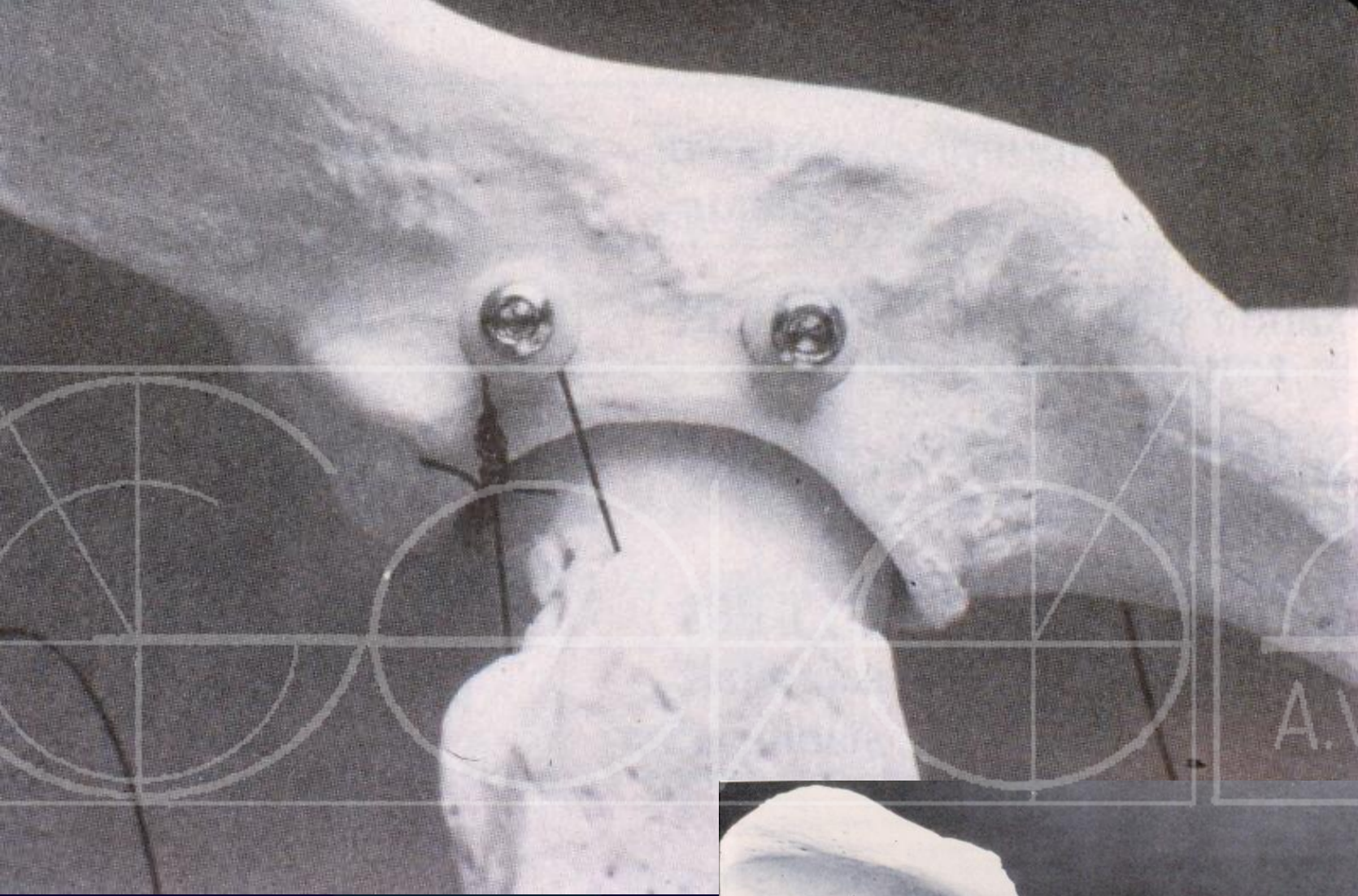
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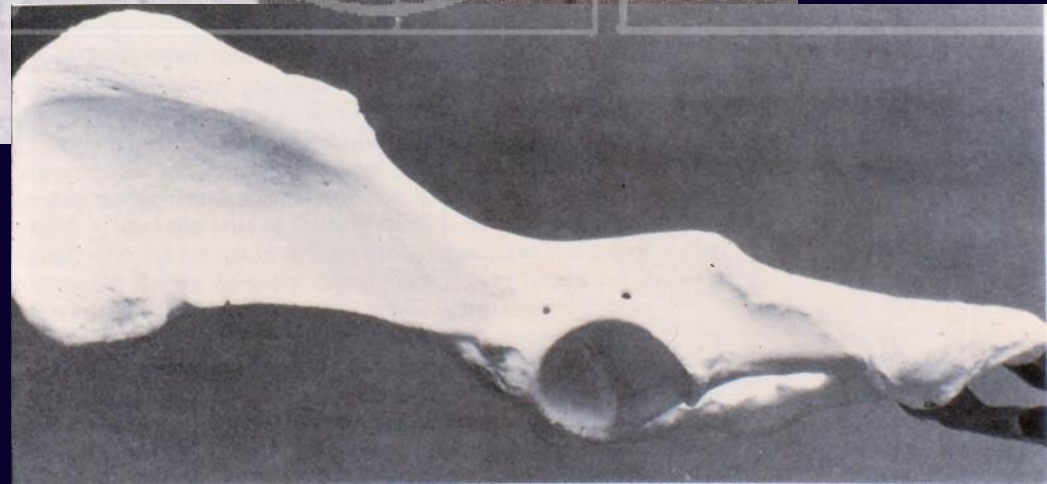
Capsulorrafia prostética de Braden

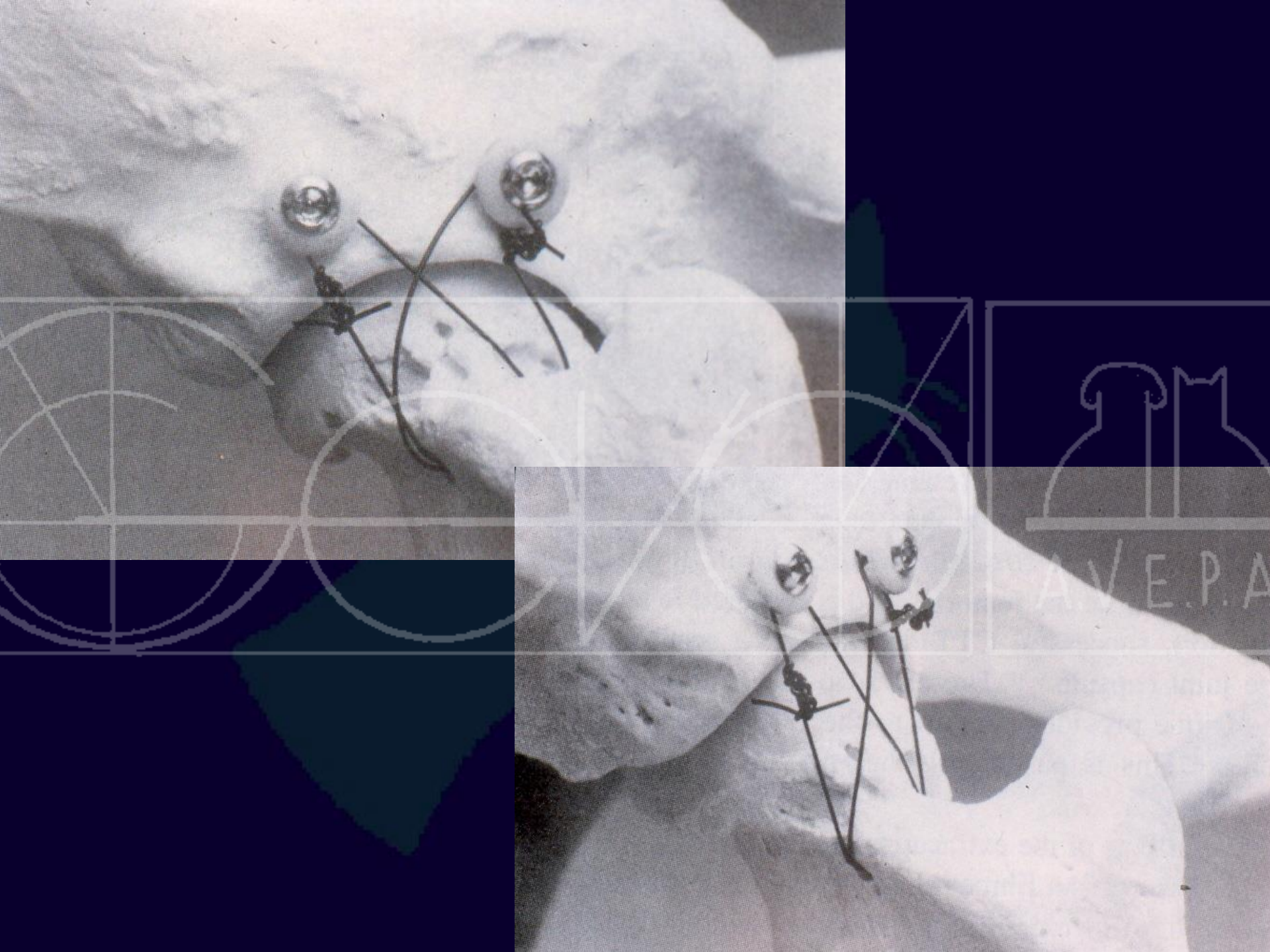
- Luxaciones crónicas
- Fallo de capsulorrafia
- Osteotomía de trocánter
- 2 tornillos en acetábulo y uno en cuello femoral
- Doble sutura en 8, no reabsorbible
- Tornillos: a 2.5 mm de acetábulo.
2.7 o 3.5 mm





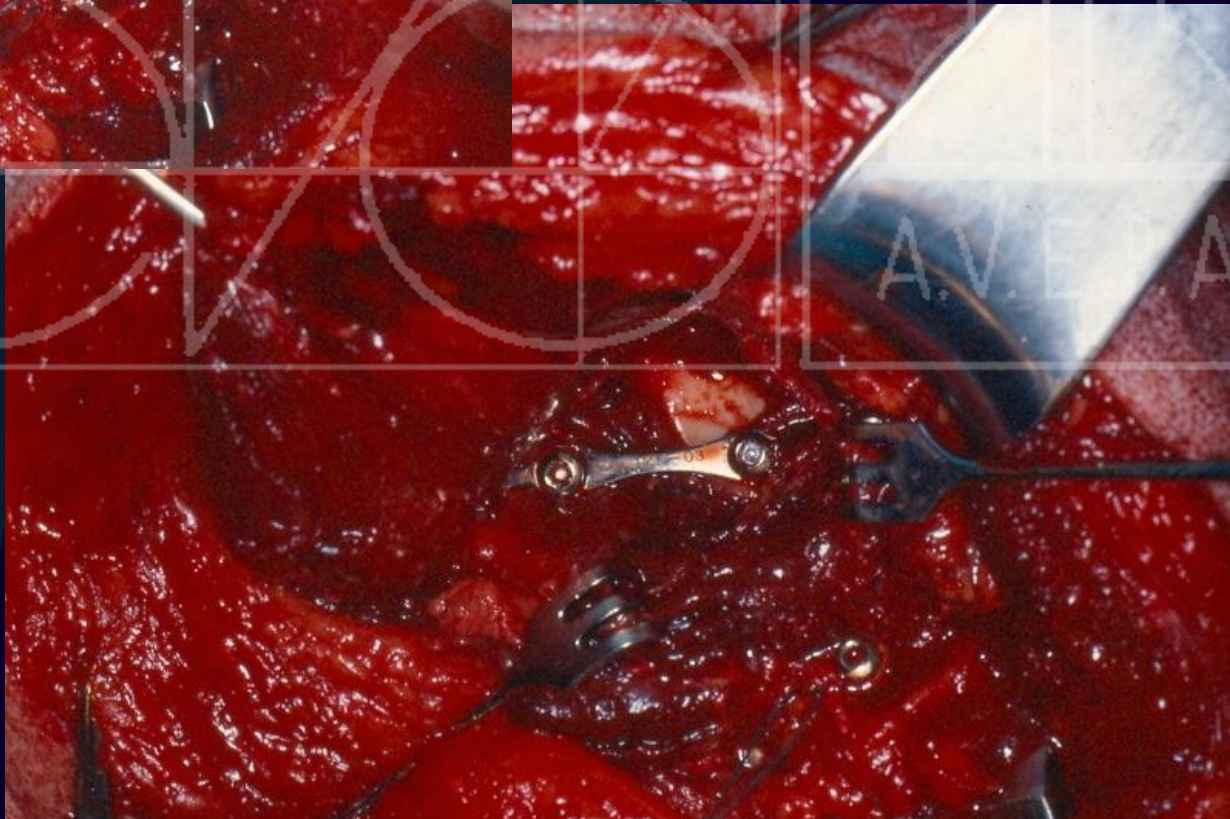
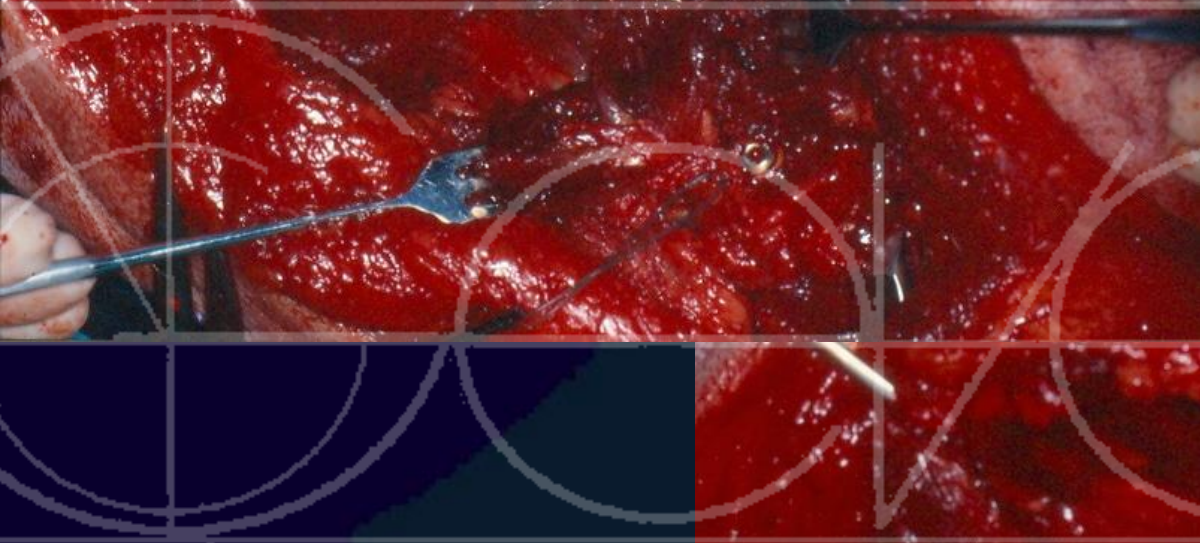
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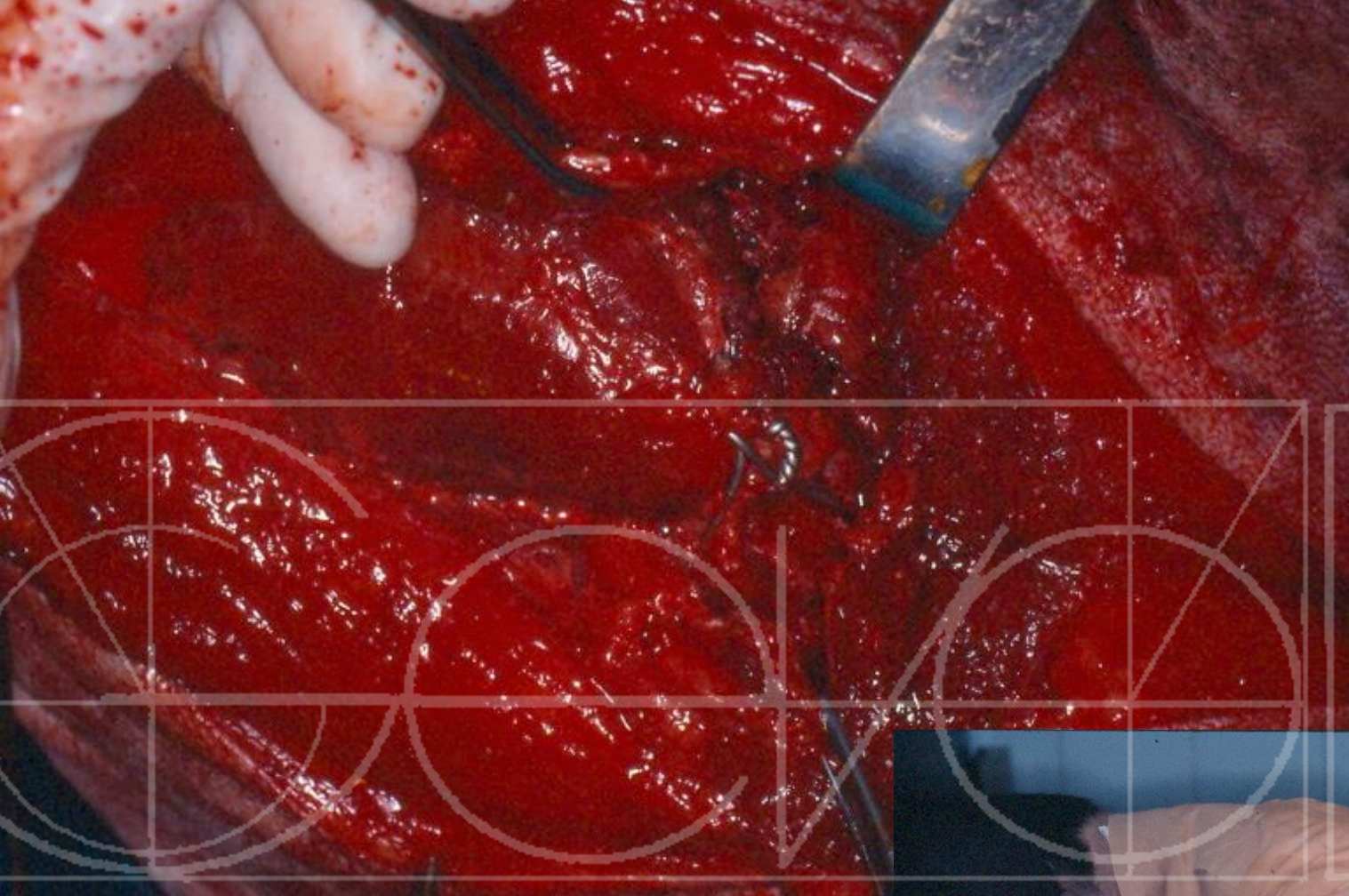




SAVE P.A.

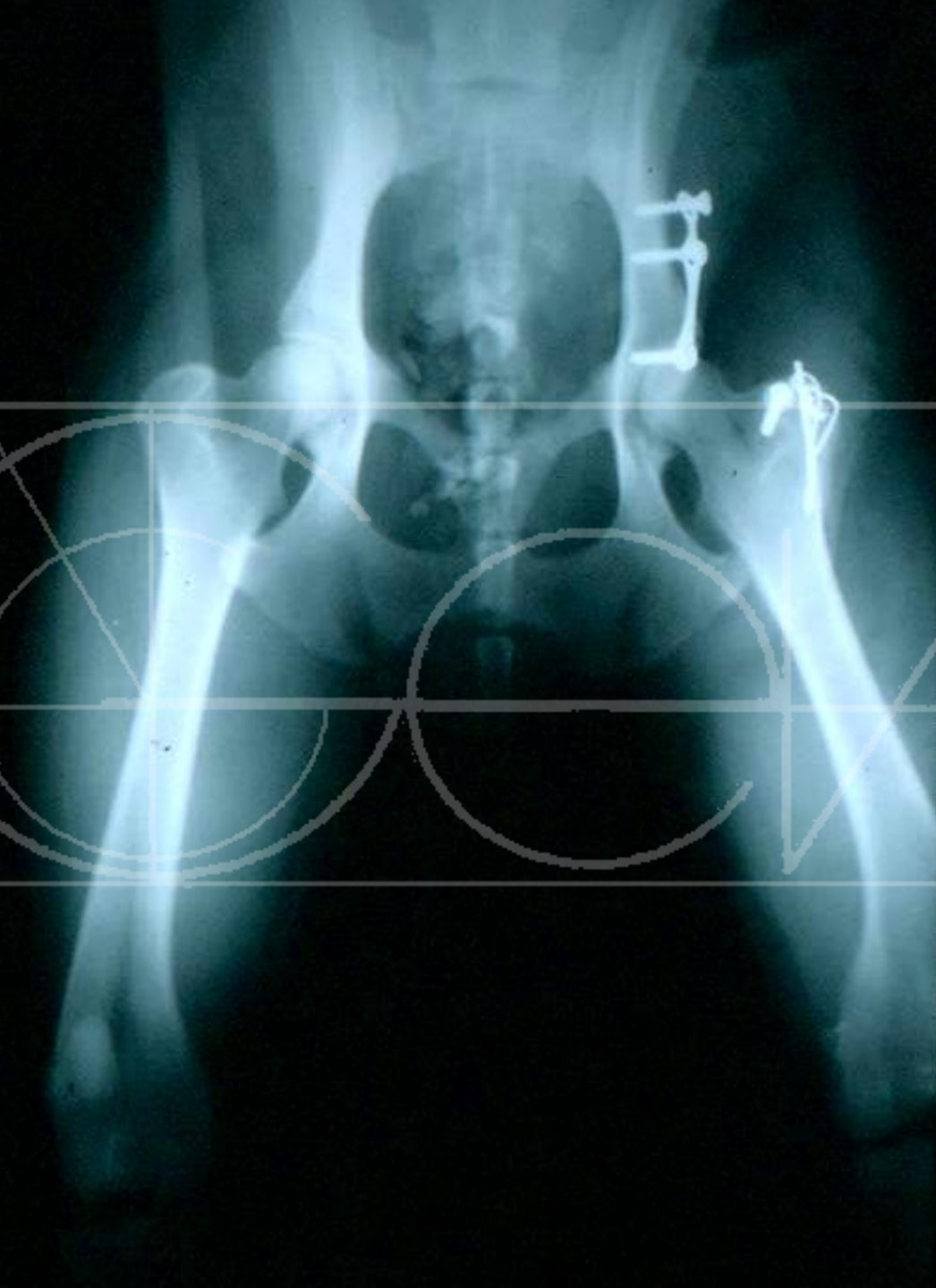






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Transposición del trocánter

- Aumenta la estabilidad articular junto capsulorrafia
- Osteotomía de trocánter
- Reimplantación con banda de tensión caudodistalmente
- Aumenta tensión de glúteos y fija cabeza en acetábulo
- Deformación estética por abultamiento



Pronóstico

- Luxaciones recientes: pronóstico favorable
- Luxaciones crónicas o recurrentes: 70-80% buenos resultados
- Factores agravantes
 - Displasia
 - Fracturas intraarticulares concurrentes
 - Lesiones degenerativas de cadera
 - Peso superior a 30 Kg
- Fallos de técnica o persistencia de dolor o cojera: escisión artroplástica de cabeza y cuello femorales.
 - Prótesis total de cadera

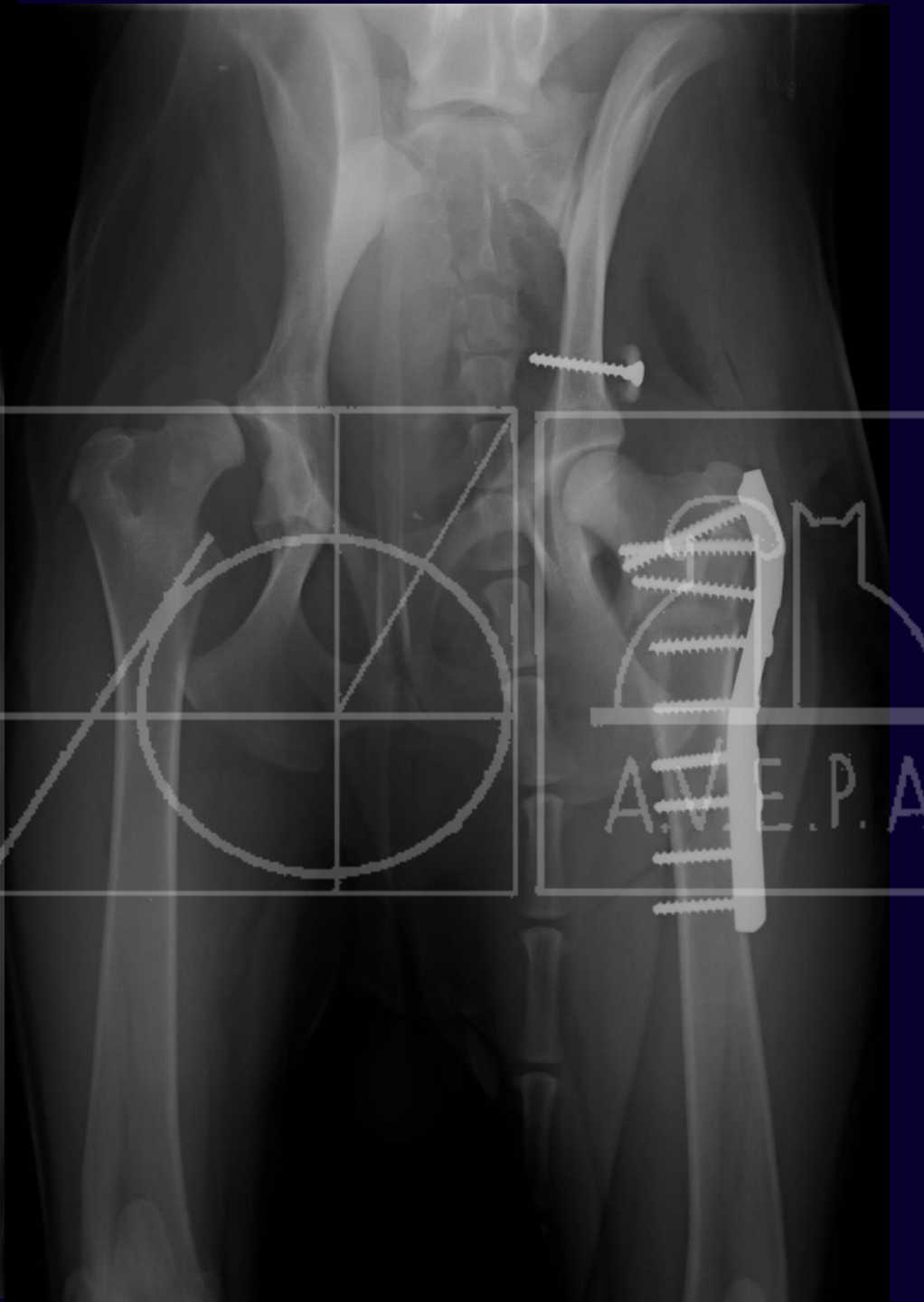
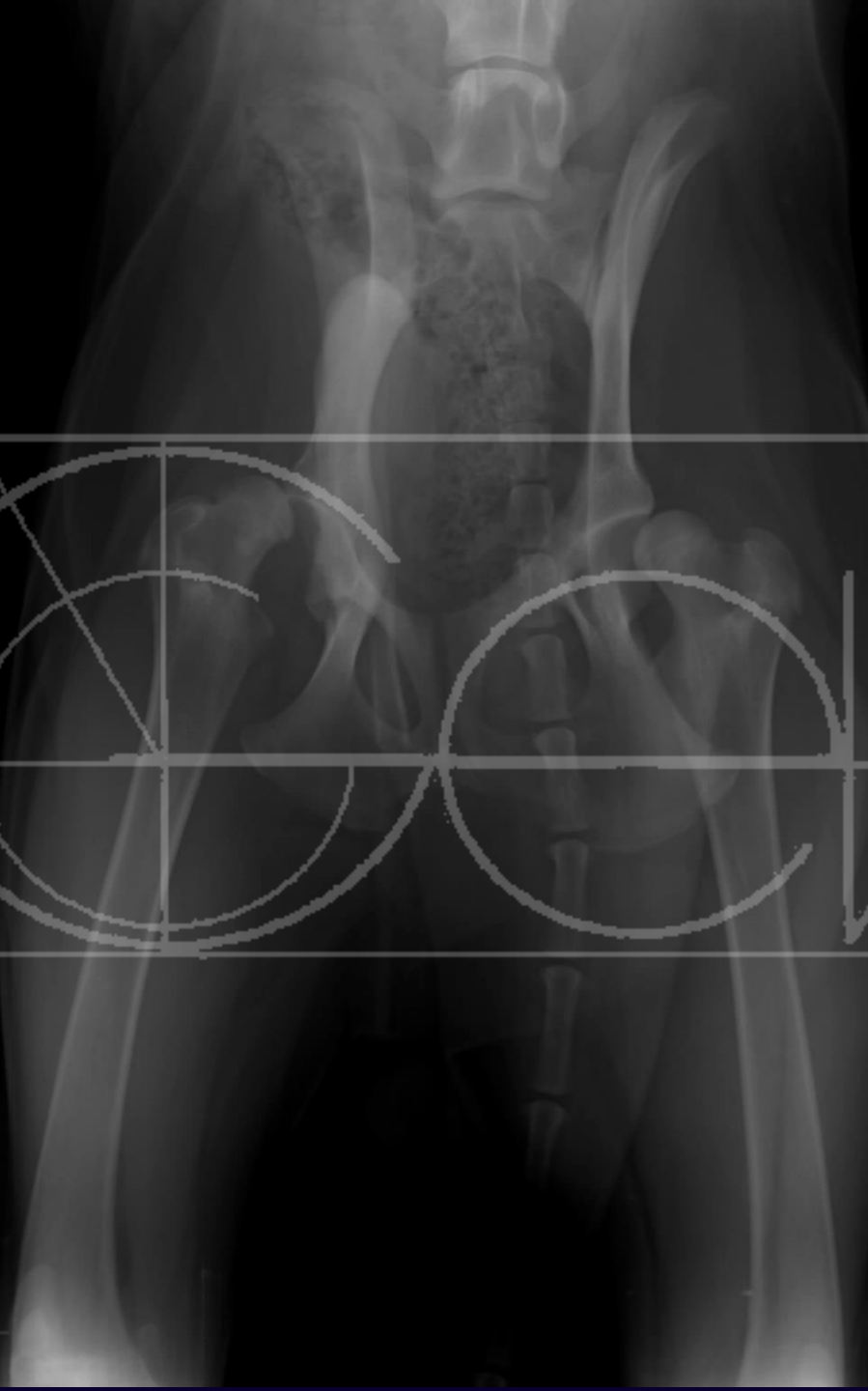


Técnicas de último recurso

- Artroplastia
- Prótesis de cadera
- Osteotomía triple?

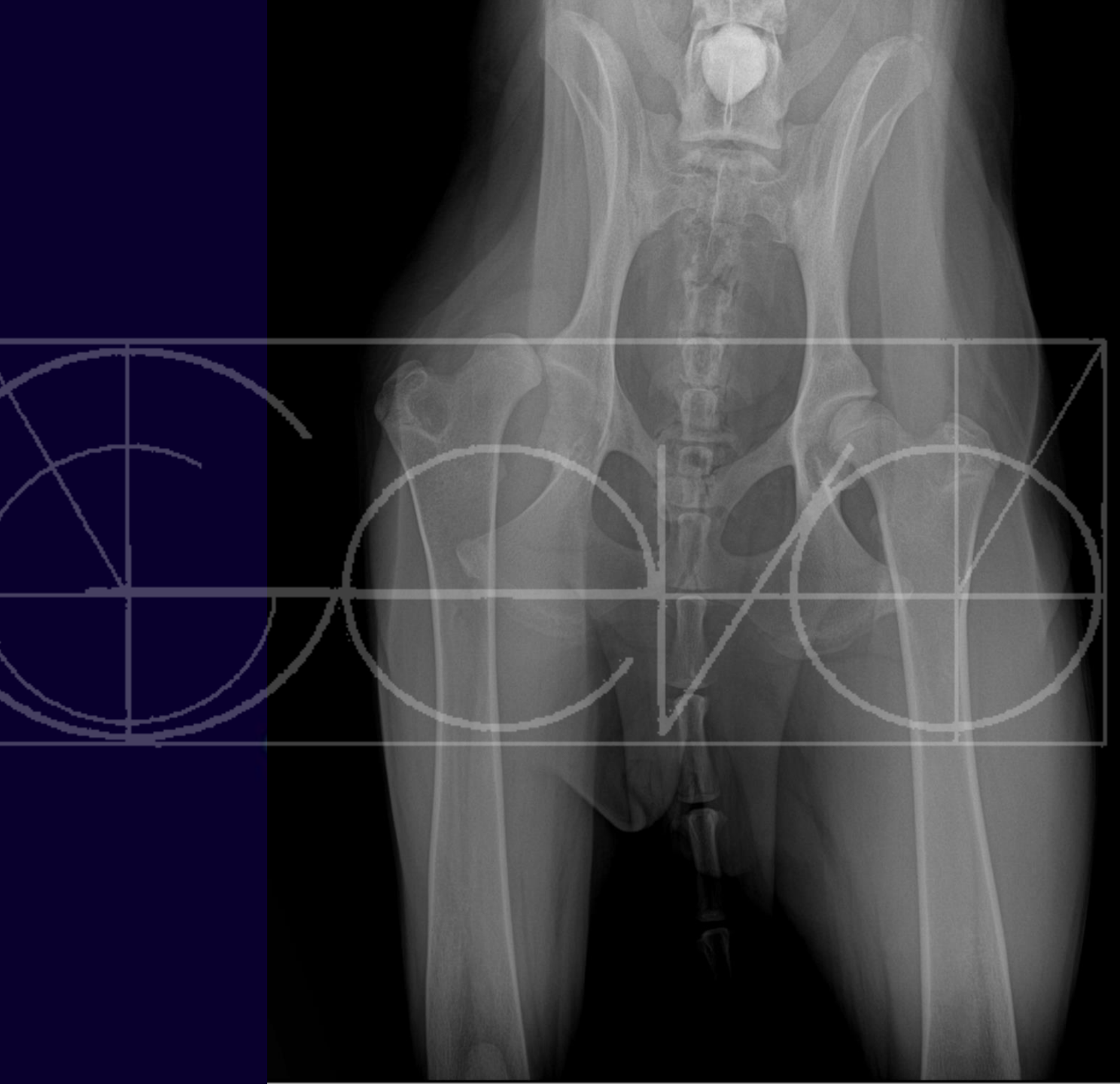






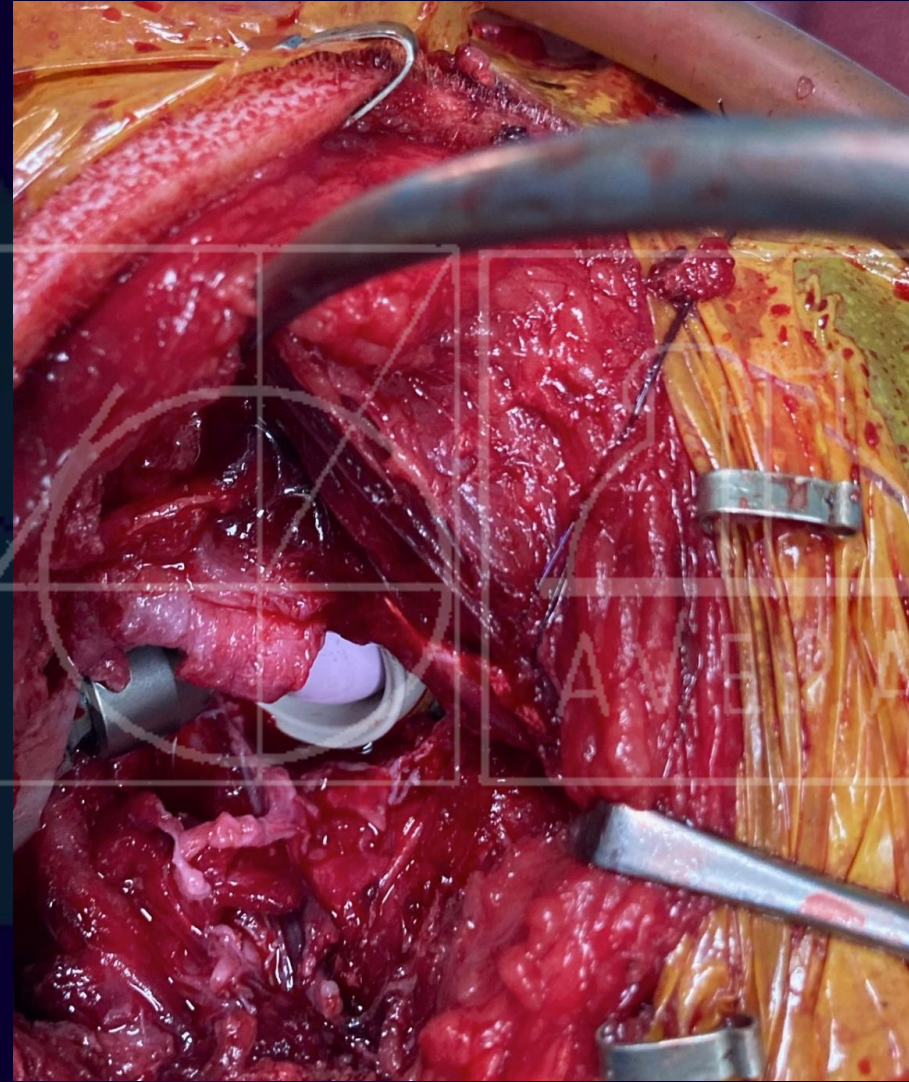
A.V.E.P.A.

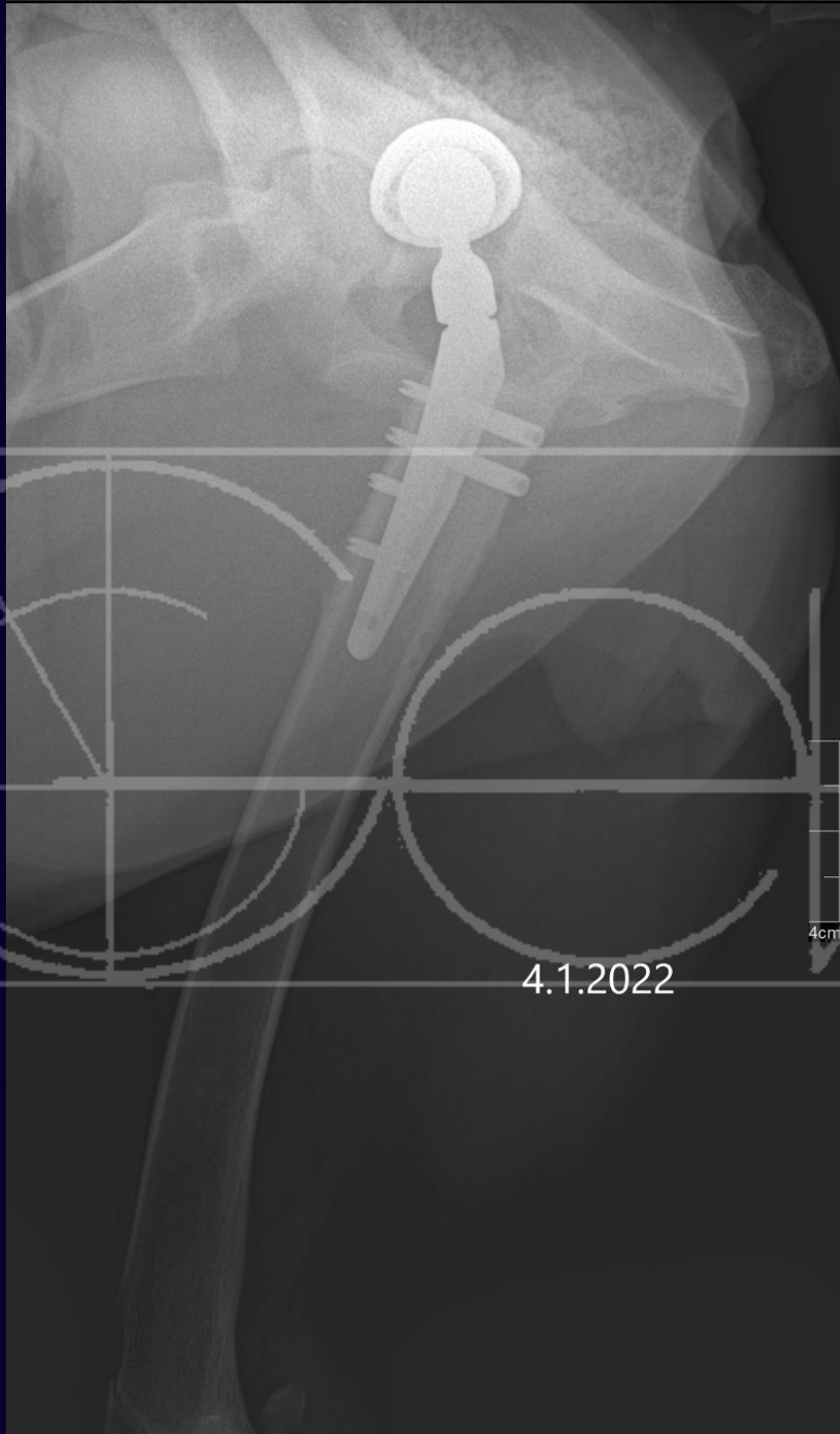




A.V.E.P.A.

DUAL MOBILITY





¡Muchas gracias!



Juan José Tabar Barrios