
Keynote Forum | DAY 1
December 05, 2022

Orthopedics 2022



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Novel bunion surgery fixation vs old school standards - The Middle East experience

Modern surgical treatment of hallux valgus is based on radiological assessment of the deformity in standing a/p and lateral x-rays of the foot. Distal soft tissue procedures are an important part of valgus deformity correction and enable reduction of the sesamoids. However, this is mostly recommended in combination with a bony procedure. Proximal osteotomies on average allow a greater correction than distal osteotomies. Most surgeons choose a V-shaped Chevron-osteotomy for mild deformities with a hallux valgus angle (HVA) up to 19° and a intermetatarsal angle (IMA) to 13°. Diaphyseal osteotomies (Scarf-osteotomy, Ludloff-osteotomy) are recommended for moderate deformities (HVA 20° to 40°, IMA 14° to 20°). Severe deformities (HVA > 40°, IMA > 20°) are usually corrected with diaphyseal osteotomies performed by experienced surgeons or with basal osteotomies and with a Lapidus arthrodesis respectively. Correction of the distal metatarsal articular angle (DMAA) which is significantly larger in juvenile hallux valgus deformity is crucial for satisfying results, if necessary, in combination with a second rotational osteotomy (double osteotomy). Interphalangeal hallux valgus can be corrected with the Akin-Osteotomy. First metatarsophalangeal joint arthrodesis is indicated for hallux valgus in severe or neuropathic deformities and as a salvage procedure following failed surgery.

A novel fixation method, used mostly in Austria, Switzerland and Germany allows for a wider range of indication or distal surgery and acts as great option for correction while fully weightbearing. After 320 German and 101 cases in UAE it is a proven method for very happy patients, avoiding 6 weeks or longer in special shoes or non-weight bearing procedures.

Recent publications

1. Barouk LS (1997) New osteotomies in the forefoot and their therapeutic role. In: Valtin B (ed) Cahiers d'enseignements de la SOFCOT. Paris Expansion Scientifique Française 4986
2. Kitaoka HI, Alexander R, Adelaar R, et al (1994) Clinical rating system for the ankle, hindfoot, midfoot, hallux and lesser toes. Foot Ankle Int 15: 349–353
3. Klein C, Zembsch A, Kiss H, Neumann D, Dorn U (2002) Inzidenz von avasculären Köpfchennekrosen und Pseudarthrosen nach subkapitaler Osteotomie I nach Stoffella. Orthop Praxis 38:766–770

Biography

Poessel has completed his PhD in 2011 from Middleham University and postdoctoral studies at Heinrich-Heine-Universität Düsseldorf, School of Medicine. He is a senior consultant of Orthopaedic Surgery and Sports Medicine in Mediclinic Middle East, a top player in World Healthcare. He has published multiple papers in reputed journals and online and has been serving as an editorial board member of an Internet Based Journal.

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Keynote Forum | Day 2
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Aetiology of long bone chronic osteomyelitis: An analysis of the current situation

Background: Chronic osteomyelitis (COM) is a debilitating disease for the patient and the healthcare system; analysing the local situation would provide better plans to tackle it.

Methods: Thirty-three patients (30men/three women) with osteomyelitis were treated in our centre between January-2019 and February-2022. All had COM; 16 tibial involvement (48%), ten femurs, four fibulas, two ulnae and one calcaneus.

Seventeen patients (52%) had postoperative COM after managing closed fractures by ORIF; 13 (40%) had open fractures, two hematogenous OM and one primary sclerosing OM. Three to six deep tissue samples (culture/sensitivity) were collected during index debridement and one histopathology sample.

At time of debridement, Cirenny-Madder classification of OM was diffuse in 23(70%), localised in six and intramedullary in four. 16(49%) patients had no implants, 15(45%) had internal fixation (nail/plate) and two had external fixation.

Results: The median interval between injury and onset of infection was six weeks (1-179). The interval between the onset of infection and index debridement by the author was ten months (1-135). Patients had median of 3(0-7) operations before referral.

The median age at operation was 37 years old (7-73). Histopathology confirmed osteomyelitis in all patients. Five patients (15%) had no growth on standard non-extended culture. Five patients (15%) had polymicrobial growth (G+ve and G-ve). 12 patients (36%) had G-ve organisms (*Pseudomonas*, *proteus*, *E-coli*, *Klebsiella* and others). 11 patients (33%) had G+ve organisms (MRSA, MSSA, CONS "MRS" and *Enterococci*).

Conclusion: There may be a shift in our region's aetiologies and causative organisms; closed fractures turn into COM postoperatively, several unsuccessful attempts, delayed index debridement and more G-ve organisms. Plans need to be applied to break the cycle and improve outcomes.

Recent publications

1. Ortho-SUV in trauma and electives: An initial report of the first ten patients
2. Improving the Surgical Teaching Opportunities: A QI Project to Deliver a Course at a Local Hospital Level During COVID-19 Pandemic
3. Rapid systematic review of neonatal COVID-19 including a case of presumed vertical transmission

Biography

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