

出國報告（出國類別：參加會議）

國際髖關節會議  
(International Hip Society, 2017)

服務機關：骨科部/院本部

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派赴國家：英國

出國期間：2017年9月6日至9月10日

## 摘要

國際髖關節學會(International Hip Society, IHS)為全球髖關節領域的菁英學會，學會成員總數一直控制在 200 人以內，含 80 位左右的積極成員(active member)，要求具備足夠的學術造詣、經過學會嚴選，才得以成為會員。本人榮幸為台灣唯一代表，此次在英國的雙年會會議當中與八十幾位世界級大師相互切磋與學習，其中許多大師都是骨科教科書的編撰者。在此會議上本人發表了一篇口頭論文，分享髖關節感染的特殊處理經驗，獲得熱烈討論。希望可以借由此一機會，讓世界各國的專家知道台灣在髖關節治療領域之進步。

關鍵字：IHS，Total hip arthroplasty，Hip infection

### 一、目的

為增加在髖關節疾病研究領域上的新知，與各國學者交流，並提讓各國專家知道我們最近幾年在此領域的傑出表現和進步，提高團隊在國際間的知名度此次的交流活動探討了各種髖關節困難手術及整體治療之規範、趨勢，分享彼此之經驗成果。與會人員討論不但熱烈而且深入，並且普遍感受到獲益良多，彼此均盼望此交流模式能更廣泛、更深入，甚或彼此互相觀摩，實質上互相學習激勵。

### 二、過程

9/6 搭乘飛機前往英國，於當地時間 20:30 抵達下榻飯店。

9/7 提早前往會場報到並確認簡報檔案，發表一篇口頭論文並參與整天會議。

9/8 參與會議並參加各國代表的跨國研究討論會、餐會。

9/9 早上參與最後半天的會議並於晚間搭機回國，於台灣時間 9/10 21:15 抵達桃園國際機場。

### 三、心得

於 9/6 搭乘長榮航空前往會議的地點，英國倫敦，到達當地時間已是晚上，略做修整後即就寢準備明天一早的會議。會場就在下榻的旅館中。9/7 一早早餐後就直接前往會場，在註冊完成後馬上至簡報室確認簡報，下午除了參與每場會議，也與各國的會員進行寒暄和討論。一整天的時間進行了 7 個 session，晚間參加大會舉辦的

餐會，也一併與各國專家學者們進行交流，把台灣的腕關節治療結果分享給全世界，進行國民外交。

9/8 於上午的時間進行了兩個 session，下午參加跨國研究討論會，在討論會上和許多全球知名的腕關節領域大師交換臨床心得，了解目前全球腕關節治療及研究之最新進展，此外，也更明白台灣目前在人工腕關節之材料選用及手術方法是否走在世界前端。

9/9 是會程最後一天，已有許多與會人員先行離去，我留到最後並聆聽所有演講。在會議結束後由於台灣公務繁忙，就馬上前往機場，搭機回台北。

#### 四、 建議事項

1. 會議之安排及軟硬體設備相當完善有效率，令人耳目一新，可供我們辦國際大會之參考。
2. 臺北榮總人工腕關節置換一年超過一千例，手術及治療成果完全不遜於全世界最知名之醫學中心，但是基礎研究宜再更深入加強，目前發表之論文較欠缺基礎研究之高水平文章。
3. 本院無專門之醫工及材料研究人才，和陽明大學醫工所或其他學術單位加強合作，將臨床發現由基礎研究來印證，相輔相成方能持續鞏固北榮腕關節治療領域在台灣之領導地位。

## 附錄

1110 - 1120	Good Results in Tsukayama Type IV Hip Arthroplasty Infection with Combined and Extended Oral Antibiotics	J Cordero-Ampuero
1120 - 1130	Hip Periprosthetic Joint Infections Caused by Cutibacterium (Formerly Propionibacterium)	C Perka
1130 - 1140	Two Stage Revision for Culture-Negative Infected Total hip Arthroplasty: Outcomes Comparable to Complex Culture Positive Infections	FS Haddad
1140 - 1150	Partial Component-Retained 2-Stage Reconstruction for Chronic Infection after Uncemented Total Hip Arthroplasty – Results of 16 Cases after 5 Years of Follow-Up	W-M Chen
1150 - 1200	Two Stage Exchange for Infection – Are Prolonged Courses of Antibiotic Therapy Necessary?	I Stockley

<b>1200 - 1300</b>	<b>Business Meeting/Lunch</b>	
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<b>Session 4: Bearing Surface</b>	<b>Moderator:</b>	<b>Berry</b>
1300 - 1310	Total Hip Arthroplasty Bearing Surface Trends in the United States from 2007-2017: The Rise of Ceramic on Polyethylene	JR Lieberman
1310 - 1320	Evaluation of in vivo Wear of Vitamin E Stabilized Highly Cross-linked Polyethylene at Five Years: a Multicenter, RSA Study	H Malchau
1320 - 1330	Acetabular Cup Position Has No Effect on Highly Crosslinked Polyethelene Wear	SJ MacDonald
1330 - 1340	RCT Comparison of Delta Ceramic Versus Metal Against Conventional Polyethylene in THA	M Hamadouche
1340 - 1350	Features of Ceramic-on-Ceramic Total Hip Replacement Revisions – 50 Cases Reviewed At More Than 5-Year Follow Up	P Bizot

**PARTIAL COMPONENT-RETAINED 2-STAGE RECONSTRUCTION FOR CHRONIC INFECTION AFTER UNCEMENTED TOTAL HIP ARTHROPLASTY – RESULTS OF 16 CASES AFTER 5 YEARS OF FOLLOW-UP**

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Two-stage reconstruction with total implant removal and re-implantation after infection control is considered the gold standard treatment for infection after hip arthroplasty. However, removal of the well-fixed stem or cup may cause substantial bone loss and other complications, thereby making reconstruction difficult. We evaluated whether an infection posttotal hip arthroplasty can be treated without removal of the radiographically and clinically well-fixed femoral stem or acetabular cup. Patients with a chronic infection after total hip arthroplasty, with a radiographically well-fixed, cementless stem or cup, were selected. During the first surgical stage, we retained the stem or cup if we were unable to remove these with a stem or cup extractor. An antibiotic-impregnated cement spacer was then implanted. After control of infection (C-reactive protein level within normal value), we performed the second stage of re-implantation surgery. Treatment failure was defined as uncontrolled infection requiring removal of the retained implant.

From January 2004 to December 2013, 16 patients underwent partial component-retained 2-stage reconstruction. Thirteen patients (81.3%) were free of infection, with a mean follow-up time of 5 years. The remaining 3 patients, who had high-risk comorbidities and, of whom, 2 were infected by high-virulence organism, had uncontrolled infection and required further surgery to remove the retained implant.

We conclude that partial component-retained 2-stage reconstruction could be an alternative treatment option for chronic infection after an uncemented total hip arthroplasty with a radiographically and clinically well-fixed component in selected patients, who are not immunocompromised and are infected by a low-virulence organism.





全球最知名之人工腕關節置換大師 Dr. John Harris



全球腕白截骨手術最知名的大師 Dr. Berne