



Introduction

Hip resection arthroplasty (HRA) is indicated for the management of complex hip pathology in patients with high surgical and anesthetic risk factors.^{1,2,3} There is only one published case of simultaneous bilateral HRA in a patient with proximal femur osteomyelitis.⁴ We present another case report of a simultaneous bilateral HRA, done under one anesthetic session for femoral head osteonecrosis in a wheelchair-bound, non-arthroplasty candidate.

Case Summary

A 57 year-old male presented with bilateral hip avascular necrosis associated with chronic prednisone use. He was wheelchair bound with multiple medical comorbidities including eosinophilic granulomatosis with polyangiitis, hypertension, sleep apnea, lymphedema, central pain syndrome, and chronic leg soft tissue MRSA infection that required multiple hospitalizations for sepsis. He initially presented with severe hip pain that made it difficult for him to sit, transfer, and perform personal hygiene independently.

Given the patient's complex medical condition, low functional demand, and high risk for surgery and anesthesia, we recommended a bilateral HRA for pain relief and a one-stage procedure for the benefit of needing only one surgery, hospitalization, and rehabilitation period.

Postoperatively, he was allowed WBAT to transfer only with progression to ambulation with a walker at 6 weeks.



Pre-op images showing bilateral femoral head osteonecrosis



Intra-op photos showing necrotic defects of femoral heads



Intra-op fluoro

6-month post op

Post-op Course

- POD #1: Able to put weight on both legs to transfer with tolerable pain
- 2-week follow up: Able to manage his own toileting and basic hygiene
- 4-week follow up: Staples removed. Pain and function continues to improve
- 3-month follow up: Able to stand up with no assistive device
- 6-month follow up: Able to ambulate comfortably with a walker

Discussion

Studies have shown that HRA is a viable option for femoral head osteonecrosis in patients with high surgical and anesthetic risk factors.^{5,6} This case demonstrates that simultaneous bilateral primary HRA can provide adequate pain relief, and satisfactory functional outcomes can be achieved safely in these rare patient presentations.

References

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