



Total Hip Arthroplasty in a Developing Country: Epidemiological, Clinical and Etiological Aspects and Indications

Bio Tamou Sambo¹, Salako Alexandre Allode¹, Gnon Yari Jamilath Ouurou¹, Djifid Morel Seto^{1,*}, Montcho Adrien Hodonou¹, Haoudou Romeo²

¹Department of General Surgery, University of Parakou, Parakou, Benin

²Department of General Surgery, Tanguieta District Hospital, Tanguieta, Benin

Email address:

tamoubelie@yahoo.fr (B. T. Sambo), allodealexandre@yahoo.fr (S. A. Allode), jamiour@yahoo.fr (G. Y. J. Ouurou), seto.morel@gmail.com (D. M. Seto), hodasm98@gmail.com (M. A. Hodonou), romeohaoud@gmail.com (H. Romeo)

*Corresponding author

To cite this article:

Bio Tamou Sambo, Salako Alexandre Allode, Gnon Yari Jamilath Ouurou, Djifid Morel Seto, Montcho Adrien Hodonou, Haoudou Romeo. Total Hip Arthroplasty in a Developing Country: Epidemiological, Clinical and Etiological Aspects and Indications. *Journal of Surgery*. Vol. 5, No. 6, 2017, pp. 130-133. doi: 10.11648/j.js.20170506.18

Received: October 29, 2017; **Accepted:** December 4, 2017; **Published:** December 22, 2017

Abstract: *Background:* Total hip arthroplasty is a prosthetic joint replacement procedure. Its indications remain dominated by hip osteoarthritis. *Objective:* to describe the epidemiological, clinical and etiological aspects of total hip arthroplasty and its indications in a developing country. *Patients and Methods:* The work was a descriptive study with retrospective data collection over a six year period from January 1st 2010 to December 31st 2015. It was carried out in the general surgery department of Tanguieta district hospital in Northern Benin. Were included all the patients who received a total hip prosthesis during the study period. *Results:* Two hundred and forty-five patients including 129 men (52.7%) and 116 women (47.3%) were registered. The average age of the patients was 41 ± 13.7 years with extremes of 17 and 80 years. Thirty patients (12.2%) had bilateral total hip prosthesis. The first three indications were osteoarthritis, osteonecrosis of the femoral head due to sickle-cell disease and pseudarthrose of the femoral neck. *Conclusion:* Total hip prosthesis at Tanguieta district hospital interests young people. Osteoarthritis and necrosis of the femoral head were the most frequent indications.

Keywords: Total Hip Arthroplasty, Youth, Osteoarthritis, Sickle-Cell Disease

1. Introduction

Total hip arthroplasty (THA) is a reconstructive procedure that consists of surgical replacement of the hip joint with an artificial prosthesis. THA is one of the most widely practiced orthopedic operations in the world and is continuously increasing in industrialized countries [1, 2]. The most important indication of THA remains hip osteoarthritis, which is a chronic joint disease characterized by structural deterioration of the articular cartilage. The other indications are mainly post-traumatic arthritis, more common in elderly people, especially in women under 80 years [2, 3]. This last indication limited the practice of this technique to the elderly. The excellent results of this technique have prompted

orthopedic surgeons to practice it more and more in young people [4]. The objective of this work was to describe the epidemiological and clinical aspects of THA patients and to identify the different pathologies requiring THA.

2. Patients and Methods

This was a descriptive study with retrospective data collection over a six-year period from 1st January 2010 to 31st December 2015. It was carried out in the general surgery department of Tanguieta district hospital which is located in the north of Benin. Were included all patients operated for primary THA and whose medical record was complete. The epidemiological, clinical and etiological variables and indications were studied. Postel Merle d'Aubigné (PMA) [5] score was used for the assessment of hip

function. It is a clinical rating scale that studies pain, mobility and walking with items from 1 to 6. It is appreciated as follows: 18 = Excellent, 17 = Very good, 16 or 15 = Good, 14 or 13 = Fair, 12 to 10 = Mediocre, ≤ 9 Bad. The data collected were analyzed with Epi Info 7. The quantitative variables were expressed by their mean followed by the standard deviation. Frequencies in the form of proportions were used to describe qualitative variables.

3. Results

3.1. Epidemiological Data

During the study period, 13,096 surgical procedures, including 5,126 in traumatology, were performed. From 27 THA poses in 2010, the number increased each year and reached 64 in 2015. A total of 275 hip replacements were performed for 245 patients as 30 patients (12.2%) had bilateral prostheses. Thus, the frequency of THA placement was 2.1% and this surgery accounted for 5.4% of the trauma surgery.

The mean age of the patients was 41 ± 13.7 years with

extremes of 17 and 80 years. Patients aged 20 to 40 years accounted for 47.4% of the study population. There were 129 men (52.7%) and 116 women (47.3%) so a sex ratio of 1.1. Public servants were the most represented with a percentage of 29.8% (73/245 cases). As for the geographical origin of the patients, 159 came from Benin (64.9%), 59 from Burkina Faso (24.1%), 20 from Togo (8.2%) and 7 from other countries in the subregion (2.8%).

3.2. Clinical Information

The mean time of consultation was 6.1 ± 6.1 years with extremes of 1 day and 35 years. The main reason for consultation was pain in all patients. This pain was associated with lameness and functional impotence respectively in 84 cases (30.5%) and 12 cases (4.4%). Of the 245 patients, 78 (31.8%) had a pathological medical history. That was mostly sickle cell anemia found in 47 patients (19.2%), namely 36 heterozygous (SC) and 11 homozygous (SS). Pathological surgical history was noted in 34 patients (13.9%), of whom 29 (11.8%) were traumatic. Table 1 shows the distribution of surgical history.

Table 1. Distribution of PTH patients according to pathological surgical history.

	No of cases	Percentage
Posttraumatic		
Fracture of the femoral neck	9	26,5
Traumatic hip dislocation (THD)	8	23,5
Fracture of the acetabulum	4	11,8
Trochanteric Fracture	3	8,8
Fracture of femoral neck associated with THD	2	5,9
Fracture of the acetabulum associated with THD	2	5,9
Fracture of the acetabulum and femoral neck	1	2,9
Non-traumatic		
Coxarthrite	2	5,9
Congenital malformation	2	5,9
Congenital dislocation	1	2,9
Total	34	100

The functional activity of the limb was disrupted in all cases. It was decreased in 188 cases so 68.4% (188/275 cases) and impossible in 87 cases, so 31.6% (87/275). The preoperative PMA score was mediocre in 75 cases (27.3%) and bad in 200 cases (72.7%). The average value was 7.9 ± 1.6 with extremes of 4 and 11. The muscular atrophy of the quadriceps and the shortening of the limb were found respectively in 102 limbs (37.1%) and 125 limbs (45.4%).

3.3. Etiological Data

No etiology was identified in 67.3% of cases (165/245 patients). The two causes identified were sickle cell anemia

and trauma with 19.2% (47/245 patients) and 12.2% (30/245 patients) respectively. The traumatic causes were found mainly in the male people at 93.3% (28/30 cases).

3.4. Indications

Hip osteoarthritis was the major indication of THA with a percentage of 48.4% (133/275 cases). Then follows osteonecrosis of the femoral head that was observed in 74 patients of which 12 cases of bilaterality representing 31.3% (86/275 cases). Table 2 shows the distribution of THA patients according to indications and Figures 1 and 2, some illustrative X-ray images.

Table 2. Distribution of PTH patients according to indications.

	No of cases	Percentage
Osteoarthritis (OA)	133	48,4
Osteonecrosis of the femoral head	86	31,3
Post-traumatic arthritis	20	7,3
Neglected hip dislocation	18	6,5
Pseudarthrosis of the femoral neck	13	4,7
Fracture of the femoral neck	3	1,1
Sequelae of a first-time treatment of femoral fracture	2	0,7
Total	275	100

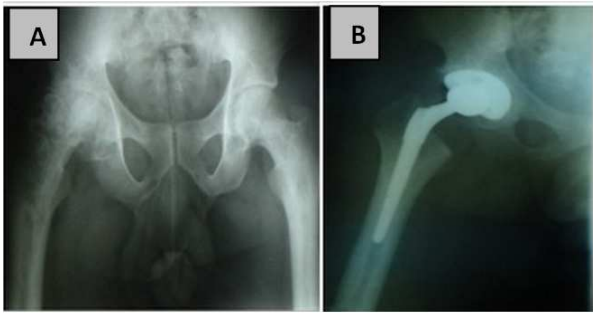


Figure 1. A 35-year-old man with right hip osteoarthritis B X-ray after THA with non-cemented components.

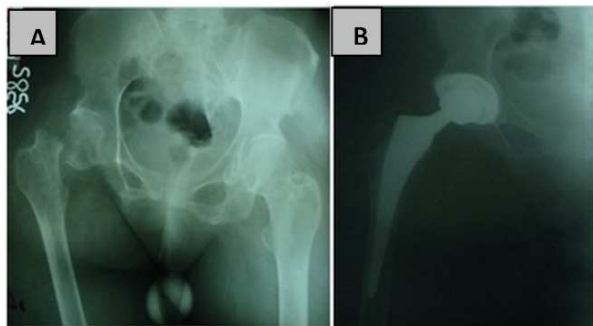


Figure 2. A 55-year-old woman with pseudarthrosis of the right femoral neck B X-ray after THA with non-cemented components.

4. Discussion

4.1. Epidemiological Data

The introduction of THA is increasingly common in industrialized countries, which is the case in our country. THA poses at Tanguieta district hospital increased from 27 cases in 2010 to 64 in 2015. It concerned civil servants who were the best informed and could pay for their care. The hospital frequency of THA placement was 2.1%. It is similar to the 2.04% found in France in 1992 [6].

The mean age of our patients was 41 years. This average age could be explained by several factors: the young age of the African black people, the complications of sickle-cell anemia occurring at a young age, the sequelae of arthritis not treated or badly treated in childhood and trauma hip in young people. A study in Cotonou (Benin) in 2010 reported a similar average age of 44 years [7]. In North Africa, the mean age was 46 years at Oujda University Hospital Center [8] and 56.5 years in Marrakech, Morocco [9]. The same holds true in Asia where the average age of 55 is raised [10]. On the contrary, in the West, some studies [2, 11] reported higher average around 70 years, explaining that THA is essentially indicated for treatment of hip osteoarthritis in their series.

We did not observe a predominance of sex. The sex ratio was 1.1. While some authors [12, 13, 14] mention a classic female predominance among THA candidates, others especially in North Africa [8, 9] reported a male predominance with sex ratios of 1.45 and 1.63.

4.2. Clinical Information

The average time for consultation was 6.1 years. This long duration could be explained by the ignorance of the patients, the trivialization of the symptoms, but especially the slow and progressive character of the hip articular degradation. Only one patient had consulted the same day after a fracture of the femoral neck.

The preoperative PMA score was mediocre and bad in 27.3% and 72.7% of cases respectively. In Tunisia in 2015 [15], 60% of patients had a bad preoperative PMA score and 40% a fair functional score.

The amyotrophy of the quadriceps was noted in 37.1% of cases and the shortening in 45.4%. Several authors had made similar observations. In 2009 in Mali [16] the amyotrophy of the quadriceps was found in 62.5% of cases and the shortening in 87.5%. These two signs were present in all patients in the series of Chagou A et al. in Morocco [17].

4.3. Etiological Data

No etiology was found in 67.3% of the cases as Ameziane et al. [18] who reported a rate of 83%. This would mean that the majority of hip arthritis appeared to be primitive. Nevertheless, sickle-cell anemia was found in 19.2% of our patients. Traumatic causes were identified in males in 93.3%. These traumas are often the result of traffic accidents that are more encountered in men.

4.4. Indications

Hip osteoarthritis was the first indication of THA in our study with 48.4%. In other studies [12, 19, 20], this primary coxarthrosis was also found, but with higher rates of 70-73.2%. Necrosis of the femoral head was in second position in our study with 31.2% of cases. In the series of the SoFCOT [11] it was in third position with 5.3%. This discrepancy could be explained by the fact that hemoglobinopathies are rare or even non-existent in these countries.

The number of implanted THA for post-traumatic arthritis was 7.3% in our series which is similar to the 6.9% found in a series in Asia [10] but clearly above the 2.5% found in France [20]. This difference can be explained by the fact that traumatic pathologies are quickly taken care of in Western countries and evolve very little towards arthritis. In our context, patients resort to traditional first-line treatment and come to hospital late with complications.

THA may be indicated in recent femoral neck fractures [20, 21]. We report a single case that corresponds to 0.4% of cases. This rate was 4.7% in the French register of THA [20], 7.4% in Athens in Greece [22] and 10% in an Asian study [23].

5. Conclusion

Total hip arthroplasty at Tanguieta district hospital mainly

concerns young people. The time of consultation was long and the main reason was pain. Osteoarthritis and osteonecrosis of the femoral head due to sickle-cell anemia were the most frequent indications. So the fight against sickle cell anemia would reduce the number of THA.

Declaration of Conflicts of Interest

The authors declare that they have no competing interests.

References

- [1] Caton J, Papin P. Typologie et épidémiologie des prothèses totales de hanche en France. e-mémoires de l'Académie Nationale de Chirurgie. 2012;11(2):001-7.
- [2] Christofilopoulos P, Lübbecke A, Peter R, Hoffmeyer P. (2010). Le point sur la prothèse totale de hanche Rev Med Suisse. 2010;6:2454-8.
- [3] Knight SR, Aujla R, Biswas S P. Total Hip Arthroplasty - over 100 years of operative history. Orthopedic Reviews. 2011;3(16):72-4.
- [4] Chagou A, Benbouha A, Rhanim A, Lahlou A, Berrada MS, El yaacoubi M. Prothèse totale de hanche dans les séquelles de coxalgie: à propos de 10 cas. The Pan African Medical Journal. 2016;24(105).
- [5] Merle D'Aubigné R. Cotation chiffrée de la fonction de la hanche. Rev. Chir. Orthop. 1990;76:371-74.
- [6] ANAES. Prothèses totales primaires de la hanche: évaluation du choix de la prothèse et des techniques opératoires. Service évaluation des technologies – Service évaluation économique. Octobre 2001.
- [7] Hans-Moévi AA, Lawson M, Madougou S, Somakpo C, Danmitondé P, Padonou J, Odoulami H. 2010 La prothèse totale de hanche au CNHU-HKM de Cotonou: Résultats cliniques et radiologiques à propos de 12 cas. Rev. CAMES. 2010 (10):5.
- [8] Rachid A, Moncef E, Najib A, Abdeljaouad N, Abdelkarim, D, Hicham. 2004 Offset fémoral et le fonctionnement de la hanche dans la prothèse totale de la hanche Pan Afr Med J. 2004;18(68).
- [9] Serghini I, Qamouss Y, Zoubir M, Lalaoui JS, Koulali IK, Boughalem M. 2015. Anesthésie pour prothèse totale de la hanche: à propos de 50 cas. The Pan African Medical Journal. 2015;22(379).
- [10] Liu YE, Hu S, Chan SP, Sathappan SS. The epidemiology and surgical outcomes of patients undergoing primary total hip replacement: an Asian perspective. Singapore Med J. 2009;50(1):15-9.
- [11] SoFCOT. 2013 Registre des PTH de la SoFCOT, rapport annuel p1.
- [12] Charnley J. The long-term results of low-friction arthroplasty of the hip performed as a primary intervention. J Bone Joint Surg. 1972;54(1):61–76.
- [13] Söderman P, Malchau H, Herberts P, Zügner R, Regnér H, Garellick G. 2001 Outcome after total hip arthroplasty: Part II. Disease-specific follow-up and the Swedish National Total Hip Arthroplasty Register. Acta Orthop Scand. 2001;72(2):113–9.
- [14] Fiquet A, Noyer D. Prothèse totale de hanche à double mobilité et chirurgie mini invasive Maitrise orthopédique. 2008;(173).
- [15] Ben Maatoug A, Belcadhi Z, Tebourbi A, Murali S, Hadhri K, Bouzidi R et al. Morbidité et mortalité péri opératoire de l'arthroplastie totale de hanche sur coxite rhumatoïde. A propos de 31 cas. Tun Orthop. 2015;7(1):31-5.
- [16] Coulibaly Y, Coulibaly T, Maiga AK, Konate M, Keita S, Traore SY. 2009 Ostéonécrose aseptique de la tête fémorale chez les drépanocytaires: aspects épidémiologiques et thérapeutiques dans le service de chirurgie orthopédique et traumatologique. Mali Medical. 2009; XXIV(4):44-6.
- [17] Chagou A, Bassir RA, Rhanim A, Lahlou A, Bardouni A, Mahfoud M et al. La pseudarthrose du col fémoral traitée par prothèse totale de la hanche: à propos de 15 cas. Pan Afr Med J. 2014;19(58).
- [18] Ameziane L, Hermas M, Ismael F, EL Yaacoubi M, Ouazzani N, EL Bardouni A et al. Les protheses totales de hanche non cimentées. Revue Marocaine de Chirurgie Orthopédique et Traumatologique. 1998;7:17-9
- [19] Callaghan JJ, Albright JC, Goetz DD, Olejniczak JP, Johnston RC. Charnley total hip arthroplasty with cement minimum twenty-five-year follow-up. JBJS. 2000;82(4):87-97.
- [20] Delaunay C. Registre des Prothèses Totales de Hanche de la SoFCOT Rapport Annuel 2013.
- [21] Lee BP, Berry DJ, Harmsen WS, Sim FH. Total hip arthroplasty for the treatment of an acute fracture of the fémoral neck. J. Bone Joint Surg Am. 1998;80(1):70-5.
- [22] Nikolaou VS, Korres D, Lallou S, Mavrogenis A, Lazaretos I, Sourlas I et al. Cemented Müller straight stem total hip replacement: 18 year survival, clinical and radiological outcomes. World Journal of Orthopedics. 2013;4(4):303-8.
- [23] Young-Hoo K, Yoowang C, Jun-Shik K. 2009 Influence of Patient, Design, and Surgery-Related Factors on Rate of Dislocation after Primary Cementless Total Hip Arthroplasty. The Journal of Arthroplasty. 2009;24(8):1258-63.