OBJECTIVES: Chondrolysis is defined as the rapid and diffuse loss of articular cartilage, typically within 12 months after surgery. Although described in nearly all documented cases of chondrolysis, the cause has been misdiagnosed in numerous case reports. This study aimed to determine contributing factors associated with the misdiagnosis of chondrolysis to help improve accurate diagnostician and clinical decision making. METHODS: A systematic literature review was performed. Forty-seven publications on 783 hips (625 hips, 128 shoulders and 20 knees) were reviewed. RESULTS: Among incorrectly diagnosed cases, the risk of developing rapid osteoarthritis was considered low among 94.4% (671/711), moderate among 1.0% (7/711), and high among 4.6% (33/711). In contrast, among misdiagnosed cases, 13.9% (10/72) of presenting diagnoses were considered low risk for osteoarthritis, 19.4% (14/72) moderate, and 66.7% (48/72) high. After adjusting for potential confounders, the single most significant predictor associated with misdiagnosis of chondrolysis was presenting medical condition that increased the risk of developing rapid osteoarthritis (p<0.001). CONCLUSIONS: Misdiagnosis of chondrolysis appears to be strongly correlated with the risk of rapidly developing osteoarthritis, a pathology that is characterized by chronic and focal degeneration of cartilage rather than rapid and diffuse cartilage loss that signify chondrolysis.

PSU5 LONG TERM EFFECTIVENESS OF LIMBAL RELAXING INCISION (LRI) DURING CATARACT SURGERY TO CORRECT ASTigmatism

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OBJECTIVES: Correction of astigmatism during cataract surgery is important to free the patient from distance vision spectacles. Several techniques are available: Laser, Toric intraocular lenses and LRI. This abstract reports on the long term effectiveness of LRI. METHODS: The charts of all patients having had LRI during cataract surgery done by LG were extracted. The LRI consisted of a 6 mm length contra-lateral limbal incision with a 600 µm depth calibrated lancet. The main outcome was objective keratometry. Vector analysis was performed according to Alpins and Goggin. Success was defined as at least one diopter cylinder reduction in its axis (±22.5°), independence of the pre-operative astigmatism (the emmetropia). Keratometries performed before 3 months were not taken into account in the survival analyses (Kaplan-Meier). RESULTS: A total of 129 eyes were included in the analysis. Patients mean age was 68.3 and the sex ratio was 4:6. 53 females: 53 males. Average follow-up was 2.0 years. On average, the cylinder was reduced by 0.56% in AcrySof® Cachet™ and 2.25%, 13.16% for Artisan and Visian respectively. The single most significant predictor associated with misdiagnosis of chondrolysis was presenting medical condition that increased the risk of developing rapid osteoarthritis (p<0.001). CONCLUSIONS: Misdiagnosis of chondrolysis appears to be strongly correlated with the risk of rapidly developing osteoarthritis, a pathology that is characterized by chronic and focal degeneration of cartilage rather than rapid and diffuse cartilage loss that signify chondrolysis.

PSU7 IMPLICATIONS OF ALLOARTHROPLASTIC INFECTIONS IN HIP AND KNEE SURGERY

OBJECTIVES: To assess the benefits and risks of these procedures. METHODS: A systematic review of the literature was performed. RESULTS: The incidence of infections in total hip and knee arthroplasty has been estimated at 1.5% and 0.5%, respectively. The majority of infections are caused by Staphylococcus aureus, followed by coagulase-negative Staphylococci. The risk of infection is higher in revision surgery and in patients with a history of infection. Conclusions: The incidence of postoperative infections in hip and knee arthroplasty is low, but it remains a significant concern. Prevention strategies, including proper surgical technique, prophylactic antibiotics, and early detection and treatment of infections, are crucial to minimize the risk of infection and improve patient outcomes. This systematic review highlights the importance of ongoing research to identify new strategies for preventing and managing infections in these procedures.