OBJECTIVES: Chondrolysis is defined as the rapid and diffuse loss of articular cartilage, typically within 12 months after surgery. Although described in nearly all diarthrodial joints, cases have been misdiagnosed in numerous case reports. This study aimed to determine contributing factors associated with the misdiagnosis of chondrolysis to help improve accurate diagnostic and clinical decision making. METHODS: A systematic literature review was performed with literature citations on 783 hips (128 shoulders and 29 knees) diagnosed as chondrolysis. Among these, 72 joints (48% knees, 9% shoulders, and 7% hips) were determined to be misdiagnosed by consensus across five orthopaedic surgeons. A broad range of data was examined in relation to misdiagnosis. Additionally, the presenting diagnosis and surgical procedures as well as other potential contributors including chemical, thermal, and mechanical factors were examined to estimate the differential risk of rapidly developing osteoarthritis which was categorized as low, moderate, or high. Descriptive statistics, bivariate comparison, and univariate regression analyses were performed, with p < 0.05 denoting significance. RESULTS: Misdiagnosis of chondrolysis was neither associated with arthroscopic procedures nor chemical, thermal, or mechanical factors during surgery. Among correctly 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 founders, the single most significant predictor associated with misdiagnosis of chondrolysis was the presence of medical condition that increased the risk of developing rapid osteoarthritis (p < 0.01). 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.

PSU6
LONG TERM EFFECTIVENESS OF LIMBAL RELAXING INCISION (LRI) DURING CATARACT SURGERY TO CORRECT ASTIGMATISM
Gauthier L1, Lafauma A2, Robert J3, Kunisk-Joinville O4, Berdeaux G5
1Polyclinic cite Basque Sud, Saint Jean de Luz, France, 2CEMKA-EVAL, Bourg la Reine, France, 3CEmka Eval, Bourg la Reine, France, 4Alcon France, Rueil-Malmaison, France
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 conducted along with Alpins and Gogggin. Success was defined as at least one diopter cylinder reduction in its axis (+/- 22.5°), independent of the pre-operative astigmatism (the emmetropia keratometry). Keratometries performed before 3 months were not taken into account in the survival analyses (Kaplan-Meyer). RESULTS: A total of 129 eyes were included in the analysis. Patients mean age was 68.3 and the sex ratio was 46% males: 53 females. Average follow-up was 2.0 years. On average, the cylinder was 1.8D (1.1) and the axis was 47D (27). In 73 patients (56%), the cylinder was reduced by at least one diopter, 31 patients (23.5%) had no change and 15 patients (11.5%) had an increase of cylinder. CONCLUSIONS: LRI resulted in a strong improvement of visual acuity in 73% of patients. LRI is an interesting technique to correct astigmatism.
related hospitalization and patient follow-up was calculated based on data from the Statistics of the Hospital Remuneration System, the DRG hospital payment scheme and 3rd party doctor's fee scale. The cost due to fundraising and disability was estimated based on information from the Federal Statistical Office and data of the Federal Health Reports. Experts were interviewed to provide follow-up resource use information. **RESULTS:** A total of 78,229 hospitalized leio- myomectomy surgery and/or treatment (10% were hysterectomies, 14% myomectomies and 6% were related to other therapies. Concerning the therapy cost per patient, hysterectomy reveals the highest therapy cost ($5,913) followed by myomectomy ($5,793), UAE ($6,675) and MR-HIFU ($6,431). In a scenario without MR-HIFU, the cost per case accrued to a total of $5840. The budget impact analysis targeting a patient group between 30 and 45 years of age, reveals a potential cost benefit of €1529 per patient if MR-HIFU would be integrated in the SHI system. **CONCLUSIONS:** Our results suggest that MR-HIFU due to the administration in the outpatient sector, the low complication rate and the low disability cost should be considered as a cost-favourable alternative for the therapy of uterine fibroids.

**PSU13**

**HEALTHCARE RESOURCES UTILIZATION AND ASSOCIATED COSTS WITH SURGICAL TREATMENT OF DUPUYTREN’S DISEASE IN SPAIN**

**Background:** Dupuytren’s disease is a common progressive disorder affecting the hand, with no cure available. The disease is characterized by the formation of nodule-like structures in the skin and fascia, which can lead to contracture formation and functional impairment. The aim of this study was to evaluate the healthcare resources utilization and the associated costs in a real-world setting in Spain.

**Methods:** A cross-sectional, retrospective, observational study was conducted in 4 tertiary public hospitals in Spain. The study population consisted of patients with a diagnosis of Dupuytren’s disease. The main outcome measures were the healthcare resources utilization and the associated costs. The data were collected from medical records and administrative databases. The healthcare resources utilization was measured by the number of healthcare visits, the length of hospital stay, and the number of procedures performed. The costs were calculated using the official prices of healthcare services in Spain.

**Results:** A total of 505 patients were included in the study. The average age of the patients was 59 years, and 85% were men. The most common locations of Dupuytren’s disease were the palm (35%), the palm and the fingers (30%), and the fingers (35%). The most common procedures performed were fasciectomy (45%), fasciotomy (25%), and dermolipectomy (10%). The average length of hospital stay was 3.2 days, and the average number of healthcare visits was 2.5 per patient. The total healthcare costs were €21,929 per patient, with a median cost of €12,589.

**Conclusions:** Dupuytren’s disease is a common and disabling condition that affects a significant number of patients. The healthcare resources utilization and the associated costs are substantial, highlighting the need for more effective and cost-effective treatments.

**PSU14**

**CONCLUSIONS AND COSTS ASSOCIATED WITH TUBAL LIGATION**

**Methods:** The study was a retrospective analysis of a national database in Spain, which included all women who had a tubal ligation between 2007 and 2009. The main outcome measures were the healthcare resources utilization, the associated costs, and the complications. The data were collected from medical records and administrative databases. The healthcare resources utilization was measured by the number of healthcare visits, the length of hospital stay, and the number of procedures performed. The costs were calculated using the official prices of healthcare services in Spain.

**Results:** A total of 7,290 women were included in the study. The average age of the patients was 38 years, and 85% were men. The most common locations of tubal ligation were the right ovary (45%) and the left ovary (30%). The most common procedures performed were laparoscopic tubal ligation (40%), and microsurgical tubal ligation (25%). The average length of hospital stay was 1.5 days, and the average number of healthcare visits was 2.5 per patient. The total healthcare costs were €21,929 per patient, with a median cost of €12,589.

**Conclusions:** Tubal ligation is a common and effective procedure for sterilization. The healthcare resources utilization and the associated costs are substantial, highlighting the need for more effective and cost-effective treatments.