Summary of the SOFCOT 2009 Dual mobility Symposium on DUAL MOBILITY

Multi-centre study on the dual mobility principle, not one specific cup, in 3 main parts, 4186 patients.

Main points:

- ***Survivorship curves comparable to fixed bearing cups for aseptic loosening and intra prosthetic dislocation. (Results would have been better but some cups were HA straight on stainless steel which adversely affected overall results).***
- ***Much less dislocation risk than fixed bearing cups, in all types of surgery.***

1. **Prospective study on fractured necks of femur**, 11 Centres, surgeons of differing experience, 214 patients all over 70. Average age 83. Nine month follow up. Aim of the study was to compare dual mobility with hemiarthroplasties and total hips with fixed bearings in this indication. Overall revision rate 3,7% (infections, dislocations, repositioning..)
    - Dislocation rate with Dual mobility was 1,4% via posterior approach, none repeated.
    - Hemi arthroplasty dislocation rate in the literature is 3,8% for all approaches, 6,9% for posterior approach
    - Total hip replacement meta-analysis dislocation rate 10,7%
2. **Retrospective series on primary surgery.** Ten year follow up of 15 centres in 3479 hips, average age 70. Posterior approach used in 70%.
    - Overall dislocation rate 0,43%, 15 cases, posterior approaches, (0,4% early within 3 months, 11 did not repeat, 2 repeated once, 1 twice..no more. 0,02% late dislocation rate (only 1 patient)
    - Fixed bearing rates off dislocation anything from 0,5 to 9,2% according to the literature. Late dislocation increases at a rate of 1% every 5 years with fixed bearings (one author quotes 0,9% every year…)
    - Dual mobility 10 year survivorship for aseptic loosening and intraprosthetic dislocation
        - Overall 95,24%
        - Age 70 and over 98,6%
        - 55 to 70, 97,5%
        - Under 55, 91,4%
    - Intraprosthetic dislocation rate less than 0,5% at ten years
3. **Retrospective series on revision surgery.** 499 cases, 11 centres, average age 70. 75% first revision, 16% 2nd, 4% third
    - **Dislocation rates for different revision surgeries**

        DM dislocation %
        - Revision for aseptic loosening 2,4
        - Revision for chronic instability 3,9
        - Revision for septic loosening 6,6
    - Literature dislocation rates fixed bearings: 9% constrained cups, 24% stops and raised liner walls, 13% large diameter heads (size not given) , 24% prosthetic reorientation.