



Issue No. 61 - October 2013

# SICOT

## *e-Newsletter*



- **SICOT Events**
  - 34th SICOT Orthopaedic World Congress - Hyderabad, India
  - XXVI SICOT Triennial World Congress combined with 46th SBOT Annual Meeting - Rio de Janeiro, Brazil
- **SICOT Global Network for Electronic Learning - SIGNAL**
  - Article of the Month
  - Case of the Month
- **Fellowship News**
  - Brussels University/SICOT Fellowship
- **Articles by SICOT Members**
  - Women in Orthopaedics
- **Courses by SICOT Members**
  - Assiut Shoulder Arthroscopy Course
- **Industry News**
  - Exhibitors and Sponsors of Hyderabad OWC 2013

## SICOT Events

**34th SICOT Orthopaedic World Congress (Hyderabad OWC 2013)  
17-19 October 2013 \* Hyderabad, India**

**SICOT thanks all delegates for their participation in the Congress!**



### o Awards

Congratulations to all awardees who were granted a prize at the Congress. A full list of winners can be found [here](#).

### o SICOT Diploma Examination

SICOT also congratulates the 33 successful candidates of the eleventh Diploma Examination held on 15 and 16 October:

Anuj Chawla	Rabea Odeh
Jay Deep Ghosh	Ajibola Oladiran
Paritosh Gogna	Temiloluwa Olufemi
Arvind Prasad Gupta	Harish Palvai
Chintan Hegde	Anil Patil
Rajeev Hingorani	Kedar Phadke
Mamoon Abdulmunim Ibrahim	Ramakanth Rajagopalakrishnan
Renjit Thomas Issac	Ravi Ranjan Rai
Prajyot Jagtap	Vishal Rajput
Ashish Jain	Ratnav Ratan
Anand Kumarothe Somasundaram	Siddharta Sharma
Manish Ladhania	Jaswinder Singh
Sandeshkumar Lakkol	Prasad Soraganvi
Musa Muhammad	Karadi Hari Sunil Kumar
Deepak Kumar Mulimani	Vipul Vijay
Sagar Narang	Shah Waliullah Wali
Andre Georges Nguene Nyemb	

Rajeev Hingorani and Sagar Narang were granted the German SICOT Fellowships, which offer them the opportunity to visit well-known German orthopaedic centres for a period of four weeks. The fellowship is kindly provided by the German Section of SICOT.

### o Social Programme

The **Opening Ceremony** featured a speech by Subroto Bagchi on "Scaling the Self" and a dance

performance by the Ananda Shankar Jayant group. The **Indian Night Party** was held at the N Convention and included a memorable performance by the Bollywood dance group, "Unique Dance Troupe". All photos are available [here](#).

- o **Sports Programme**

We thank all those who joined the **Charity Run/Walk** in the early morning of 19 October and helped support a local children's charity. The **Cricket Match** between India XI and Rest of the World XI on 16 October was won by India. Photos of these events can be found [here](#).

**XXVI SICOT Triennial World Congress combined with 46th SBOT Annual Meeting  
Rio de Janeiro TWC 2014  
19-22 November 2014 \* Rio de Janeiro, Brazil**



**Abstract submission and congress registration will open soon on the [SICOT website!](#)**

# SICOT Global Network for Electronic Learning - SIGNAL

## Article of the Month

October 2013

### **Metal-on-metal hip prostheses: Correlation between debris in the synovial fluid and levels of cobalt and chromium ions in the bloodstream**

*Dalila De Pasquale, Susanna Stea, Stefano Squarzoni, Barbara Bordini, Marilina Amabile, Simona Catalani, Pietro Apostoli & Aldo Toni*

**Purpose** Hip prostheses with metal-on-metal (MoM) coupling can release cobalt-chromium particles and ions. The aim of this work is to verify the correlation between particles in the synovial fluid and circulating ions.

**Methods** Forty patients were enrolled; particles from synovial fluid were analysed by SEM-EDX (Scanning Electron Microscopy-Energy Dispersion X-rays analysis) and levels of circulating Co and Cr were assayed by ICP-MS (inductively-coupled plasma mass spectrometry).

**Results** In 16 cases we did not find any particles in the synovial fluid and the Co level in whole blood was 0.05–4.42 ppb; in seven with few particles the blood level was 2.2–15.6 ppb; in six cases with several particles the level was 5.0–54.3 ppb; finally, in 11 cases we isolated not only Co-Cr particles, but also Cr particles with low or absent Co and in these patients the circulating level of Co was 23.8–109.6 ppb. Co in serum and Cr level both whole blood and serum have shown a similar trend to Co; the correlation between all these values and the corresponding particles is statistically significant in all cases.

**Conclusion** Co and Cr both in serum and whole blood represents a systemic representation of the particle release at local level and can therefore be used to confirm a diagnosis and monitor the wear process of MoM articular prostheses.

*International Orthopaedics (SICOT)*  
DOI 10.1007/s00264-013-2137-5

# SICOT Global Network for Electronic Learning - SIGNAL

## Case of the Month

October 2013

### Osteoid Osteoma with Double Nidus

**Author:** Mahmut Nedim Aytekin - Turkey  
*Edited by Bassel El-Osta*

22-year-old male patient presented with pain below his right knee. The characteristic of the pain was dull. The pain increased at night and was relieved by aspirin or non-steroid anti-inflammatory drugs.

There was no abnormal finding during his physical examination and in his laboratory blood tests.

His anteroposterior knee X-ray was normal and lateral view of the knee X-ray showed a bone tumour on his proximal tibia (Figure 1).



What will be the first thought and how to proceed?

---

[Click here to read more...](#)

---

---

[Back to previous section](#)

---

A further evaluation with CT scan was done (Figure 2).



What is the final diagnosis?

- a. Osteochondroma
- b. Osteomyelitis
- c. Paget disease
- d. Ewing Sarcoma
- e. Osteosarcoma

---

[Click here to read more...](#)

---

---

## [Back to previous section](#)

---

Initial diagnosis was a tumour that looks like osteoid osteoma.

The diagnosis of osteoid osteoma was done by means of his history and radiological evaluation. The patient was operated. The nidus was taken out and curettage was done. Allograft was inserted to the cavity after cauterization of the cavity. Patient's pain was resolved just after the operation. Pathological evaluation of the material was taken out which verified the diagnosis.

Osteoid osteoma is a benign bone tumour, composed of a central zone named nidus which is an atypical bone completely enclosed within a well vascularized stroma and a peripheral sclerotic reaction zone (1). Its etiology is unknown.

Interestingly, the CT has highlighted an osteoid osteoma with a double nidus. One must be aware of these cases to avoid incomplete removal of the lesion (2,3).

Osteoid osteoma is usually seen in the second or third decades of life and approximately twice as many men as women are affected (4,5,6). The most common complaint of osteoid osteoma is pain, often described as being more severe at night. Pain is improved after aspirin treatment (4). Observing pain relief after aspirin can be used for diagnosis. In this case, we saw an interesting osteoid osteoma which shows double nidus on CT views. Careful and enough curettage should be done for this disease for successful treatment.

### **References:**

1. Hashemi J, Gharahdaghi M, Ansaripour E, Jedi F, Hashemi S, Radiological features of osteoid osteoma: pictorial review, Iran J Radiol. 2011 Nov;8(3):182-9. doi: 10.5812/kmp.iranjradiol.17351065.3392. Epub 2011 Nov 25.
2. Aynaci O, Turgutoglu O, Kerimoglu S, Aydin H, Cobanoglu U. Osteoid osteoma with a multicentric nidus: a case report and review of the literature. Arch Orthop Trauma Surg. 2007 Dec;127(10):863-6. Epub 2007 Sep 8.
3. Matera D, Campanacci DA, Caldora P, Mazza E, Capanna R, Osteoid osteoma of the femur with a double nidus: a case report, Chir Organi Mov. 2005 Jan-Mar;90(1):75-9. English, Italian.
4. Healey JH, Ghelman B. Osteoid Osteoma and Osteoblastoma: current concepts and recent advances. Clin Orthop. 1986;204:76-85.
5. Bender MS, McCormack RR, Glasser D, Weiland AJ. Osteoid Osteoma of the upper extremity. J Hand Surg. 1993;18A:1019-1025.
6. Wold LE, McLeod RA, Sim FH, Unni KK. Atlas of Orthopaedic pathology. Philadelphia: WE Saunders; 1990. pp. 90-9.

## Fellowship News

- **Brussels University/SICOT Fellowship**

Every year FOSFOM-ULB (*Bourse de soutien à la formation médicale de l'Université Libre de Bruxelles*) offers trainees in medical specialties a one-year fellowship at a training hospital of Brussels University. The candidates are selected jointly by a Jury of Faculty Members of Brussels University and of local universities that have a convention with Brussels University. [Read more...](#)

## Articles by SICOT Members



### Women in Orthopaedics

#### **Ratna Johari Maheshwari**

*Young Surgeons Committee Member (Women's Subcommittee) - India*

It was just over 150 years ago that Elizabeth Blackwell, a determined young girl, became the first American woman to gain admission to medical school. She did so in spite of popular prevailing theories of those times which proclaimed that women seeking education in medicine would develop "monstrous brains and puny bodies and abnormally weak digestion". When she entered the class on her first day a death-like stillness prevailed, as if each member had been stricken with paralysis. It is due to trail blazing women like these, who showed unflinching zest in the face of hostility, that we owe the numerous women in the medical profession. Today, women constitute around 50% of an average class in medical school. However, orthopaedics has the lowest percentage of women in a surgical specialty, with only 4.3% of board certified orthopaedic surgeons being female according to the United States data.

The history of world orthopaedics has been highlighted by the work of women. It was as early as 1924 when Maud Forrester Brown, Britain's first woman orthopedician, started orthopaedic services in the south-west country at the Bath and Wessex Orthopaedic Hospital, under the guidance of Sir Robert Jones. She went on to establish a complete chain of children's orthopaedic clinics throughout Somerset, Wiltshire and Dorset. In spite of the ignorance she had to face, she brought boundless energy. Miss Forrester was a member, and later emeritus member, of SICOT. The Journal of Bone and Joint Surgery in 1970 carried an article on her "In Memoriam" marking her death at the age of 84. Ruth Jackson, on the other hand, was the first practising female orthopaedist in the United States. She discovered the rewards of orthopaedics while working with polio patients. In 1932, she opened her office in Dallas, Texas. The following year the American Academy of Orthopaedic Surgeons was founded. All who practised orthopaedics were allowed to join, except her. Undaunted, she took and passed the board exams, becoming the first woman admitted to AAOS. She went on to become an authority on cervical spinal injuries, on which she had extensive publications.

In spite of an illustrious history, few women have entered the field of orthopaedics. Limited exposure to musculoskeletal topics in medical school and lack of role models have been identified as contributory factors. A recently published article "A profile of female academic orthopaedic surgeons" in Current Orthopedic Practice (issue 6) of the year 2013 was based on a survey including questions on demographics, training and education, practice components, mentorship and career satisfaction. The study, including 164 female orthopaedic surgeons, revealed that having a mentor positively influenced their career choice. Potential barriers to academic advancement which were identified included gender stereotype, department politics, and guilt about family obligations or family expectations. The study also revealed that 62% of female faculty members had at least one child and 73% were married or in a domestic relationship. The study concluded that in spite of a high satisfaction rate with their career choices and despite all of their successes, barriers to female academic advancement are still perceived.

The stereotypical image of an orthopaedic surgeon as being burly, using brute force to manually cut into bones, is a thing of the past. Orthopaedics today is revolutionised with the use of power instruments and also boasts of delicate subspecialties. It is a field that requires manual dexterity and three dimensional visualisation. Having more women be a part of orthopaedics is in the best interest of the specialty itself. For any specialty to progress or discover new technologies, it is imperative that it attracts brilliant minds, be it a man or a woman. The hope for any specialty is to snag the best and the brightest. Hence it becomes important that women genuinely interested in pursuing orthopaedics should not be discouraged. Efforts must be taken to eliminate unintended barriers. At the same time, diversity in caregiving and changes in perspectives are ultimately beneficial to patients in general.

In the issues to come we interview leading women orthopaedists around the world, to dispel common myths of not having enough time to have a family and other lifestyle issues associated with orthopaedics in general. This will guide the young surgeons about the pros and cons of a rewarding career in this field.

## **Courses by SICOT Members**

- **Assiut Shoulder Arthroscopy Course**

Surgeons with good knee arthroscopic skills wishing to start or already performing shoulder arthroscopy are invited to attend the Assiut Shoulder Arthroscopy Course in Assiut, Egypt, from 1 January to 3 January 2014. Places are limited to 20, so please book early. [Read more...](#)

## **Industry News**

- **Exhibitors and Sponsors of Hyderabad OWC 2013**



34th  
**इसिओट**  
Orthopaedic World Congress  
17-19 October 2013  
Hyderabad, India



**SICOT would like to thank all of its  
Industry Partners for their continued support!**

Abbott Healthcare  
Aesculap  
Allengers  
Amarsons Pearls  
Amplitude  
Anglia Ruskin University in Cambridge  
Basic Healthcare  
Bayer  
Beijing AKEC Medical Co Ltd  
Beijing Chunli Medical Instrument Co Ltd  
Beijing Libeier Bio-engineering institute Co Ltd  
Biorad Medisys Pvt Ltd  
BrainLab  
C2F Implants  
Ceramtec  
Clean Medical  
COA Chinese Orthopaedic Association  
Current Concepts in Joint Replacement  
Depuy / Synthes  
Desoutter Medical Ltd  
Dr Reddy's Laboratories Ltd  
EFORT  
Emcure Pharmaceuticals Ltd  
Extremity Medical LLC  
Glenmark Pharma  
Globus Medical India Pvt Ltd  
Groupe Lepine  
Indian Arthroscopy Society  
Intas Pharma  
Jai Ganesh Pearls  
Janssen  
Japanese Orthopaedic Society  
Jaypee Brothers Medical Publishers Pvt Ltd  
JBJS  
JJ International Instruments  
Karl Storz  
Kimberley Clark  
Magnatek Enterprises  
Mangatrai Pearls  
MANMAN  
Maxx Medical  
Matrix Meditech  
Médecins Sans Frontières  
Medley Pharma  
Medtronic India  
Molekule India Pvt Ltd  
MSN Laboratories  
National Book House  
Nebula Surgical Pvt Ltd  
Normed Medizin -Technik GmbH  
Ortho Care New Delhi  
Orthopaedic Principles  
Pfizer  
Richard Wolf  
Royal Infirmary & Castle Hill Hospitals  
S. H. Pitkar Orthotools Pvt Ltd  
Sanofi  
SBM  
SBOT  
SERF Dedienné Santé  
Shanghai Bojin Electric Instrument & Device Co Ltd  
Sharma  
Smith & Nephew  
Thieme Medical and Scientific Publishers Pvt Ltd  
Tianjin Walkman Biomaterial Co Ltd  
Torrent Pharmaceuticals  
Uma Surgicals  
Universal Orthosystems  
Vikas Medical Book House  
Vishal Surgical Equipment Co  
Waldemar Link  
Wolters Kluwer  
Wright Medical  
Zimmer

## **Editorial Department**

Editorial Secretary: Hatem Said

Editorial Production: Linda Ridefjord

Editorial Board: Ahmed Abdel Azeem, Syah Bahari, Kamal Bali, Bassel El-Osta, Anthony Hall, Shalin Maheshwari, Maximilian Rudert

Rue Washington 40-b.9, 1050 Brussels, Belgium

Tel.: +32 2 648 68 23 | Fax: +32 2 649 86 01

E-mail: [edsecr@sicot.org](mailto:edsecr@sicot.org) | Website: [www.sicot.org](http://www.sicot.org)

---

**Disclaimer:** Some of the views and information expressed in this e-Newsletter include external contributors whose views are not necessarily those of SICOT. SICOT is not responsible for the content of any external internet sites.