

TREATMENT FOR SLE OSTEONECROSIS

The results from a retrospective study of 50 patients with systemic lupus erythematosus (SLE) and osteonecrosis of the femoral head suggest that free vascularized fibular grafting offers a viable option for maintaining the function of the hip joint.

Free vascularized fibular grafting involves decompressing the femoral head, excising the dead bone and then replacing it with osteoinductive cancellous graft in the form of healthy, vascularized fibula bone. The study involved a total of 80 hips from 50 patients who fulfilled at least four of the 1982 American Rheumatology Association criteria for the classification of SLE and who had suffered from the disease for over 18 months. According to the Steinberg classification of osteonecrosis, the hips from the patients showed varying disease stages, from II to IV.

After a minimum follow-up of 2 years (average, 4.3 years), the mean Harris hip score increased from 72 to 80, improving in patients from all four disease stages. When radiographically assessed, 55 hips (68.75%) showed an improvement, 20 hips (25%) were unchanged, and 5 hips (6.25%) showed deterioration. No hips failed treatment, and no patients underwent total hip arthroplasty.

The researchers acknowledge that their study would benefit from increased numbers of patients in order to improve the ability to draw significant statistical conclusions, and from a longer follow-up period to confirm the longevity of the approach. Furthermore, no alternative joint-preserving procedures were carried out to form a control group. Nevertheless, the results of the study present free vascularized fibular grafting as an appealing alternative to current surgical options, such as total hip arthroplasty and core decompression, for patients with SLE and femoral head osteonecrosis.

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Original article Sun, Y. *et al.* Treatment of femoral head osteonecrosis in patients with systemic lupus erythematosus by free vascularised fibular grafting. *Lupus* 18, 1061–1065 (2009).