



## Experts Meet Experts: 2008 in Nice

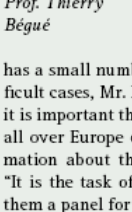
NICE (jp) – The Acropolis Convention Centre in Nice will be the venue for the next EFORT congress from 29 May to 1 June 2008 in Nice. The focus will be on high quality: Experts meet Experts.

A broad collaboration with the speciality societies will have an impact on the scientific programme that will include symposia and instructional course lectures delivered by distinguished speakers from all across Europe.



Nice will be the meeting point in 2008

The Local Organizing Committee around Chairman Prof. Thierry Bégue is aiming at making this congress a memorable event with a special focus on scientific excellency. The meeting is going to follow the EXMEX-concept: Experts meet experts. Experienced surgeons from all over Europe are going to discuss difficult cases such as revision operations.



Prof. Thierry Bégue

Since the single surgeon only has a small number of these difficult cases, Mr. Bégue explains, it is important that experts from all over Europe exchange information about their experience. "It is the task of EFORT to give them a panel for this exchange," said Mr. Bégue.

**Deadline for Abstract Submission: September 15**

The deadline for abstract submission is September 15, abstract acceptance will be confirmed until December 31. The early registration deadline is January 15, 2008, and the preliminary programme will be available from February 15, 2008 on. Deadline for pre-registration is April 15, 2008.

For more information see the EFORT booth in the exhibition area or [www.efort.org](http://www.efort.org).

## "It Is a Perfect venue"

Participants of the Congress are Delighted

FLORENCE (ek) – Halfway through the 8th EFORT congress has attracted almost 7000 delegates. We asked some of them to give their opinion about the first days.

Dr. Renato La Forgia from Matera, Southern Italy, attends an EFORT congress for the 4th time. "There are so many new developments in our speciality and here you can learn and see them all in one place. For me the most important session, so far, was the one on THR Polyethylene. Moreover, the exchange of opinions with colleagues from different countries is important to me."

This is one good reason as well that attracted Dr. Hebe Désirée Kverno from Norway and her colleagues Drs. Eivind Witso who is also a moderator



Dr. Hebe Désirée Kverno, Dr. Eivind Witso and Dr. Anders Hammer (from the left)

of a symposium and Anders Hammer to come to Florence. "The quality of the scientific sessions is excellent. Meeting with colleagues from Central and Southern Europe is vital. And, of course, staying in Florence was also a reason to come. The location is excellent, everything in walking distance, absolutely a perfect venue."



Dr. Renato La Forgia



Sylvia Faymann



Dr. Markus Quante

Sylvia Faymann from Wiener Neustadt, Austria, works as a nurse in a neuro-orthopaedic unit and is married to a orthopaedist. "I attended several sessions on spine surgery - very interesting. This is my first EFORT congress, but certainly not the last."

Dr. Markus Quante from the University Hospital of Marburg, Germany, agrees on that: "Florence like Lisbon in 2005 are beautiful venues. But I dare say this time the scientific programme focusses a little too much on implants of the bigger limbs, I'd preferred more instructional courses."

## Early Birds in Cross Fire

Pro- and Contra Interlocket Plates

FLORENCE (jp) – Eight o'clock, Sunday morning: The Florentine sky is blue, swallows are flying. In Room 12 some other early birds are present: In a cross fire section they discuss the advantages and disadvantages of interlocket plates in juxta articular fractures.

Overall 14 cross fire sections have been set up to discuss arguments pro and contra of different solutions to difficult therapeutic challenges. In juxta articular fractures screw loosening may be a problem for the fixation of standard plates, especially in cases of poor bone quality. In addition, interlocket plates allow to save the soft tissue because of a limited contact to the periosteum. On the other hand the costs for these plates are higher than for standard plates and the operation technique is in many cases challenging.

The three speakers of the morning session explain their approach to the use of interlocket plates for distal femoral fractures, proximal tibial fractures and pilon fractures. "I hope, I am not boring you in this early hour," Dr. Gerolf Peicha, Graz, addresses the dozen participants in the auditorium. But it is hard to tell – to be honest, the early birds still look a bit tired as do the speakers themselves.

Mr. Peicha combines theoretical information with clinical pictures and a video, explaining the surgical strategy for the use of LISS (Less Invasive Stabilisation System) in distal femoral fractures, thus making his presentation more interesting.

Jan Lindahl, Helsinki, moderator of this cross fire section, gives an overview of the use of standard or locked plates in proximal tibial fractures. Some of his slides – not unusual for scientific presentations – are overloaded with information that make it difficult to concentrate on the subject. Mikko Kirjavainen, Helsinki, discusses the difficult treatment of pilon fractures – and puts even more information into his slides. But at least he gives a clear take home message: The question whether to use standard or locked plates is not a matter of metal, it is a matter of how to treat the soft tissue: "Respect the soft tissue envelope."

Little time is now left for discussion and even less for the case presentation that should get the audience involved: With televoters participants can vote for one or the other treatment option in several cases. But only few participants vote. Obviously the audience is not interested in this interactive medium. Maybe it is still too early in the morning...

## A New Treatment

Recently Ruptured Achilles Tendon

LAUSANNE – A study of the Department of Orthopaedics and Trauma, University Hospital Lausanne, aimed to evaluate a new functional conservative treatment of the recently ruptured Achilles tendon, using an articulated dynamic ankle brace.

The treatment of the recently ruptured Achilles tendon remains controversial: Should it be treated by open or mini-invasive suture or conservatively by a casting or bracing technique? Both, surgical and conservative treatments have been reported to obtain good and excellent results in most cases. Meta-analysis has concluded that wound problems, as well as infection or paresthesia, are significant complications of surgical treatment. Conservative treatment is more often complicated by re-rupture of the Achilles tendon. Recent surgical and conservative procedures favour a functional bracing to rigid casting.

From March 1998 to August 2005 12 women and 45 men with an average age of 45 (24-73) underwent a functional and conservative treatment for a recently ruptured Achilles tendon. After immobilisation with a cast in equinus for 10 days, the patients were authorised to walk with full weight-bearing, protected by a commercial orthosis (VACOPed, OPED). The equinus angle was set at 30° plantar flexion until the end of week 3, and at 15° until the end of week 4. At the 5th week the system was unlocked to

allow ankle mobilisation of 30-15-0°, and 30-0-0° at the seventh week. The orthosis was removed after 8 weeks. After removal of the orthosis, the patients wore a 10 mm heel lift for another 4 weeks (Table).

All patients had follow-up examinations up to 12 months after the trauma. The first 30 patients underwent a clinical examination and muscular testing with a Cybex isokinetic dynamometer at 6 and 12 months. In June 2006 all 57 patients received a questionnaire. Their subjective opinions of the outcome, any change in their sport activities and eventual late complications were investigated. We were able to collect 46 questionnaires from the 57 patients (82.5%). Two patients had died due to non-relat-



The VACOPed, permitting variable degrees of static or dynamic plantar flexion

pilahti Ankle Score 56.8 out of 70. Two thirds of the patients returned to the same level of their previous sport activities. We observed 5 complete (9%) and two partial re-ruptures. All re-ruptures happened during the first five months after

	Day 1-10	Day 10-3 weeks	4 <sup>th</sup> week	5 <sup>th</sup> -6 <sup>th</sup> week	7 <sup>th</sup> week	8 <sup>th</sup> -12 <sup>th</sup> week
Immobilisation / bracing	Plaster cast in equinus in 30° plantar flexion	VACOPed static in 30° plantar flexion	VACOPed static in 15° plantar flexion	VACOPed dynamic in 15-30° plantar flexion	VACOPed dynamic in 0-30° plantar flexion	Heel lift 10mm
Anti-coagulation	LMWH	or anti-vitamin K			n o n e	
Weight-bearing	n o n e	as much as comfortable	f	u	l	l
Physiotherapy						
tibi-talar mobilisation	/	active - assisted			f r e e	
proprioception, strength, endurance	/		with orthosis			f r e e
walking in pool	/		with orthosis			f r e e

Re-education and bracing procedure using a dynamic orthosis (VACOPed)

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the accident. We observed one deep venous thrombosis complicated by pulmonary embolism and few minor skin complications.

The present treatment resulted in good to excellent functional results in most cases. It requires active participation and patient compliance and a systematic medical follow-up for 6 months. The complication rate is acceptable. Early ankle mobilisation in a dynamic cast might promote better functional results than rigid immobilisation techniques.

Author: Felix Neumayer, MD  
Lausanne, Switzerland  
e-mail [felixneumayer@yahoo.com](mailto:felixneumayer@yahoo.com)

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