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Letter to the editor

Letter to the Editor on "Disassociation of a Cold-Welded Bimodular Titanium Femoral Stem by Intraoperative Ice Cooling"

I read with interest the article entitled "Disassociation of a coldwelded bimodular titanium femoral stem by intraoperative ice cooling" by Frandsen et al. [1], and I want to congratulate the authors on a report that deals with the challenging problems of stem, neck, and head modularity in contemporary total hip arthroplasty.

Their unique technical solution should be remembered by all revision surgeons, and I agree with their logical approach to the difficult decision-making of when to remove a well-positioned, well-fixed, bimodular titanium femoral stem. I agree that current information about the Zimmer M/L taper prosthesis with Kinectiv Technology (Zimmer Biomet, Warsaw, IN) makes it a candidate for partial revision because (1) the neck is constructed of titanium (Ti) alloy, and although a Ti-Ti interface with the stem may coldweld [1] or even corrode [2,3], it will likely not lead to an adverse local tissue reaction as there is no cobalt (Co) alloy involved; (2) the design length of this particular modular titanium neck is relatively short and therefore unlikely to break, distinct from longer Ti modular necks that are apt to fracture [4,5]; and (3) usage of a ceramic femoral head at the obverse taper on the neck should diminish corrosion and metal loss [6], and again, without a Coalloy component in the mix, minimize the risk of adverse local tissue reactions. The decision to revise such a stem is complex [7], but the authors make a very logical argument for revising only the head and neck in their patient's case.

I would also like to add one observation to the authors' case report that I think is very important. The case history and prerevision imaging (Figs. 1b and 3b, specifically) show conclusively that the patient had a long-standing gross trunnion failure (GTF) of his previous total hip replacement unrelated to his motorcycle crash. As Morlock et al have demonstrated, this is a very specific pattern (so-called "bird beak") seen with end-stage mechanically assisted crevice corrosion (MACC) and is more commonly observed with less-stiff-material trunnions and smaller tapers [8].

Although GTF due to MACC has been noted rarely across many total hip arthroplasty designs and manufacturers [9], it is particularly common in a recalled Co-alloy femoral head and proprietary Ti-alloy trunnion (TMZF, Stryker, Mahwah, NJ) [8,10]. To my knowledge, the present case report by Frandsen et al. is the first such case noted in a Zimmer M/L taper prosthesis with Kinectiv Technology (Zimmer Biomet, Warsaw, IN).

It is important to point out that the Zimmer M/L taper prosthesis (Zimmer Biomet, Warsaw, IN) has recently been described as having high revision for corrosion in a long-term analysis of the Australian National Joint Replacement Registry; in fact, it has had a higher failure rate than the discontinued Accolade 1 Stem (Stryker, Mahwah, NJ) [11]. Although that report excluded bimodular neck M/L taper stems with Kinectiv Technology (Zimmer Biomet, Warsaw, IN), the proximal trunnion design and composition, as well as the Co-alloy femoral heads and countersurfaces used, are presumably identical. Because there are multiple prior reports showing cases and case series of failures of this bimodular version of the M/L taper stem (Zimmer Biomet, Warsaw, IN) secondary to MACC [2,12-14], I think it is critical to monitor all patients with M/L taper stems (Zimmer Biomet, Warsaw, IN) carefully for evidence of taper corrosion failure.

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In summary, thank you for an enlightening case report that not only expands our understanding of failure mechanisms secondary to MACC but also demonstrates a logical, creative method to treat such a failure in this specific patient. I would point out that the case is also the very first report of GTF in this implant, and this failure once again underscores the need to carefully monitor patients with M/L taper stems (Zimmer Biomet, Warsaw, IN) for evidence of taper corrosion failure.

Conflicts of interest

B.J. McGrory receives royalties from Smith & Nephew, Inc., and Innomed, Inc.; is a paid consultant for Smith & Nephew, Inc.; and is a member of medical/orthopaedic publications editorial/governing board of AAHKS.

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