Revision Total Hip Arthroplasty in Octogenarians: A Contemporary Update

Justin A Magnuson¹, Sean A Griffin, Ryan Sutton, Olivia Blaber, Kerri-Anne Ciesielka², Paul Maxwell Courtney, Chad A Krueger

¹Rothman Orthopaedic Institute, ²Rothman

INTRODUCTION:

Increasing frequency of total hip arthroplasty (THA) along with an aging population indicate that the need for revision THA will continue to grow, especially in older and potentially medically complex patients. The purpose of this study was to investigate trends in THA revision indications, perioperative complications, and readmissions in octogenarian patients compared to younger patients stratified by age group.

METHODS: 1317 patients between the ages of 50 and 89 underwent 1597 revision THAs between 2008-2019 at a single tertiary care hospital. Patients were stratified by age group (50-59 (n=418), 60-69 (n=549), 70-79 (n=449), and 80-89 (n=181)). Indication for revision, perioperative medical complications, and 90-day readmissions were identified for each patient. Chi squared and analysis of variance were used to compare groups. Logistic regression was used to assess medical complications and readmissions.

RESULTS: Aseptic loosening was the most common indication in all age groups but decreased with age (Table 1). Periprosthetic fracture and loosening were both responsible for 28% of revisions in octogenarians, which had more than twice the fracture rate compared to other age groups. Medical complications occurred most often in octogenarians (12%), with arrythmia being the most common type. Patients aged 80-89 were at increased risk of medical complication when adjusting for sex, BMI, Charlson Comorbidity Index, and race (OR 7.9, 95% CI 2.6 – 26.2, p<0.001). Octogenarians had the highest rate of readmission (14%) (Table 2). Prosthetic joint infection was the most common overall reason for readmission (2.9%) but was similar between age groups (p=0.865). Reoperations and re-revisions within 90 days were similar between groups.

DISCUSSION AND CONCLUSION: Octogenarians more commonly underwent revision THA for periprosthetic fracture and had higher rates of both perioperative medical complications and 90-day readmissions compared to other age groups. Such findings should be considered when counseling patients on both primary and revision THA decisions.

	50s <i>N</i> =418	60s <i>№549</i>	70s <i>№</i> =449	80s <i>№181</i>	P Value
Indication					
Aseptic Loosening	174 (42%)	215 (39%)	150 (33%)	50 (28%)	0.003
Dislocation/Instability	38 (9%)	55 (10%)	52 (12%)	15 (12%)	0.550
Heterotopic Ossification	3 (0.7%)	2 (0.46%)	4 (0.9%)	1 (0.6%)	0.778
Infection	73 (18%)	101 (18%)	63 (14%)	29 (16%)	0.299
Malposition	6 (1.4%)	6 (1.1%)	8 (1.8%)	0 (0%)	0.315
Metallosis/Component Failure	30 (7%)	48 (9%)	42 (9%)	10 (6%)	0.344
Osteolysis/Poly wear	48 (12%)	66 (12%)	75 (17%)	18 (10%)	0.041
Periprosthetic Fracture	46 (11%)	56 (10%)	55 (12%)	51 (28%)	< 0.001
Surgical Time and Type					
Total Operative Time (minutes)	177 ± 65	186 ± 70	182 ± 68	201 ± 81	0.001
Stem Only	85 (20%)	146 (27%)	105 (23%)	58 (32%)	0.012
Acetabulum Only	121 (29%)	148 (27%)	105 (23%)	40 (22%)	0.159
Stem and Acetabulum	106 (25%)	134 (24%)	113 (25%)	36 (20%)	0.503
Head/Liner Only	106 (25%)	121 (22%)	126 (28%)	47 (26%)	0.178

Table 2. Readmissions					
	50s <i>N=418</i>	60s <i>№549</i>	70s <i>№449</i>	80s <i>N=181</i>	P Value
All Readmissions	37 (8.9%)	43 (7.8%)	24 (5.4%)	25 (13.8%)	0.005
Wound Complication/Superficial Infection	3 (0.7%)	15 (2.7%)	6 (1.3%)	7 (3.9%)	< 0.001
Prosthetic Joint Infection	14 (3.4%)	14 (2.6%)	12 (2.7%)	6 (3.3%)	0.865
Dislocation	19 (4.6%)	10 (1.8%)	5 (1.1%)	9 (5.0%)	0.002
Loosening	0 (0%)	2 (0.4%)	1 (0.2%)	2 (1.1%)	0.148
Periprosthetic Fracture	0 (0%)	2 (0.6%)	0 (0%)	0 (0%)	0.206
Reoperation (any type)	31 (7.4%)	36 (6.6%)	21 (4.7%)	17 (9.4%)	0.141
Re-revision	22 (5.3%)	20 (3.6%)	14 (3.1%)	9 (5.0%)	0.362