

The 'French Paradox' in Australia: How does the Quadra-C stem compare to other cemented stems in the Australian National Joint Replacement Registry?

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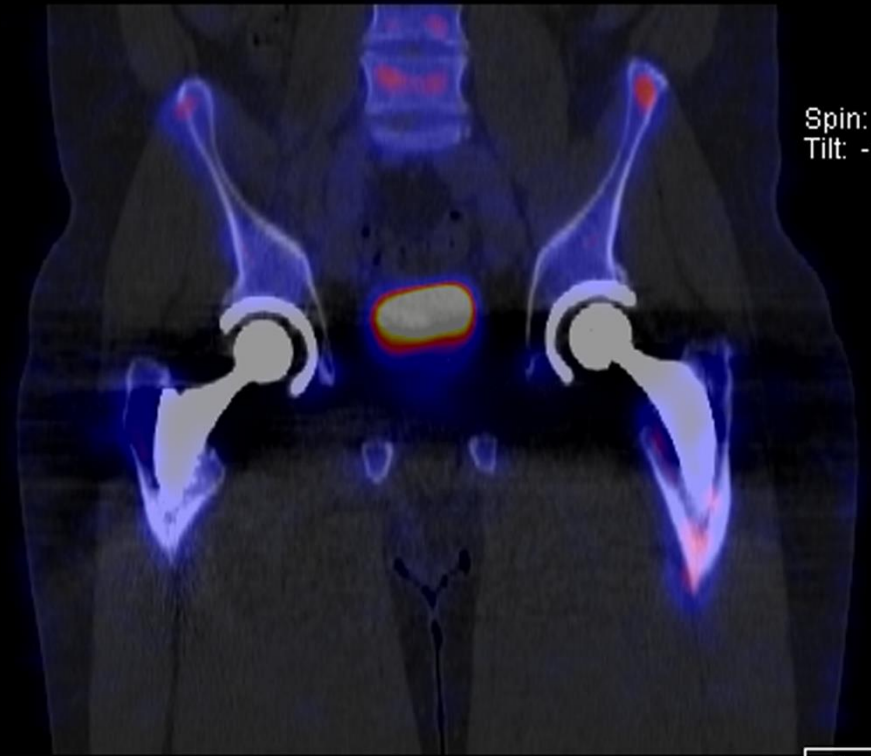
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Conflicts

- Nil
- Thanks to the AOANJRR for data and analysis

Anterior Journey

- Anterior learning pathway, presented previously
- Richard De-Steiger et al., Clin Orthop Relat Res 2015 Dec;473(12):3860-6.



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What is the 'French Paradox'

- Classic teachings cement mantle should be 2-4mm
- French-designed cemented femoral components the Charnley-Kerboull and Ceraver Osteal;
 - Intended to occupy fully the medullary canal.
 - Thin cement mantle, in some instances direct contact with cortical bone.
- Stem requires hammer blows to complete insertion, significant increase in cement pressure and interdigitation.
- Because of implant rectangular cross section has substantial intrinsic stability within the medullary canal, especially torsion.

Quadra-C design

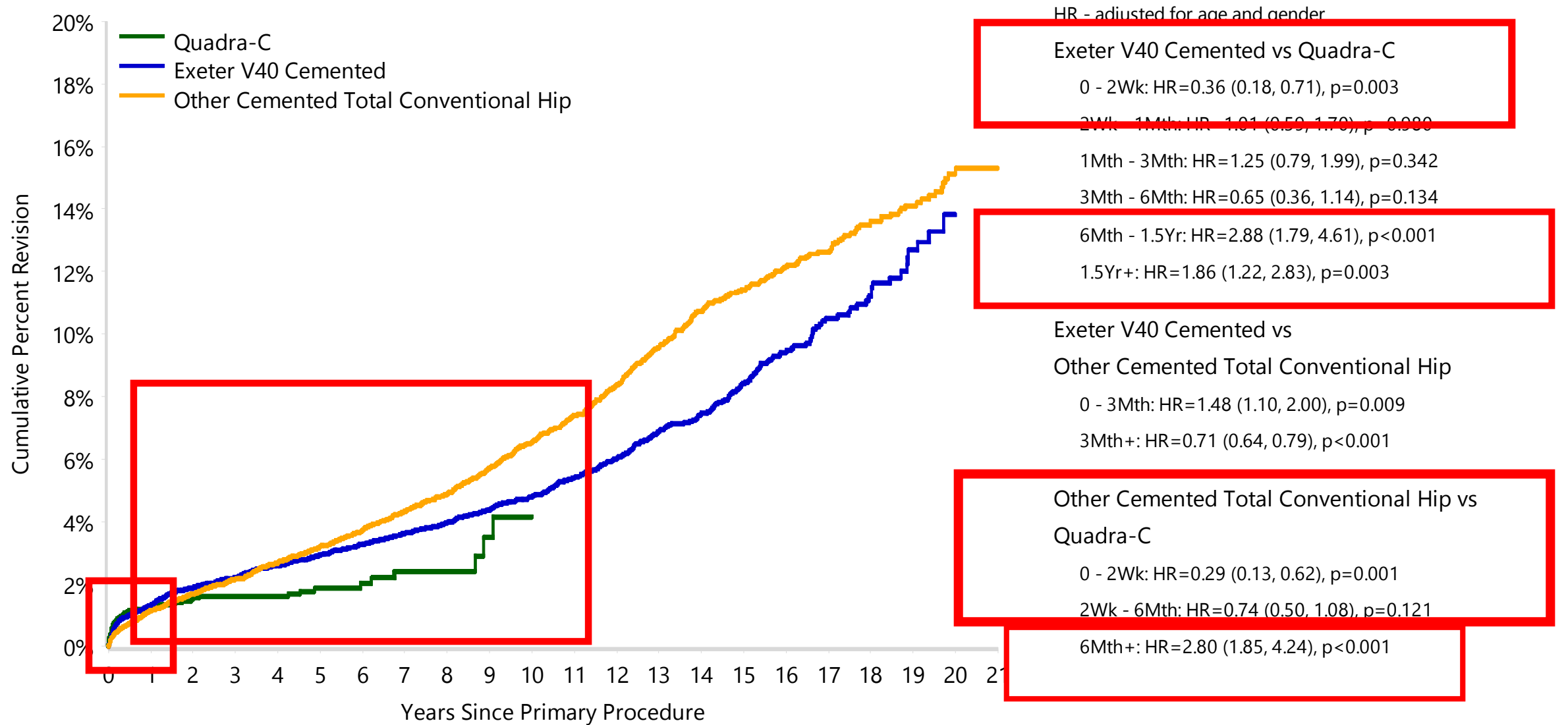
- Polished, straight, triple taper with trapezoidal cross section.
- No Centraliser
- Generally inserted with line to line cementing over a cement restrictor.
- No ability to significantly alter version, high pressure on cement plug



Study Design

- Data from the AOANJRR from September 1999 to September 2022.
- Femoral revision rate of Quadra C versus Taper Slip (Exeter) and all other cemented stems (combined cemented techniques) used in THR for Osteoarthritis.
- Not controlled for ASA, BMI, approach, surgeon or hospital setting.

| | | Quadra-C | Exeter V40 Cemented | Other Cemented Hip | TOTAL |
|------------------------|-----------------------------|---------------|------------------------|--------------------|-----------------|
| Follow Up Years | | | | | |
| | Mean ± SD | 2.9 ± 2.5 | 8.6 ± 5.2 | 9.7 ± 5.8 | 8.1 ± 5.6 |
| | Median (IQR) | 2.5 (1, 4.3) | 8.2 (4.5, 12.4) | 9.2 (4.8, 14.2) | 7.3 (3.3, 12.2) |
| | Minimum | 0 | 0 | 0 | 0 |
| | Maximum | 14.3 | 21.1 | 22.3 | 22.3 |
| Age | | | | | |
| | Mean ± SD | 74.2 ± 8.7 | 73.4 ± 9.7 | 74.1 ± 9.3 | 73.8 ± 9.4 |
| Age Group | | | | | |
| | <55 | 107 (2.1%) | 596 (4.2%) | 356 (3.1%) | 1,059 (3.5%) |
| | 55-64 | 557 (11.1%) | 1,682 (12%) | 1,323 (11.5%) | 3,562 (11.6%) |
| | 65-74 | 1,778 (35.4%) | 4,676 (33.2%) | 3,775 (32.7%) | 10,229 (33.4%) |
| | ≥75 | 2,575 (51.3%) | 7,117 (50.6%) | 6,099 (52.8%) | 15,791 (51.5%) |
| Gender | | | | | |
| | Male | 1,562 (31.1%) | 5,264 (37.4%) | 4,227 (36.6%) | 11,053 (36.1%) |
| | Female | 3,455 (68.9%) | 8,807 (62.6%) | 7,326 (63.4%) | 19,588 (63.9%) |
| ASA Score ¹ | | | | | |
| | 1 | 289 (6.1%) | 137 (3.1%) | 46 (2.2%) | 472 (4.2%) |
| | 2 | 2,352 (49.8%) | 2,128 (48.1%) | 911 (43%) | 5,391 (47.8%) |
| | 3 | 1,985 (42%) | 2,023 (45.7%) | 1,089 (51.4%) | 5,097 (45.2%) |
| | 4 | 99 (2.1%) | 140 (3.2%) | 71 (3.4%) | 310 (2.8%) |
| BMI ² | | | | | |
| | Underweight (<18.50) | 74 (1.7%) | 44 (1.4%) | 28 (1.7%) | 146 (1.6%) |
| | Normal (18.50-24.99) | 1,168 (26.9%) | 760 (25%) | 428 (26%) | 2,356 (26.1%) |
| | Pre Obese (25.00-29.99) | 1,669 (38.4%) | 1,152 (37.9%) | 615 (37.4%) | 3,436 (38%) |
| | Obese Class 1 (30.00-34.99) | 990 (22.8%) | 683 (22.5%) | 362 (22%) | 2,035 (22.5%) |
| | Obese Class 2 (35.00-39.99) | 337 (7.7%) | 273 (9%) | 138 (8.4%) | 748 (8.3%) |
| | Obese Class 3 (≥40.00) | 111 (2.6%) | 125 (4.1%) | 74 (4.5%) | 310 (3.4%) |
| Approach ³ | | | | | |
| | Anterior | 4,182 (94%) | 39 (1.3%) | 163 (9.6%) | 4,384 (47.5%) |
| | Lateral | 66 (1.5%) | 713 (23.1%) | 400 (23.6%) | 1,179 (12.8%) |
| | Posterior | 201 (4.5%) | 2,334 (75.6%) | 1,131 (66.8%) | 3,666 (39.7%) |
| TOTAL | | 5,017 | 14,071 | 11,553 | 30,641 |



| Number at Risk | 0 Yr | 1 Yr | 2 Yrs | 3 Yrs | 4 Yrs | 5 Yrs | 6 Yrs | 7 Yrs | 8 Yrs | 9 Yrs | 10 Yrs |
|---------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Quadra-C | 5017 | 3725 | 2743 | 1996 | 1399 | 962 | 628 | 395 | 245 | 153 | 71 |
| Exeter V40 Cemented | 14071 | 13303 | 12593 | 11742 | 10945 | 10116 | 9196 | 8264 | 7234 | 6311 | 5462 |
| Other Cemented Total Conventional Hip | 11553 | 10960 | 10440 | 9836 | 9194 | 8564 | 7896 | 7194 | 6539 | 5885 | 5237 |

| | Quadra-C | | | Exeter V40 Cemented | | | Other Cemented Hip | | |
|------------------------------------|----------|---------------------|-------------|---------------------|---------------------|-------------|--------------------|---------------------|-------------|
| Revision Diagnosis | Number | % Primaries Revised | % Revisions | Number | % Primaries Revised | % Revisions | Number | % Primaries Revised | % Revisions |
| Loosening | 12 | 0.2 | 15.0 | 219 | 1.6 | 34.1 | 387 | 3.3 | 50.8 |
| Prosthesis Dislocation/Instability | 11 | 0.2 | 13.8 | 149 | 1.1 | 23.2 | 129 | 1.1 | 16.9 |
| Infection | 27 | 0.5 | 33.8 | 127 | 0.9 | 19.8 | 99 | 0.9 | 13.0 |
| Fracture | 18 | 0.4 | 22.5 | 114 | 0.8 | 17.8 | 105 | 0.9 | 13.8 |
| Lysis | | | | 6 | 0.0 | 0.9 | 16 | 0.1 | 2.1 |
| Implant Breakage Stem | | | | 11 | 0.1 | 1.7 | 6 | 0.1 | 0.8 |
| Pain | 1 | 0.0 | 1.3 | 5 | 0.0 | 0.8 | 6 | 0.1 | 0.8 |
| Leg Length Discrepancy | 2 | 0.0 | 2.5 | 4 | 0.0 | 0.6 | 2 | 0.0 | 0.3 |
| Wear Acetabulum | | | | 2 | 0.0 | 0.3 | 4 | 0.0 | 0.5 |
| Implant Breakage Acetabular | | | | | | | 2 | 0.0 | 0.3 |
| Malposition | 2 | 0.0 | 2.5 | | | | | | |
| Heterotopic Bone | 1 | 0.0 | 1.3 | 1 | 0.0 | 0.2 | 1 | 0.0 | 0.1 |
| Implant Breakage Acetabular Insert | 1 | 0.0 | 1.3 | | | | 1 | 0.0 | 0.1 |
| Incorrect Sizing | 1 | 0.0 | 1.3 | 1 | 0.0 | 0.2 | 1 | 0.0 | 0.1 |
| Metal Related Pathology | | | | | | | 1 | 0.0 | 0.1 |
| Tumour | 1 | 0.0 | 1.3 | 1 | 0.0 | 0.2 | 1 | 0.0 | 0.1 |
| Wear Acetabular Insert | | | | 1 | 0.0 | 0.2 | | | |
| Other | 3 | 0.1 | 3.8 | 1 | 0.0 | 0.2 | 1 | 0.0 | 0.1 |
| N Revision | 80 | 1.6 | 100.0 | 642 | 4.6 | 100.0 | 762 | 6.6 | 100.0 |
| N Primary | 5017 | | | 14071 | | | 11553 | | |

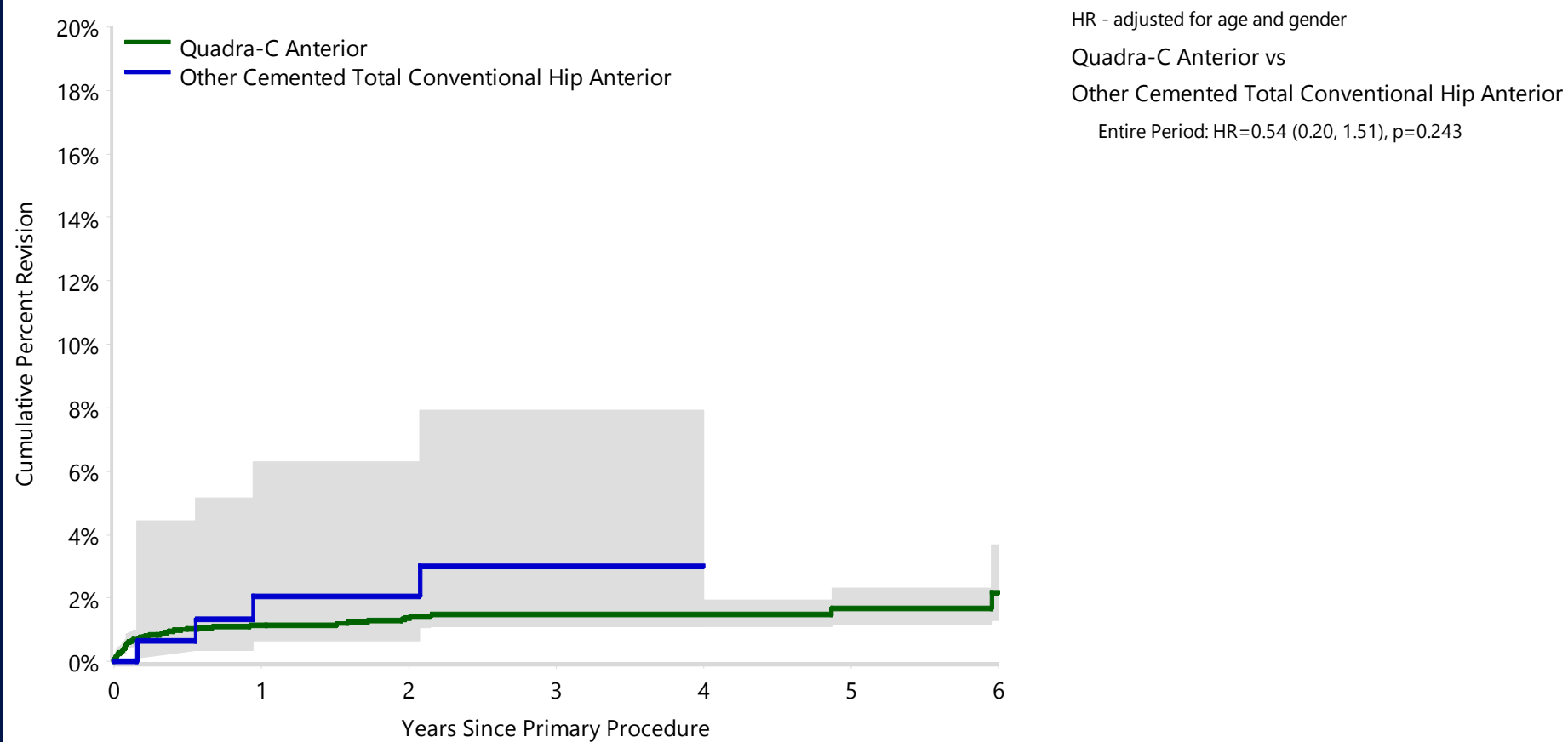
What are other studies saying?

- Is the “French Paradox” really a paradox
 - Clauss et al 2019;8:1-2
- Low rate of Proximal femoral fractures in >70 year olds
 - Laboudie et al JBJS 2024;106B(3 Supple A):67-73
- Is the French Paradox cementing philosophy superior to the standard cementing? A randomized controlled radiostereometric trial and comparative analysis
 - Sevaldsen et al JBJS 2022;104B(1):19-26
- Type 3 stems (Press fit wedge) excellent results and good option for younger and older patients and those with Type C proximal femoral geometry.
 - EFORT Open Rev 2020 Apr; 5(4): 241-252

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| Number at Risk | | 0 Yr | 1 Yr | 2 Yrs | 3 Yrs | 4 Yrs | 5 Yrs | 6 Yrs |
|---------------------------------------|----------|------|------|-------|-------|-------|-------|-------|
| Quadra-C | Anterior | 4182 | 3002 | 2102 | 1424 | 870 | 476 | 186 |
| Other Cemented Total Conventional Hip | Anterior | 163 | 130 | 105 | 81 | 52 | 32 | 19 |



Summary

- Within the limitations of this analysis, we have found that the 'French Paradox' cementing technique with the Quadra-C is not associated with an elevated rate of revision at a median of 2.9 years compared to other cemented stem techniques.