

Michael Mont's Abstract for Session entitled: Osteonecrosis: From Scaffolds to Cells to Biologics

There are numerous approaches to the treatment of osteonecrosis of the femoral head (also called avascular necrosis or AVN). Surgeon decisions are guided by the size of the lesion, amount of head depression, acetabular involvement, and stage. If the disease is detected early, the goal is to save the femoral head, and procedures include: core decompression with and without bone grafts or ancillary growth factors, bone grafting (both vascularized and non-vascularized), and osteotomies. In later stages of the disease, patients who have too much femoral head collapse or secondary arthritis can be treated non-operatively as practitioners do for any type of arthritis (e.g., medications, physical therapy, activity modification, etc.). Surgeons should utilize the most conservative measures to maintain future options. However, when these non-operative treatments do not work, patients may need a total hip replacement. Osteonecrosis is responsible for approximately 10% of total hip replacements performed. Fortunately, the results of total hip replacements are excellent in most patients who have this disease. This talk will cover the full spectrum of treatment methods for osteonecrosis of the femoral head.