INTRODUCTION

Revision Total Elbow Replacement (TER) is a challenging procedure due to the loss of soft tissue support and bone loss following retrieval of the primary implant.

It is not known how the results of revision of the Souter-Strathclyde prosthesis (SSP) with a Coonrad-Morrey prosthesis (CMP) compare with primary CMP in terms of functional outcome.

AIM

The AIM of this study was to analyse the mid-term outcomes of revision of the Souter-Strathclyde to the Coonrad-Morrey prosthesis.

METHODS & MATERIALS

STUDY DESIGN

- Retrospective review
- Collection of data from clinical case records and radiographs
- Statistical analysis using SPSS® 17.0 software

DATA COLLECTION

- Demographic
- Operative details
- Radiological
- Functional outcome

RESULTS

- 11 elbows in 10 patients
- Mean age: 57.09 ± 12.45 (44 to 79 years)
- Male : Female = 5 : 5
- Left : Right = 3 : 8 elbows
- Dominant : Non-dominant = 8 : 3 elbows
- Operative time (minutes) = 133 ± 22.32 (95 to 183)
- Primary diagnosis and indications for revision surgery are shown in Figures 2 and 3

- ROM
  - Flexion: 129.29 ± 7.35°
  - Extension deficit: 18.64 ± 8.97°
  - Flexion-extension Total Active Motion (TAM): 110.45 ± 14.57°
  - Pronation: 87.27 ± 4.67°
  - Supination: 83.64 ± 10.26°
  - Pronation-supination Total Active Motion (TAM): 170.91 ± 14.46°

- The results were good in 8 elbows, fair in 2 elbows and poor in 1 elbow according to the classification of Morrey et al.
- 5 year survivorship: 90.1% of the Coonrad-Morrey prosthesis.