

Tehran Hip Symposium, January 24-25, 2018
Iran University of Medical Sciences

<http://www.en.tehranhipsymposium.ir>

Speakers:

Mansoor Abolghasemian (Iran), Taghi Baghdadi (Iran), Diego Collado (Spain), Reinhold Ganz (Switzerland), Kaveh Gharanizadeh (Iran), Mohammad T Ghazavi (Iran), Morteza Kalhor (Iran), Michael Leunig (Switzerland), Michael Millis (USA), Mohammad J Mortazavi (Iran), Hubrt Nötzli (Switzerland), Paulo Rego (Portugal), Muritz Tannast (Switzerland), Ali Yeganeh (Iran).

Scientific program

The program is subject to minor changes

First day Jan. 24, 2018		
7:30- 8:00	Registration	
8:00- 8:30	Welcome and introduction	
08:30-10:30	Session 1	
	Evolution of hip preserving surgery	Kalhor
	Rational of hip preserving surgery	Ganz
	Radiologic landmarks relevant for hip preserving surgery.	Nötzli
	Vascular Anatomy relevant for hip surgery	Kalhor
	Arterial topographic anatomy at the head neck junction	Rego
	Differential diagnosis of hip pain	Ghazavi
	Discussion	
10:30-11:00	Break	
11:00-12:30	Session 2 (FAI)	
	X-ray finding in impinging hip	Tannast
	The alpha angle: what it can and cannot do!	Nötzli
	Cam and pincer impingement	Collado
	Open vs. arthroscopic FAI treatment.	Leunig

	Surgical Hip Dislocation: surgical technique	Ganz
	Cam resection in hip scope	Rego
	Discussion	
12:30-14:00	Lunch	
14:00-16:00	Session 3 (FAI)	
	Labral circulation. Does it matter?	Kalhor
	Labral reconstruction: Experimental or justified	Leunig
	FAI: Experimental induction of FAI. How sheep can help people?	Tannast
	Hips with synovial chondromatosis may display the features of femoroacetabular impingement.	Gharanizadeh
	10 year results after open treatment for FAI: the Bernese experience	Tannast
	Sport after FAI Surgery	Nötzli
	Discussion	
16:00-16:30	Break	
16:30-18:30	Session 4 (SCFE)	
	Clinical and Radiographical classification of SCFE	Baghdadi
	SCFE acute treatment indications for in situ pinning and open reduction	Millis
	Arthroscopic treatment of mild SCFE	Leunig
	Surgical management of moderate to severe SCFE: The modified Dunn technique	Leunig
	Does Slipped Capital Femoral Epiphysis Alter the Remaining Growth of the Acetabulum?	Millis
	Technique and indications of head reduction osteotomy	Collado
	Direct fixation by absorbable screws in SCFE (a case report)	Yeganeh
	Hip instability after head reduction: when to add PAO	Ganz
	Valgus SCFE (pathomechanic and pattern of impingement)	Kalhor
	Discussion	
	End of first day	
Second Day Jan. 25, 2018		
8:00-10:00	Session 5 (Intra-articular procedures)	
	Relative neck lengthening (surgical technique)	Tannast

	Femoral neck osteotomy in adults (indications and results)	Rego
	Femoral neck osteotomy with a lateral rotator group and trochanter sparing approach	Nötzli
	Hip instability after head reduction: when to add PAO	Ganz
	Video of femoral neck osteotomy plus PAO (demonstrating the clear possibilities of the technique)	Rego
	Cartilage repair of the hip: Available techniques	Leunig
	Discussion	
10:00-10:30	Break	
10:30-12:30	Session 6 (Dysplastic hip)	
	Radiographic diagnosis of hip dysplasia	Gharanizadeh
	Periacetabular osteotomy: Comparison of different techniques	Ghazavi
	Bernese PAO: indications and technique (video presentation)	Ganz
	30-year results of Bernese periacetabular osteotomy.	Tannast
	Reducing the risk of nerve injury during PAO	Kalhor
	Discussion	
12:30-14:00	Lunch	
14:00-16:00	Session 7 (management of complex hip conditions)	
	Results of reverse PAO's for overcoverage.	Millis
	When to address femoral side in hip dysplasia	Ganz
	Results of PAO's done in skeletally immature patients	Millis
	PAO indications in complex hip intra articular surgery	Ganz
	Codevilla- Colonna capsular arthroplasty for neglected DDH (video presentation)	Ganz
	Discussion	
16:30- 18:30	Session 8 (THA in dysplastic hips)	
	Direct anterior approach without fracture table	Leunig
	Comparison of different approaches in THA	Ghazavi
	Acetabular preparation for THA in DDH	Abolghasemian
	THA in high riding DDH without shortening osteotomy	Kalhor
	Distal shortening for THA in high riding DDH	Ghazavi

	Subtrochateric shortening osteotomy for THA in patient with high riding DDH	Mortazavi
	THA in DDH. When is a short stem an option?	Nötzli
	Discussion	
	Closure	

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