



www.sicot.org

SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

■ Newsletter



Koutoubia Minaret

Marrakech AIC 2007 - Tours

In this issue

- Evidence based orthopaedics 2
- Editorial by Prof Ping-Chung Leung 3
- On the Web: The new SICOT website 4
- Young surgeons:
The Assiut University/SICOT Training Fellowship 6
- AAOS International Initiatives 8
- World Federation of Hemophilia 10
- Marrakech AIC 2007 - Faculty 11

No. 105
June 2007

Corticosteroid injections may be of limited short-term benefit for shoulder pain

Background: While many treatments, including corticosteroid injections in and around the shoulder, are advocated to be of benefit for shoulder pain, few are of proven efficacy. This review of corticosteroid injections for shoulder pain is one in a series of reviews of varying interventions for shoulder disorders.

Objectives: To determine the efficacy and safety of corticosteroid injections in the treatment of adults with shoulder pain.

Search strategy: MEDLINE, EMBASE, CINAHL, Central and Science Citation Index were searched up to and including June 2002.

Selection criteria: Randomised and pseudo-randomised trials in all languages of corticosteroid injections compared to placebo or another intervention, or of varying types and dosages of steroid injection in adults with shoulder pain. Specific exclusions were duration of shoulder pain less than three weeks, rheumatoid arthritis, polymyalgia rheumatica and fracture.

Data collection and analysis: Trial inclusion and methodological quality was assessed by two independent reviewers according to predetermined criteria. Results are presented separately for rotator cuff disease, adhesive capsulitis, full thickness rotator cuff tear and mixed diagnoses, and, where possible, combined in meta-analysis.

Main results: Twenty-six trials met inclusion criteria. The number, site and dosage of injections varied widely between studies. The number of participants per trial ranged from 20 to 114 (median 52 participants). Methodological quality was variable.

For rotator cuff disease, subacromial steroid injection was demonstrated to have a small benefit over placebo in some trials however no benefit of subacromial steroid injection over NSAID was demonstrated based upon the pooled results of three trials.

For adhesive capsulitis, two trials suggested a possible early benefit of intra-articular steroid injection over placebo but there was insufficient data for pooling of any of the trials. One trial suggested short-term benefit of intra-articular corticosteroid injection over physiotherapy in the short-term (success at seven weeks RR=1.66 (1.21, 2.28)).

Authors' conclusions: Despite many RCTs of corticosteroid injections for shoulder pain, their small sample sizes, variable methodological quality and heterogeneity means that there is little overall evidence to guide treatment. Subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well-maintained. There is a need for further trials investigating the efficacy of corticosteroid injections for shoulder pain. Other important issues that remain to be clarified include whether the accuracy of needle placement, anatomical site, frequency, dose and type of corticosteroid influences efficacy. ■

Reference: Buchbinder R, Green S, Youd JM: *The Cochrane Database of Systematic Reviews 2007 Issue 2, Published by John Wiley and Sons, Ltd.*
Full text of the review is available in *The Cochrane Library* (ISSN 1464-780X).



SIROT started new initiatives in 2006. SIROT has the role of promoting orthopaedic research, a role that is particularly relevant in developing regions where orthopaedic surgeons have started to realise the need for research. When orthopaedic training has reached maturity and when orthopaedic services have become comprehensive and sophisticated, the need and enthusiasm for research becomes evident. China and Indonesia are two countries where this phenomenon is obvious.

During November 2006 in Beijing, China, SIROT offered its first Research Workshop jointly with the Chinese Orthopaedic Research Society formed in 2006. SIROT collaborated with the Makassar Orthopaedic Research Society also formed in 2006 in planning the second Research Training Workshop which was held in January 2007.

Both Workshops were organised to appeal to young orthopaedic surgeons. A practical subject of general interest was chosen. Much time was given for questions and answers. Basic research requirements such as biostatistics, proper reporting and manuscript writing were discussed towards the end of the meeting.

The programme for the 4th SIROT Orthopaedic Research Teaching Workshop, held in Kunming, China, on 20 and 21 May 2007, was comprised of sessions on fractures, osteoporosis, and biostatistics.

Two more workshops were organised for Asia: one in April and the other in May of this year.

SIROT hopes that many developing regions will be interested in the success of these workshops and it will assist with their organisations in the future. ■

Ping-Chung Leung
President of SIROT

The Assiut University/SICOT Training Fellowship, 01 March-25 June 2006

Dr Cyrus Kiarie Kinyanjui

Introduction

I arrived in Cairo on 01 March 2006. I was well received by the university staff there and in Assiut. The travel arrangements were very well planned and I wish to thank Prof Galal Zaki Said for ensuring that I reached Assiut comfortably.



Prof Galal Zaki Said

Organisation

The department in Assiut is very well organised with many avenues of learning for both residents and fellows. There is a general clinical meeting every Wednesday chaired by senior professors to discuss the management plan for each patient before theatre. Post-operative X-rays are also discussed at that time. There are lectures on various topics every Tuesday and Saturday. We also had the journal club every

fortnight on Sundays where a critical review of recent research papers was done. There are three 'firms' and each has two days dedicated to the clinic and two days for the operating theatre every week. Each 'firm' also has its ward rounds and mini preoperative meetings. The casualty department is open 24 hours a day and is very busy and well equipped. Finally, the department also organises occasional workshops.

My learning experience

I was mainly attached to the arthroscopy and arthroplasty services and gained many skills.

a) Arthroscopy: I gained more experience in history taking and examination of joints. I learned how to set up arthroscopy units, sterilisation of the different cords and tubes and sterile draping for various joints. More specifically, I learned how to do a diagnostic arthroscopy of the knee and shoulder and also how to triangulate. I received a certificate in basic and advanced arthroscopy in a workshop held in Alexandria, organised by the University of Alexandria and the Association of Arthroscopic Surgeons of Egypt. The procedures that we did frequently included: partial meniscectomy, meniscal repairs, ACL reconstruction both

open and closed, removal of loose bodies, synovectomy and joint debridement, plicotomies and division of suprapatella septa. We managed osteochondritis dessicans mainly by abrasion arthroplasty and mosaicplasty. We also participated in a few cases of arthroscopic reduction of tibial plateau fractures. Unicompartamental arthritis was followed by a high tibial osteotomy. In the shoulder, we did arthroscopic Bankart repairs, debridement for posterior impingement, removal of loose bodies, repair of SLAP lesions, subacromial decompression for impingement, biceps tendon tenolysis and also rotator cuff repair. We did a few cases of ankle and hip arthroscopy too.

b) Arthroplasty: I participated in and observed cases of total hip replacement both cemented, cementless and hybrid several times every week. There were a few cases of bipolar prosthesis done for young patients. We also did several revision arthroplasties for loose implants and infection. One case of acetabula protrusio was treated by acetabular reconstruction using bone graft and an acetabular prosthesis. We participated as well in a conversion of a hip arthrodesis to a total hip. We did several total knee replacements every

week and also had a workshop demonstration on the procedure using the Nexgen implant.

Extra skills learned

I learned a lot about spine surgery as there were many spine cases on every theatre list. The most frequent procedures we did included posterolateral fusion with instrumentation (pedicle screws),



Assiut University Hospital

modified Scotts for lytic lysis in some patients, discectomies both by partial laminectomy and by fenestration. We had also a few cases of posterior cervical fusion. Anterior cervical approach for discectomy and fusion was also done frequently. We were involved in some paediatric cases such as soft tissue release for talipes equinovarus and hip/pelvic osteotomies for DDH.

In the emergency unit, we did many cases of plating and nailing (open and closed) of long bones and also plating and screw fixation of pelvic fractures.

In the department of reconstructive surgery, I managed to observe some procedures such as vascularised fibula grafting, exploration of the brachial plexus, tendon transfers for radial nerve injury, shoulder tendon transfers for Erb's palsy, intrinsic transfer for the rheumatoid hand, modified Jones for hallux valgus and excision of tumours. I also attended a very informative workshop conducted by Prof Galal Zaki Said on managing various deformities that occur in polio patients.

Acknowledgements

I wish to express my immense gratitude to SICOT, Assiut University, and the SICOT Foundation for giving me this opportunity to increase my skills. I have learned a lot and greatly benefited from the fellowship programme. I am extremely grateful to Prof Galal Zaki Said for his role in organising and ensuring continuity of this very important programme. Thanks also go to the head of the department, Prof Essam El-Sherif, for ensuring a conducive environment for our learning. Last but not least, I wish to thank Dr Hatem Galal Said, Prof Hesham El-Kady and Dr Omar Refai for their exceptional enthusiasm and dedication in imparting surgical skills to fellows. ■

The Assiut University / SICOT Training Fellowship

(Co-funded by the Assiut University and SICOT)

Four to eight annual fellowships for a three to six months' training programme at the Assiut University Teaching Hospital are available for young English-speaking surgeons (under 40 at the beginning of the fellowship) from Africa.

The fellowship includes:

- > free full-board accommodation at the hospital;
- > 500 Egyptian Pounds per month for expenses;
- > an economy class return air ticket (sponsored by SICOT).

The purpose of the fellowship is to receive training and experience. Permanent training programmes start in March and September.

Applications - to be sent to Prof Galal Zaki Said - are welcome throughout the year.

Prof Galal Zaki Said
Faculty of Medicine
Assiut University
P.O. Box 110

Assiut - Egypt

Fax: +2088 334155

Email: gzsaid@menanet.net

AAOS International Initiatives

Mrs Lynne Dowling | Director of the AAOS International Department



Although the American Academy of Orthopaedic Surgeons has been involved in international activities at some level since

the early 1980's, it was in 1994 that a dedicated international activities function was established within the organisation. A new International Committee was created and international staff hired to begin the long-range strategic planning process to develop global relationships and activities. Today, AAOS is involved in global activities at many levels and continues to look for new opportunities to help meet its primary mission of orthopaedic surgeon education and improved musculoskeletal healthcare for patients worldwide.

International Rights and Distribution: As the world's third largest orthopaedic publisher, AAOS benefits from a robust and growing international rights and distribution business. Managed entirely by International Department staff, AAOS works with independent book distribution agents to have its English language print and electronic education products distributed worldwide. An active and faithful participant

in the annual Frankfurt Book Fair held each October in Frankfurt, Germany, AAOS books, journal and electronic media products are available as translated editions in eight world languages.

International Education Programmes: Organised through the AAOS International Committee and host orthopaedic societies, each year AAOS conducts seven to nine international education programmes in all areas of the world. Participation is by invitation only; AAOS does not conduct independent education programmes in any country other than the United States without the express personal invitation of the national or regional orthopaedic society in any country or region. Programme proposals are presented to the International Committee for review and approval a minimum of 18 to 24 months in advance of the planned programme. US faculty size can be as small as three or four or as large as twenty. The majority of programmes are incorporated into the scientific programme of a society's annual scientific congress, though some are delivered as independent, free-standing programmes. Cooperative agreements are reached over details of programme logistics, faculty travel

and housing, etc. As appropriate, an AAOS staff person(s) may also accompany the faculty to assist with on-site logistics and also to work at the AAOS exhibit stand provided to AAOS by the programme host. AAOS staff manages the daily oversight of programme development and implementation, working directly with the AAOS course director and faculty, and the International Committee member liaison assigned to the programme.



International Outreach Programmes: In addition to the cooperative education programme ventures noted, AAOS also undertakes humanitarian outreach programmes and activities on an annual basis, and this aspect of AAOS global initiatives is expanding. Already involved in modestly-sized education programmes funded by AAOS, scholarship programmes for young orthopaedic surgeons from emerging economy nations, physician education programmes aimed at encouraging US orthopaedic surgeons to volunteer their services

overseas, and substantial annual charitable donations of educational products, in 2008, AAOS hopes to begin the first of a four-year long programme of Basic and Advanced Orthopaedic Education for the West Africa region. Several US orthopaedic specialty societies and a Local Organising Committee based in Accra, Ghana, have joined AAOS in curriculum development and overall programme design. In the past, AAOS has worked cooperatively with the South African Orthopaedic Association and East Central and South African Orthopaedic Association to deliver education programmes in the East Africa region. However, this new West Africa programme is an extensive, multi-year programme commitment with serious outcomes and impact measurements built into the programme model. AAOS also remains active in other areas of the world, including Iraq and parts of Latin America.

Guest Nation Programme: Inaugurated in 2005, the AAOS Annual Meeting Guest Nation Programme was established to foster greater awareness and recognition of the contributions made to the practice of orthopaedics from the many nations of the world, and also en-

hance the very real and already robust international flavour of the AAOS Annual Meeting. Further, it is intended to raise awareness of the social and cultural richness of the many countries of the world. To date, Spain, Argentina, and Thailand have been honoured with Guest Nation status. A number of planned special events are built into the five-day AAOS Annual Meeting.

Global Orthopaedic Opportunities (www.aaos.org/global): Formerly the International Center for Orthopaedic Education (ICOE), this website is a free, user-friendly information sharing service that provides a central location for listing short- and long-term musculoskeletal-related positions throughout the world. Since 1994, this service has helped musculoskeletal healthcare professionals from 90 countries find exchange opportunities in more than 75 different countries, giving them opportunities to contribute to an enhanced quality of life for patients around the world with musculoskeletal disorders.

International Affiliate Membership: Although managed through the AAOS Membership Department, the AAOS IAM Newsletter and other communi-

cations with international members throughout the world are managed primarily by the International Department. The staff also takes full advantage of international exhibitions and education programme venues to introduce orthopaedic surgeons to the benefits of membership in AAOS, which include free registration to the AAOS Annual Meeting, free subscription to the Journal of the American Academy of Orthopaedic Surgeons, free access to Orthopaedic Knowledge Online, and product and course discounts. ■

AAOS Annual Meetings

2008

05 March to 09 March
San Francisco, California

2009

25 February to 01 March
Las Vegas, Nevada

2010

10 March to 14 March
New Orleans, Louisiana

2011

16 February to 20 February
San Diego, California

2012

08 February to 12 February
San Francisco, California

Past Chairman of the WFH Musculoskeletal Committee |
Prof Horacio Alberto Caviglia



Hemophilia is an X-linked hereditary disorder of blood coagulation due to deficiency of clotting factors VIII and IX, and affects about 1 in every 10,000 males. These data show that it is not a disease as infrequent as orthopaedists think. In our country, the Hemophilic Foundation of Argentina was founded in 1944 by Dr Alfredo Pavlovsky. The World Federation of Hemophilia (WFH) was established in 1963 by Mr Frank Schnabei, a Montreal businessman born with severe hemophilia A. From a base of six national hemophilia societies, the Federation grew rapidly. The vision of these people was to improve treatment and care for “the hundreds of thousands of hemophiliacs” worldwide through a new international organisation. In 1969

it was recognised by the World Health Organization and started having an active participation in worldwide medical forums.

The suffering of patients with hemophilia is greater in underdeveloped countries. Greater access to improved products, self-treatment and prophylaxis showed up the stark differences between the developed and developing countries.



In 1994, Mr Brian O’Mahony, an Irish medical laboratory scientist with severe hemophilia, was elected by the members of WFH to assume the management of WFH. He focused its activity on developing countries, and he developed special programs of association between treatment centres of developed countries and those of

developing countries. He called them “Twining Programs” and they obtained excellent results. In 2004, a Washington attorney, Mr Mark Skinner, was elected as the new President of WFH. He is a hard-working man and also a visionary. In 2006, after two years of work, he developed the strategic plan called “Treatment for All”. In other words, treatment will one day be available for those with inherited bleeding disorders, regardless of where they live. The mission is to improve care where it is limited or does not exist.

At this time, in many regions of the world, patients do not receive treatment from orthopaedic surgeons. Therefore, SICOT’s diffusion of our activity is very important, since it aims to attract patients’ attention towards the members of such a prominent world medical society. ■

Fifth SICOT/SIROT Annual International Conference

NUMBER OF ACCEPTED ORAL PRESENTATIONS PER SESSION:				NUMBER OF ACCEPTED POSTER PRESENTATIONS PER SESSION:			
IFPOS - Paediatrics	31	SICOT - Spine degenerative	8	IFPOS - Paediatrics	12	SICOT - Osteoporosis	10
SICOT - Adult hip disorders	9	SICOT - Spine trauma	12	SICOT - Adult hip disorders	3	SICOT - Spinal deformity	14
SICOT - Adult knee disorders	22	SICOT - Sports medicine	15	SICOT - Adult knee disorders	21	SICOT - Spine degenerative	29
SICOT - Adult knee replacement	19	SICOT - Upper limb	36	SICOT - Adult knee replacement	15	SICOT - Spine trauma	4
SICOT - Bone loss + Non union	11	SICOT/SIROT Combined session	3	SICOT - Bone loss + Non union	11	SICOT - Sports medicine	15
SICOT - Bone tumours	21	SIROT - Back surgery	3	SICOT - Bone tumours	36	SICOT - Upper limb	57
SICOT - Foot and ankle	23	SIROT - Bone healing	6	SICOT - Foot and ankle	33	SICOT/SIROT Combined session	5
SICOT - General orthopaedics	9	SIROT - Fracture union	4	SICOT - General orthopaedics	16	SIROT - Back surgery	6
SICOT - General trauma	22	SIROT - Hip replacement	4	SICOT - General trauma	54	SIROT - Bone healing	1
SICOT - Hip joint replacement	42	Trainees’ Meeting - General orthopaedics and trauma	12	SICOT - Hip joint replacement	39	SIROT - Hip replacement	4
SICOT - Hip trauma	19	Trainees’ Meeting - Knee	6	SICOT - Hip trauma	39	Trainees’ Meeting - General orthopaedics and trauma	1
SICOT - Infections	24			SICOT - Infections	16	Trainees’ Meeting - Knee	10
SICOT - Osteoporosis	7			SICOT - Neurology in orthopaedics	4	Grand Total	455
SICOT - Spinal deformity	7	Grand Total	375				



Ambassadors Room, Palais des Congrès

- Dr Stephen ABELOW, *United States*
- Dr Berhooz AKBARNIA, *United States*
- Dr Wahid AL KHARUSI, *Oman*
- Dr Abdullah AL OTHMAN, *Saudi Arabia*
- Dr Michel ALLARD, *France*
- Prof Bartolome T.ALLENDE, *Argentina*
- Dr David ARONSSON, *United States*
- Prof Henri BENSACHEL, *France*
- Prof Abdeharmane BENSAID, *Morocco*
- Dr Thami BENZAKOUR, *Morocco*
- Prof Mohamed Salah BERRADA, *Morocco*
- Dr Laurel BLAKEMORE, *United States*
- Prof Thierry BÉGUÉ, *France*
- Prof Cody BÜNGER, *Denmark*
- Prof Franz BURNY, *Belgium*
- Dr Jacques CATON, *France*
- Prof Jean-Pierre COURPIED, *France*
- Prof Mohammed Hassan DARWISH, *Oman*
- Prof Nando DE SANCTIS, *Italy*
- Dr John DORMANS, *United States*
- Dr Morris DUHAIME, *Canada*
- Prof Dr Jochen EULERT, *Germany*
- Dr P. FARSETTI, *Italy*
- Prof Federico FERNANDEZ-PALAZZI, *Venezuela*
- Dr Salah FNINI, *Morocco*
- Prof Patricia FUCS, *Brazil*
- Dr Christian GÄBLER, *Austria*
- Dr Lowell GILL, *United States*
- Prof Dariush GOURAN SAVADKOOHI, *Iran*
- Dr Pedro GUILLEN-GARCIA, *Spain*
- Dr Mahmoud HAFEZ, *Egypt*
- Dr Sam HAKKI, *United States*
- Dr Kamal IBRAHIM, *United States*
- Dr E. IPPOLITO, *Italy*
- Dr Amar KORCHI, *Algeria*
- Prof Tomihisa KOSHINO, *Japan*
- Prof Dr Rainer KOTZ, *Austria*
- Dr Mohamed KTIRI, *Morocco*
- Prof Abdelkrim LARGAB, *Morocco*
- Prof John C.Y. LEONG, *Hong Kong*
- Prof Ping-Chung LEUNG, *Hong Kong*
- Prof Lars LIDGREN, *Sweden*
- Prof Hwa Chang LIU, *Taiwan*
- Prof Keith Dip-Kei LUK, *Hong Kong*
- Dr Stefan MARLOVITS, *Austria*
- Dr Marcos MUSAFIR, *Brazil*
- Prof Mohammed NECHAD, *Morocco*
- Prof Rocco PITTO, *New Zealand*
- Prof Dominique POITOUT, *France*
- Dr Eric RADIN, *United States*
- Prof Mohamed RAFAI, *Morocco*
- Dr Mohamed RASHED, *Libya*
- Dr Hari REDDI, *United States*
- Dr Johannes RUEGER, *United States*
- Prof Galal Zaki SAID, *Egypt*
- Prof Laurent SEDEL, *France*
- Prof Vladimir SHEVTSOV, *Russia*
- Dr Franklin SIM, *United States*
- Dr Mahmoud SLIBI, *United States*
- Prof Chadwick F. SMITH, *United States*
- Prof Charles SORBIE, *Canada*
- Prof Se-II SUK, *Korea*
- Prof Aree TANAVALEE, *Thailand*
- Dr George THOMPSON, *United States*
- Dr Cosimo TUDISCO, *Italy*
- Prof Albert VAN KAMPEN, *Netherlands*
- Dr Gonzalo VASQUEZ VELA, *Mexico*
- Prof Dr Vilmos VECSEI, *Austria*
- Prof Jean-Marc VITAL, *France*
- Dr James WADDELL, *Canada*
- Prof Chyun-Yu YANG, *Taiwan*

Fifth SICOT/SIROT Annual International Conference

29 August - 1 September 2007

**Conference Venue: Palais des Congrès
Avenue Mohammed VI - 40 000 Marrakech, Morocco**

> CULTURAL VISIT TO THE MONUMENTS OF MARRAKECH

Half Day Tour / 29 August 09:00-12:30

Half Day Tour / 30 August 09:00-12:30

MAD 180 / EUR 17

A historical visit to the city of Marrakech, including major monuments such as the Koutoubia Minaret, the Bahia Palace, the Saadian Tombs and the Badia Palace.



> VISIT TO THE SOUKS AND DJEMAA EL-FNA

Half Day Tour / 29 August 16:30-19:30

MAD 150 / EUR 14

Visit the Dar Si Said Museum and the famous Marrakech Souks, home of jewellers, carpet vendors, and spice merchants. Walk through the Djemaa El-Fna where you can admire theatrical performances, acrobats, snake charmers and monkey handlers. It is an exciting experience!



> VISIT TO THE MARRAKECH GARDENS INCLUDING MAJORELLE

Half Day Tour / 29 August

15:00-17:30

MAD 190 / EUR 18

Discover this spectacular garden! Walk through the famous Palmeraie Gardens, the Agdal Garden and the Majorelle Gardens, redesigned by Yves Saint Laurent. The tour ends while the last rays of the setting sun reflect off the Menara Pavilion and its immense basin at the bottom of the olive grove.



> EXCURSION TO THE OURIKA VALLEY

Full Day Tour / 31 August 09:30-18:00

MAD 430 / EUR 39

Across the most beautiful valley of the Atlas Mountains you will discover small hamlets on the cliff side and a potter's village on the bank of the fresh waters of the Ourika valley. Enjoy lunch in the heart of the mountains in a traditional Berber dwelling while absorbing the most magnificent panoramic view.



> EXCURSION TO ESSAOUIRA

Full Day Tour / 1 September 08:00-19:30

MAD 550 / EUR 50

Formerly known as Mogador, Essaouira has the prestige of antiquity and was built in the XVIII century. It has a unique medina that extends into a broad right-angled street, bordered by squat archways opening onto the Souks. Jewellery and the chiselling of daggers are specialties of Essaouira, and woodworking is also popular. You will appreciate the trunks, cases and tables that have been skilfully and finely carved from valuable woods such as thuja, cedar and lemon-tree.



NB: Prices in euros are approximate

**To reserve online, please visit <http://www.sicot.org>
and click on Hotel and Tours Reservation**

Editorial Department

Editorial Secretary: Prof Rocco P. Pitto

External Affairs: Linda Ridefjord

Rue Washington 40-b.9, 1050 Brussels, Belgium

Tel.: +32 2 648 68 23 - Fax: +32 2 649 86 01

E-mail: edsecr@sicot.org - Website: <http://www.sicot.org>

