Letter to the Editor

The Withdrawn ASR™ THA and Hip Resurfacing Systems: How Have Our Patients Fared Over 1 to 6 Years?

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Published online: 27 October 2012

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To the Editor

We read with great interest the article, “The Withdrawn ASR™ THA and Hip Resurfacing Systems: How Have Our Patients Fared Over 1 to 6 Years?”, by Hug et al. [5]. We thank them for sharing their results and for their contribution to the knowledge related to the performance of The ASR™. However, in two instances in the Discussion section, Hug et al. state that metal-on-metal devices are flawed or poorly performing as a class. The scope of their study was limited to the ASR™ system and such statements cannot be derived from their results. If they were referring to other publications, references should have been inserted, but none was present. Such statements can be made only after demonstration that all devices from a class are outperformed by all devices from another and such a result is unlikely. In addition, there are at least five recent publications showing Kaplan-Meier survival estimates of metal-on-metal hip resurfacing devices ranging from

94.6% to 99% at 10 years in male patients [2, 4, 6, 7] or patients with large femoral components sizes [1]. If progress is going to be made in the field of hip arthroplasty, is it not time surgeons begin to treat patients as individual cases rather than with a “one device fits all” policy?

The revision rates of metal-on-metal devices are design-dependent [3]. The high failure rate, elevated blood metal ion levels, and high prevalence of adverse local tissue reactions observed with the ASR™ prosthesis are unfortunate but do not allow inference to the performance of the bearing technology itself.

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Re: Hug KT, Watters TS, Vail TP, Bolognesi MP. The withdrawn ASR™ THA and hip resurfacing systems: how have our patients fared over 1 to 6 years? *Clin Orthop Relat Res.* 2012 Aug 28. [Epub ahead of print].

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