

14th IFSSH
11th IFSHT
TRIENNIAL
CONGRESS
2019
COMBINED FESSH CONGRESS

Berlin



Berlin

Berlin
Germany
17-21 June 2019

Building Bridges – Together Hand in Hand



FESSH
Federation of
European Societies for
Surgery of the Hand



DGH
DEUTSCHE GESELLSCHAFT
FÜR HANDCHIRURGIE

DAH
DEUTSCHE ARZTGESELLSCHAFT FÜR HANDTHERAPIE E.V.

14th 国際手外科学会 報告



ドイツのベルリンで6月17日～21日まで開催 名古屋からヘルシンキ経由で12時間



月曜 Education 火曜～金曜 口演

	Monday, 17 June	Tuesday, 18 June	Wednesday, 19 June			Thursday, 20 June			Friday, 21 June				
6:30			Registration			Registration			Registration		6:30		
7:00			Concurrent Scientific Sessions	FESSH Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Industry & Poster Exhibition	7:00				
7:30		Registration										7:30	
8:00	Registration	Combined Session Flexor Tendon IFSSH & IFSHT										Concurrent Scientific Sessions	8:00
8:30													8:30
9:00													9:00
9:30	Educational Monday							9:30					
10:00		Swanson Lecture	Coffee Break			Coffee Break				10:00			
10:30	Coffee Break	Coffee Break	Concurrent Scientific Sessions	FESSH Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Concurrent Scientific Sessions	Industry & Poster Exhibition	Coffee Break	10:30			
11:00	Educational Monday	Concurrent Scientific Sessions										11:00	
11:30												11:30	
12:00												12:00	
12:30	Lunch Break	Lunch Break / Industry Workshops							Lunch Break / Industry Workshops			Lunch Break / Industry Workshops	Lunch Break
13:00									13:00				
13:30	Educational Monday	Concurrent Scientific Sessions	Concurrent Scientific Session			Combined Session Assessment IFSSH & IFSHT	Concurrent Scientific Session	Industry & Poster Exhibition	IFSSH Closing Ceremony	13:30			
14:00										14:00			
14:30	Coffee Break												
15:00						Coffee Break			15:00				
15:30	Educational Monday	Coffee Break							15:30				
16:00		Concurrent Scientific Sessions	Presidential Guest Lecture			Concurrent Scientific Sessions			16:00				
16:30									16:30				
17:00			DGH General Assembly	FESSH Delegates Assembly	IFSSH Delegates' Council Meeting				17:00				
17:30									17:30				
18:00	Opening Ceremony								18:00				
18:30									18:30				
19:00									19:00				
19:30	Welcome Cocktail	Berlin Night				Congress Dinner & Party			19:30				
20:00									20:00				
20:30									20:30				
21:00									21:00				
21:30									21:30				
22:00									22:00				
23:00									23:00				

Scientific Programme

Meeting

Highlight Session

Social Programme

The key clinical symptoms that differentiates cervical radiculopathy from cubital tunnel syndrome

Hamamatsu university school of medicine
O Takashi Ogawa , Tomohiko Hasegawa
Takao Omura , Yukihiro Matsuyama

000553

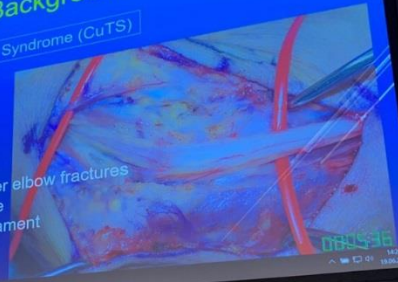
4人ともに
無事に口演を行いました。

Background

Prevalence of Cubital tunnel Syndrome (CuTS)
25 cases/100,000 person

Causes of CuTS

- Osteoarthritis
- Valgus of varus deformity after elbow fractures
- Subluxation of the ulnar nerve
- Constriction by Osborne's ligament



000536

s and Methods

ed **123 hands**

undergone carpal tunnel release
2002 and 2017.

- * Sex: 34 males , 89 females
- * Age at surgery: Avg 65.8 yr (range 33-92 yr)
- * Follow up : Avg 11.7 months

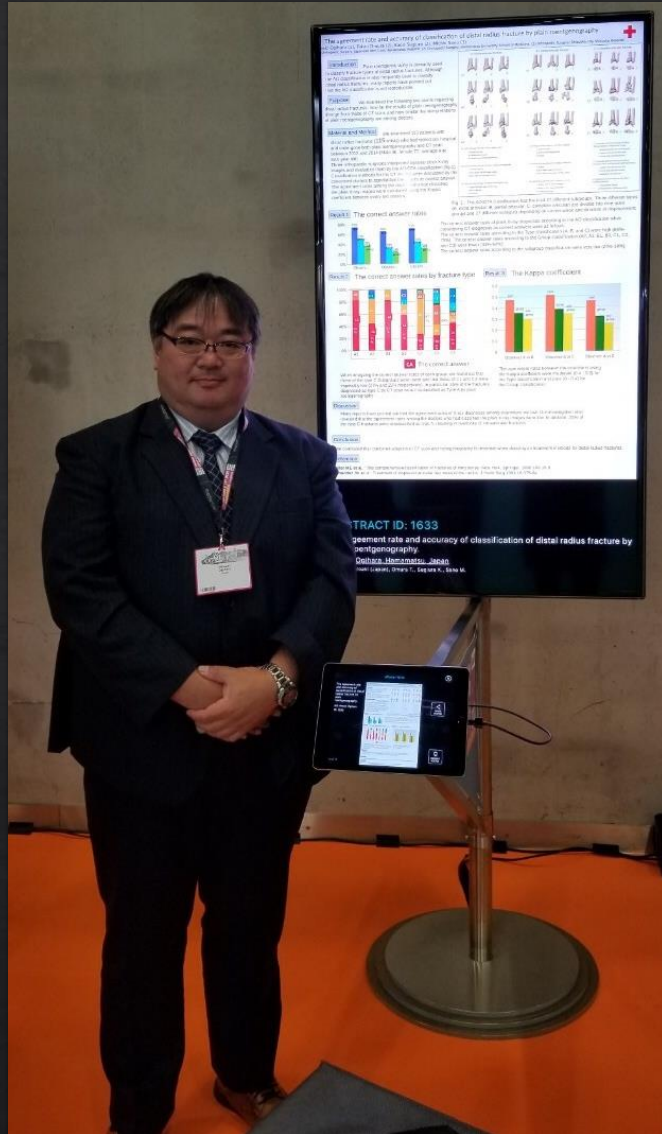
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岡林先生のみ大部屋でモニター付き



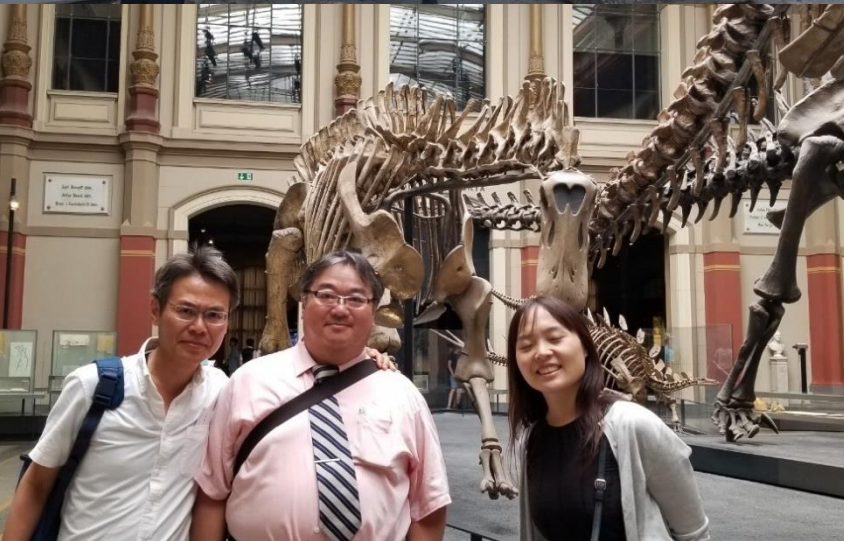
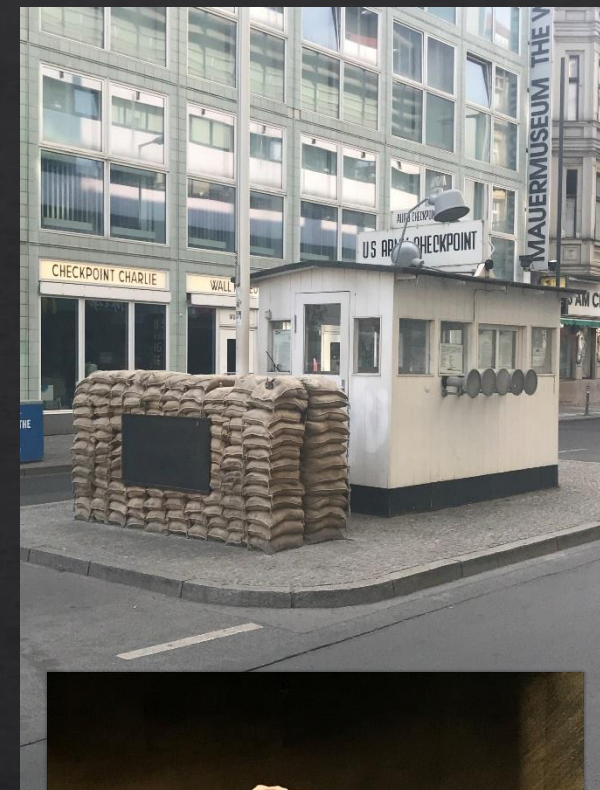
佐野先生、荻原先生は e-poster



学会の合間に



ベルリンの観光名所



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14th 国際手外科学会 TOPICS

橈骨遠位端骨折 4corner concept

CT based

Very Simplified classification



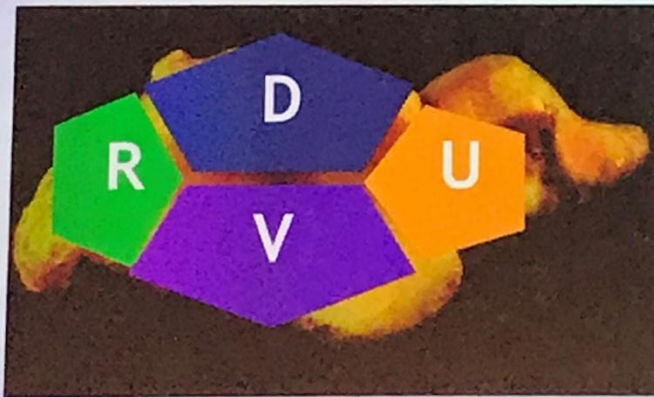
JOURNAL OF
WRIST SURGERY

J.Wrist.Surg. 2016 May; 9(2): 147-151.
Published online 2016 Jan 25. doi: 10.1055/s-0035-1570462

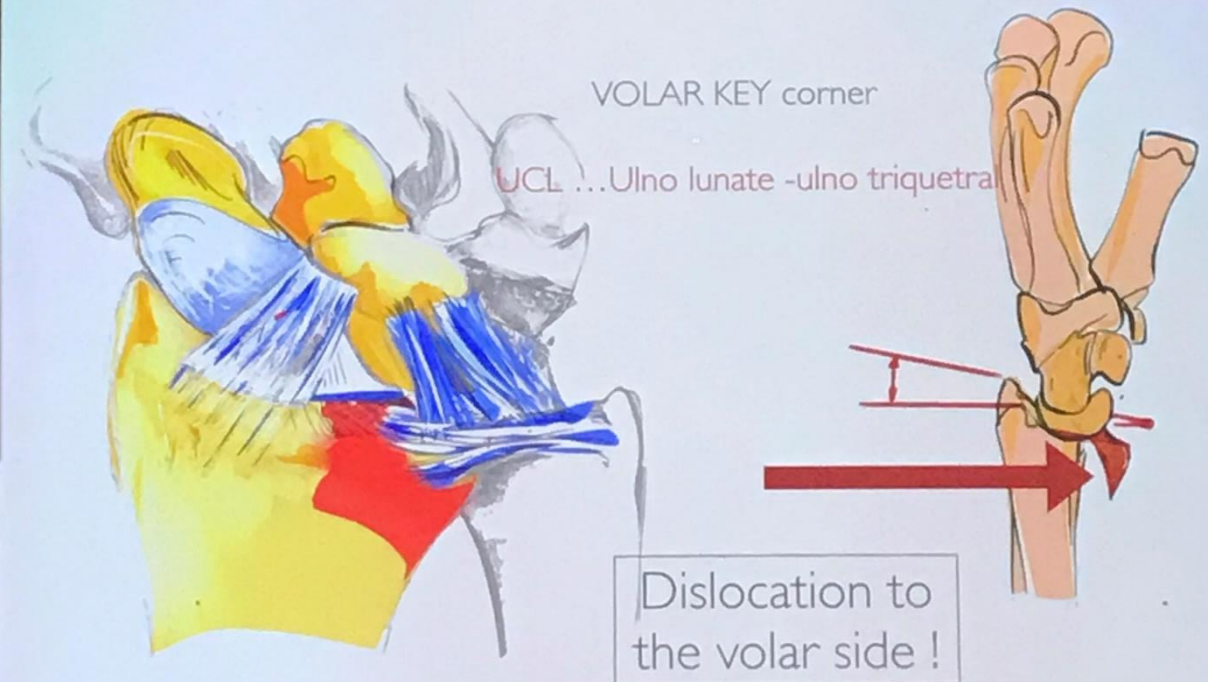
PMCID: PMC4836483
PMID: 27104082

Four-Corner Concept: CT-Based Assessment of Fracture Patterns in Distal Radius

P.R.G. Brink, MD, PhD¹ and D.A. Risks, MD²



- radial corner
- dorsal corner
- volar corner
- ulnar corner



Four-Corner Concept: CT-Based Assessment of Fracture Patterns in Distal Radius

P. R. G. Brink, MD, PhD¹ D. A. Rikli, MD²

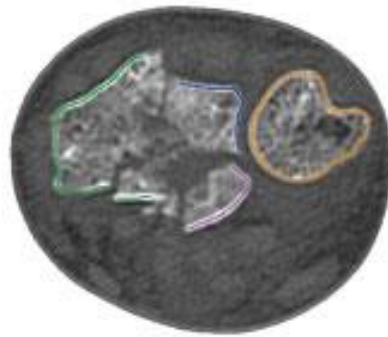
¹Department of Traumatology, Maastricht University Medical Center, Maastricht, The Netherlands

²Department of Traumatology, Universitätsspital Basel, Basel, Switzerland

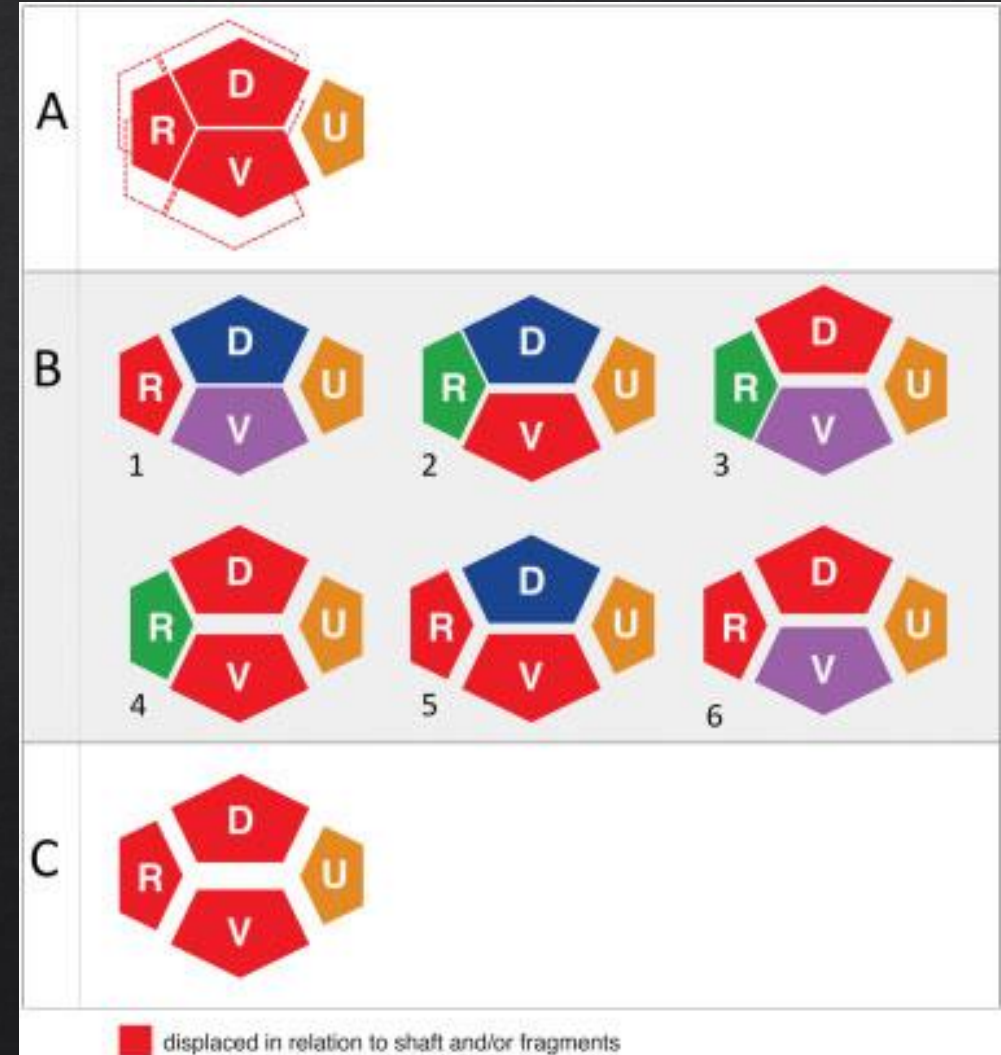
Address for correspondence P. R. G. Brink, MD, PhD, Department of Traumatology, Maastricht University Medical Center, P. Debyelaan 25, 6202AZ Maastricht, The Netherlands (e-mail: p.brink@mumc.nl).

J Wrist Surg

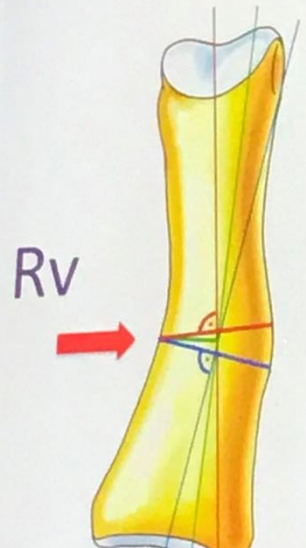
Four corner concept



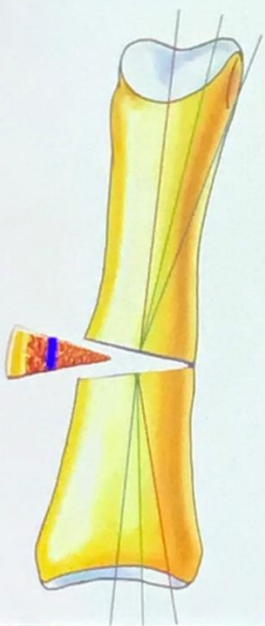
- radial corner:**
 - tends to shift proximally
 - dorsal rotation (supination)
- Dorsal corner**
 - small, multiple fragments
- Volar corner**
 - tends to shift proximally and volarly
- Ulna corner**
 - not frequent involved
 - but often disconnected from dorsal and volar corner



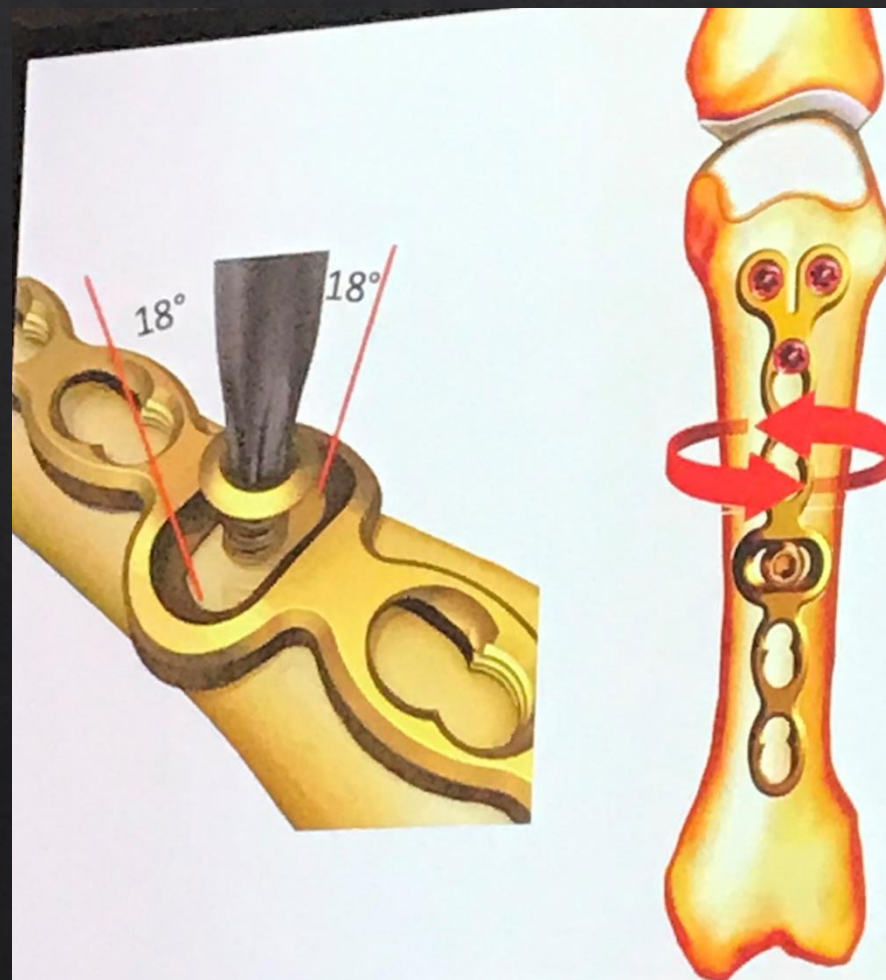
proximal axis
distal axis
90° to concave
Rv point
90° PA
90° DA



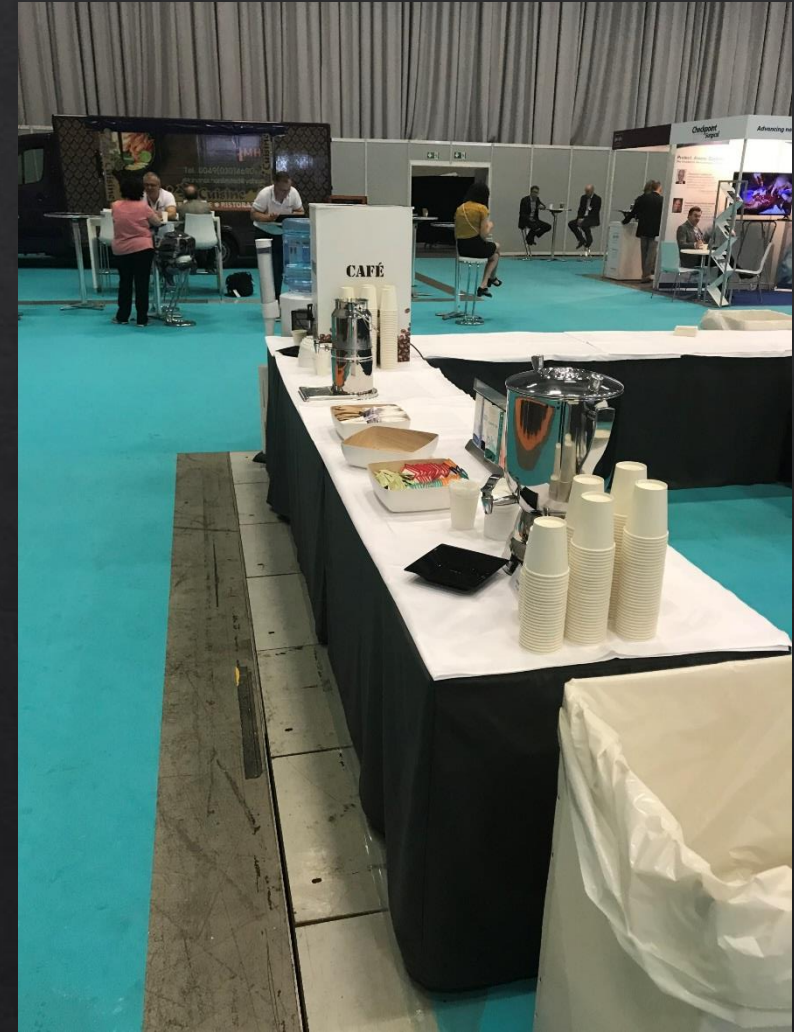
additional lengthening



指節骨骨折後 變形矯正



学会場での昼食風景



Types of nerve transfer



• End To End (ETE)

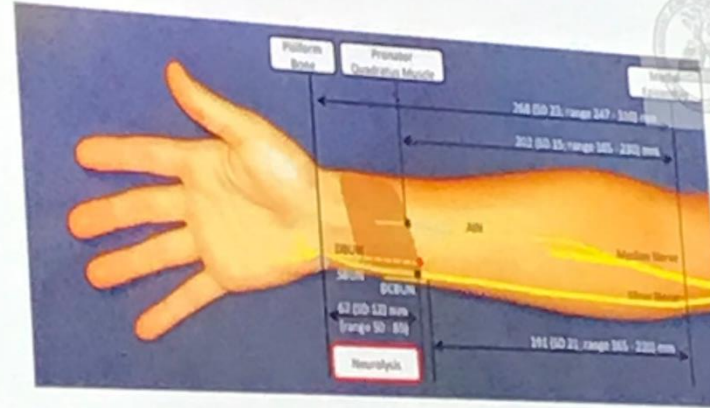


• End To Side (ETS):



Supercharged End To Side (SETS):

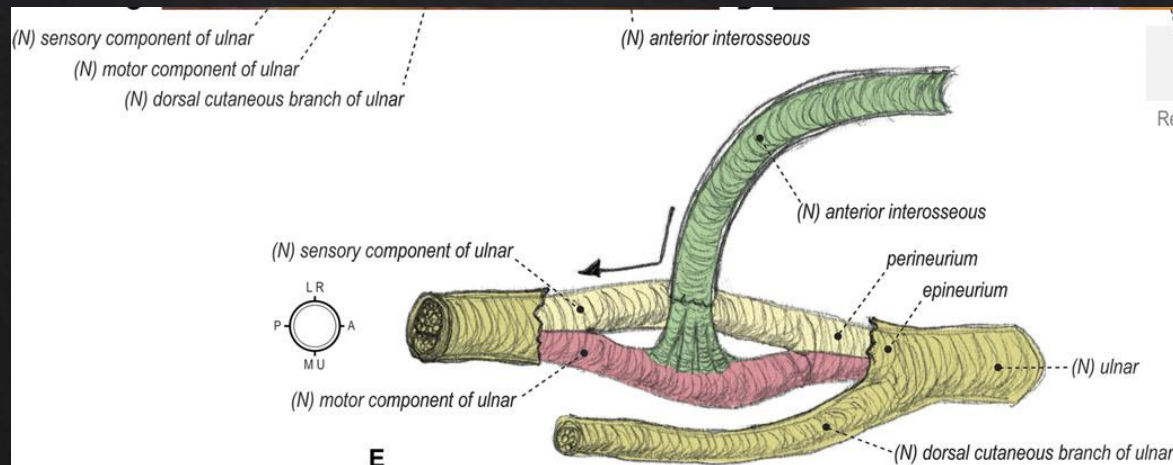
Nerve transfer



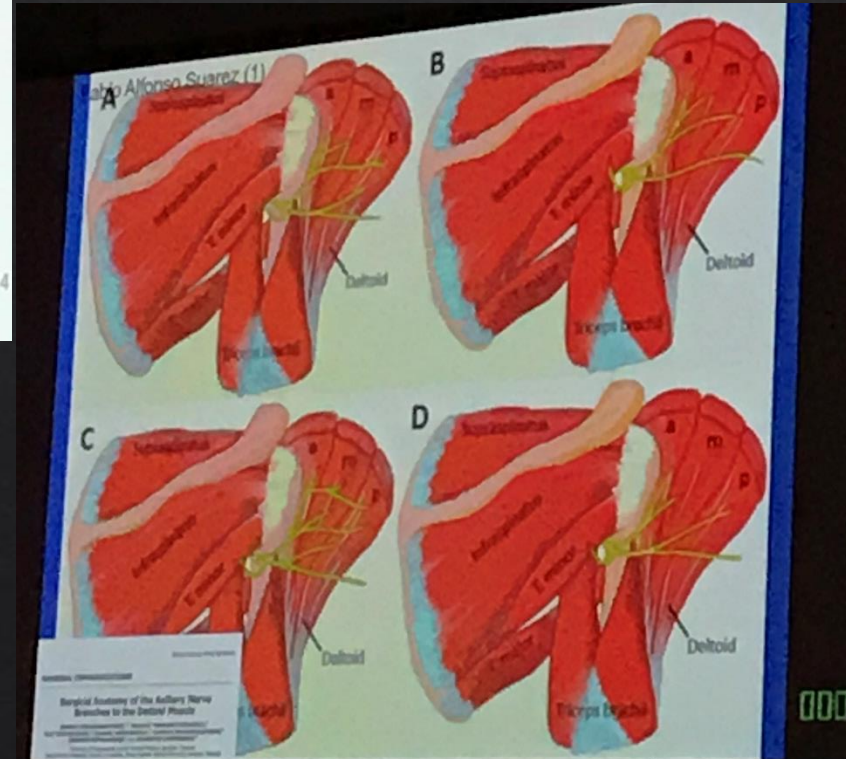
Schenck et al found that the distance between the elbow and the pisiform is about 268 mm (mean distance)

SETS (AIN to motor Ulnar nerve) cuts this distance to less than 67 mm

Schenck et al, JHS 2014



(N) anterior interosseous
(N) motor component of ulnar
Reverse End-to-side Nerve Transfer

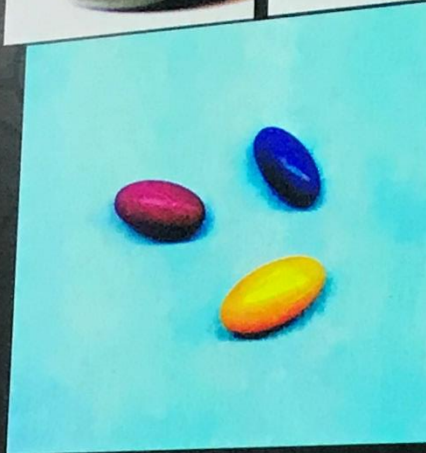
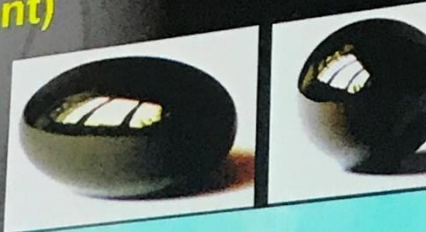


APSI (Adaptive Proximal Scaphoid Implant)

- Pirocarbon Implant

- Adaptive implant which maintain height and biomechanic of first carpal row

Modularity allows good adaptability to different cases



Pequignot JP, Lussiez B, Allieu Y. Chir Main. 2000 Nov;19(5):276-85.

heavy worker,
right dominant
wrist radio-
scaphoid arthritis

- Volar access
- Surgery February 2004

手関節OAにCarbon implant

Case 1



Case 2

F-U 121 mm



F-UP: ROM 160°, STRENGTH 100%, PAIN 2 (VAS)

Original Article

APSI scaphoid hemiarthroplasty – long-term results[☆]

Filipe Lima Santos^{*}, Andreia Ferreira, Rita Grazina, David Sá, Pedro Canela, Rui Lemos

Centro Hospitalar de Vila Nova de Gaia, Vila Nova de Gaia, Portugal

Original article

Adaptive Proximal Scaphoid Implant (APSI): 10-year outcomes in patients with SNAC wrists

Adaptative proximal scaphoid implant (APSI). Résultats à un recul moyen de 10 ans des poignets de type SNAC

M. Aribert^a, Y. Bouju^b, F. Chaise^b, T. Loubersac^b, E. Gaisne^b, P. Bellemère^{b,*}

^a Service de chirurgie de la main et des brûlés, hôpital A. Michallon, centre hospitalier universitaire de Grenoble, avenue du marquis de Grésivaudan, BP 217, 38043 Grenoble cedex 09, France

^b Institut de la main nantes-atlantique, Clinique Jeanne-d'Arc, 21, rue des martyrs, 44100 Nantes, France



長期でも成績が良いようです。

母指CM関節症にBipolar cup implant



Moovis™ Dual-Mobility CMC

Come and learn more at our
booth during IFSSH 2019



日本にはないコンセプトも多く大変勉強になりました。

