Severe Adverse Local Tissue Reactions Associated with Gross Trunnion Failure of THRs with a Beta Titanium Femoral Component

Deborah J. Hall, Songyun Liu, Jennifer L. Wright, Craig J Della Valle, Robert M. Urban, Robin Pourzal Department of Orthopedic Surgery, Rush University Medical Center, Chicago, IL



Introduction

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Materials and Methods

There have been increased reports of gross taper failure (GTF) of Stryker Accolade Ti-12Mo-6Zr-2Fe (TMZF or beta titanium) femoral components with detailed analyses of the femoral trunnion.^{1,2} However, little has been reported on the chemical composition of the wear/corrosion debris and the nature of the resulting cellular reaction of the joint tissues broadly identified as adverse local tissue reaction (ALTR).

The purpose of this study was to analyze the damage features on both head and stem surfaces, the resulting implant debris, and tissue reaction associated with gross trunnion failure of beta titanium alloy femoral components coupled with a CoCrMo femoral head.

Table 1. Components Studied								
Case	Time <i>in Situ</i> (yrs.)	Femoral Stem	Modular Head	Presentation to Surgeon	Findings at Surgery Extensive metal debris with black tissue	Tissue Available		
#1 71 yr. old male	9	Size 3.5, 124 mm long Neck length: 35 mm Offset: 39 mm	CoCrMo 40 mm -4 mm	 Left hip pain, with increasing groin pain for a year Patient noted shortening of left leg Significant changes on x-ray 	 Extensive metal debris with black tissue Taper and trunnion were significantly eroded and the remaining femoral component was engaged with head, in an exceptionally loose fashion Lytic reaction around femoral component 	No		
#2 66 yr. old male	8.5	Size 5.5, 133 mm long Neck length: 37 mm Offset: 45 mm	CoCrMo 44 mm +0 mm	PainElevated serum metal levels	 Extensive metal debris with black tissue Catastrophic failure of trunnion Stem well-fixed 	Yes		

Evaluation Methods:

• Characterization of the damage features on the tapers was conducted using a scanning electron microscope (SEM) with energy dispersive x-ray spectroscopy (EDS).

• Head taper surfaces were measured with an optical coordinate measuring machine (CMM) (OrthoLux, RedLux) using a replica method as previously described.³ • Histologic sections were analyzed using EDS, Fourier Transform Infrared Spectroscopy Imaging (FTIR-I) and micro-Raman spectroscopy.

Results



Inset: Backscattered SEM image (x350) of head taper from Case 1. Dark-gray material is the transferred TiMoZr-alloy from femoral stem. keV



of lymphocytes and particle-laden macrophages adjacent to large areas of The macrophage-rich area (white arrows) also contains foreign body giant necrotic tissue (H&E, x13) cells. A large translucent green CrPO₄ particle (arrow head) is seen in the necrotic area (H&E, x50).



Figure 9. Plasmacytes and eosinophils were also observed among the lymphocytes (H&E, x600).

Implant Debris In the Pseudocapsule



Figure 10. A: A large accumulation of dense, black particles was seen within the fibrin exudate that covered the synovial surface (H&E, x100). B: Within the necrotic areas, multiple translucent green particles were observed (H&E, x200).

Implant Debris Analysis Black Particles in Tissue • Identified by SEM/EDS analysis as either Ti-oxide or particles of *Ti, Mo and Zr, indicating TMZF* alloy debris • Micro-Raman identified the rutile phase of Ti-oxide 6 7 8 9 10 **Fine Birefringent Particles** • Seen within macrophages Figure 5. SEM/EDS analysis identified the adjacent to the fibrin exudate dense, black particles in the pseudocapsule of under polarized light microscopy Case 2 as TMZF alloy wear particles. Left inset: • Confirmed as polyethylene by H&E, x200; Right inset: Backscattered SEM, FTIR-I by strong characteristic x2000, the asterisk marks the 3.4 µm particle absorbance signals at 2850 cm⁻¹. analyzed for the spectrum.

Wavenumber/cm⁻¹ **Figure 6.** The presence of $CrPO_4$ particles within the necrotic regions (A, H&E, x40) was confirmed by FTIR-I with characteristic peaks on the infrared spectra (B, arrows) and chemical image (C) plotted at 1080-1030 cm⁻¹.

Discussion

- The severe tissue reaction with a mixed inflammatory pattern seen in this study was due to both the corrosion at the head-neck junction and the gross taper failure at the stem.
- The intense lymphocytic infiltrate with widespread necrosis was characteristic of previously reported ALTRs associated with severe taper corrosion of contemporary metal-on-poly modular femoral components.⁴

Both femoral heads exhibited corrosion features indicative of damage modes such as fretting, fre rubbing against the surface. In Case 2 it appeared that the head eventually started to rotate on the severely damaged and sharpened trunnion leading to a uniform radial damage pattern. As the head taper surfaces were entirely coated with TMZF material transfer, it was unlikely that corrosion took place at this stage.

However, the presence of CrPO₄ clearly indicates that at an earlier stage corrosion of the CoCrMo surface took place leading to the characteristic histopathological pattern of a lymphocyte dominated ALTR to corrosion products.

The strong macrophage response appeared to be primarily related to the extensive Ti-debris. Interestingly, the majority of particles were in the rutile oxide form, indicating that the initial TMZF debris was chemically altered despite its chemical stability, likely due to repeated mechanical transfer to the head surface and subsequent detachment.

Previous work suggests that GTF is initially triggered by fretting eventually leading to an abrasive wear mechanism^{1,2}. Our study shows that corrosion on the head side contributed initially to the overall damage and tissue reaction, but became secondary as abrasive wear of the Ti-alloy began to dominate the damage process.

References:	Acknowledgements:	Contact:
[1]Morlock et al, J Arthrop 2018, doi: 10.1016/j.arth.2018.07.017; [2]Martin AJ et al, J Othop Res 2018, doi: 10.1002/jor.24107; [3]Cook RB et al, ASTM STP1591:362, 2015; [4]Hall DJ et al ASTM STP1591:410, 2015.	This study was funded by NIH/NIAMS grant R01 AR070181.	deborah_Hall@rush.edu