Foreword

Founded in Barcelona in 1985, the Spanish Hip Society (SECCA) now has over 200 members and organizes annual meetings. Papers read in the SECCA meeting are published in Hip International, since our society is affiliated with this journal.

The late Sixties and early Seventies coincided with the beginning and development of total hip replacement. At present, over 30,000 hip prostheses are implanted in our country. A great deal of research and development has been made at the various universities and hospitals in Spain.

This special supplement issue of Hip International is intended to provide an update on a variety of hip pathologies by experienced Spanish hip surgeons, all SECCA members.

The contributions consider different areas in hip surgery: several aspects of acetabular fracture treatment, age as a cause of nosocomial infection after hip fracture and how to avoid injuries to the superior gluteal nerve are addressed. Epiphyseal femoral tumor resection under intraosseous endoscopic control, clinical results after an anterior mini-open approach for femoroacetabular impingement and computer navigation guided alignment of the femoral component in hip resurfacing are also presented. The accuracy of Ranawat’s and Pierchon’s methods to determine the center of hip rotation, CFP short stem results and home hospitalization for elective total hip arthroplasty are considered. The clinical results of total hip replacement are analyzed. A new cementless stem is considered in a multicentric study and the long-term results of the Spotorno and Furlong implants are also analysed. The bedding-in and true wear in two different generations of porous-coated acetabular cups and the clinical results of the alumina-on-alumina hip replacement in developmental dysplasia of the hip are both assessed. Revision surgery is analyzed in four interesting papers, the first presents basic research into osteoprogenitor cell adhesiveness on titanium mesh, one paper assesses the use of hemispherical HA-coated cups with impacted graft in acetabular reconstruction for severe bone defects, and other articles address the use of the Burch-Schneider antiprotrusio cages for acetabular revision and the use of the Trabecular Metal Buttress Augment and Trabecular Metal Cup-Cage construct for severe acetabular bone loss and pelvic discontinuity. Finally, two-stage revision of infected hip prostheses using a hip spacer with stabilizing proximal cementation is also reported.

I express my gratitude to all contributors. This short supplement cannot expect to cover all hip problems, but it does aim to show the current trends of hip surgery in our country as is an opportunity to share common experiences with hip surgeons in all parts of the world.

Finally, SECCA thanks Hip International for giving us the opportunity to show the international orthopaedic community a schematic overview of the current developments in hip surgery in Spain.

Eduardo García-Cimbrelo
Guest Editor