
Metallosis in orthopaedic practices

Ahmed Mohammed Kamal Metwally Halmosh

In relation to metallic implant materials, the biocompatibility of implant metals is of considerable concern because they can corrode in the hostile body environment. The consequences of corrosion include loss of material, which will weaken the implant, and probably more important, that the corrosion products escape into tissue, resulting in undesirable effects of the body reacting to a metal implant. The immune system sees this device as foreign. It mounts a defense against the prosthesis (implant) and tries to rid itself of it. Inflammation and scarring around the implant are the result. The mechanism of metallosis is when the metallic wear particles are released, they give rise to at least three types of effects: I, these particles can be fragmented into smaller-sized components with overall larger surface area leading to increased toxicity at the particle-host tissue interface. II, particles with suitable size can be directly phagocytosed (mainly by histiocytes) leading to local inflammatory reaction with giant cell infiltration. This may activate an osteoclast mediated bone resorption and osteolysis. Metallosis was found to be associated with periprosthetic osteolysis in 77.4% of cases. III, some of the phagocytosed (and may be free) particles migrate to local lymph nodes, spleen, liver, and lungs. While the effect of this phenomenon on remote organs is still controversial, local necrosis and fibrosis can be encountered. The effects of metallosis are: (1) Bone destruction: in form of osteolysis, (2) soft tissue destruction: Periprosthetic metallosis is a pathologic diagnosis made at the time of surgery. The extent of bone and soft tissue destruction can be underestimated by routine analysis of preoperative radiographs, (3) Fracture, (4) Loosening of implant and final result is failure of implant: The most common cause of long-term failure of THA is osteolysis and aseptic loosening, (5) histopathologic effects: accumulation of metallic debris and tartrate-resistant acid phosphatase-positive cells around the trabecular and cortical bone. The diagnosis of metallosis is made by knowing I: Clinical picture: Important symptoms and signs: pain, swelling, tenderness, limited movements, metallosis is a rare cause of delayed neurologic symptoms after spinal instrumentation surgery. Intraspinal metallosis should be kept in mind as a rare cause of delayed neurologic symptoms after spinal instrumentation surgery. II: Investigations: A- imaging appearances of metallosis: (1) x-ray: Radiographically, metallosis can be seen as a radio-dense line, described as "the bubble sign" by Su et al. and as metal line sign by Weissman et al. Moreover, it can resemble heterotopic ossification. A more consistent but less specific radiographic finding in patients with histologically proven metallosis is osteolysis around the prosthetic components. (2) Computerized tomography (CT), (3) Magnetic resonance imaging (MRI), (4) Myelography: With

the metal implants in place, myelography was the sole informative examination for diagnosis . B- Histopathological examinations ,C – Activation analysis :Instrumental neutron activation analyses have been carried out on tissues adjacent and distant from metal implants, D –LABORATORY INVESTIGATIONS .III : Differential diagnosis : (1) Heterotopic ossification :The plain radiographic features of metallosis can be difficult to distinguish from HO, particularly when both processes are present. Layering of metallic debris around the pseudocapsule of the joint can mimic the peripheral cortical calcific opacity of HO when projected onto a 2-dimensional image. However, CT, with multiplanar reformats, should allow the differentiation of HO, with its clearly demarcated cortex and medulla, from the diffuse amorphous increased attenuation caused by metallosis .(2) Immune response to implants [metal sensitivity]:Gradual development of skin changes, pain, tenderness, and swelling over the area of the implanted hardware may be coupled with evidence of loosening of a previously stable implant . The treatment of metallosis is : Revision surgery (second surgery) : which is necessary to stop further shedding of metallic particles into the body (in this surgery the implant is removed and replaced with bone grafts and /or another device) . Once the offending implant is removed the levels of cobalt and chromium levels in the blood will start to DROP. However the immune system may well show a heightened sensitivity to lower levels of these metals in the future.