Trunnionosis: What We Know in 2024

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Definition- "Trunnionosis"

 Adverse Reaction to Metallic Debris (ARMD) at the morse taper of a Co/Cr head on PE bearing THA





OUTLINE

- Epidemiology
- Diagnosis
- Risk Factors
- Treatment
- Outcomes



Epidemiology

- Increasing awareness over past decade
 - Initially described in 1991
 - MOM phenomenon
- Prevalence: <1-3% of total revision THA burden</p>
 - Wide regional variation
 - Underreported due to concomitant failure mechanisms
- Time to clinical presentation & revision
 - mean 3-7 yrs



Pathomechanics

- MACC- mechanically assisted crevice corrosion
 - Dissimilar metals

- Loss of passivation layer-> oxidation of metal alloy
 - Facilitated by mechanical stress/ motion





Diagnosis- Clinical History/ PE

Variable spectrum

- History
 - Asymptomatic
 - Painful THA
 - Recurrent instability
- Physical exam
 - Normal
 - + provocative tests
 - Abductor weakness



Diagnosis- Imaging

XRAYS





Diagnosis-Imaging





Diagnosis-Labs

- Serum Co/Cr
 - >1 mcg/L
 - **2:1-5:1** ratio Co/Cr
- ESR/ CRP
 - May be elevated in absence of infection

Aspiration

- Manual cell count
- Lymphocyte dominant
- Synovial Co/Cr (>1-300x serum levels)



Risk Factors- Patient

BMI

Activity (?)





Risk Factors- Implant

Femoral head composition (CoCr)

Femoral head size (≥36mm)

Femoral offset (high)

Taper geometry (shorter and smaller)

Certain implants

Standard / High Offset Stems

Risk Factors- Surgeon

Technique of cleaning/drying taper

Appropriate in line impaction force





Surgical Treatment

Revision head/ liner exchange
Debridement of pseudotumor

- Revision of acetabular component
- Revision of femoral stem





Clinical Outcomes and Risk Factors for Re-Revision Due to Trunnion Corrosion in Primary Metal-on-Polyethylene Total Hip Arthroplasty

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Revision for adverse local tissue reaction following metal-on-polyethylene total hip arthroplasty is associated with a high risk of early major complications

- High rate of re-revision surgery
 - Approximately 25% ~ 2yrs
- Failure mechanisms:

Outcomes

- PJI and instability
- 24% rate of dissatisfaction
- Risk factors for re-revision
 - Not revising cup
 - Time from primary to revision





Dual Mobility- Corrosion

- Theoretical risk given dissimilar metals @ modular jxn
 - Exacerbated by mal-seating of liner

Case reports/series



- Systematic review (N=248pt)
 - 5% had elevated Co (>1 mcg/L)
 - 1.6% had elevated Cr (>1.6 mcg/L)
 - Femoral head composition trended toward fion levels



Summary

- Diagnosis of trunnionosis requires a healthy index of suspicion
- Labs, aspiration, and imaging remain the mainstay of diagnosis
- Surgery may seem straightforward, but the outcomes are anything but
- Our responsibility: counsel patients, meticulous surgical technique, and judicious use of dual mobility

















- 74M L recurrent hip mass & limp
- '15 L THA (DA), 4/16 mass excision
- PE: preserved ROM, +trendelenberg gait/ sign, swelling anterolateral thigh

12/7/16: Chromium = 1.6 Cobalt = 10.2 10/13/2016: ESR = 22 (20 is high end of normal) CRP = 7.2 (9 is the high end of normal)

Diagnosis

Further workup?







Surgical Plan?

Instruments/ **Implants**?





- 3/2017- revision head/ liner ceramic on HXLPE, 40+7 Biolox head
- Gross damage to abductor from ARMD





ZTA



Zoom

Multiple dislocations requiring CR

Now what?

X Table 1205 sg



Surgical plan

Instruments/implants?

2012



- 1/2018 revision to constrained liner
- Zimmer trilogy constrained, 32+7 biolox head

15 L:8521

MR HIP WITHOUT CONTRAST, LEF...(11) 22-Mar-2016 12:29:28



Does well for 2 years, then redislocated trying to clip nails

Now what?





Surgical plan?

Instruments/ **Implants**?





 Revision acetabulum, Stryker Tritanium, constrained liner

Unfortunately, where we're at...

ORTABLE F SUPINE

Recurrent player at **Dept wide M&M**















