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European Anterior Hip Meeting (EAHM)

Bilateral Robotic Off-Table DAA THR for DDH

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Background

- Neglected bilateral DDH → Acetabular deficiency, abnormal torsion, contractures.

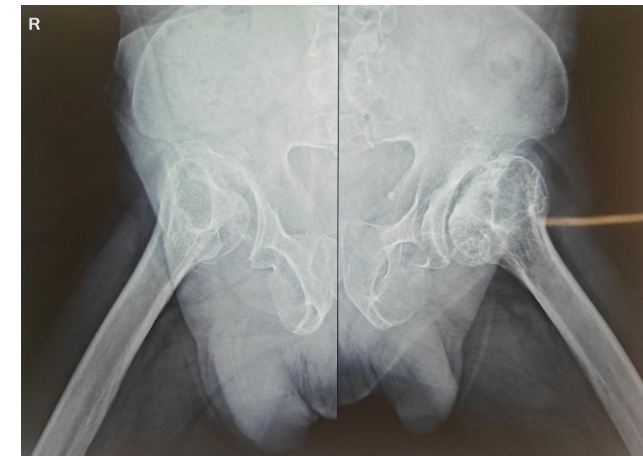
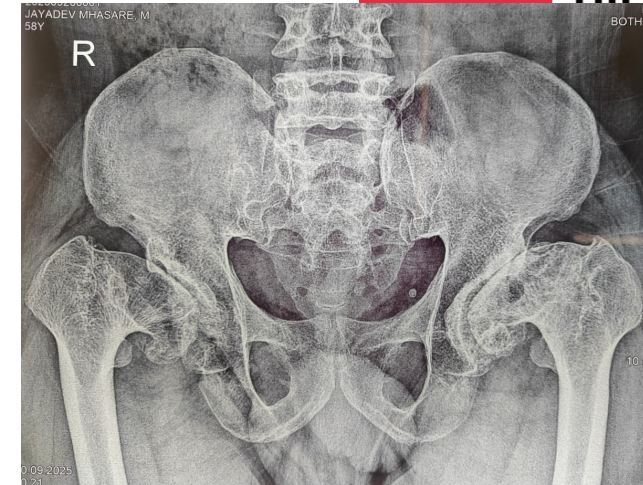
Purpose

- First proof-of-concept for simultaneous bilateral THR using robotic-assisted off-table DAA in mixed Crowe II/III deformity.



Method

- Patient: 59M, Crowe II (R) & III (L), 8 mm LLD.
- Planning: CT-based robotic cup placement.
- Procedure: Single-stage bilateral off-table DAA (supine, no traction table).
- Key Steps: Dynamic positioning + selective releases (piriformis, capsule, iliopsoas) to restore offset & length.



Results

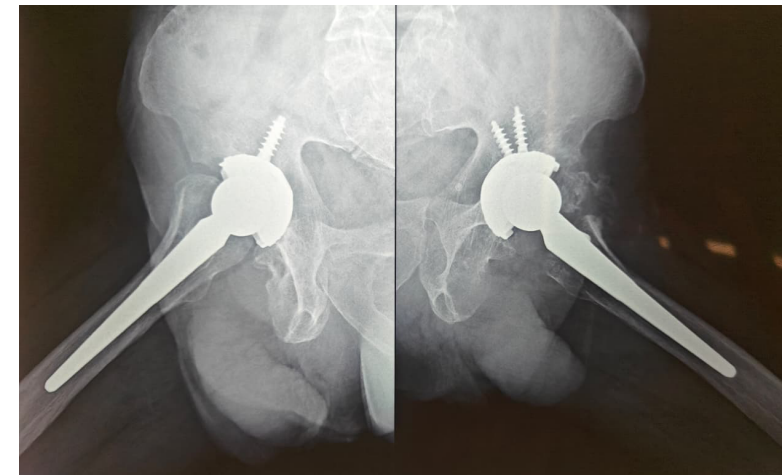
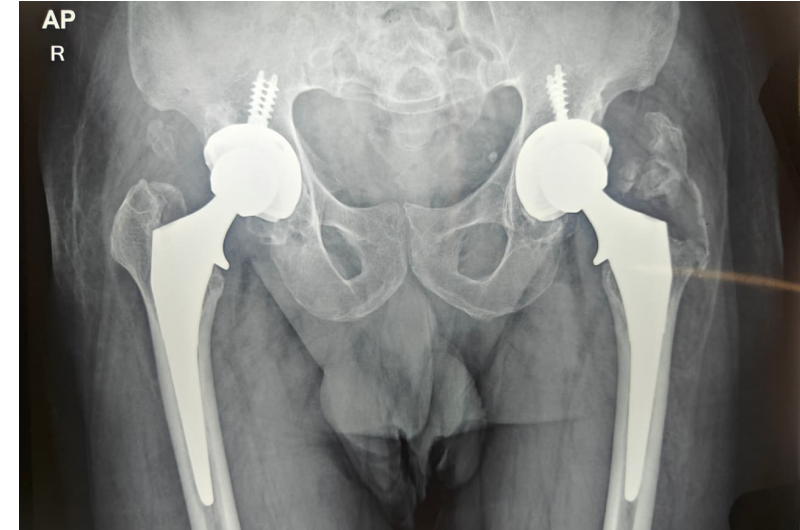
Parameter Pre-op 6 Weeks

Harris Hip Score 41 86

VAS Pain from 8 to 1

LLD from 8 mm to ≤ 2 mm

- Operative: 105 min/side, 380 mL blood loss.
- Radiographic: Cup 45° inclination / 18° anteversion.
- Complications: transient LCFN paraesthesia.



Conclusion

- Safe, reproducible, and effective for mixed Crowe II/III DDH.
 - Robotic precision eliminates malpositioning; off-table DAA enables versatile balancing without a traction table.
 - Clinical Impact: Single hospital stay, shorter rehab, lower anaesthetic risk. Expands DAA to severe deformities.
- Secondary releases are the most important – superior capsule, piriformis, iliopsoas tendon, partial release of obturator externus



Pre-op video



Post-op video



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