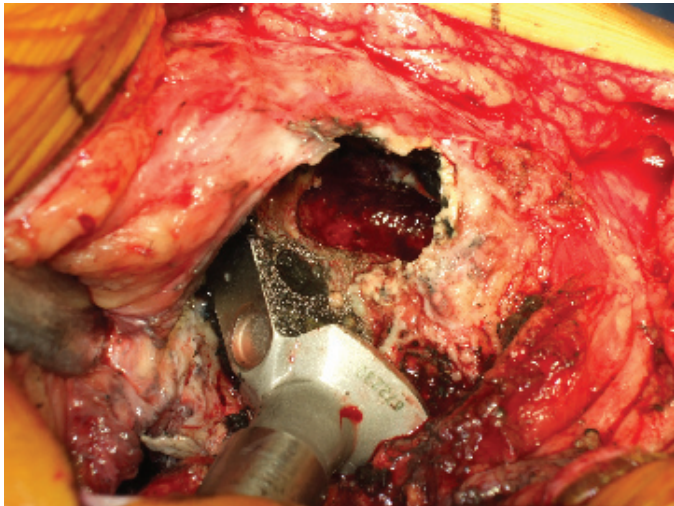


**Figure 34-1.** Greater trochanteric osteolytic lesion adjacent to an extensively coated femoral stem. The lesion has been curettaged of all fibrous debris and lavaged to create a bleeding bone bed for subsequent grafting.



**Figure 34-2.** The same osteolytic lesion after packing with morcellized allograft.



- \* Place graft material into the lesion and gently tamp it into place (Figure 34-2). Forceful packing can cause a fracture of the surrounding bone and should be avoided. The lesion is filled but care is taken to not leave any loose bone graft that could potentially migrate into the articular surface and cause third-body wear.
- \* After grafting the lesion, place a trial ball, reduce the hip, and take the hip through a full range of motion. Redislocate the hip and examine the graft to determine if any of the bone has dislodged. This graft can then be impacted or removed to prevent third-body wear from occurring.
- \* Lastly, if exposure and grafting of the lesion will compromise the integrity of the trochanter, then an isolated polyethylene exchange without bone grafting is performed. The polyethylene exchange alone will likely slow, if not halt, the progression of osteolysis in the trochanter.