
Students' Corner

Letter to the Editor

Use of metal prosthesis and risk of bone cancer

Madam, the orthopaedic implants and their fixatives contain elemental ions such as chromium, nickel, gold and cobalt. Such metals have been proved to have cytotoxic effects on human tissues.¹ Whether these implants lead to subsequent cancer development remains an arguable issue mainly because of the lack of long term follow up data.²

Besides dental fixatives, the common procedure for irreversible degeneration of hip and knee joints is joint replacement with metal prosthesis.⁴ A study conducted in UK showed that patients after receiving metal on metal (MOM) arthroplasties of hips developed bilateral pseudo tumours, characterized histologically by extensive necrosis, granulomas and heavy lymphocytic infiltrate that was suggestive of a type 4 immune response possibly due to metal alloy components.⁵

Another major cohort study in Sweden evaluated hip replacement and subsequent cancer risk and showed that although the overall cancer risk appears to be negligible, a small rise in kidney and prostate cancer warrants further investigation.⁴

Other epidemiologic studies have also suggested a risk of lymphoma and leukaemia after joint replacement but the follow up was comparatively short.⁶

In view of the above references, it can be concluded that despite extensive usage of metal prosthesis globally, the risk of cancer development is not significant but remains a subject of concern and demands further investigation and studies. Improvements in types of materials used and long

The development of malignant neoplasms with dental implants has been reported as a rare complication, majority being sarcomas. A case study reported a 38 year old woman developing chondroblastic osteosarcoma of maxilla, 11 months after receiving a titanium implant. Although the risk is low, a dentist must be aware of this rare but devastating complication.³

term follow up of patients is also necessary for further reduction of risk of cancer.

Feryal Nauman, Muhammad Fawwad Ahmed Hussain
Medical Student, Dow Medical College,
Dow University of Health & Sciences.

References

1. Elshahawy WM, Watanabe I, Kramer P. In vitro cytotoxicity evaluation of elemental ions released from different prosthodontic materials. *Dent Mater* 2009; 25: 1551-5.
2. Signorello LB, Ye W, Fryzek JP, Lipworth L, Fraumeni JF Jr, Blot WJ, et al. Nationwide study of cancer risk among hip replacement patients in Sweden. *J Natl Cancer Inst* 2001; 93: 1405-10.
3. McGuff HS, Heim-Hall J, Holsinger FC, Jones AA, O'Dell DS, Hafemeister AC. Maxillary osteosarcoma associated with a dental implant: report of a case and review of the literature regarding implant-related sarcomas. *J Am Dent Assoc* 2008; 139: 1052-9.
4. Nyrén O, McLaughlin JK, Gridley G, Ekblom A, Johnell O, Fraumeni JF Jr, et al. Cancer risk after hip replacement with metal implants: a population-based cohort study in Sweden. *J Natl Cancer Inst* 1995; 87: 28-33.
5. Pandit H, Vlychou M, Whitwell D, Crook D, Luqmani R, Ostlere S, et al. Necrotic granulomatous pseudotumours in bilateral resurfacing hip arthroplasties: evidence for a type IV immune response. *Virchows Arch* 2008; 453: 529-34.
6. Case CP, Langkamer VG, Howell RT, Webb J, Standen G, Palmer M, et al. Preliminary observations on possible premalignant changes in bone marrow adjacent to worn total hip arthroplasty implant. *Clin Orthop Relat Res* 1996; 3269-79.