



Preoperative anteroposterior (**Fig. E-1A**) and so-called false-profile oblique (**Fig. E-1B**) radiographs of a hip showing the femoral component with a distal cortical perforation at the tip of the prosthesis (arrow) after thirteen years of follow-up. No signs of loosening or fracture can be observed. At one year postoperatively, anteroposterior (**Fig. E-1C**) and false-profile oblique (**Fig. E-1D**) radiographs show the femoral component after rerevision with an Exeter Short Revision Stem. By insertion of this shorter stem, the perforation of the femoral cortex could be closed with cement (arrow).

TABLE E-1 Patient Demographics

	Patients and Hips
No. in series	33
Sex	
F	24
M	9
Type of bone-stock defects according to Endoklinik classification*	
Grade 1	3
Grade 2	14
Grade 3	12
Grade 4	4
Deaths during follow-up period	19
Rerevisions during follow-up	1
Due to septic loosening	0
Due to aseptic loosening	0
Due to mechanical problems (cortex perforation)	1

*The Endoklinik classification of femoral bone-stock loss³: Grade 1 = radiolucent lines limited to the proximal half of the cement mantle in combination with clinical signs of loosening, Grade 2 = complete radiolucent lines around the cement mantle with endosteal erosion around the proximal part of the cement mantle resulting in widening of the medullary cavity, Grade 3 = widening of the medullary cavity around the loose implant due to endosteal erosion and expansion of the femur, and Grade 4 = gross destruction of the proximal third of the femur with involvement of the middle third, precluding the insertion of even a long-stemmed prosthesis.