

Fig. E1-A

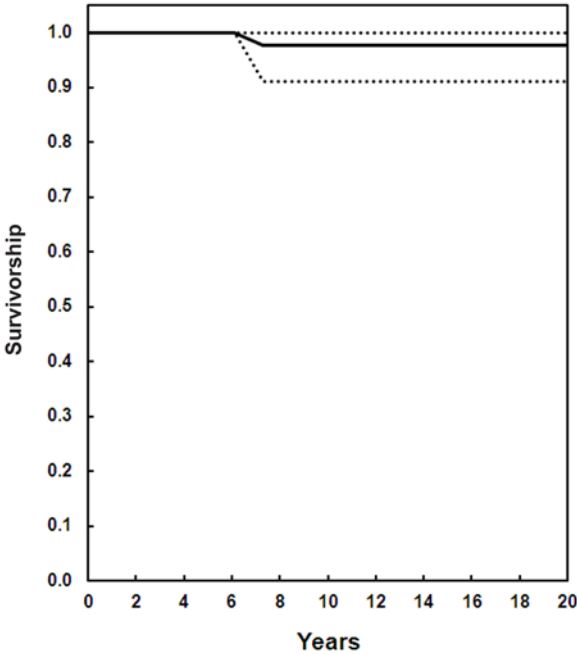


Fig. E1-B

Figs. E1-A and E1-B Kaplan-Meier curves, at a minimum of twenty years, with re-revision of the acetabular component for aseptic loosening (Fig. E1-A) and radiographic loosening of the acetabular component (Fig. E1-B) as the end points.

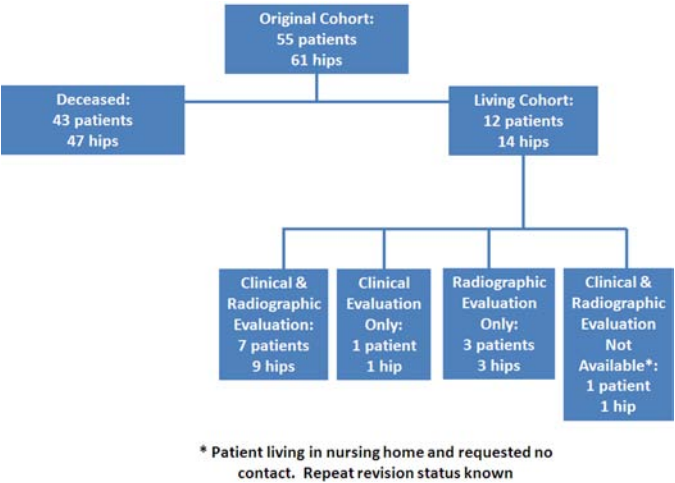


Fig. E-2

Diagram illustrating the status of all patients (hips) in the follow-up study.

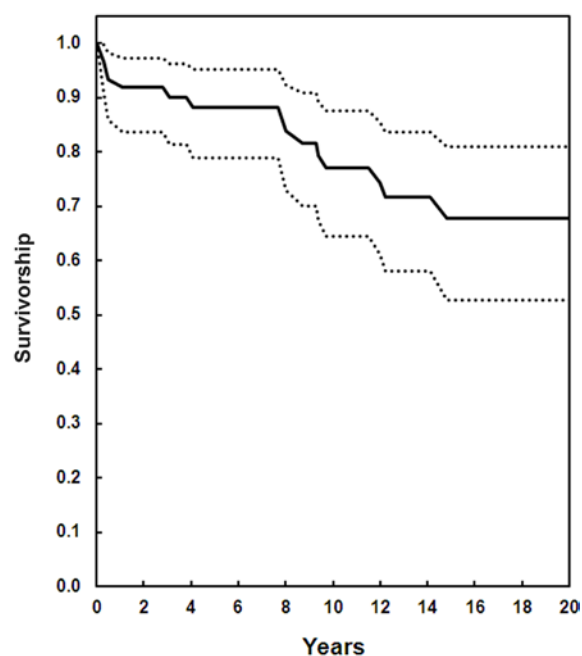


Fig. E3-A

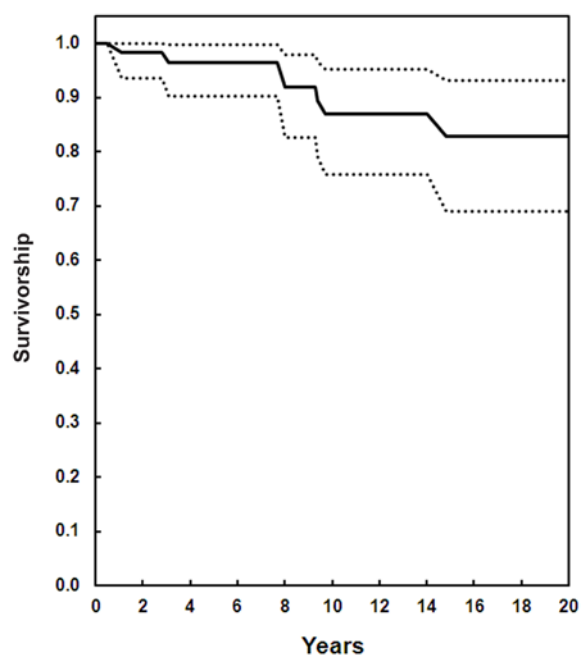


Fig. E3-B

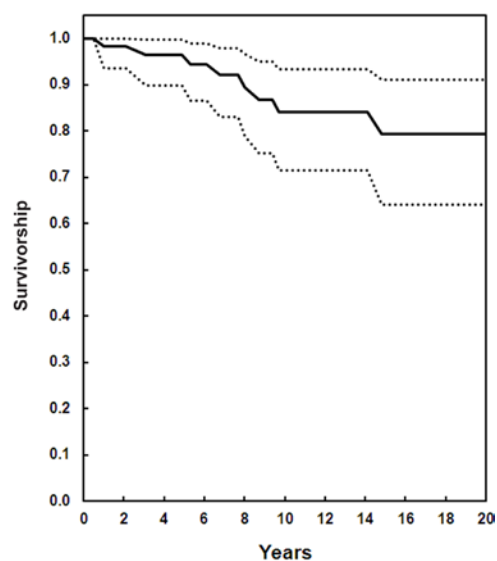


Fig. E3-C

Figs. E3-A, E3-B, and E3-C Kaplan-Meier curves, at a minimum of twenty years, with re-revision for any reason (Fig. E3-A), re-revision for aseptic loosening of the femoral component (E3-B), and radiographic loosening of the femoral component (Fig. E3-C) as the end points.

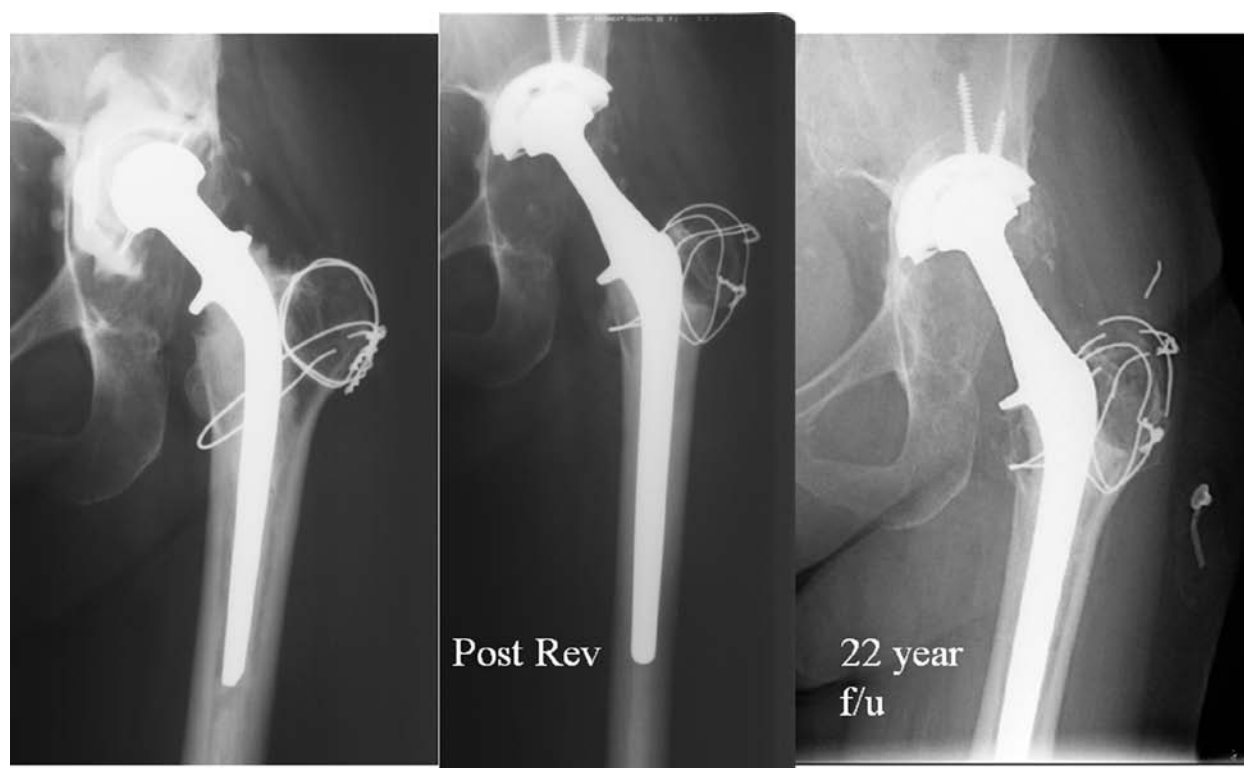


Fig. E-4

Pre-revision, post-revision, and follow-up radiographs of the hip of a woman with previous congenital dysplasia of the hip who underwent a revision total hip replacement at the age of sixty-four years, with placement of the cementless acetabular component in the high hip center position. The twenty-two-year follow-up radiograph demonstrates excellent fixation of the acetabular component.