

INFLUENZA DEL DESIGN TIBIALE SULL'ALLINEAMENTO ROTAZIONALE DELLA PTG



Angelo Graceffa, MD
Pier Francesco Indelli, MD, PhD
Donatina Cariello, MD
Massimiliano Marcucci, MD
Gennaro Pipino, MD

CESAT Fucecchio
Dir. Prof. M. Marcucci

Clinica Ortopedica
Università' degli Studi di Firenze

L.U.de.S.
Libera Università degli Studi
di scienze umane e tecnologiche

The Breyer Center for Overseas Studies
Stanford University in Florence



LONG-TERM RESULTS TKA 1990 Decade vs 2000 Decade



Orthopädie. 2013 May 23. [Epub ahead of print]

[Satisfaction after total knee arthroplasty : Comparison of 1990-1999 with 2000-2012]

[Article in German]

Schulze A, Scharf HP.

Orthopädisch-Unfallchirurgisches Zentrum, Universitätsmedizin Mannheim, Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany. schulze@umm.de.

Abstract

Total knee arthroplasty (TKA) is one of the most common operations in orthopedics, but despite being mainly successful only 81 % of patients are satisfied with the final result. The following systematic review of satisfaction and analyzed the causal connections and influencing factors after TKA between 1990-1999 and 2000-2012. 82 % of patients were satisfied after TKA and in the period 2000-2012 patient satisfaction increased to 85 %. The operative satisfaction derived from the 25 publications included in the study were consistently body-mass index, joint function and mental factors. A lack of satisfaction scores and different designs resulted in difficulties in comparison. Consequently limitations of this study.

PMID: 23695195 [PubMed - as supplied by publisher]

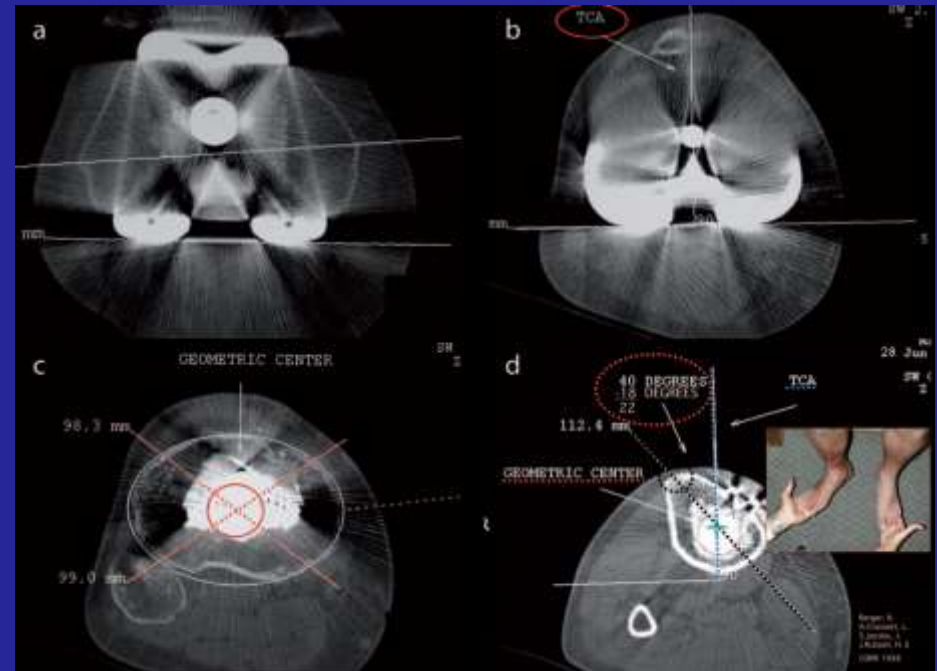
Not fully happy

- 1990-1999: 82% patients satisfied
- 2000-2012: 85 % patients satisfied

Biomechanical background and clinical observations of rotational malalignment in TKA: Literature review and consequences

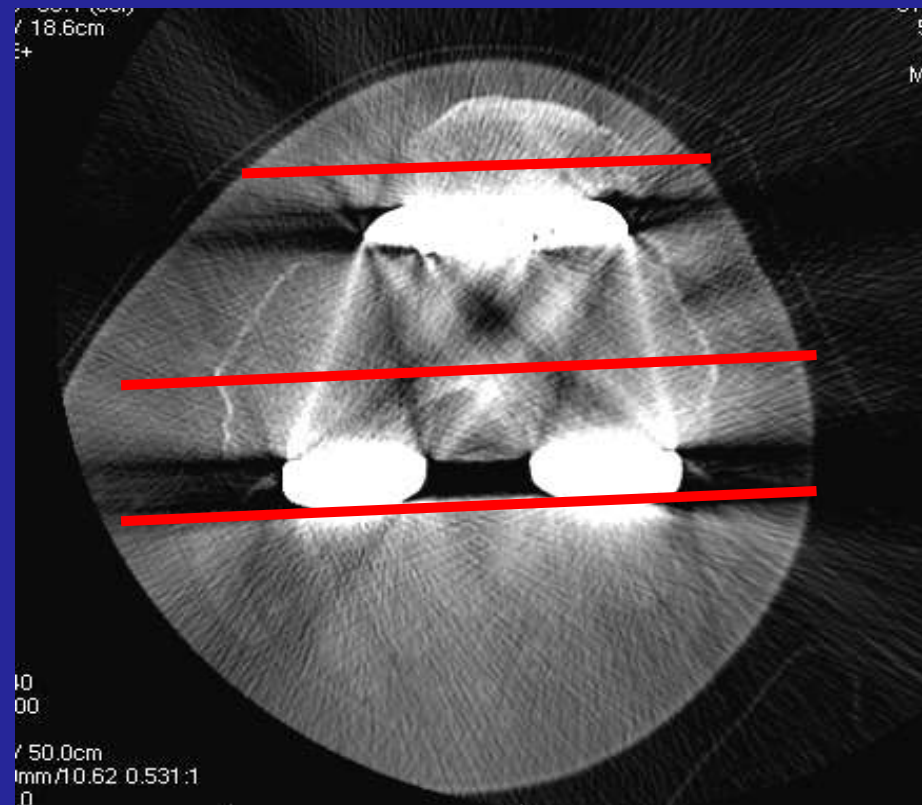
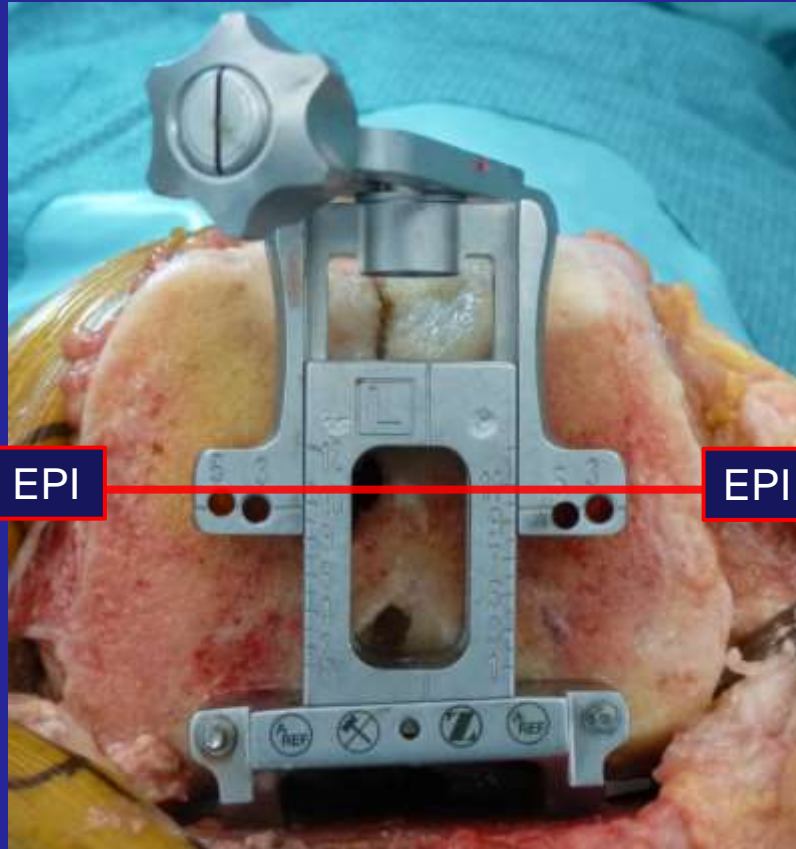
Monika Silvia Zihlmann ^{a,*}, Alex Stacoff ^a, José Romero ^b, Inès Kramers-de Quervain ^{a,c},
Edgar Stüssi ^a

Clinical Biomechanics 20: 661-668, 2005



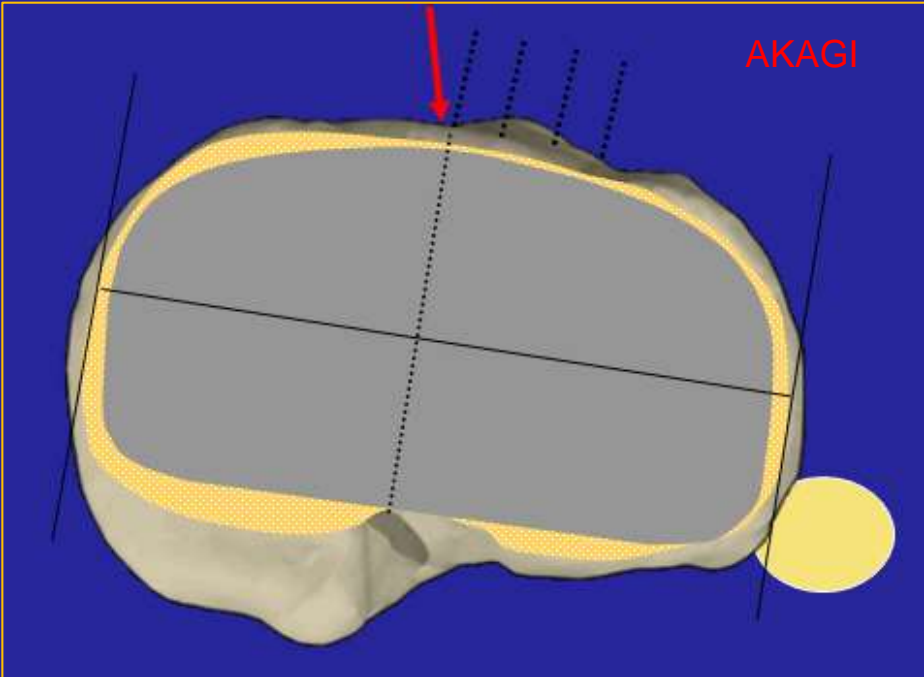
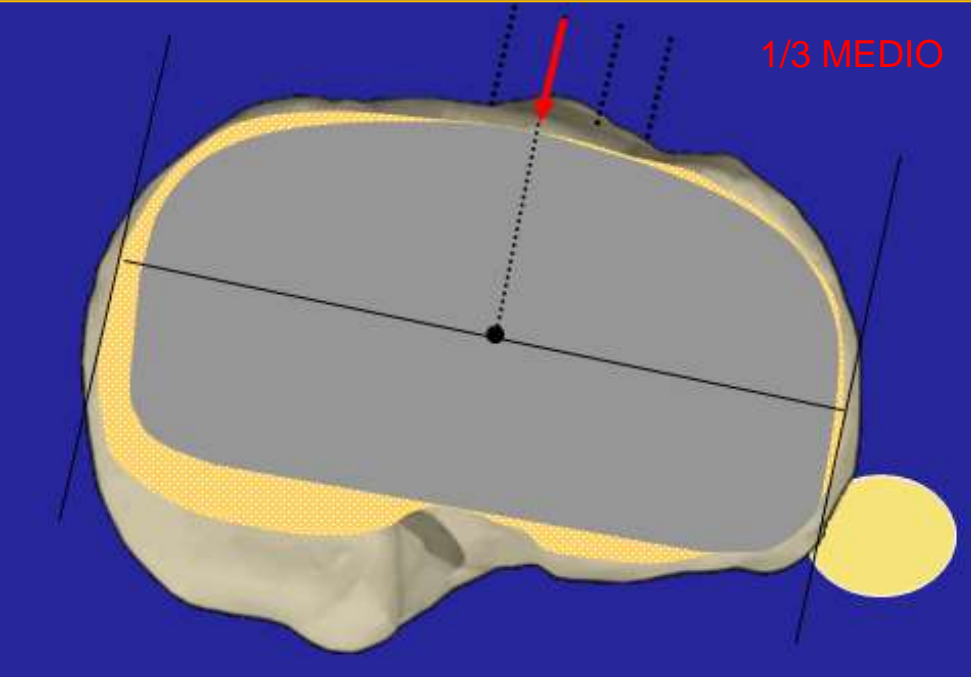
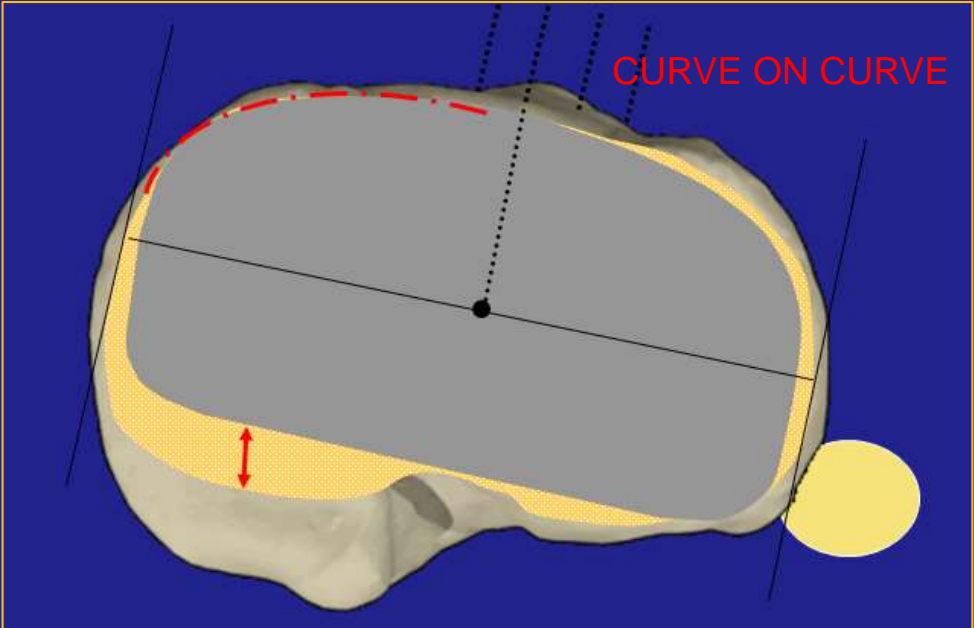
IL FEMORE: ALLINEAMENTO IDEALE

ASSE TRANSEPICONDILARE



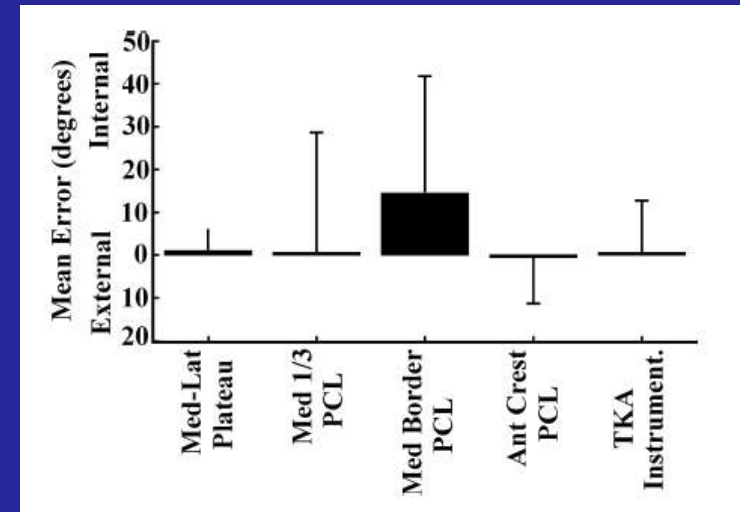
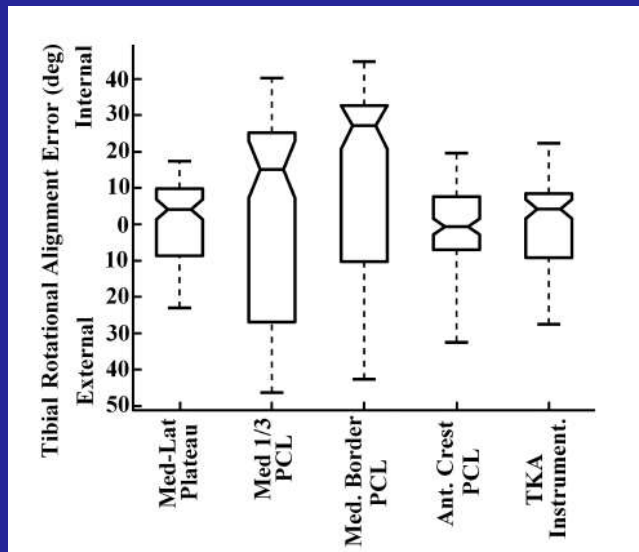
Allineamento
tibiale:

Quale Tecnica ?



The High Variability of Tibial Rotational Alignment in Total Knee Arthroplasty

Robert A. Siston, PhD^{*,§}; Stuart B. Goodman, MD, PhD^{*,†}; Jay J. Patel, MS^{*};
Scott L. Delp, PhD^{*,†,§}; and Nicholas J. Giori, MD, PhD^{*,†,‡}

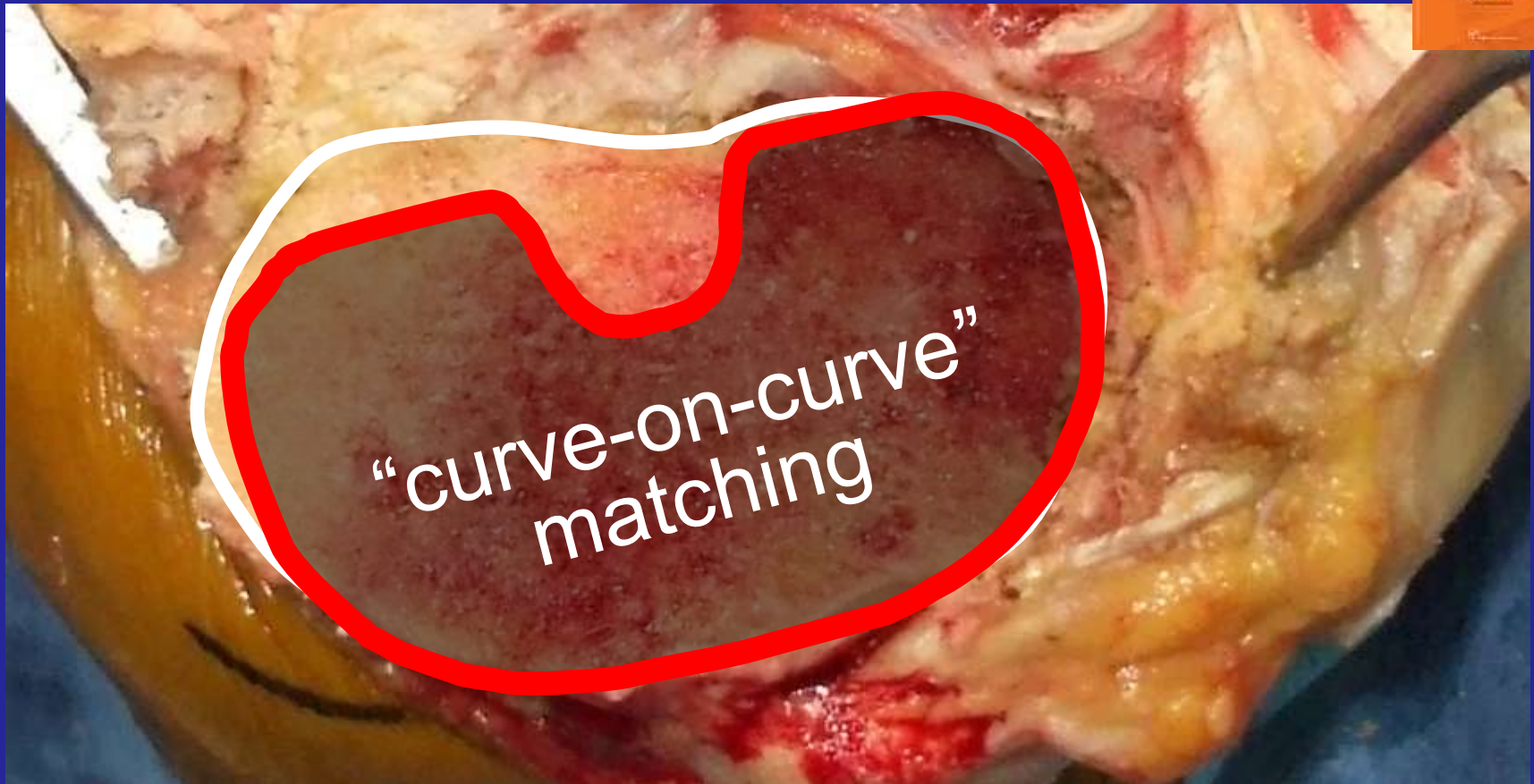


- NO CLEAR GUIDELINES
- TREND TO I.R.

"AKAGI'S LINE" LESS
RELIABLE LANDMARK

NO HELP FROM NAVIGATION

Curve-on-curve: Studio RMN 124 normal knee



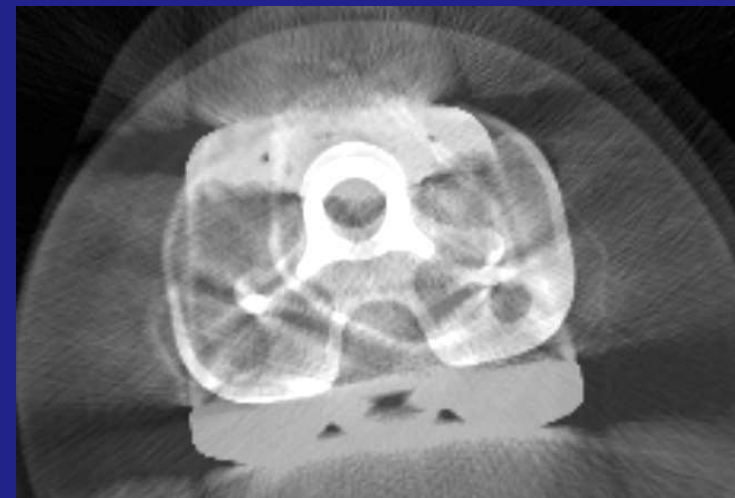
The anterior tibial surface curvature
is the most reliable landmark:

TIBIAL ML AXIS PARALLEL TO TEA

CT-scan postoperative validation of 'curve on curve' reference in TKA

Baldini, F. Traverso, PF. Indelli, G. Grappiolo:
Istituto Clinico Humanitas - CESAT Fucecchio

- 50 TKAs (40 Zimmer NexGen, 10 De Puy Sigma)
- Only primary osteoarthritis
- **All symmetric tibial baseplates**
- Postoperative CT scans



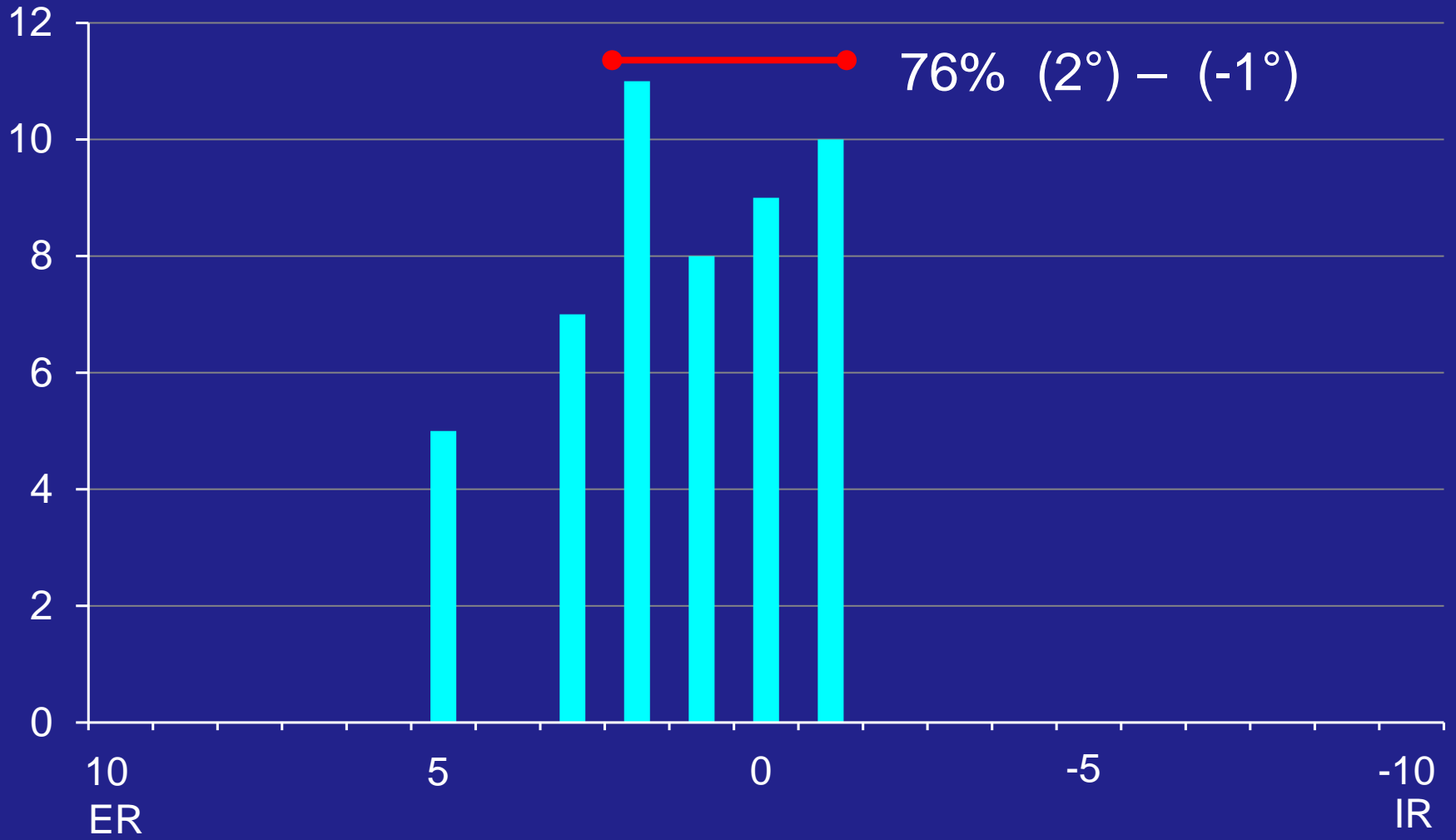
Risultati

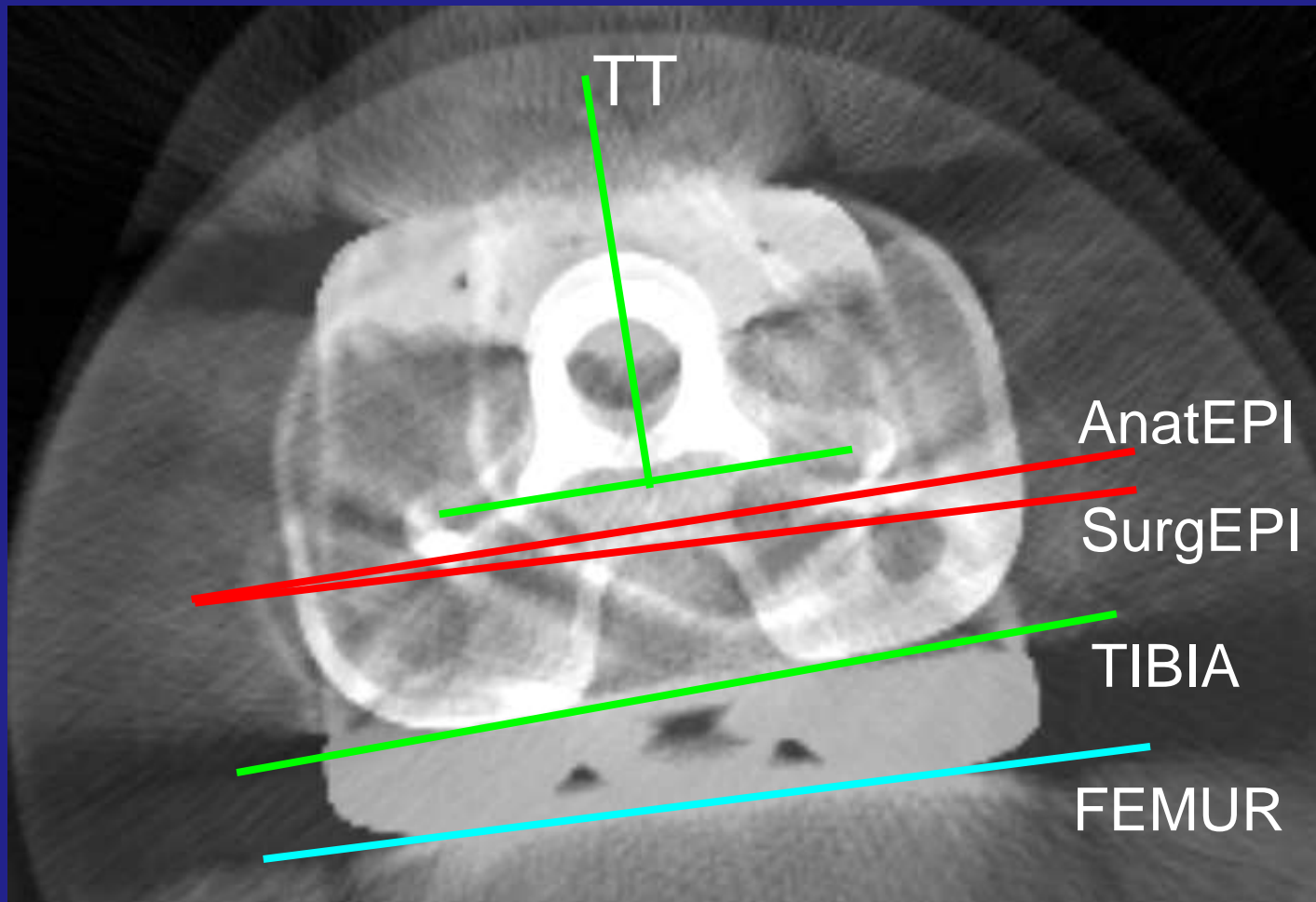
Media E.R. piatto tibiale : 1,32

(Min. 5°; Max 1°).

90% (3°) – (-1°)

76% (2°) – (-1°)





Curve-on-Curve tecnica valida e riproducibile con
differenti impianti e differenti operatori

COMPONENTI TIBIALI ANATOMICHE CON DIFFERENTI GRADI DI ASIMMETRIA

**Influenza del design
tibiale sull'allineamento
rotazionale?**



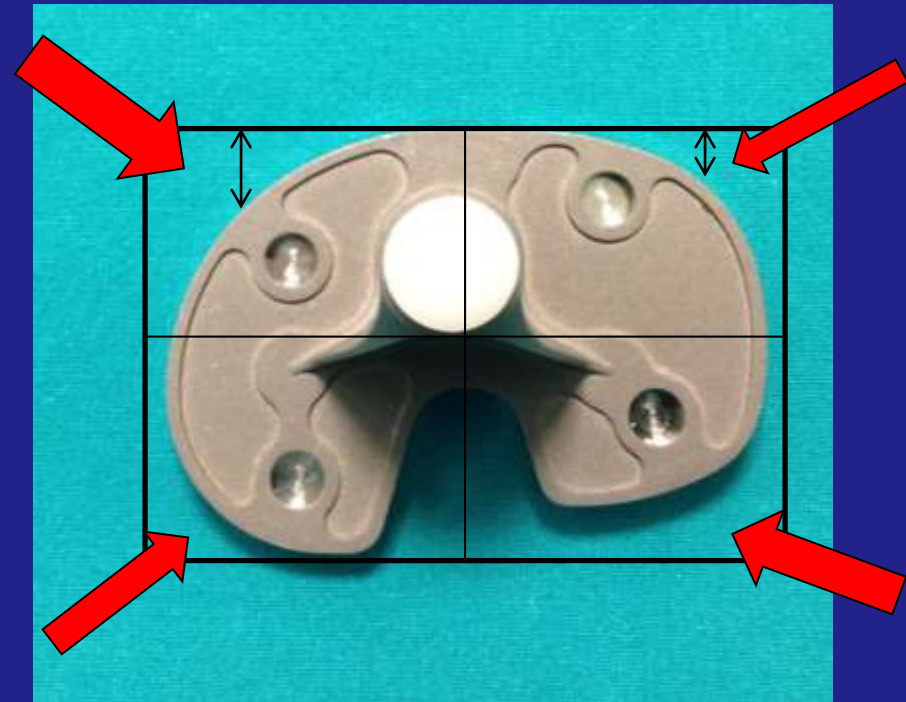
Studio allineamento rotazionale con esame TAC

COMPONENTE TIBIALE ASIMMETRICA

Antero-Medial Asymmetry



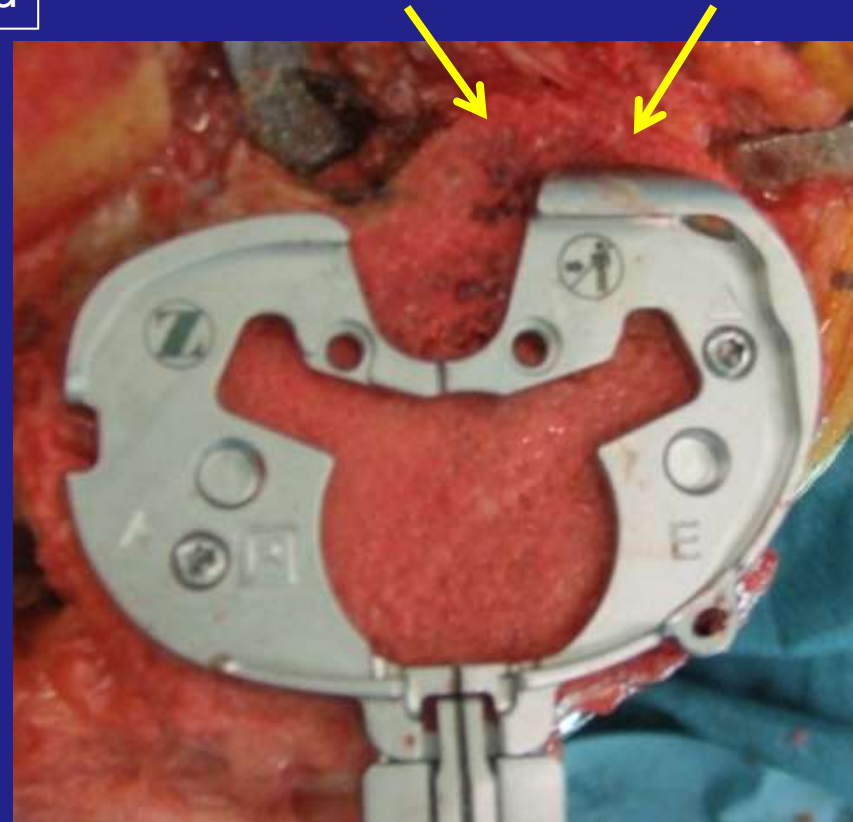
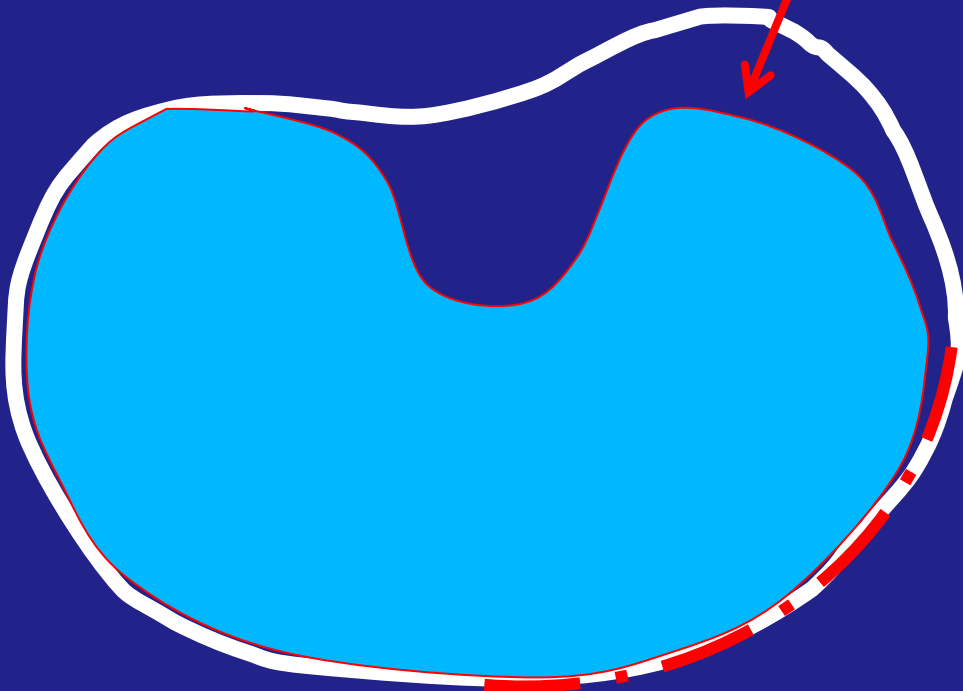
Right Tibial Plate



Left Tibial Plate

Ipotesi: Antero -Medial Asymmetry

Condilo
post - med



Eccessiva extrarotazione ??

20 PTG esame TAC

8 uomini

12 donne

eta' media 72 anni

Criteria d' esclusione:

Post-trauma, Post-osteotomies, Displasia

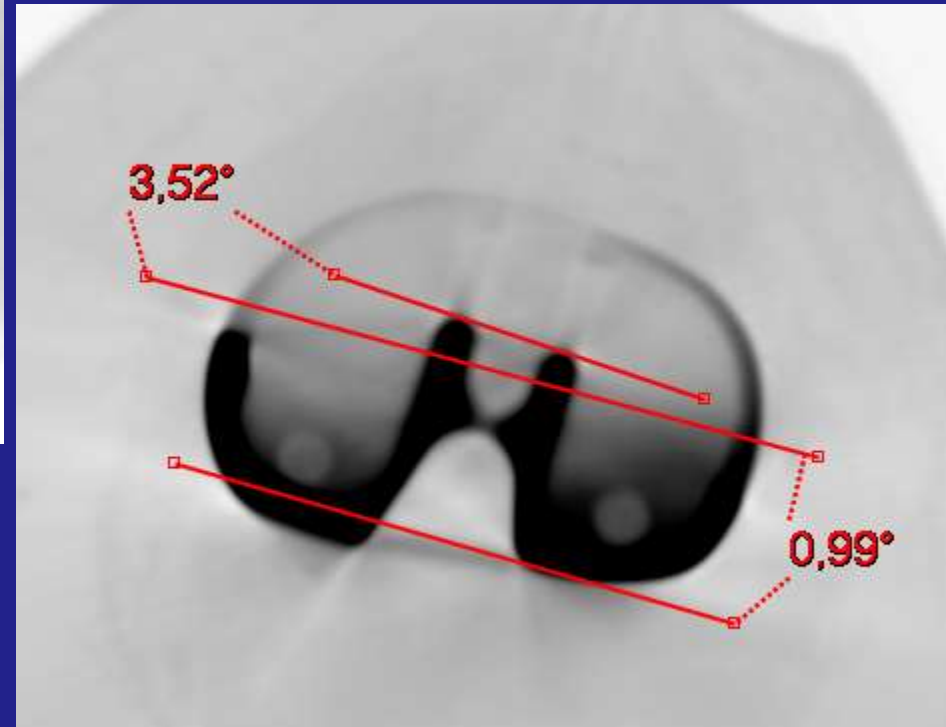
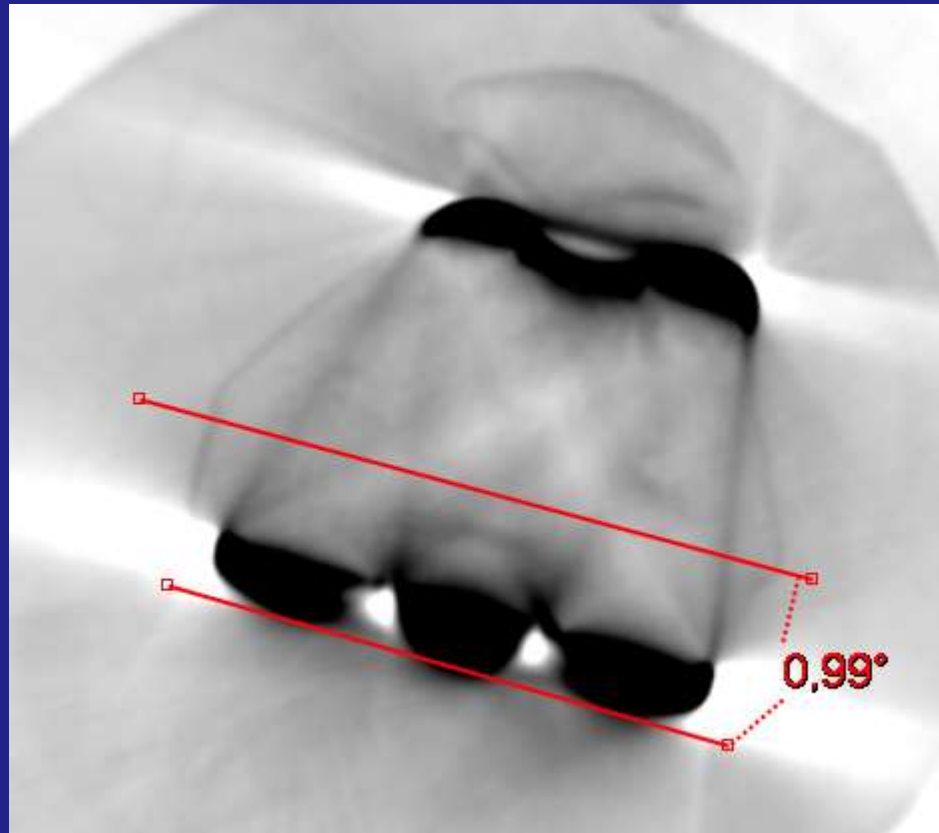
Berger protocol
(*Op Tech Orthop 1998*)

- Quadriceps contraction
- Full extension
- 2° foot MT ray vertical

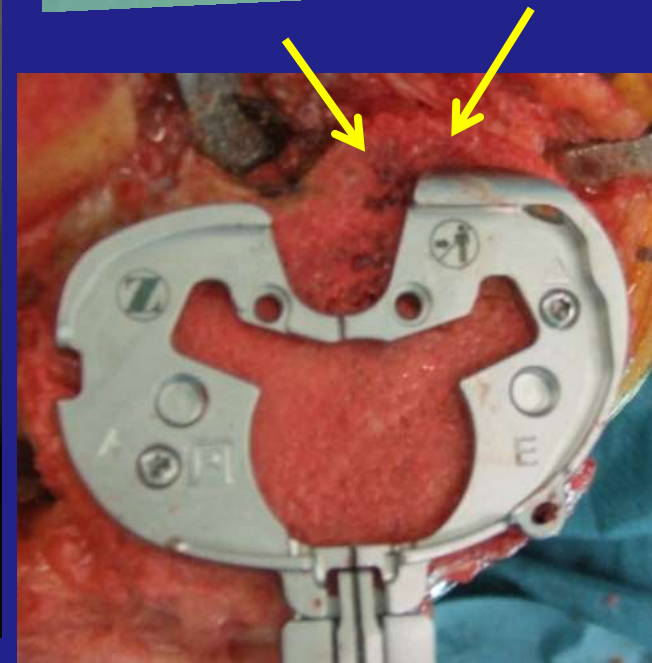
Persona, Zimmer.



TECNICA DI MISURAZIONE



S.G., 68 AA, M

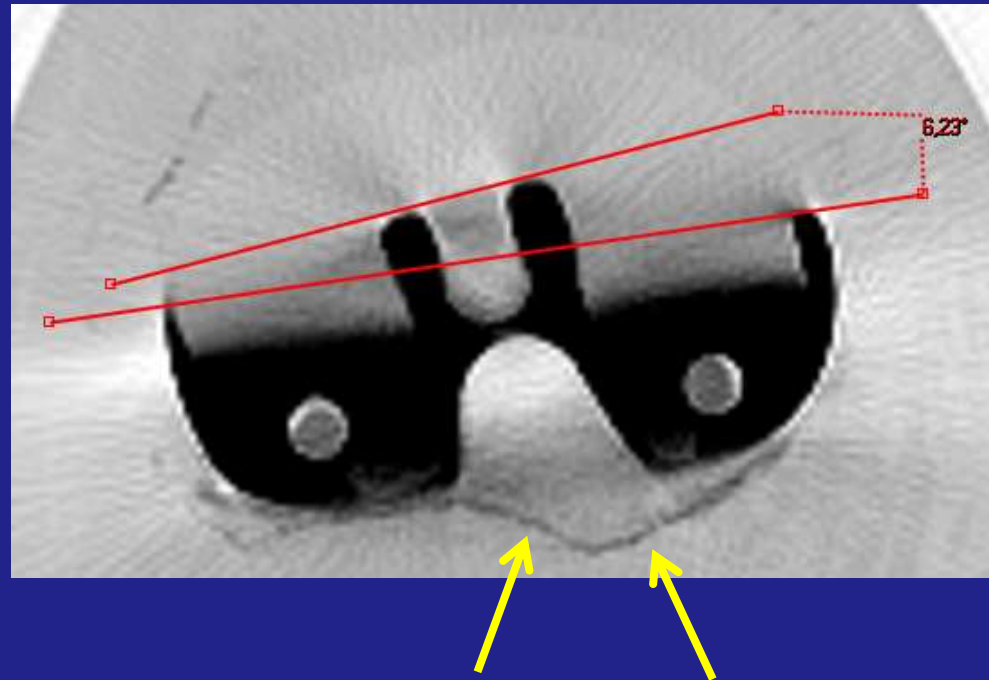
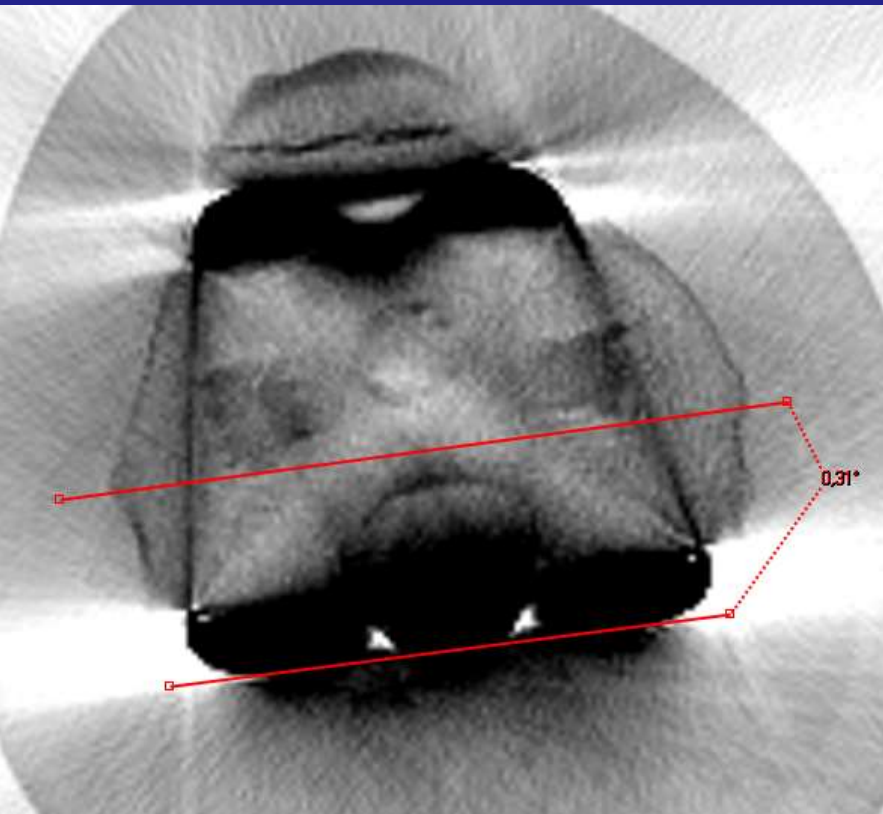


1 Year F.U.

"Curve-on-Curve"

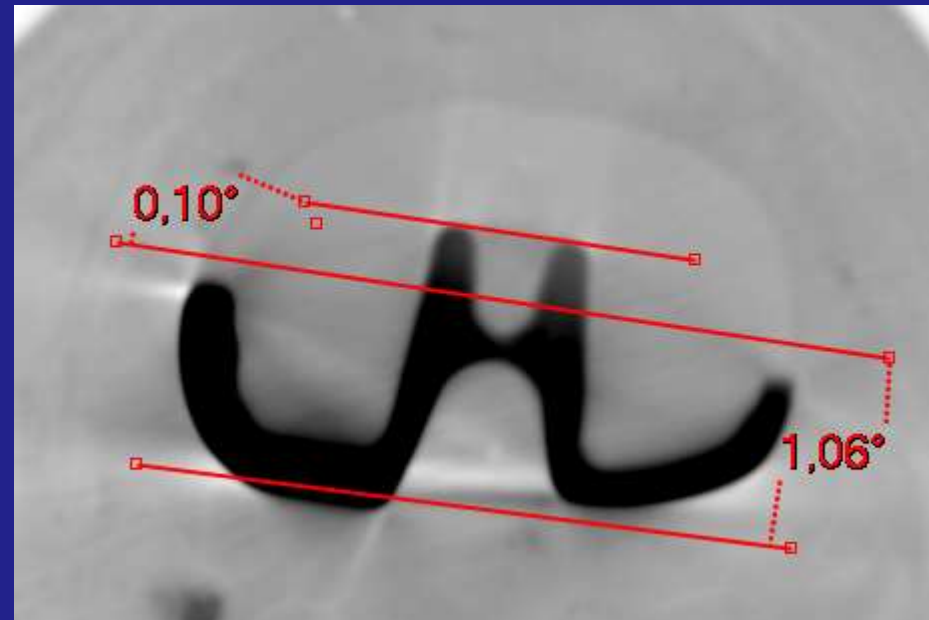
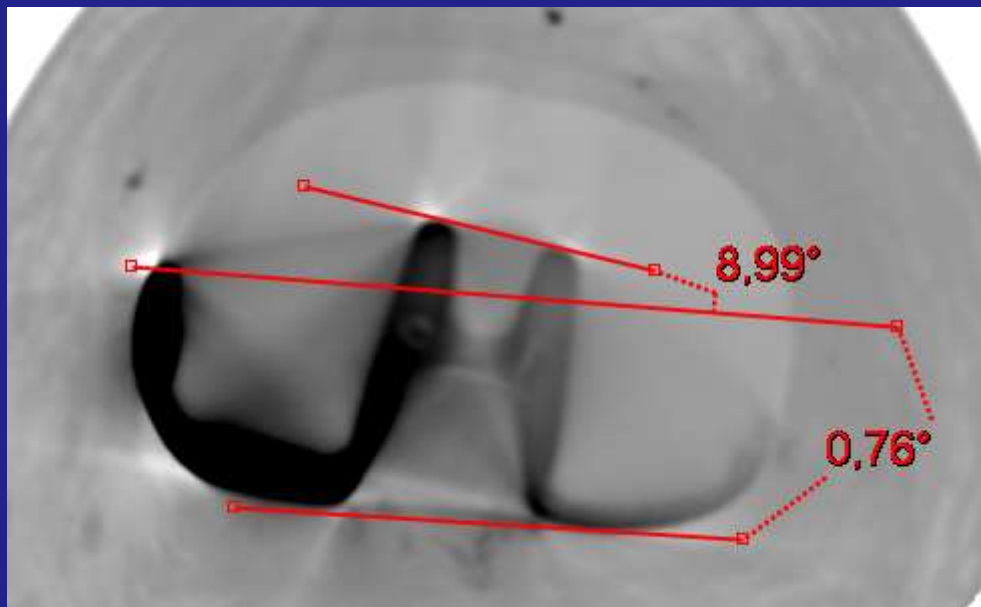
S.G. 68 AA

ER: 6,23°

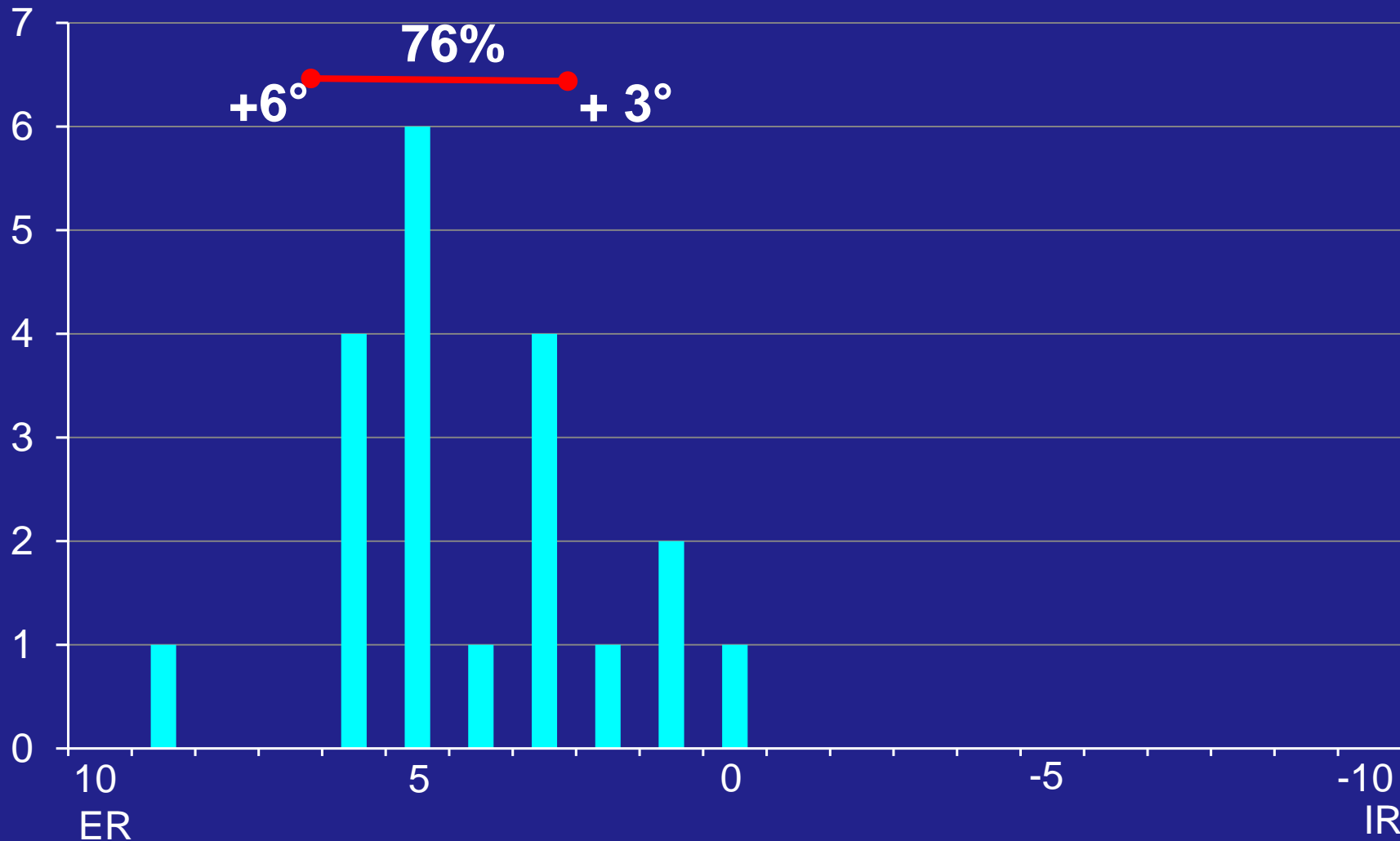


RISULTATI: Rotazione Tibiale Rispetto al c-TEA

- Media E.R. piatto tibiale :
4,15° (Min. 8,99°; Max 0,10°).

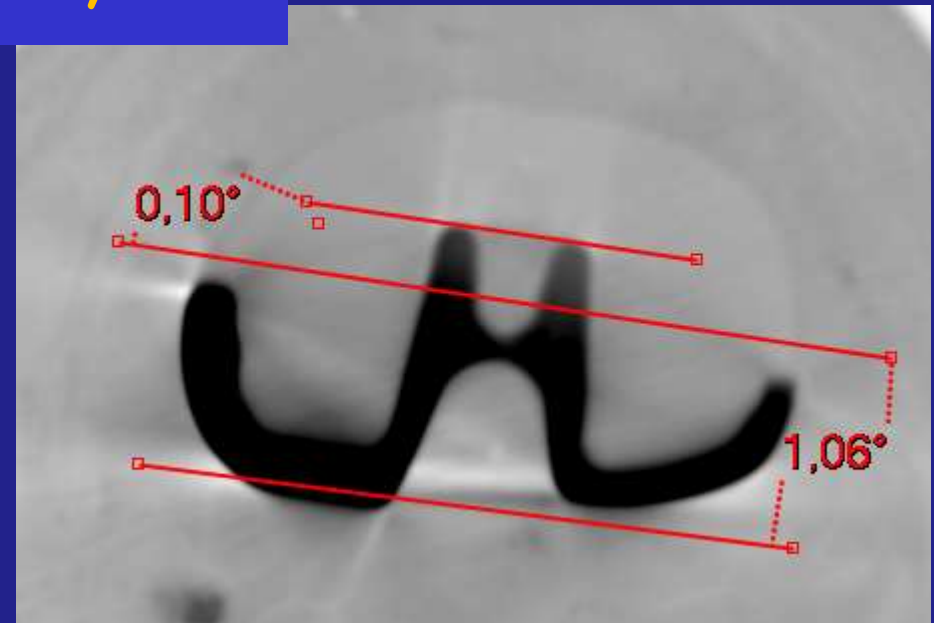
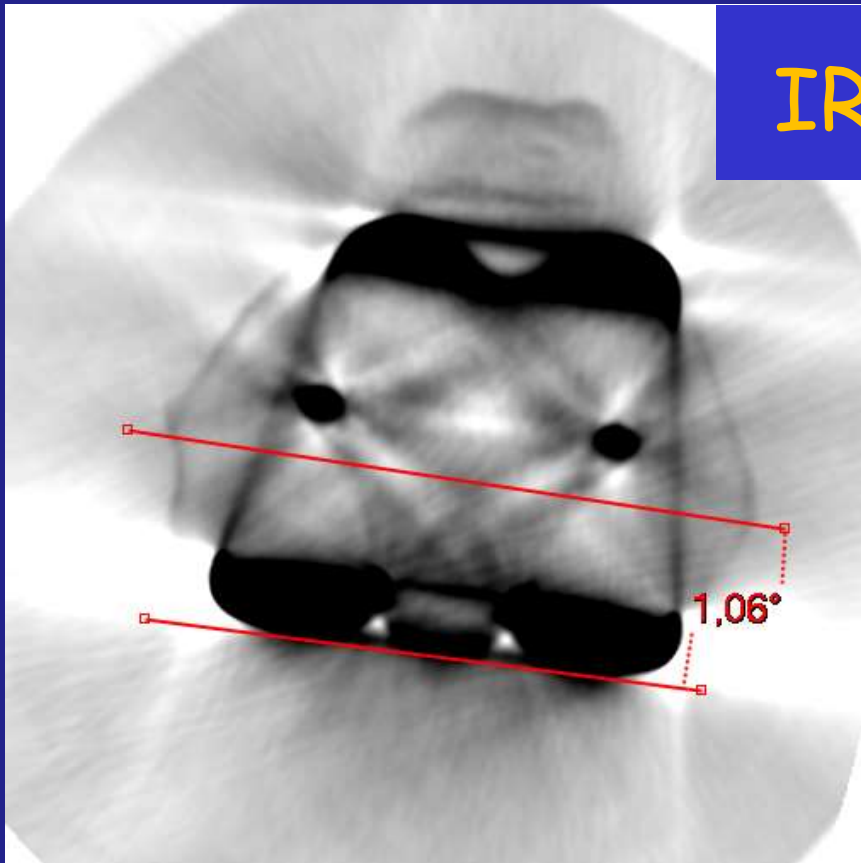


Risultati



In nessun caso componente I.R.

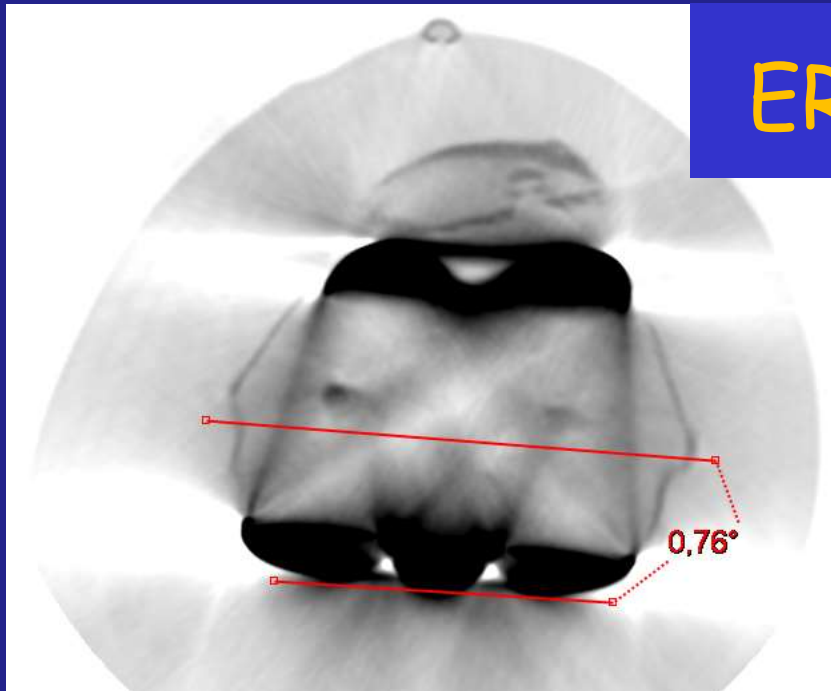
Z.V. 65 AA



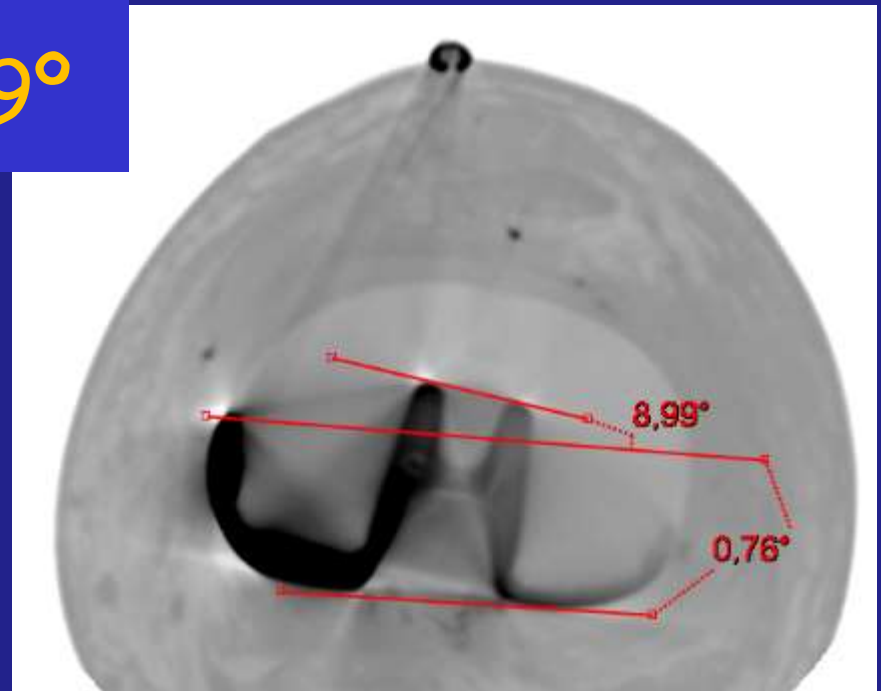
Curve on Curve

Antero-Medial Asymmetry

A.G. 76 AA



ER: 9°



ATTENZIONE ALL' ECCESSIVA
ROTAZIONE ESTERNA

CONCLUSIONE

- Questo studio conferma l'affidabilità della tecnica “curve on curve” per l'allineamento rotazionale del piatto tibiale.
(0 casi di I.R.)
- Tuttavia le componenti tibiali con questa asimmetria possono indurre ad una eccessiva extrarotazione del piatto qualora si utilizzi tale tecnica.
- La valenza clinica di questa possibile eccessiva extrarotazione deve essere comunque confermata da studi ulteriori.



GRAZIE

