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LIVE BONE & JOINT LAB

Proximalisation of the tibial tubercle gives a good outcome in patients undergoing revision TKA who have pseudo patella baja

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• Objective

Benefit from proximalisation of the tibial tubercle ?

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• Patella baja

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• Patella baja
– **True**
Scarring & shortening

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• Patella baja
– **True**
Scarring & shortening
– **Pseudo**
Elevation joint line

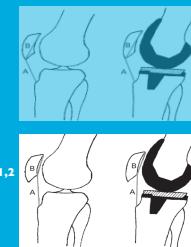


- Patella baja (A/B)
 - Insall-Salvati <0,8



- Patella baja (A/B)
 - Insall-Salvati <0,8

– Modified Insall-Salvati <1,2

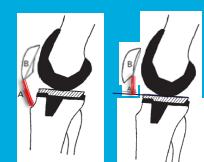


- Patella baja (A/B)
 - Insall-Salvati <0,8
 - Modified Insall-Salvati <1,2
 - Blackburne-Peel <0,8

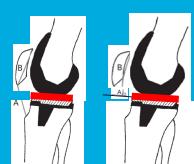


• True patella baja

- Insall-Salvati (A/B)
 - A 1 → 0,5
- Blackburne-Peel (A/B)
 - A 0,9 → 0,4



- Pseudo patella baja
 - Insall-Salvati (A/B)
 - A 1 → 1
 - Blackburne-Peel (A/B)
 - A 0,9 → 0,2



Patient and Methods

- Monocentric (*January 2008 – November 2013*)
- Retrospective case-control
- Inclusion
 - pseudo patella baja after primary PS TKA
 - Proximalisation
 - revision TKA after failed non-operative treatment
 - 2 years follow-up



Patient and Methods

→ 13 knees / 13 patients

Each patient in this osteotomy-group was matched for gender, age, weight, length, body mass index, indication for revision, implant type, length of operating time, and pseudo patella baja (Blackburne-Peel ratio).

to form a control-group of 13 knees in 13 patients.

Table I. Demographic data of all patients, presented in all cases except gender as mean (range)

Group	Age (yrs)	Weight (kg)	Length (m)	Body mass index (kg/m ²)	Duration surgery (mins)	BP ratio	IS ratio	Proximalisation	Gender (M/F)
Osteotomy	53.6 (34 to 71)	83.9 (63 to 108)	1.71 (1.52 to 1.84)	28.9 (21.8 to 37.7)	125.0 (90.0 to 240.0)	0.29 (0.06 to 0.52)	1.43 (1.01 to 2.01)	9.8 (3 to 21)	5/8
Control	53.9 (50 to 82)	87.4 (65 to 125)	1.70 (1.58 to 1.8)	30.3 (23.4 to 41.8)	110.0 (100.0 to 170.0)	0.29 (0.00 to 0.46)	1.23 (0.72 to 1.78)	-	7/6
Difference	0.047					0.419*	0.419*		0.461?
(p-value)									

BP: Blackburne-Peel; IS: Insall-Salvati

Patient and Methods

• Outcome

– Clinical KSS

– Functional KSS

– Xray analysis (2x6x2)

• Statistic analysis (significance p ≤ 0.05)

– Welch two sample t-test (normal distribution)

– Wilcoxon rank sum test with continuity correction (not normal distribution)

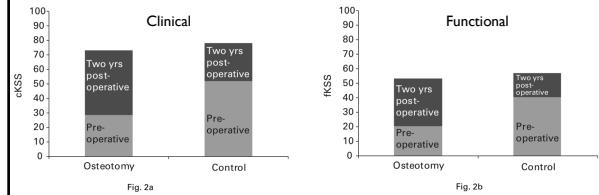
– Power analysis

Results

- Mean proximalization: 9,8 mm (3-21)
- Mean increase BP-ratio: 0,2 (0,1-0,28)
- No delayed or non-union
- No higher extension lag
- No difference ROM

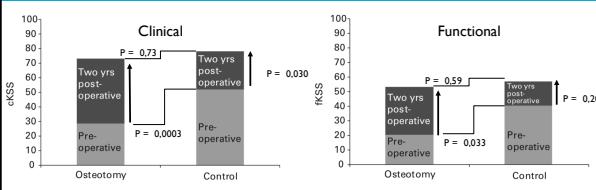


Results

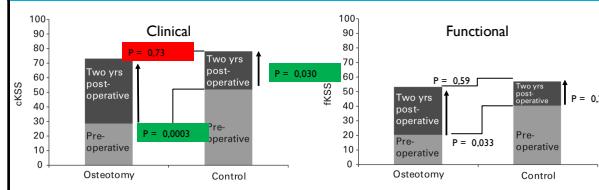


Results

Results



Results



Discussion



What about prosthesis type?

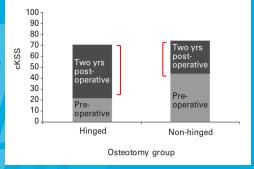
Range of proximalisation is 3mm – 21 mm!

Discussion



What about prosthesis type?

ckSS



Osteotomy group

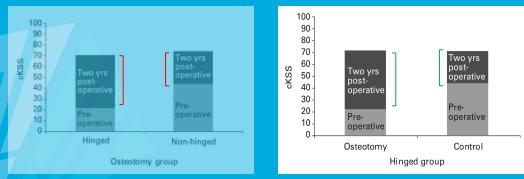
P = 0,07

Discussion



What about prosthesis type?

ckSS



Osteotomy group

Hinged group

P = 0,07

P = 0,01

Discussion



What about the wide range of proximalisation ?

ckSS



Osteotomy

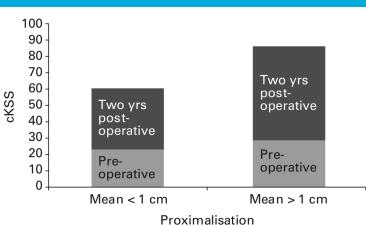
Control

Discussion



What about the wide range of proximalisation ?

ckSS



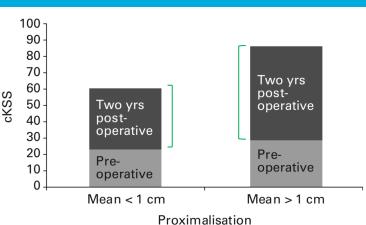
Proximalisation

Discussion



What about the wide range of proximalisation ?

ckSS



Proximalisation

P = 0,01

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Conclusion

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Conclusion

- In revision TKA, proximalisation gives good outcome in patients who have pseudo patella baja.
 - Even without full restoration of BP-index
 - Regardless of implant type
 - Without major complication

