



Clinical Case 2

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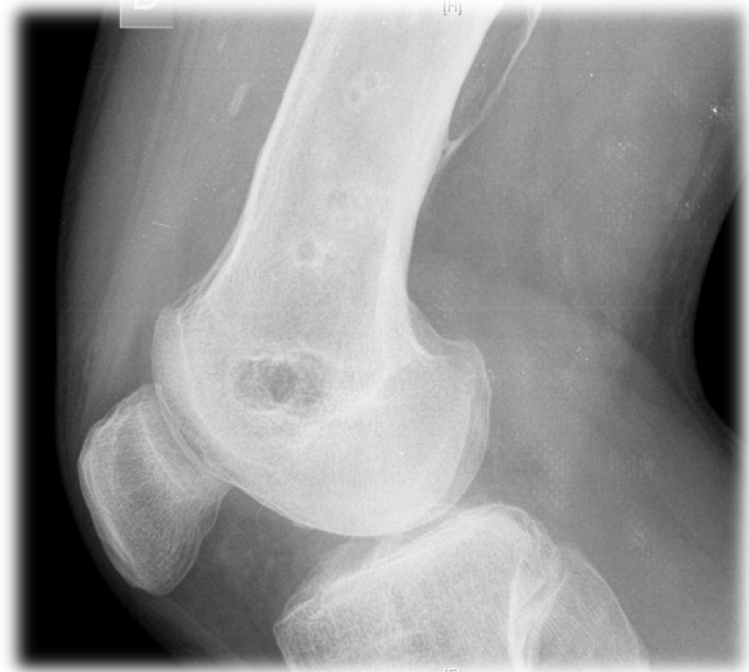


- Male **41** years old
- Engineer
- Quite active (not now)
- Long lasting knee pain



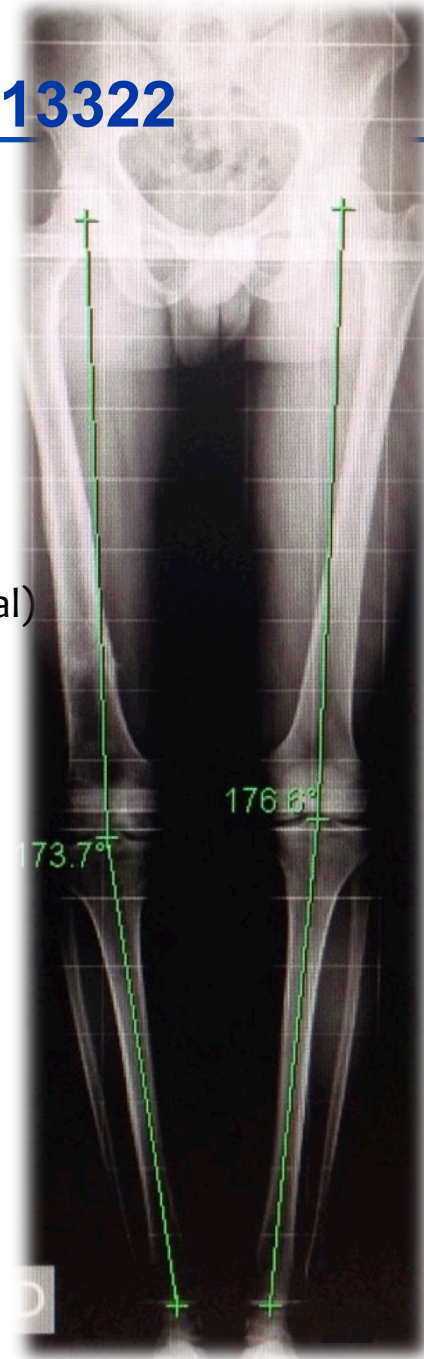
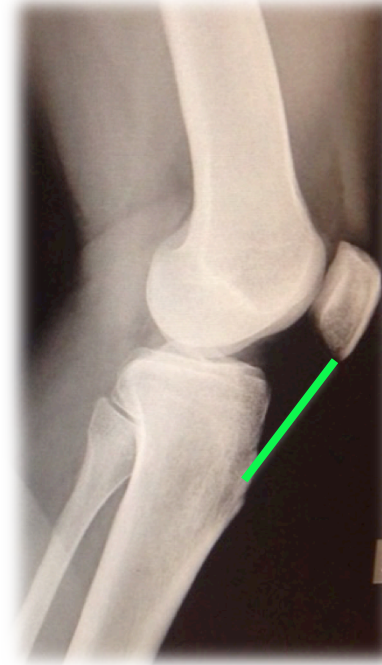
- **Medical History**

- Open Fx Femur & Tibia D some 20 y before
- RoH 1 year later
- Mechanic residual pain (medial) that increased over years
- Several treatments (physio, intraarticular PRP, ozone!, etc...)



2012: Selective pain medial compartment →
Arthroscopic Meniscectomy

- Poor results, persistent symptoms in medial compartment as well a PF joint
- X-rays Patela Baja, varus alignment 6° (2° contralateral)





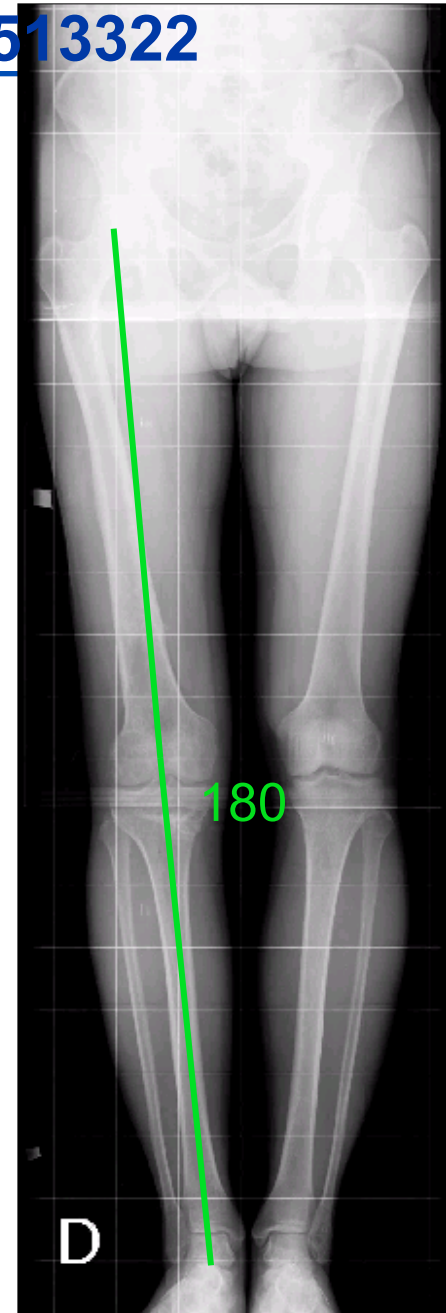
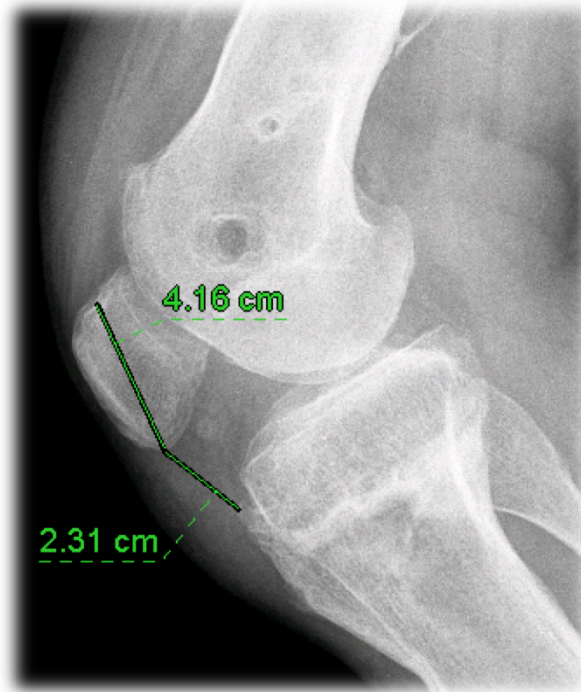
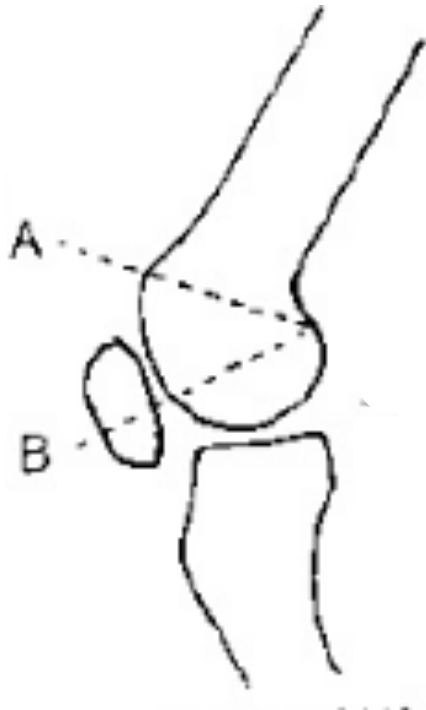
2013: HTO OW + Micro Fx medial FC + ATT proximalization

2014: RoH



2014 (6m postop): first consultation @ our institution

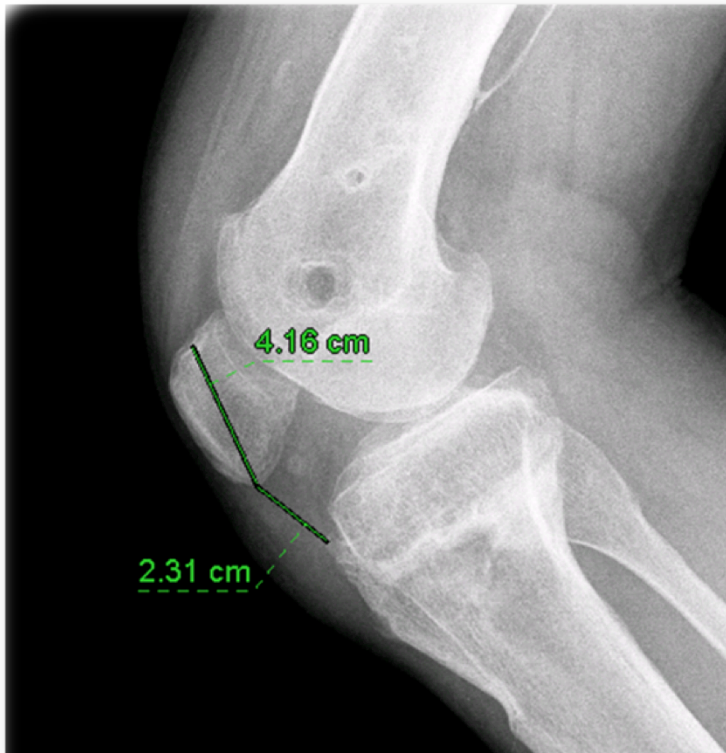
- Severe pain (mainly anterior @ 45°)
- ROM 0/0/60°
- Patela baja (Insall-Salvati 0.36)



X-ray lateral view

- Patella baja (infera)
- Signes of
 - PF Arthropathy
 - Previous Osteosynthesis
 - HTO + ATT healed

* Persistent anterior knee pain



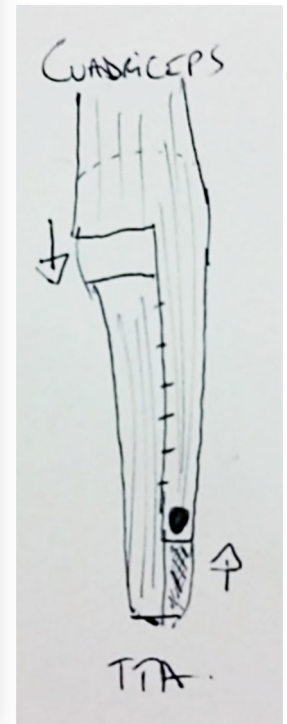
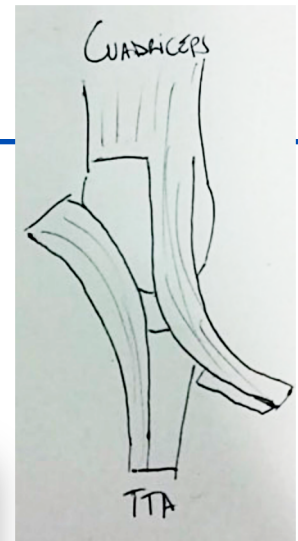
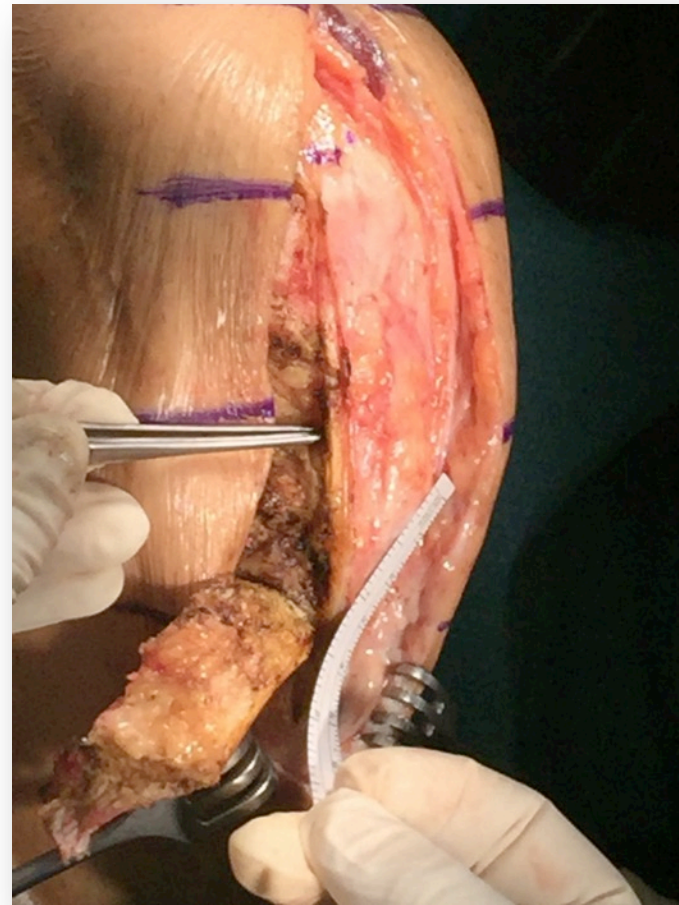
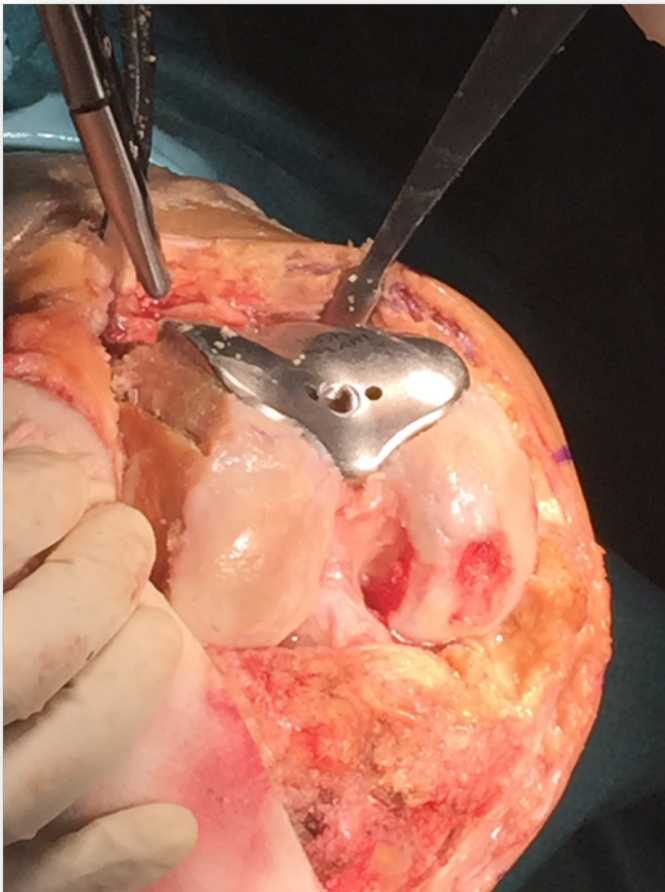
What to do next?

1. Rehabilitation
2. ATT proximalization
3. PF prosthesis
4. Total Knee replacement
5. Patelectomy

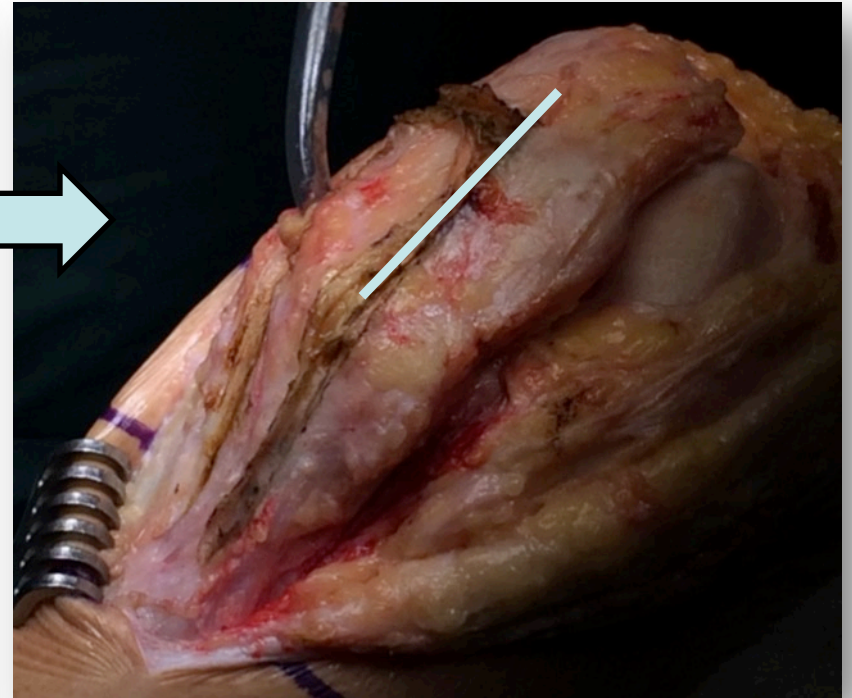
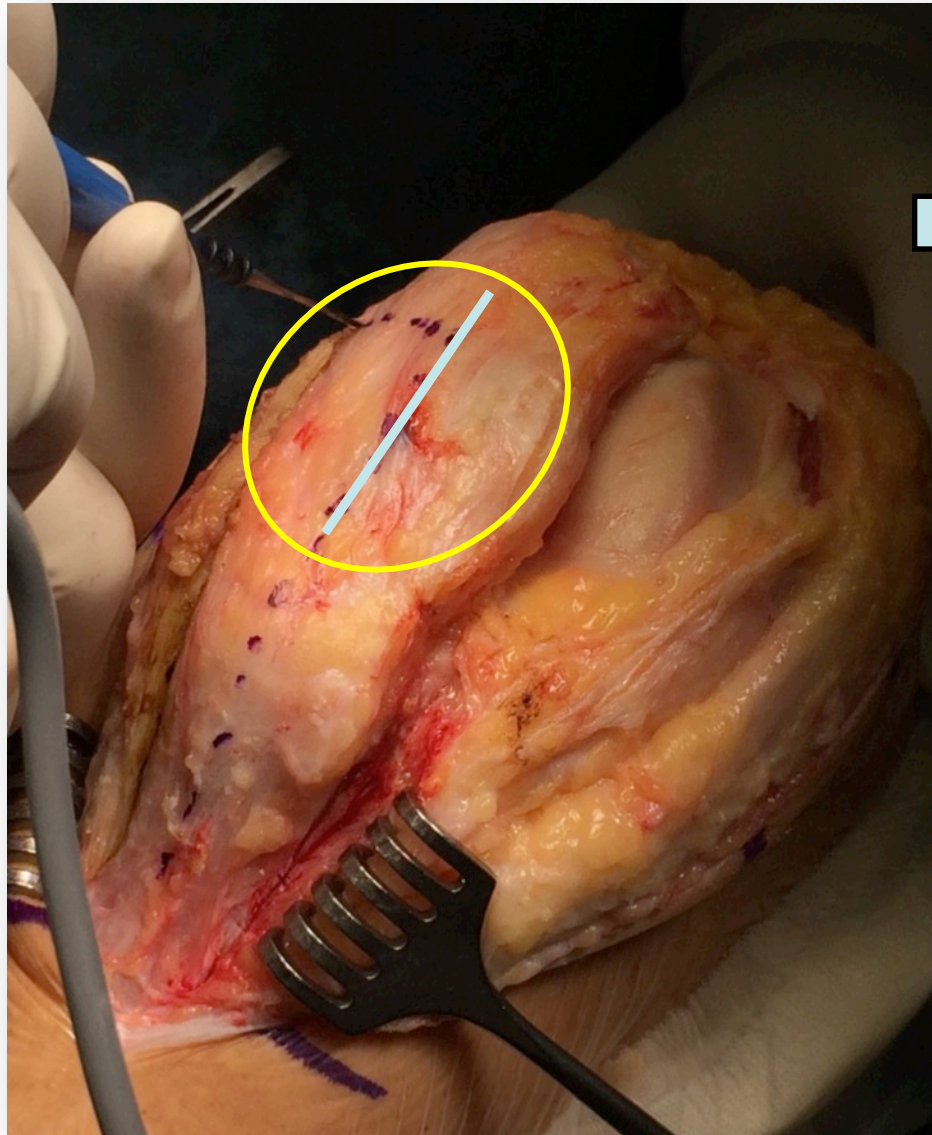


Surgical Procedure 10.09.15

- PFP
- NanoFx in the MFC
- PT lengthening



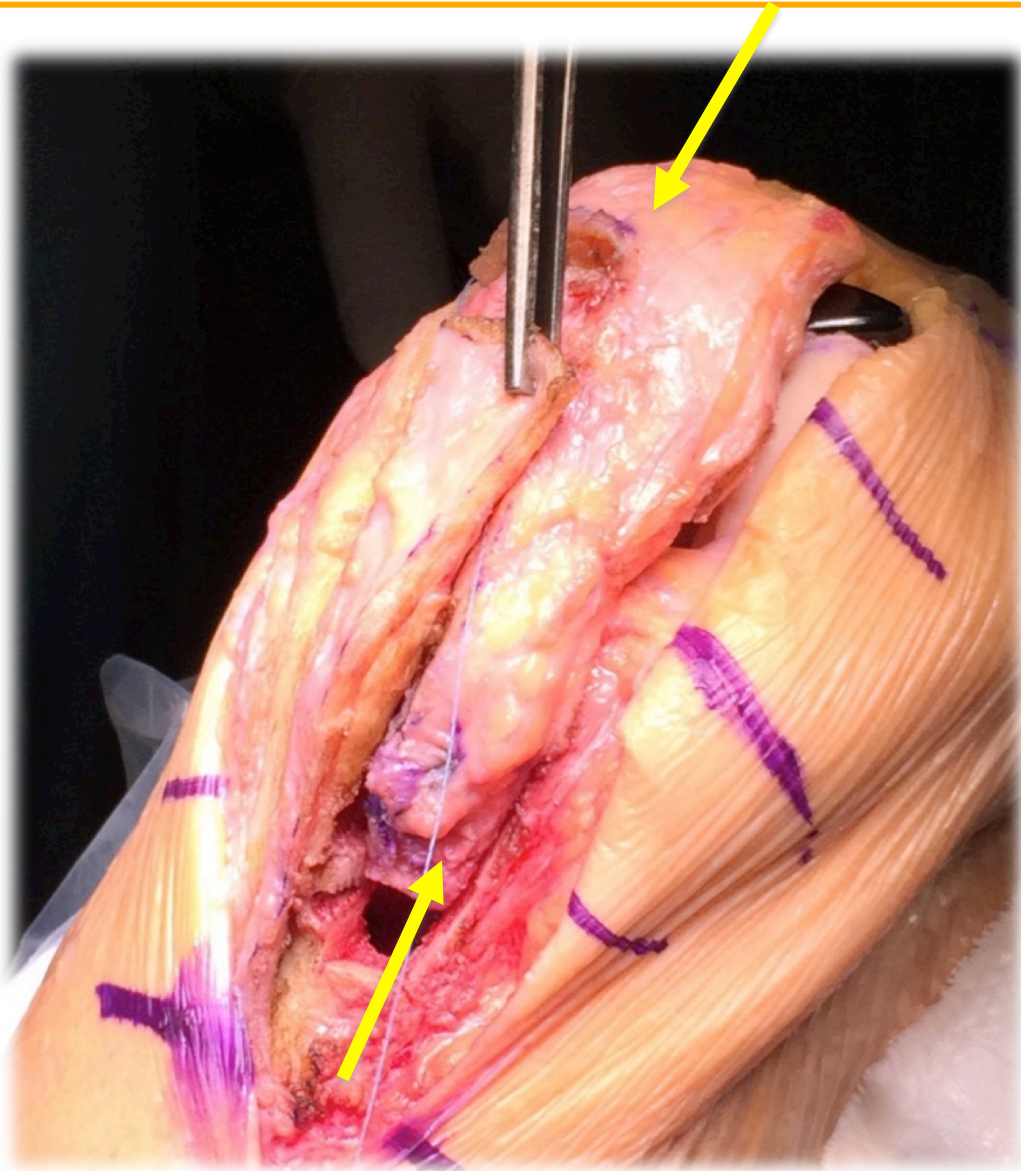
Surgical Procedure 10.09.15



PT Lengthening

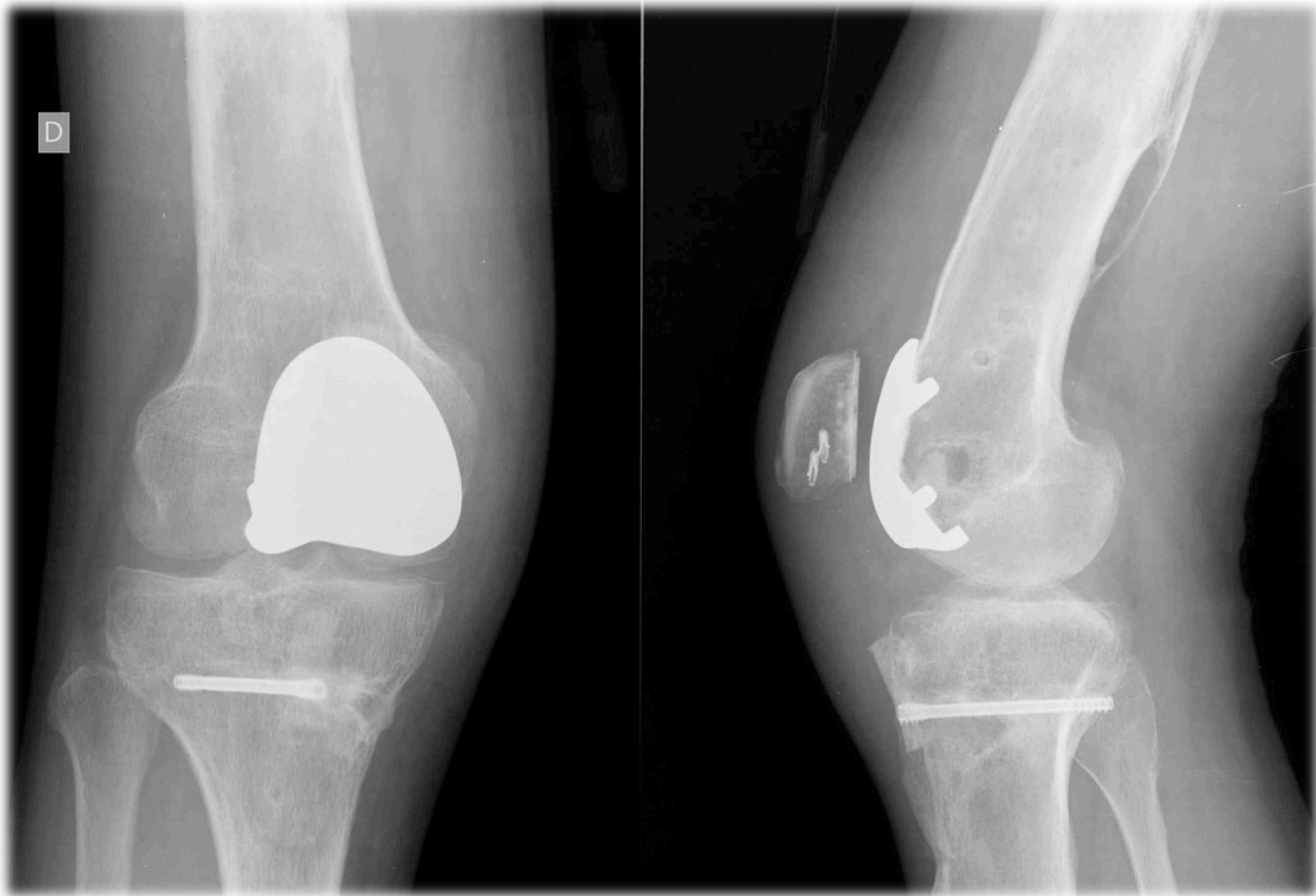


Surgical Procedure 10.09.15



X-ray 2 months PostOp

- ROM 0/0/90°, no PF pain, full active extension



Outcomes

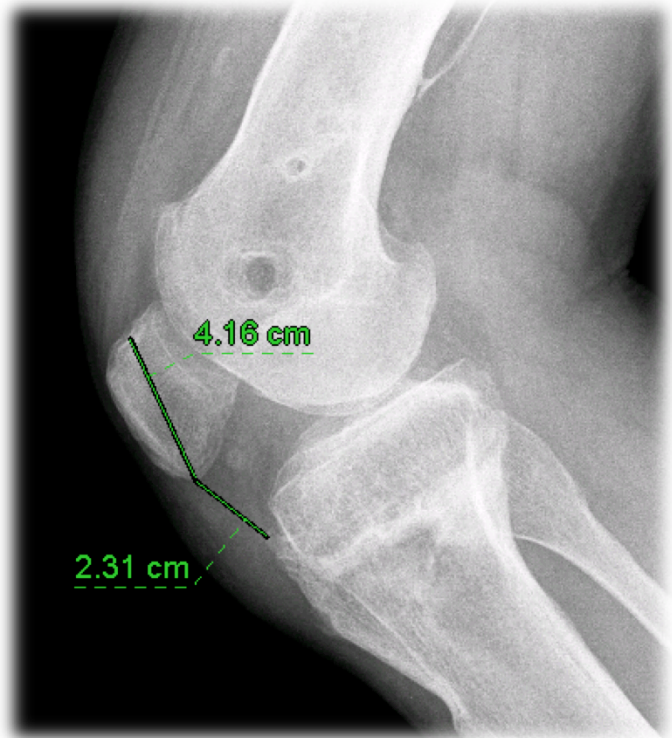


7 months FU

No pain anymore @ 45°

ROM 0/0/100

Patellar height normal (Insall-Salvati 0,9)

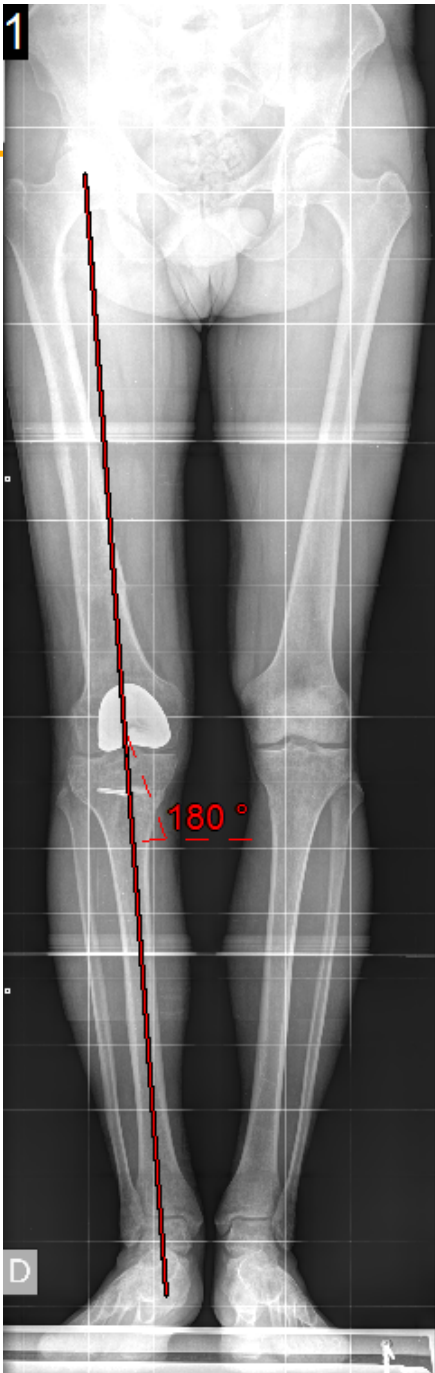


Evolution (1 year after PFP + PT lengthening)



- Medial compartment pain (++++)
- Difficulties in climbing stairs
- Ability to walk 1 hour
- ROM 0/0/100°





Evolution (1 year after PFP + PT lengthening)

DIAGNOSIS

- 47 years old
- Post-traumatic chondral injury (MC)
- Good alignment
- PFP



TREATMENT OPTIONS

1. Physiotherapy
2. Re-HTO +/- Cartilage treatment
3. UKA
4. TKA
5. Wait and See



PROTESIS BICOMPATIMENTALES

[Eur J Orthop Surg Traumatol](#). 2016 Jul;26(5):517-21. doi: 10.1007/s00590-016-1760-4. Epub 2016 Mar 21.

Early failure with the Journey-Deuce bicompartamental knee arthroplasty.

[Dudhniwala AG¹](#), [Rath NK¹](#), [Joshy S²](#), [Forster MC³](#), [White SP¹](#).

[J Arthroplasty](#). 2011 Sep;26(6 Suppl):40-5. doi: 10.1016/j.arth.2011.03.026. Epub 2011 May 8.

Initial experience of the Journey-Deuce bicompartamental knee prosthesis: a review of 36 cases.

[Palumbo BT¹](#), [Henderson ER](#), [Edwards PK](#), [Burris RB](#), [Gutiérrez S](#), [Rateman SJ](#).

Early aseptic loosening of the tibial component
Revision rate of 60 % at a minimum follow-up of 54 months



PFP + UKA

[Knee](#). 2014;21 Suppl 1:S43-6. doi: 10.1016/S0968-0160(14)50009-9.

Partial knee arthroplasty: patellofemoral arthroplasty and combined unicompartmental and patellofemoral arthroplasty implants--general considerations and indications, technique and clinical experience.

[Benazzo F](#)¹, [Rossi SM](#)², [Ghiara M](#)¹.

2007 to 2012 → n 55 (25 isolated /30 combined UKA + PFA)
follow-up 4.6 y (56.5 m)

RESULTS

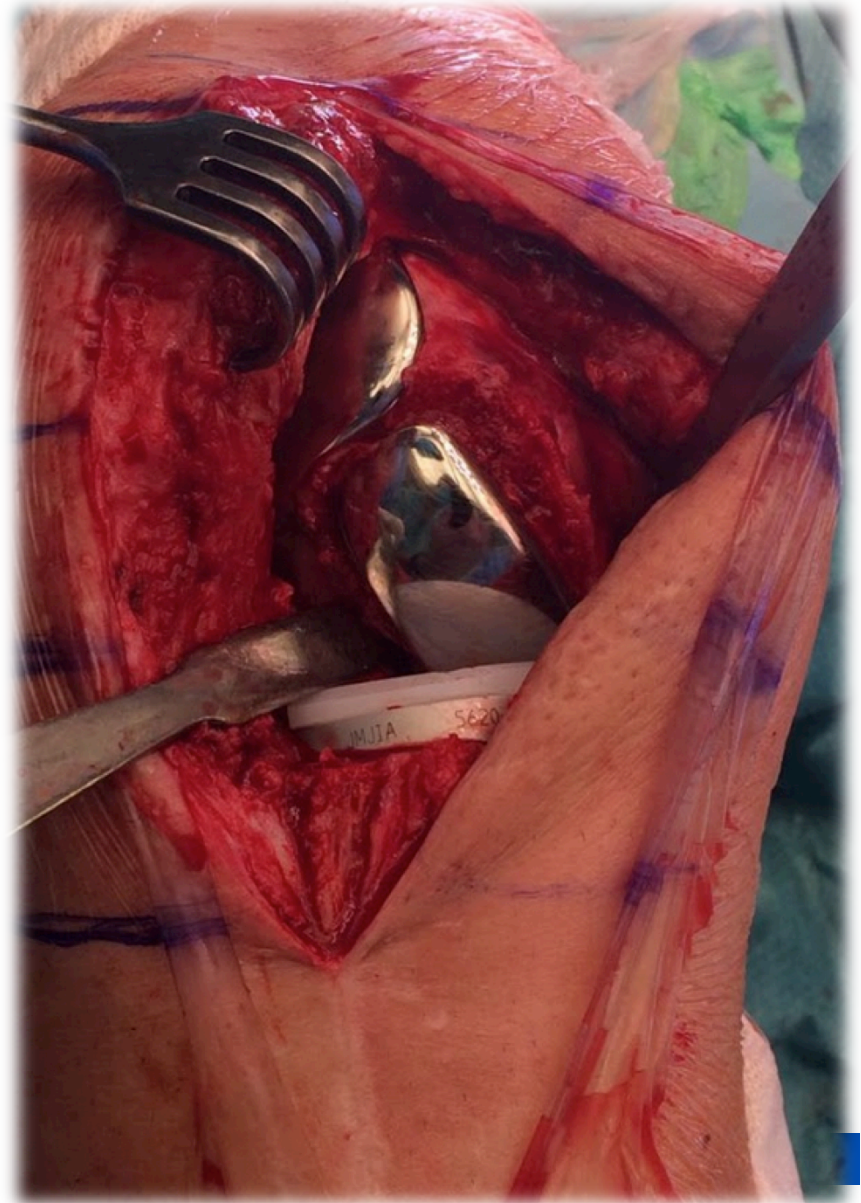
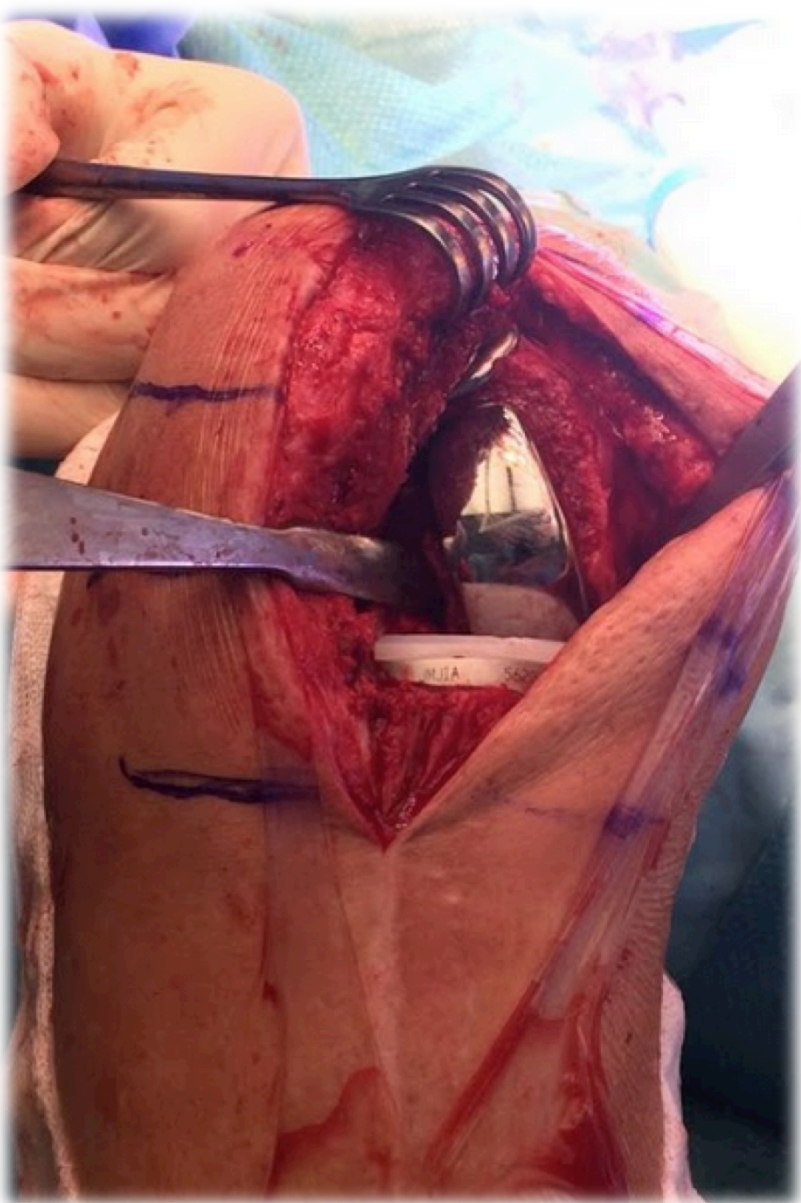
- In both groups → improvement of HSS, KSS and OKS scores @ final follow-up → good to excellent.
- survivorship → 92.2% (3 progression FT)

CONCLUSIONS:

promising results at mid-term follow-up



23 Feb 2017
UKA (Striker)



X-ray immediate PostOp



X-ray 1 year F-up

