

Clinica Ortopedica e
Traumatologica
Università degli Studi di Pavia

Fondazione IRCCS Policlinico
San Matteo

Direttore: Prof. F. Benazzo

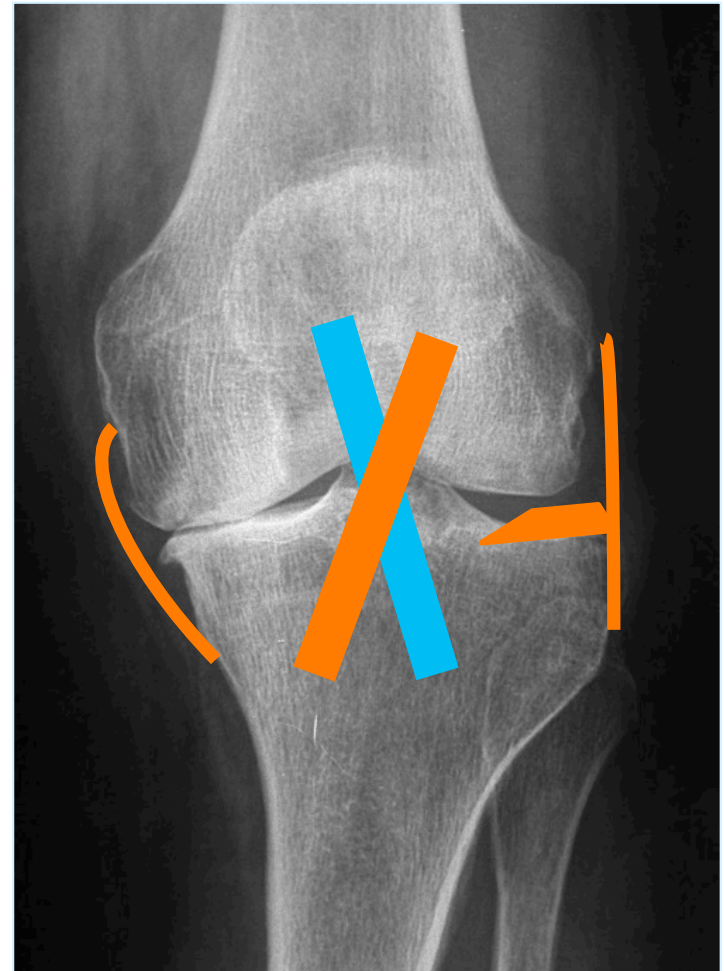


Hot topic: the place for bi-UKA or TKA in
unicompartmental arthritis?

F. Benazzo

Background

- Uni arthritis can be treated successfully at medium and long-term follow-up by UKA both in young and old patients
- Why in some cases is better to sacrifice these “healthy” structures?

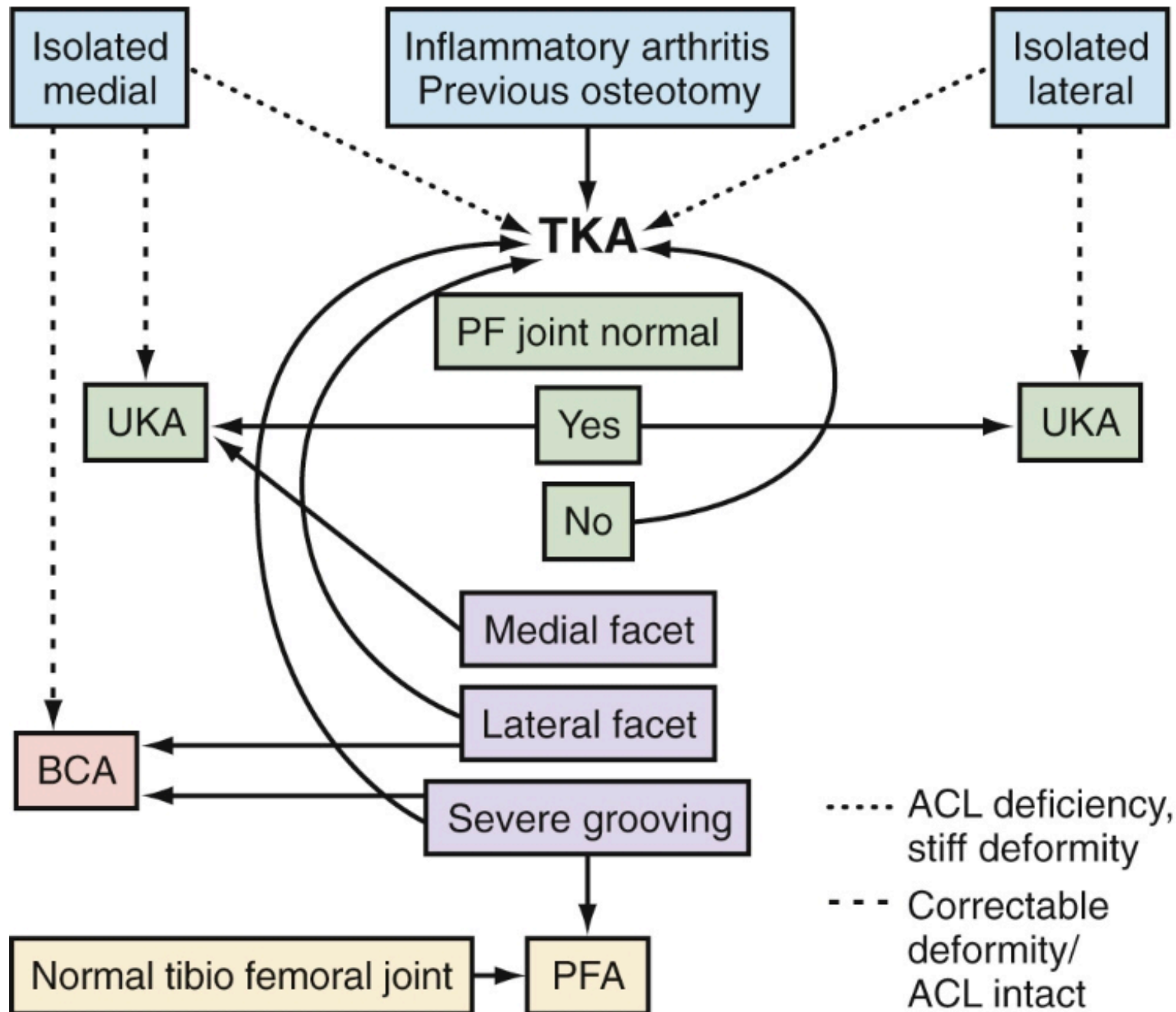


Classic contra-indications

- Inflammatory OA
- Fixed flexion deformity greater than 10°
- Fixed varus/valgus deformity greater than 10°
- Limited ROM
- Obesity
- ACL deficiency in young active patients
- Patellar lateral facet OA degeneration
- Severe lateral thrust
- Bi- or tri-compartmental pain (“Finger sign” negative)



Algorithm



Surgical options

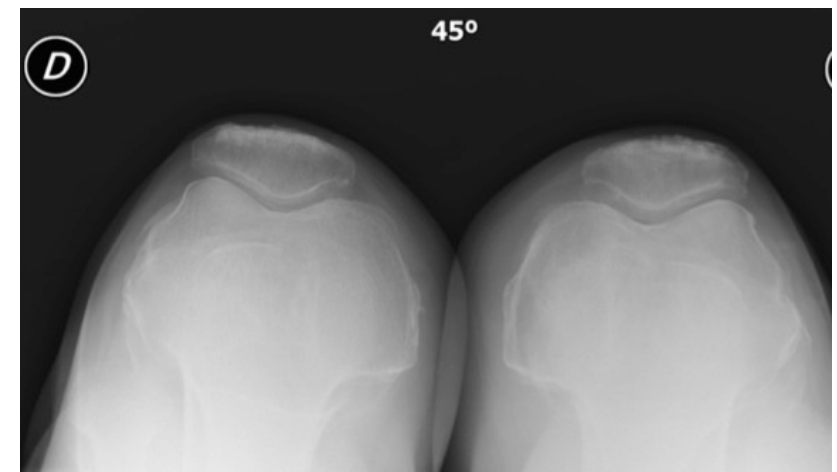
Varus knee due to narrowing of the joint space, correctable (any reason) - AVN	Unicompartmental knee replacement (UKR)
Varus + medial facet	UKR (but limb realignment regained)
<u>Varus + lateral facet</u>	<u>UKR + PFA (TKA remains an option)</u>
<u>Varus+ trochlear incongruence (PF maltracking), OA</u>	<u>UKR+PFA (TKA remains an option)</u>
Valgus knee due to narrowing of the joint space, correctable (any reason)	UKR
<u>Valgus + lateral/medial facet or trochlear groove incongruence, OA</u>	<u>UKR + PFA (TKA remains an option)</u>
No or minor axial deviation, both compartments involved, central pivot competent	Bi-UKR

*Benazzo et al,
Chapter 132
Insall Scott Kelly
Surgery of the Knee
6th Edition, 2017*

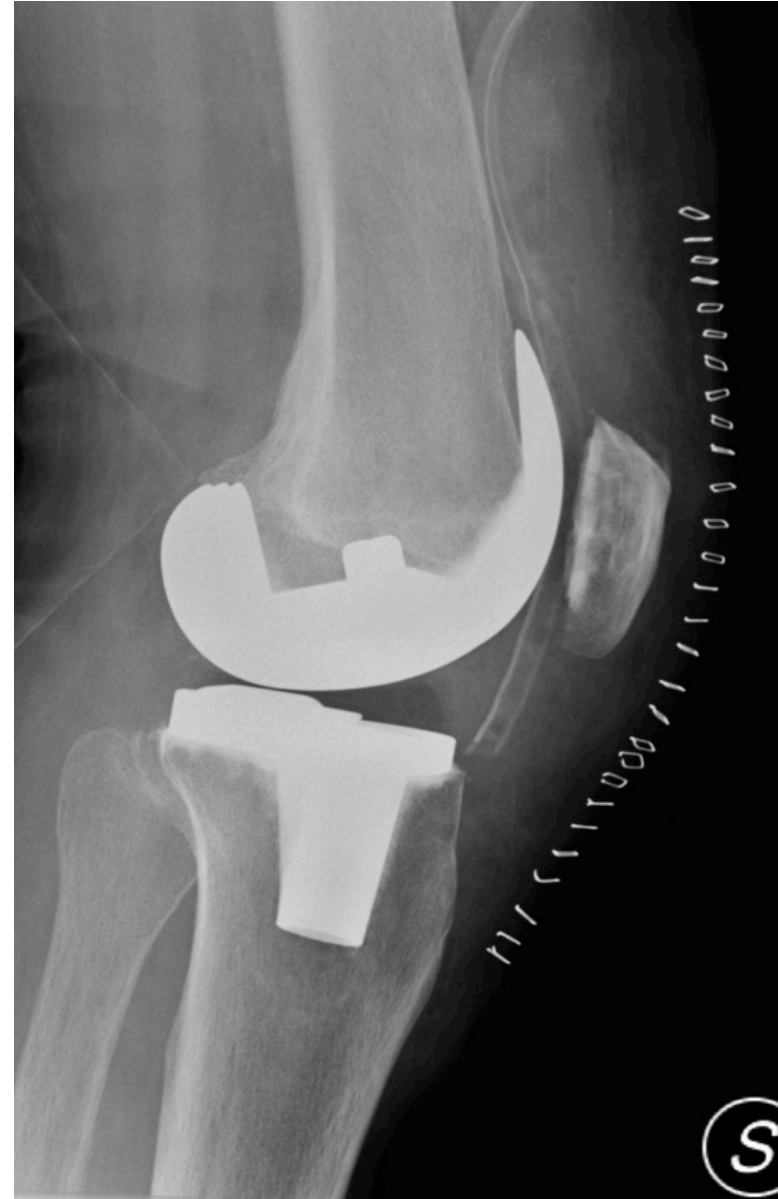


A typical case

- Female
- 73 ys
- Height 160 cm
- weight 51 kg
- Extension -5°
- Flexion 110°
- Tricomp. pain



My solution

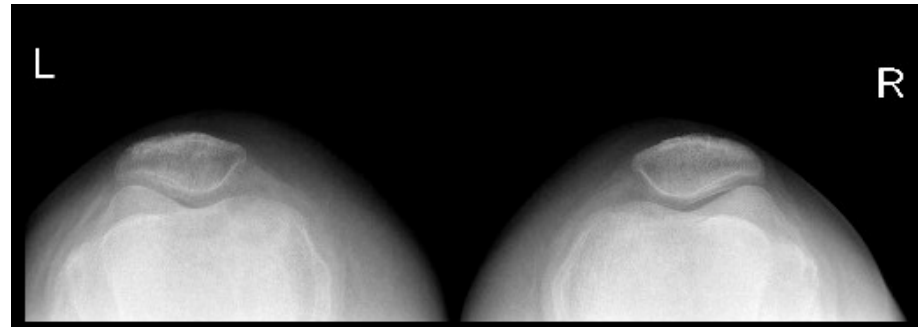


Follow-up at 6 months



Similar radiological case

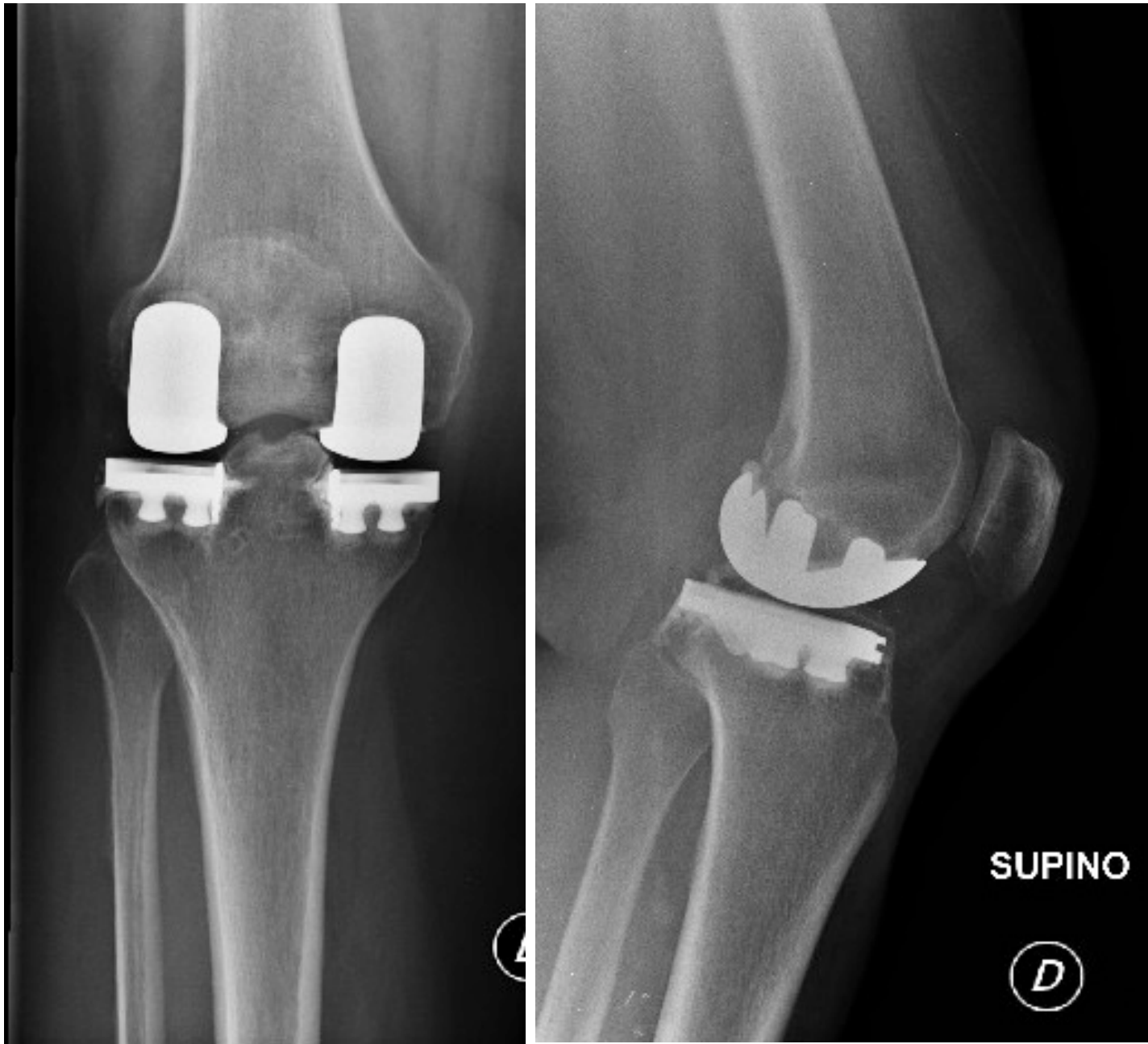
- No PF pain
- No contracture



My solution

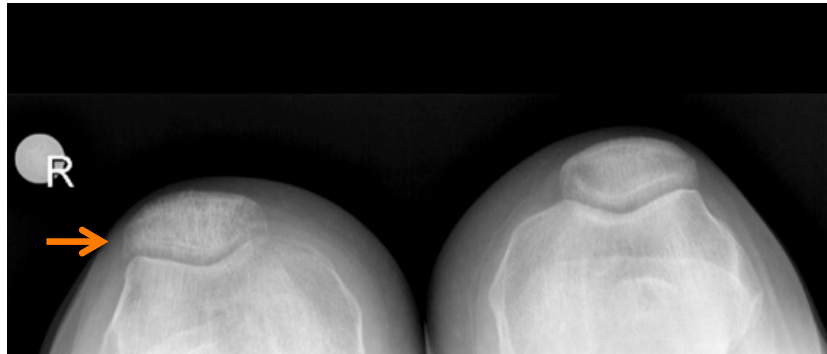


Bi-UNI - Follow-up at 2 years



Clinical case

- F, 62 ys
- Road accident
- THA (f-u 3 ys)



Post-operative x-rays

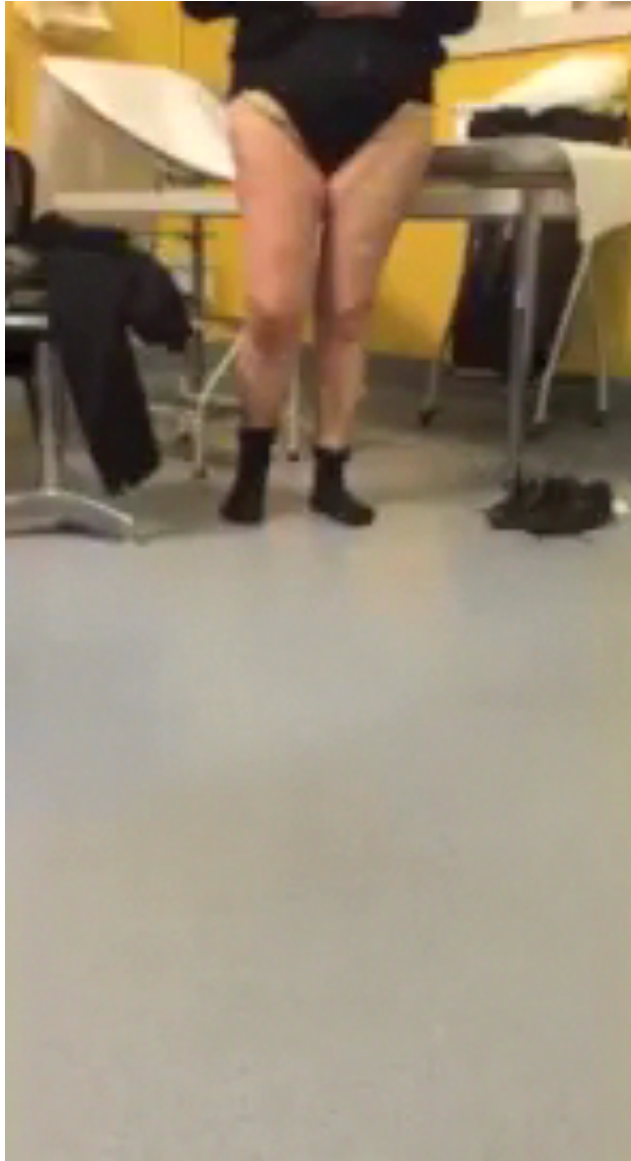
- 1° step: UKA
(correct axis)
- 2° step: PFJ



Follow-up at 8 months

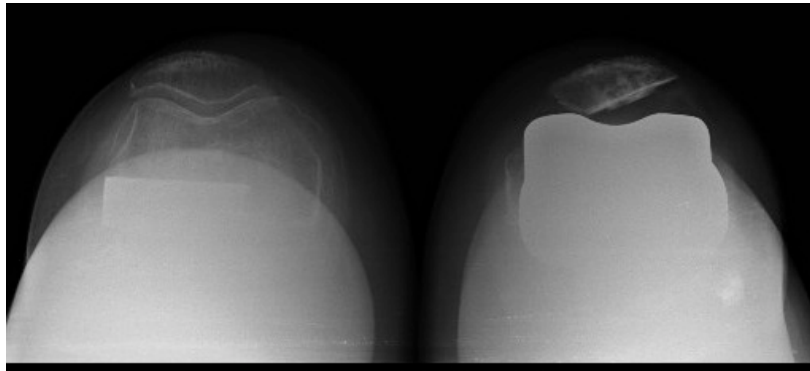


Follow-up at 8 months



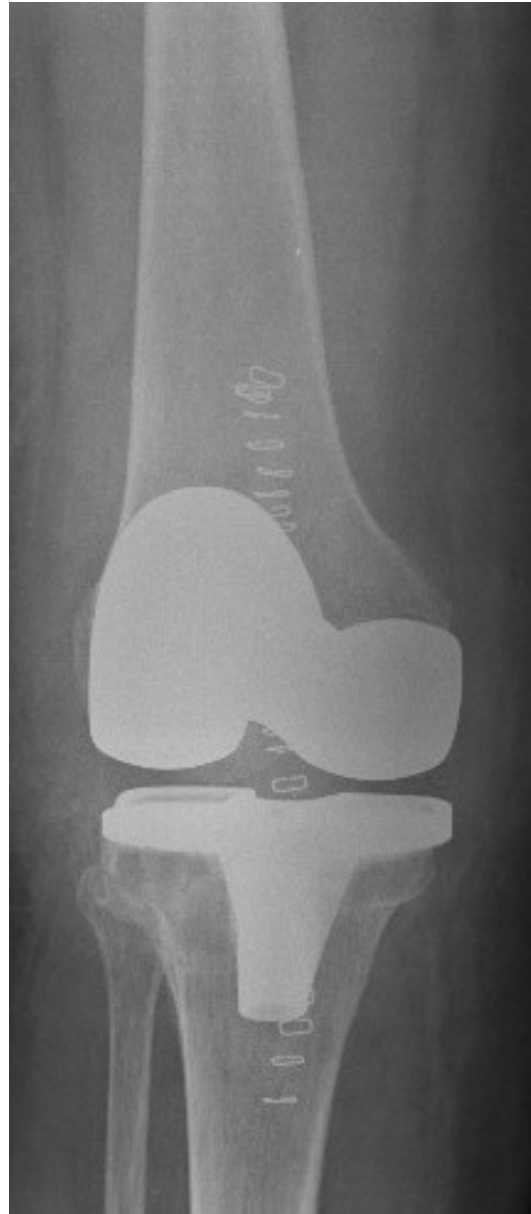
Arthritis after osteotomy

- F, 65 ys
- Tibial osteotomy by staple
- 165 cm
- 80 Kg



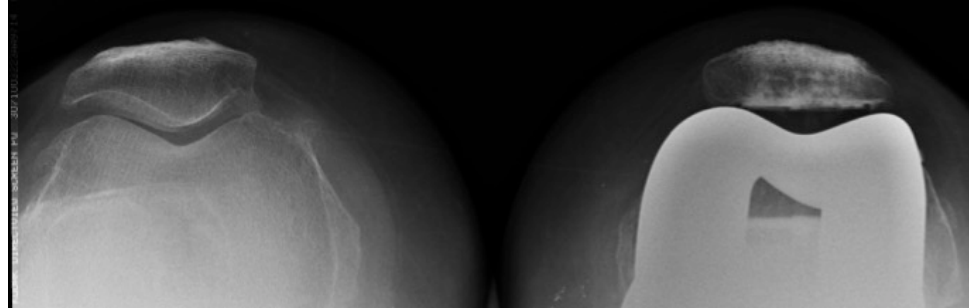
Post-op

- Persona
- Enlarged median approach
- Distal femoral cut – 1 mm
- Osteoporotic tibial bone
- Liner 13 mm
- Lateral release!



Inflammatory arthritis

- Female
- 57 ys
- Polymyalgia



Post-op



Follow-up 18 months



Conclusions

- Follow and respect the indications
- Combine clinical and radiological signs
- Use the least possible level of constraint but never insufficient
- In specific cases sacrifice “apparently healthy” tissues to improve outcome and prosthesis survivorship

Inflammatory arthritis

- Male
- 50 ys
- Inflammatory arthritis



Inflammatory arthtitis

