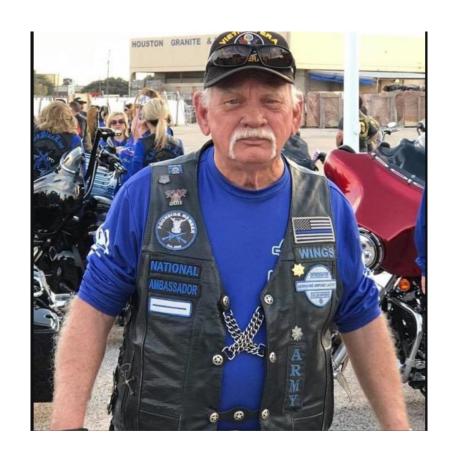


Special case Osteotomy Plus arthroplasty

Ali Albelooshi
MB bch LRCPSI FRCSC
Orthopedic Concultant

- 65 Male
- Retired Police man
- Bil knee pain
- right knee worse than left
- Varus 40 degree
- ROM 0- 145











1) Osteotomy first then TKA



2) Osteotomy + TKA



3) Osteotomy and UKA





Solution?











CASE 2

- 56 Y/o female
- H/O trauma in childhood deformity
- Osteotomy & Osteomyelitis
- Knee pain
- Affecting ADL
- O/E:
 - Valgus 21 degree
 - ROM 0-135
 - MCL mild laxity
- ESR and CRP normal





Deformity Analysis

- o 21 valgus
- o 18 flexion
- o IR 10 degree
- LDFA 72
- MPTA 90



1) Osteotomy first then TKA



2) Osteotomy + TKA



3) Intra- Articular correction



₽ O

Solution?

5) Choice of Implant?

4) Osteotomy UKA

Post op





Post op

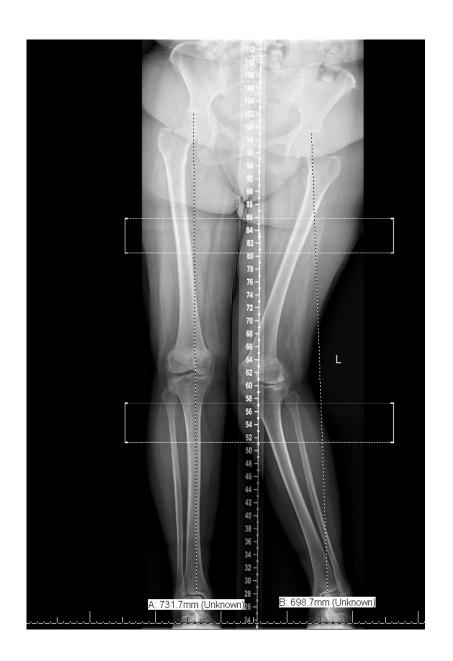


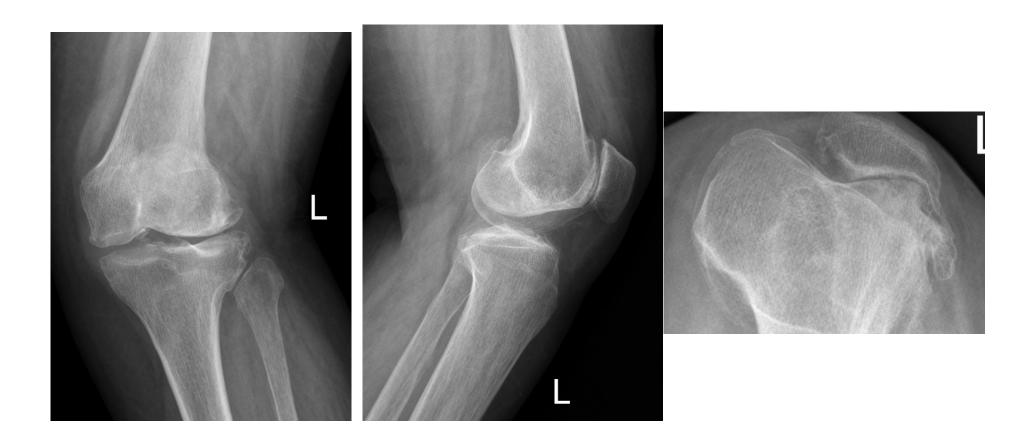
6 months follow up





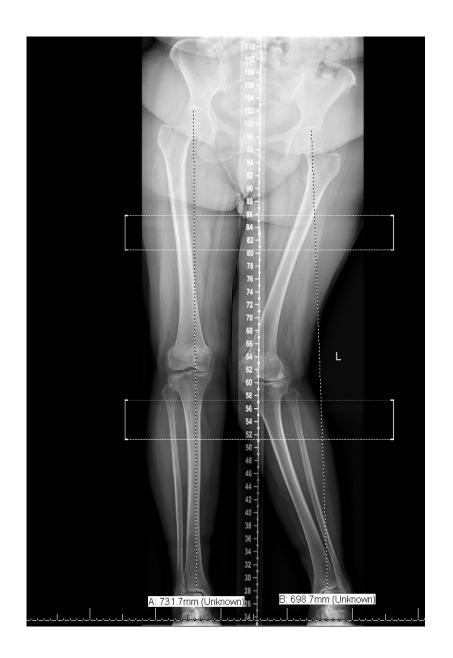
- 60 Y/o Female
- Severe pain
- Knee instability
- Failed non operative treatmement
- O/E:
 - Valgus 34 degree
 - Significant Laxity MCL





Choice of implants

- PS
- LCCK
- RHK



RHK (laxity of MCL) with osteotomy fixed by the stem

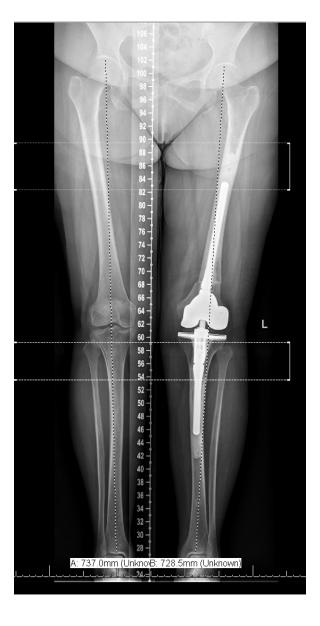




X-RAY AT 3 MONTHS







Male
Skydiving instructor
61 years old
BMI 22

Right knee history: ACL 1996 rACL + HTO 2011

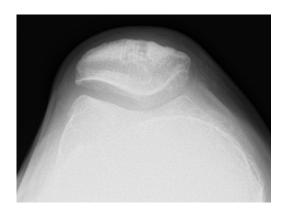
Clinical examination:

- Valgus 0,5 cross finger
- Lachman hard end-point
- Isolated medial pain
- ROM 0/0/130



X-Ray

- HKA 190°
- LDFA 85°
- MPTA 97°









MRI:

- Normal lateral and FP compartment
- Normal ACL

1) Nothing: pain is in the head



2) Knee infiltration



Solution?

3) UKA + HTO



4) TKA



1) Nothing: pain is in the head



2) Knee infiltration



Solution?

3) UKA + HTO



4) TKA







Take home message

- Osteotomy and arthroplasty UKA or TKA is challenging
- Preoperative planning is key
- Could be done staged or at one stage
- What you know best
- What you can do best
- What are your resources
- What is that the patient need / demand

THANK YOU

