

Painful TKA case discussion

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Case 1

- 54 year old personal trainer
- Previous ACL recon 90s
- TKR 2018
- Presents in 2019 with recurrent effusions
- No pain, continues to jog



Case 1

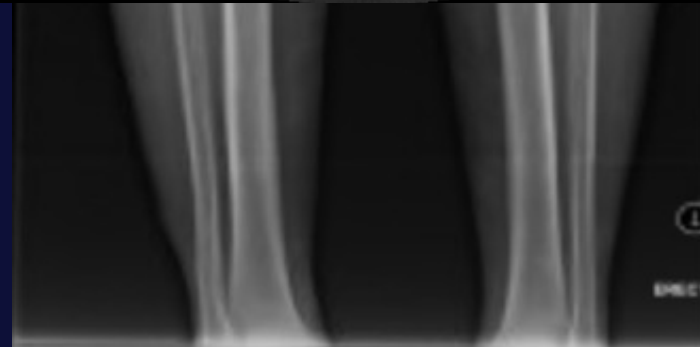


Case 1

- Next steps?
- Investigations?
- Straight to revision??



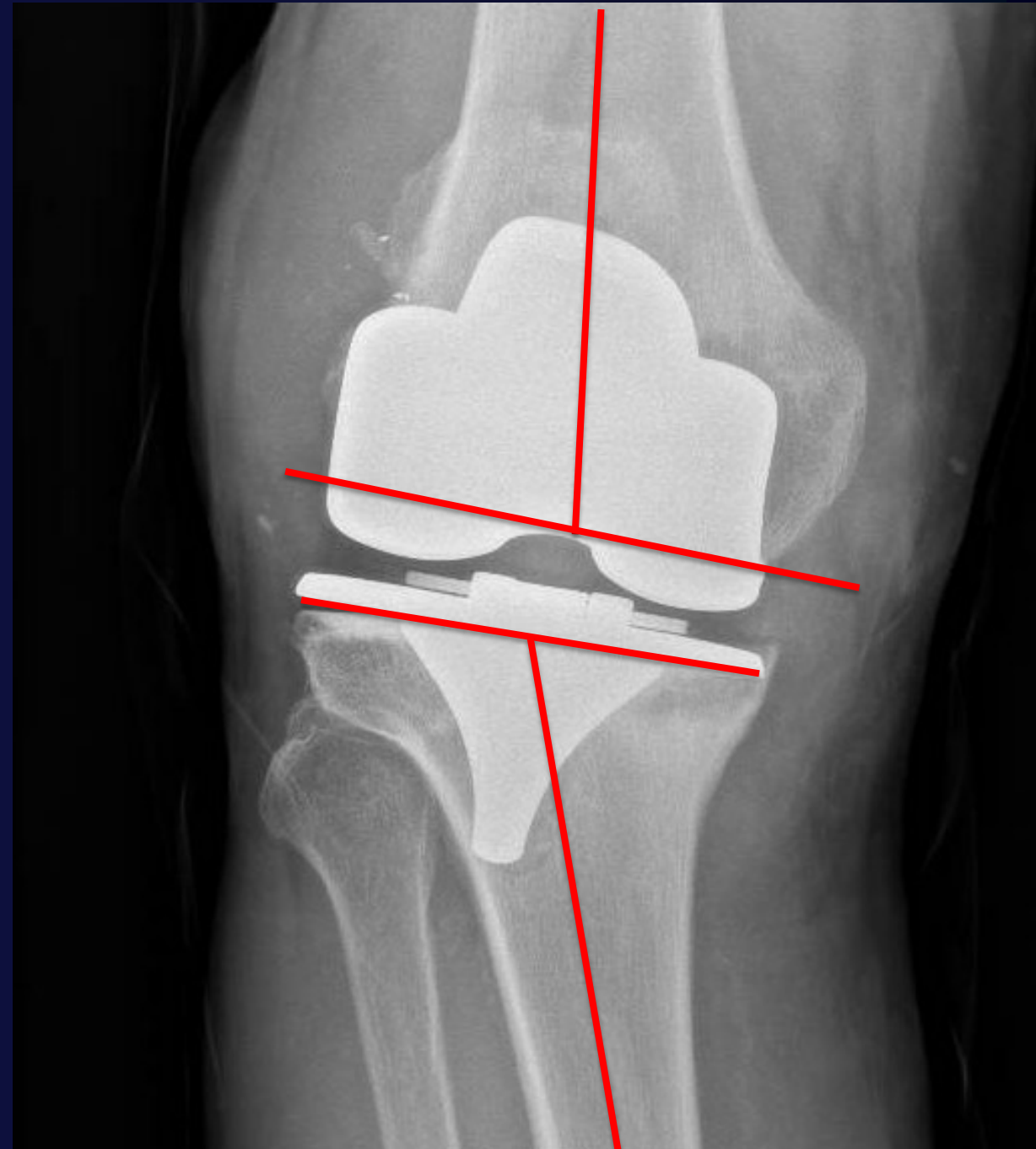
Case 1



Case 1

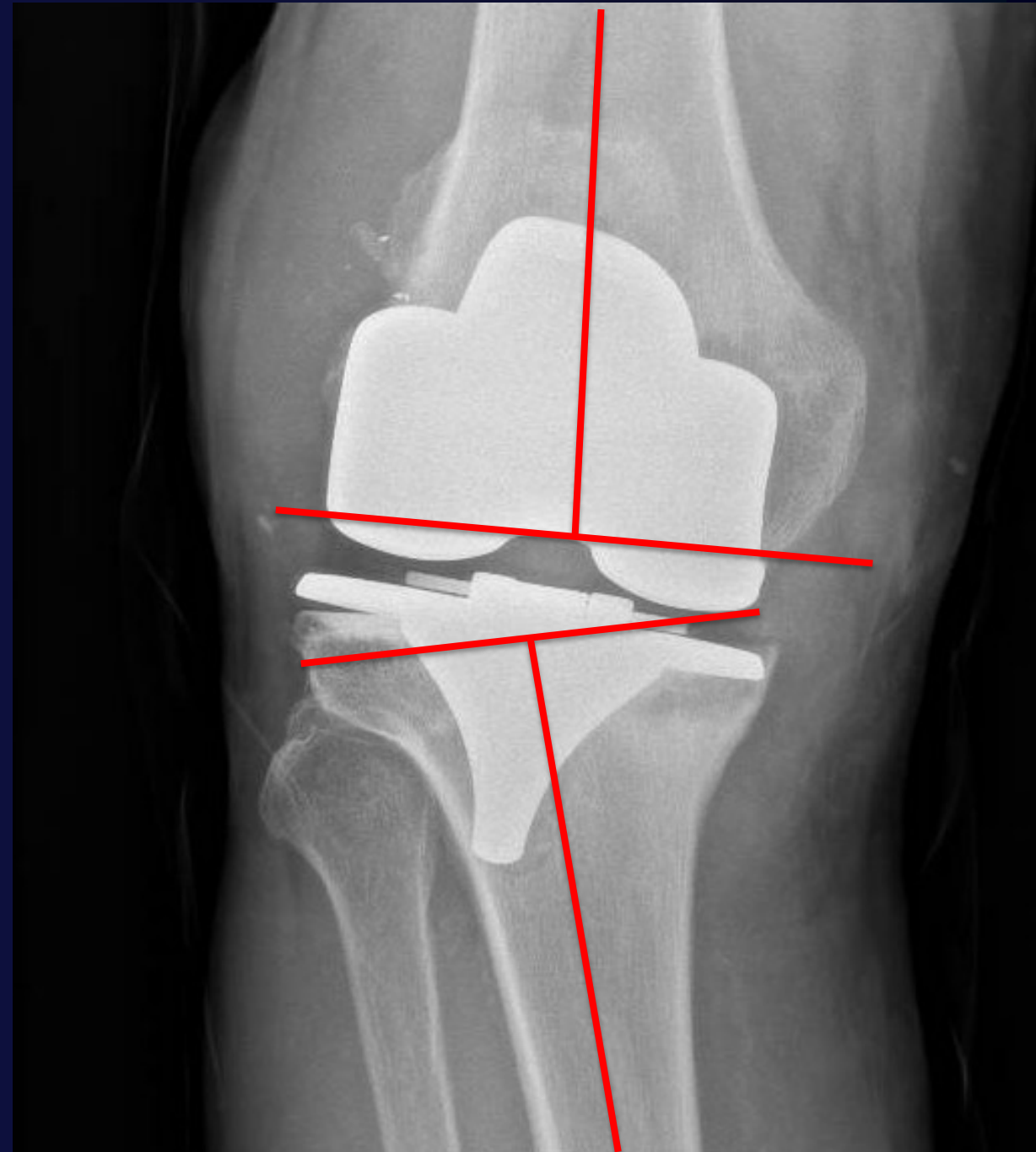


Case 1



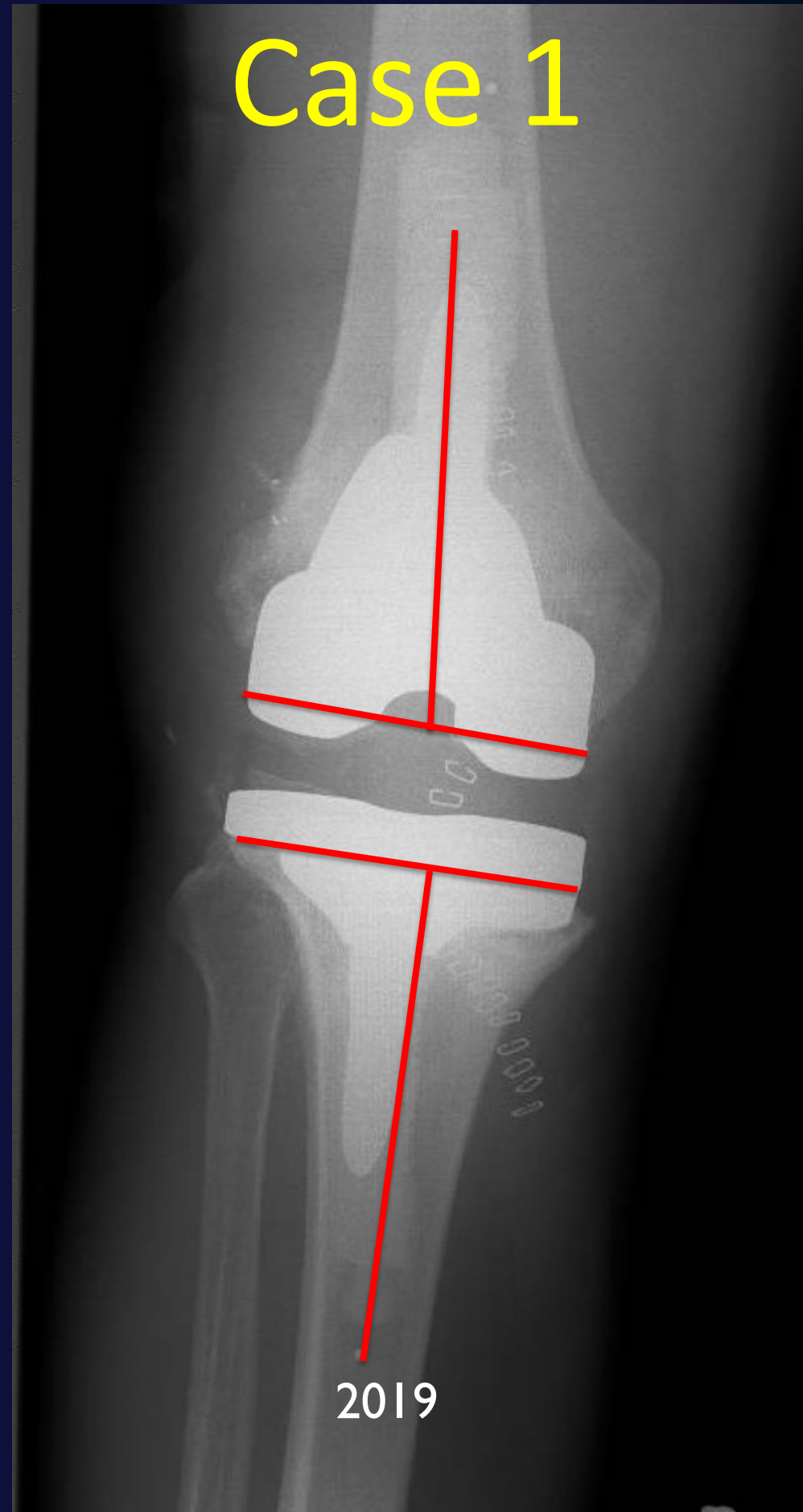
2019

Case 1



2019

Case 1



Case 2

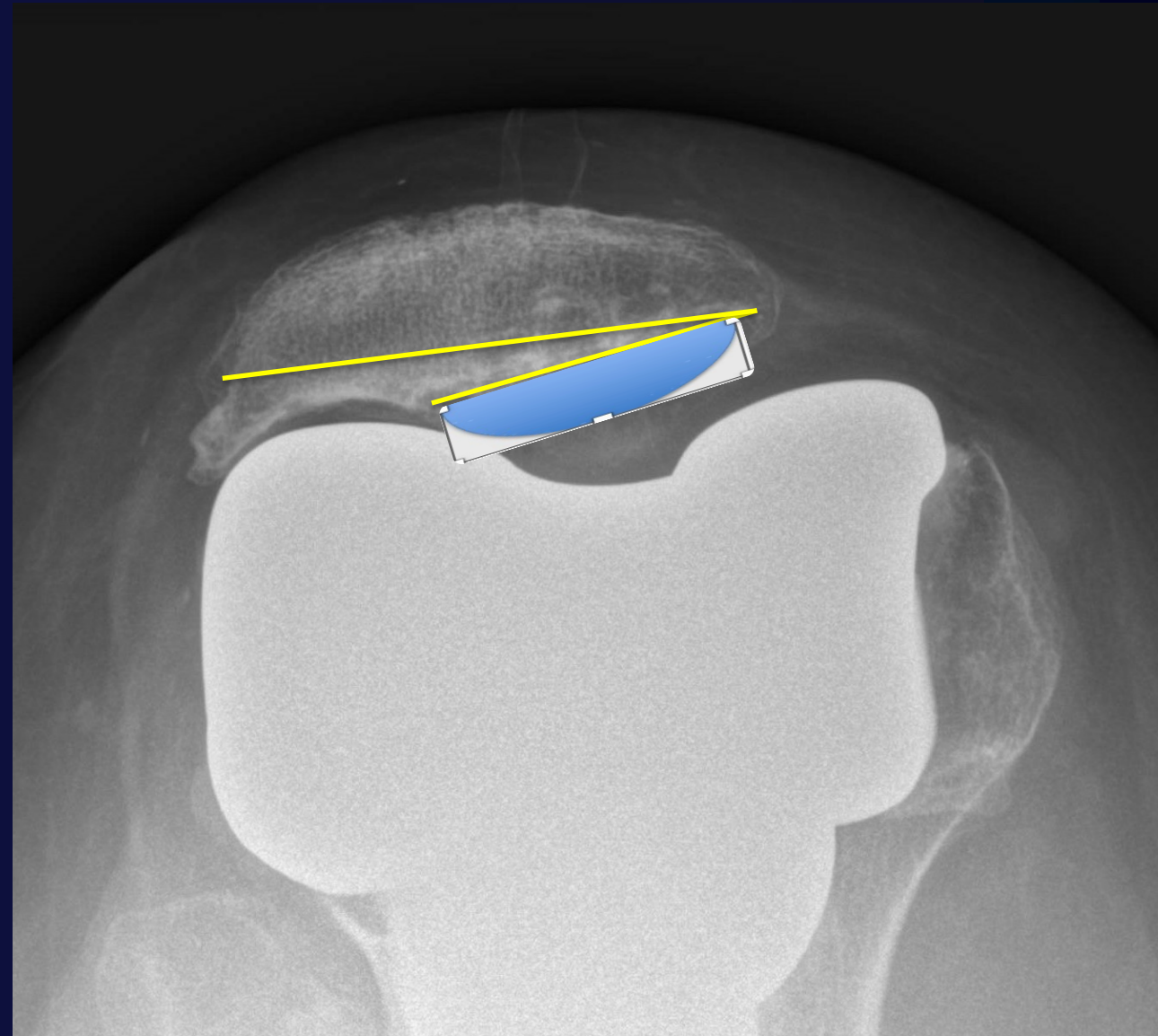
- 82 year old lady
- Primary TKR 2017
- Revision for anterior knee pain 2022
- Presents with recurrent anterior knee pain



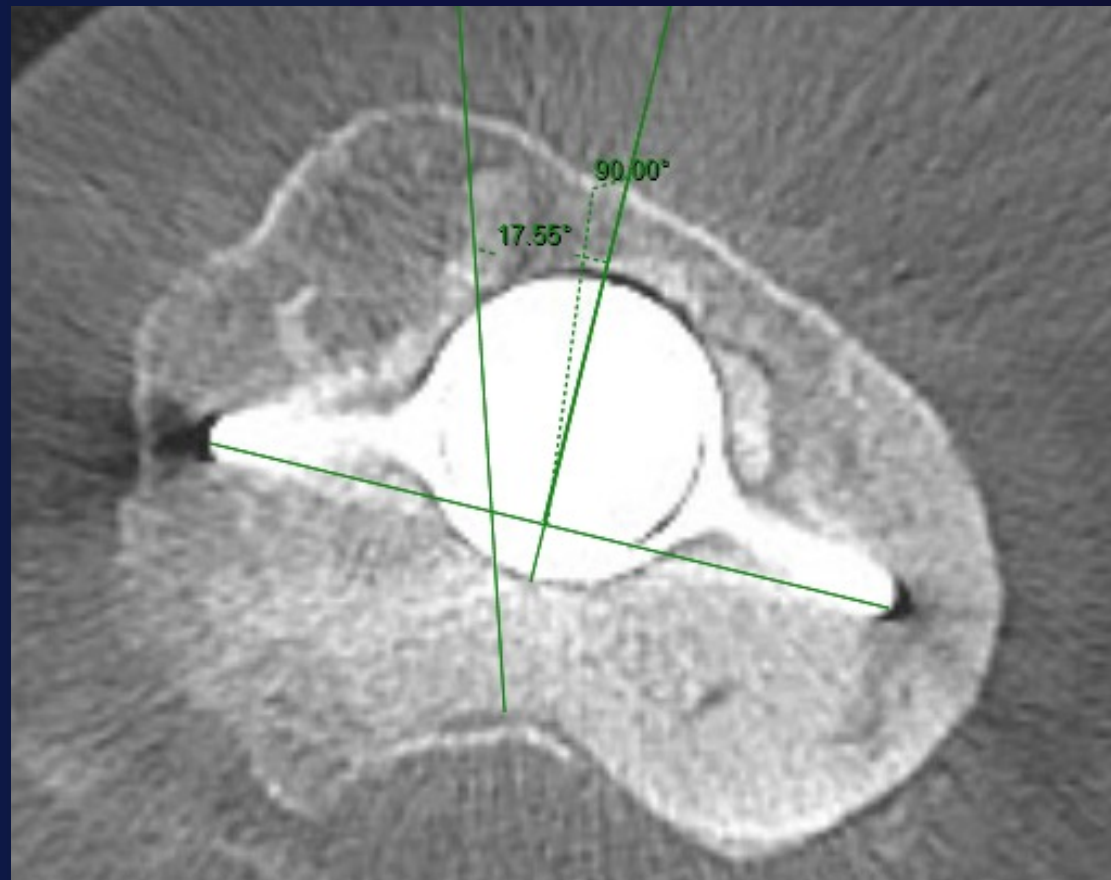
Case 2



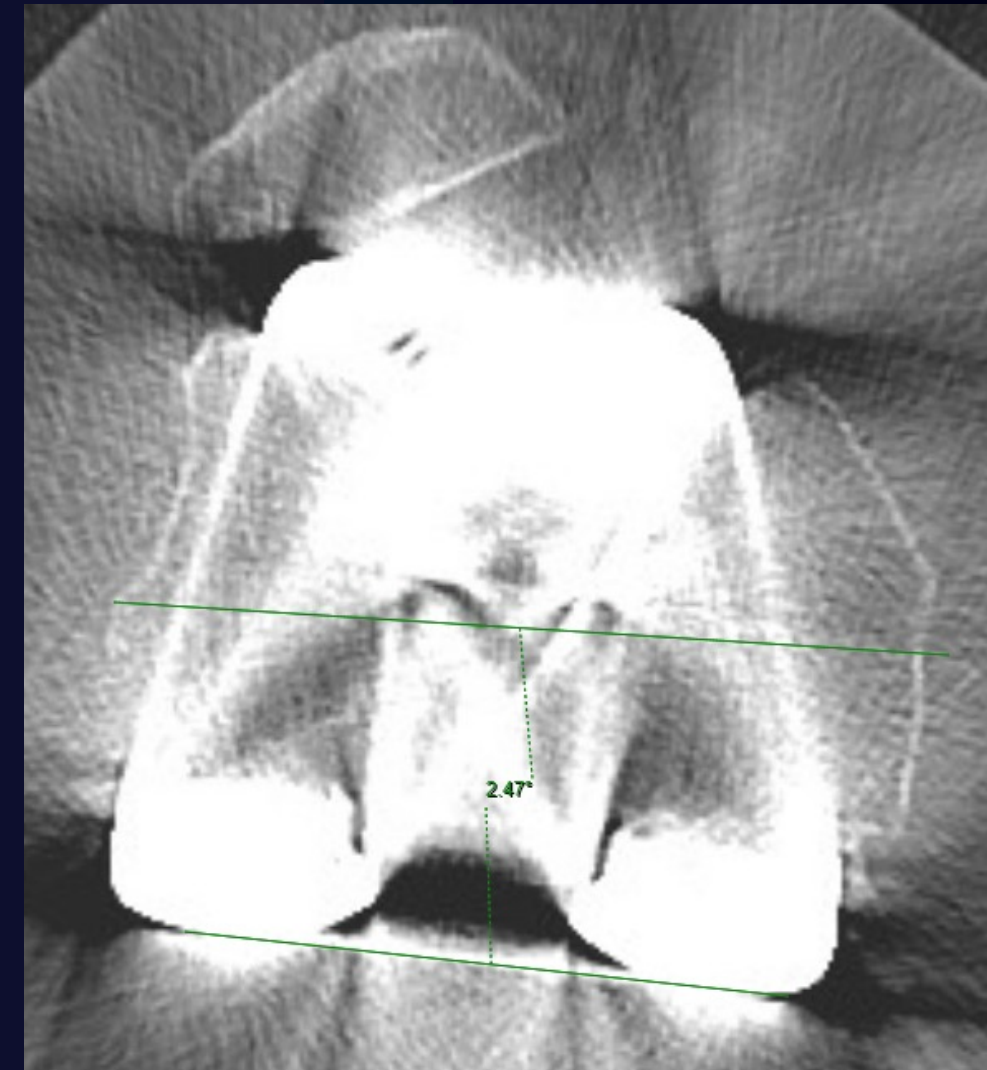
Case 2



Case 2



17deg IR



2 deg IR

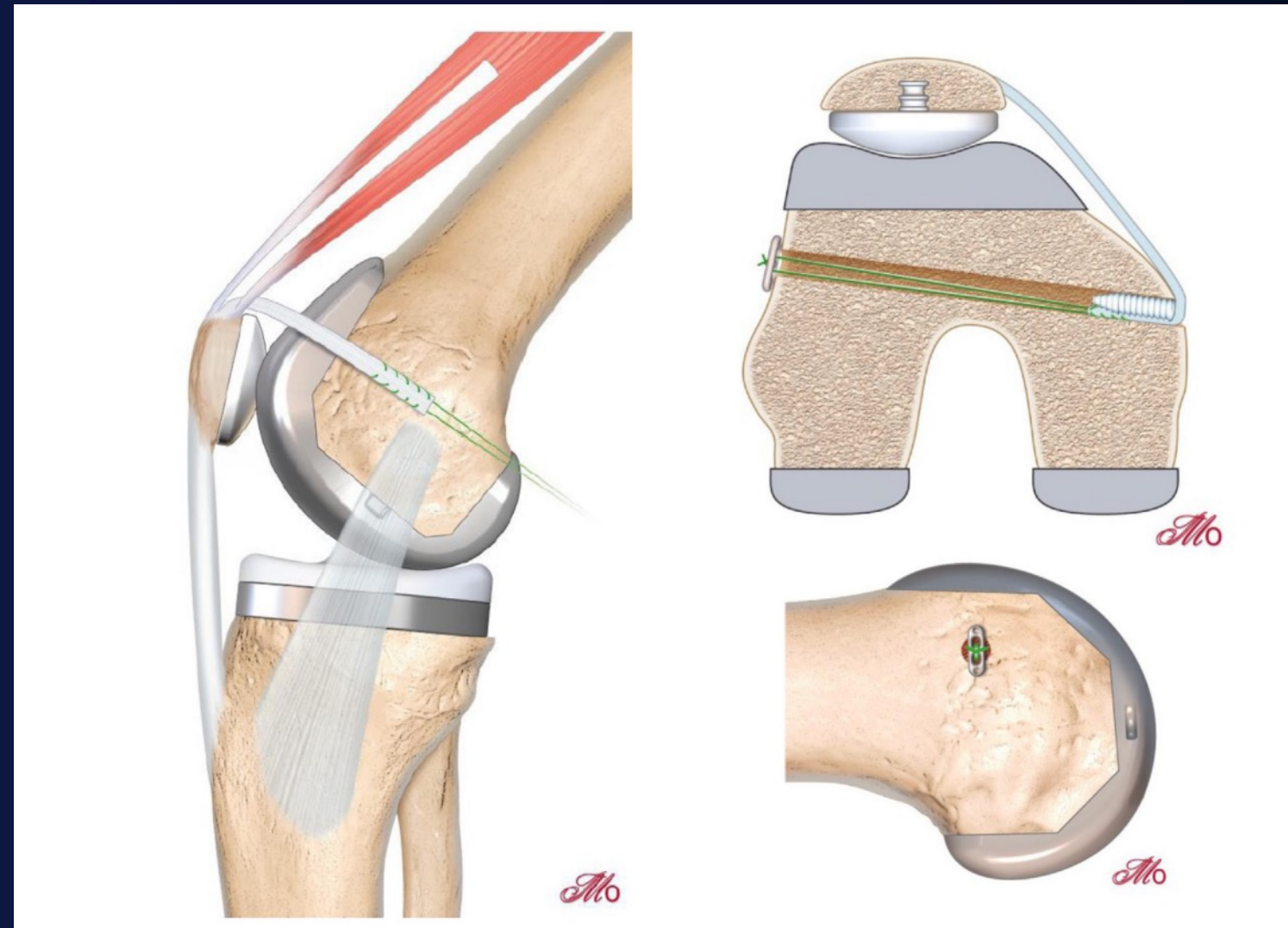
Case 2

Options:

- More non-op?
- Bracing??
- Patellar realignment with component revision and TTO
- Full revision

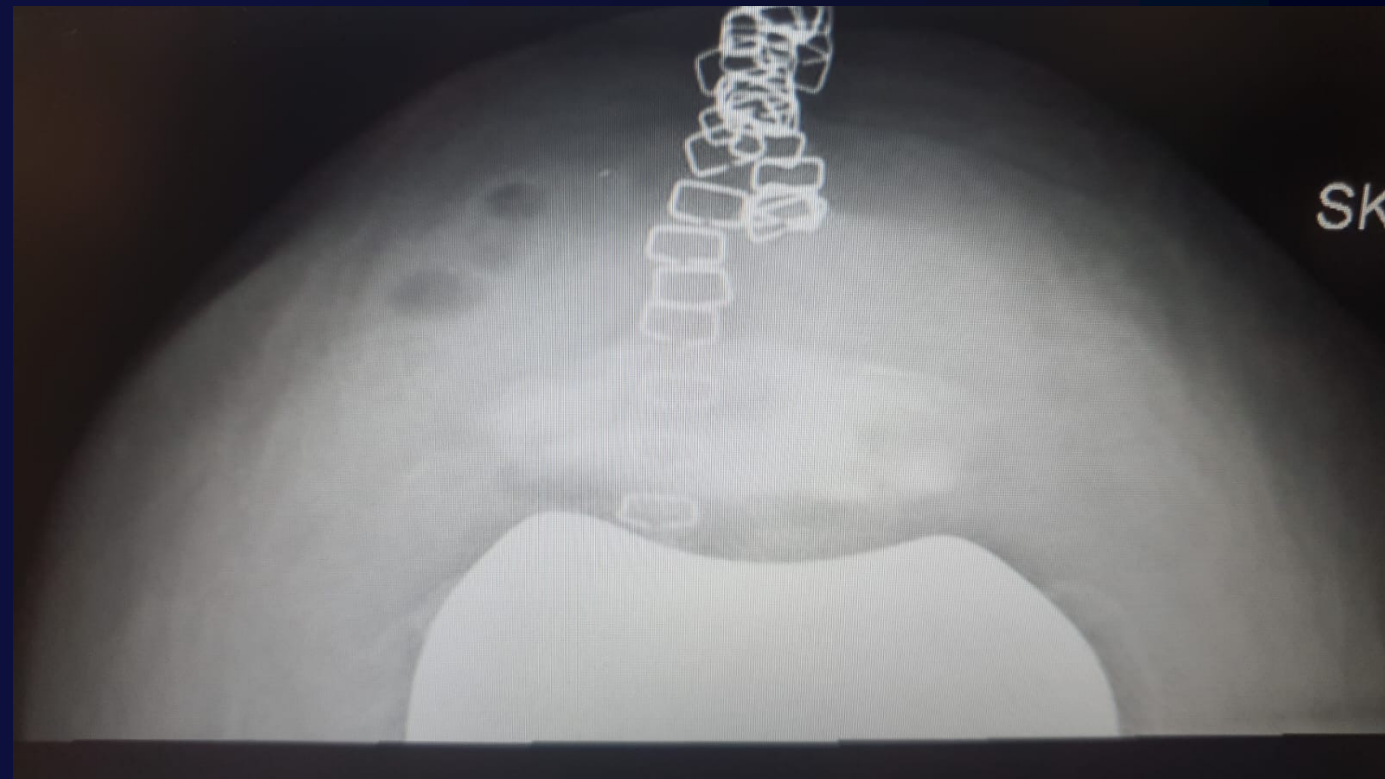


Case 2



Shatrov et al, 2022

Case 2

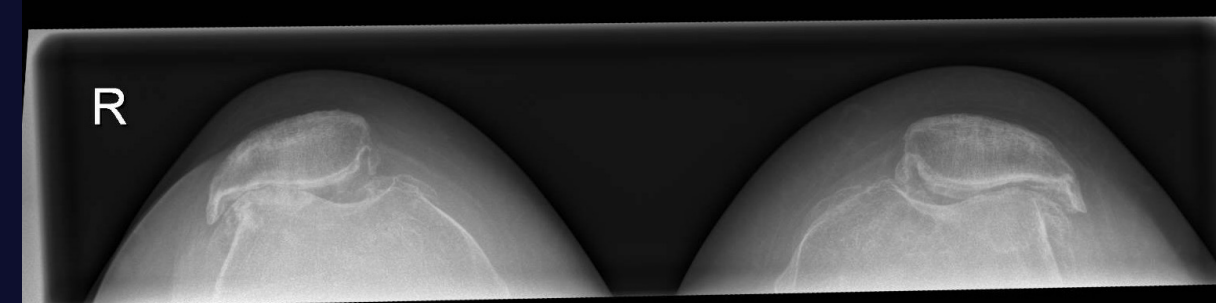
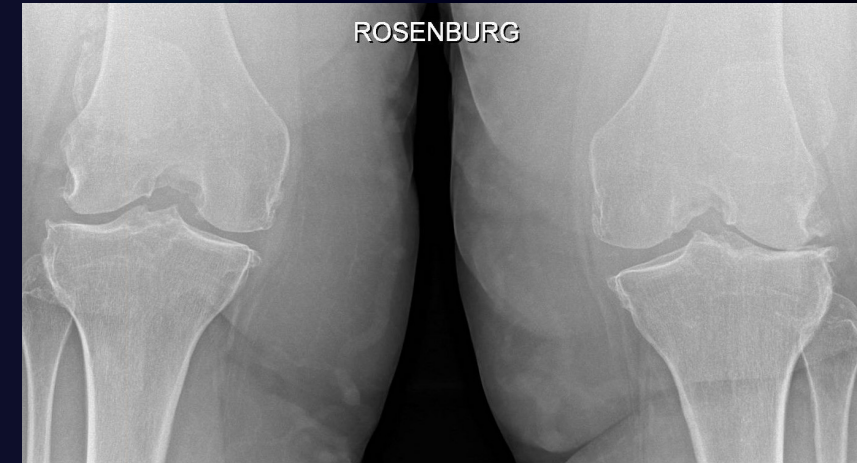


6 months post-op

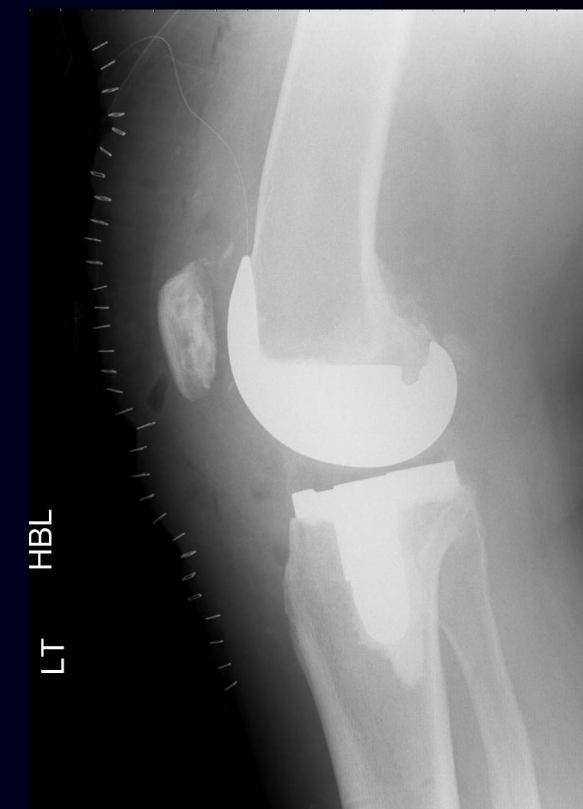
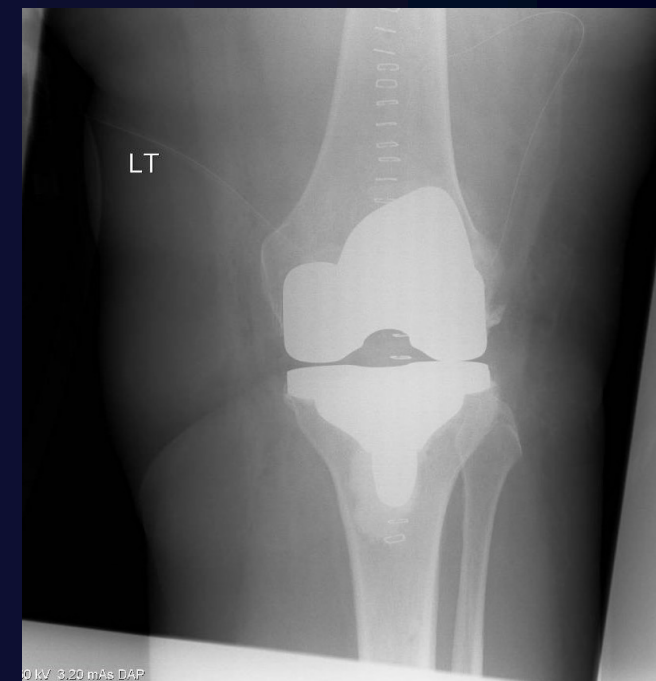
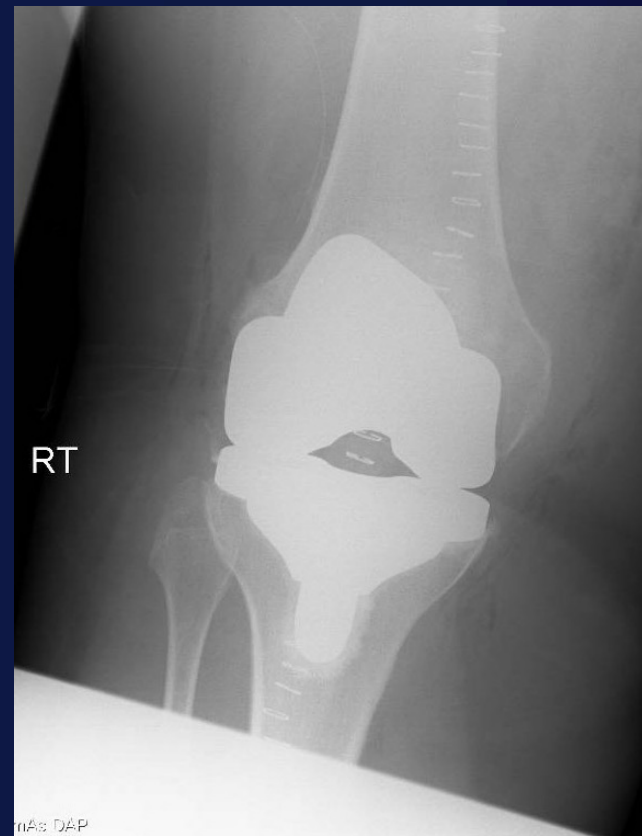


Case 3

- 57 year old nurse
- Long standing bilateral knee pain
- Simultaneous bilateral navigated TKR 2017



Case 3



Case 3



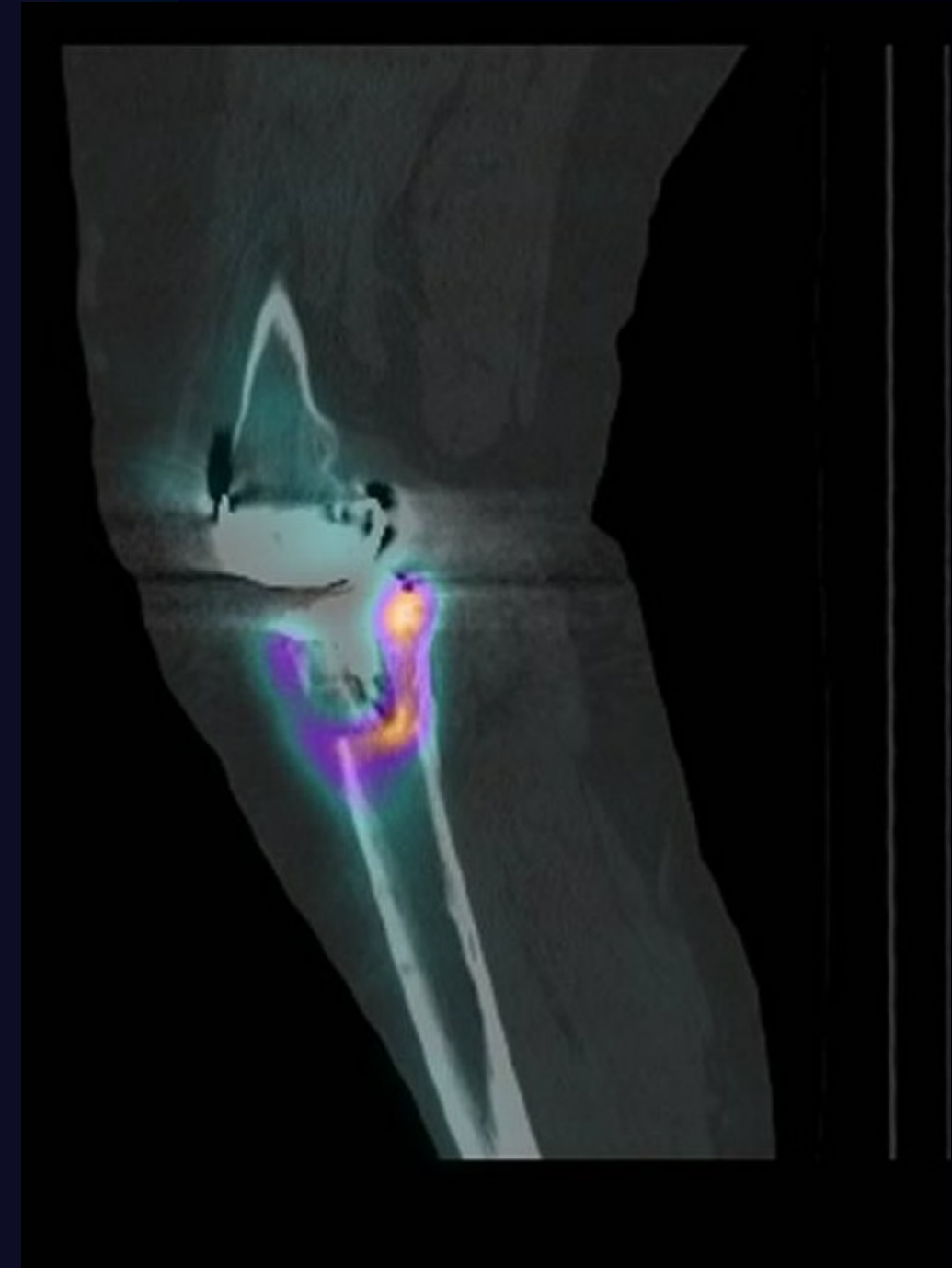
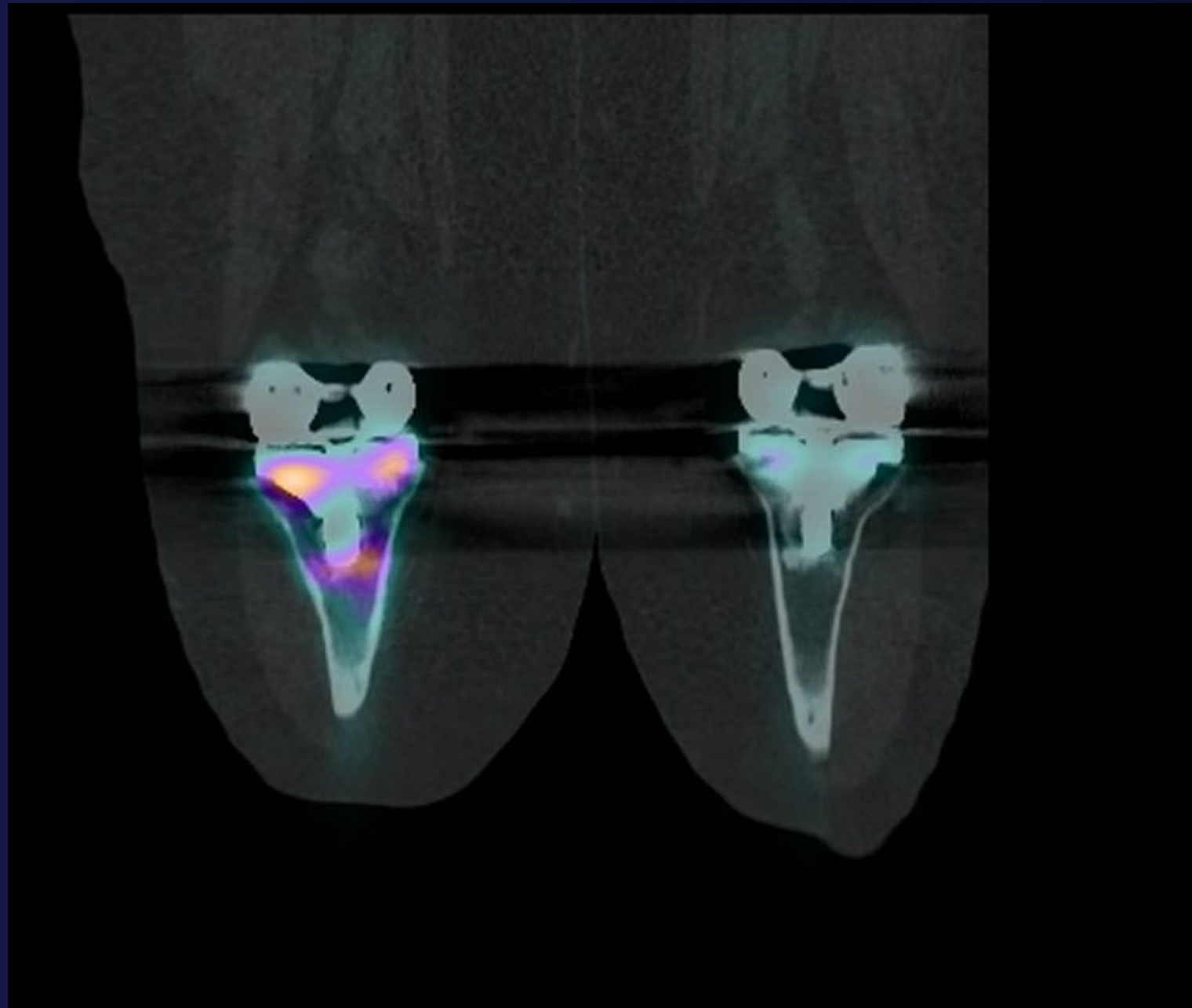
1 year post op

Case 3

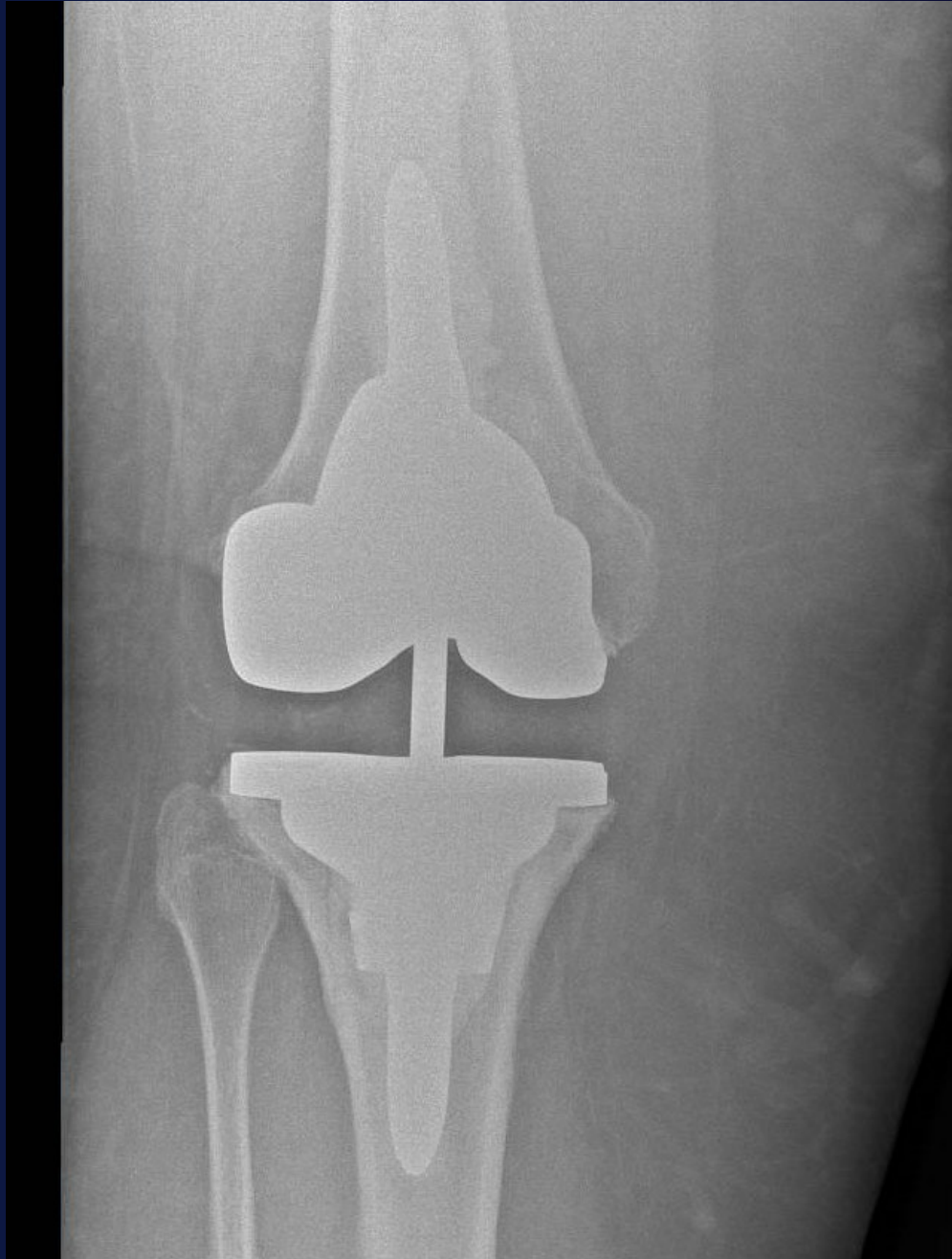


1 year post op

Case 3



Case 3



Case 3

MICROSCOPIC DESCRIPTION:

Sections show non-viable bone and degenerate/necrotic marrow. Black granular material is also present and may represent foreign material from the prosthetic joint. Histological staining for acid fast and gram(+) bacteria as well as fungi are all negative. No granulomas are seen and there is no evidence of a vasculitis. Despite negative stains, correlation with microbiological investigations is essential.

Thank you



Elective Orthopaedic Centre @ Grafton Way Building, UCLH