



Extra-Articular Deformity Including Post HTO

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**Advanced course in Total Knee Replacement
TKR in Deformities And Contractures**

EFORT Vienna 2017





Frontal plane

Sagittal plane

?

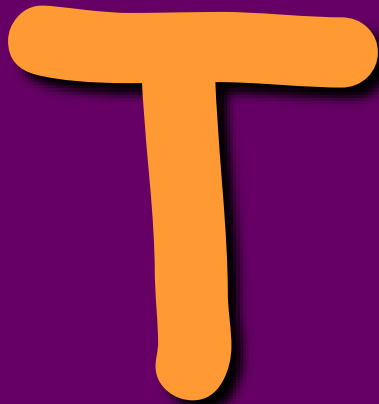
Axial plane

?

Step by step
3D Assessment of the deformity



Knee joint



frontal



Knee joint



Sagittal



Knee joint



Horizontal

Intra-articular deformity



F



Knee joint

T

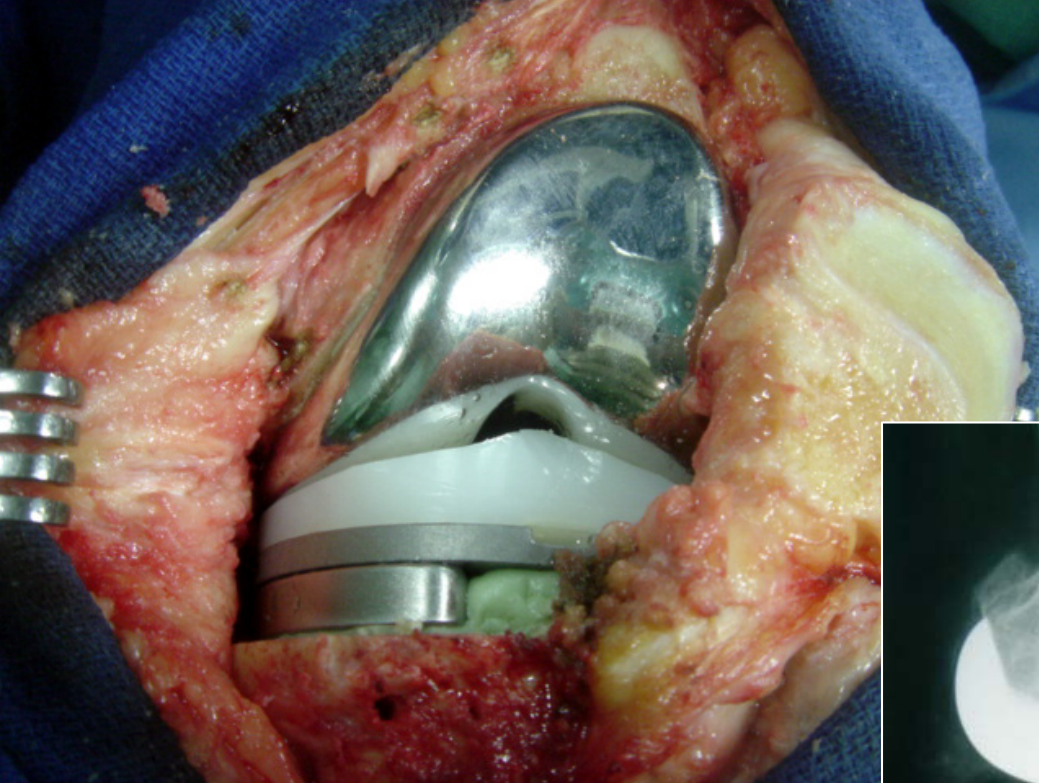
The deformity is easily addressed by alterations in the orientation and location of bone resection.
Long stem and metal augments...

F

Knee joint

T





VALGUS



Extra-articular deformity



Frontal plane

Wolff & al ; 1991
CORR

DAR : 2°

20°

DL
4 mm

DAR : 8°

20°

DL
14 mm

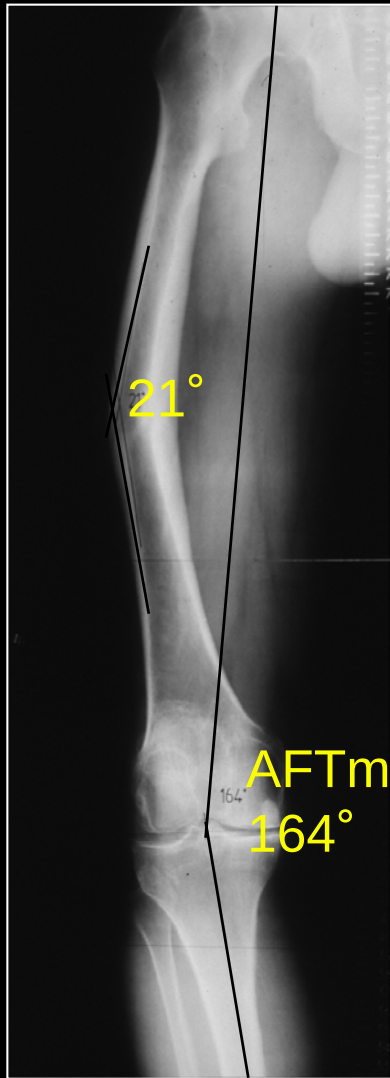
Malunion
20°

DAR : 18°

20°

DL
37 mm

Mechanical (angle or axis) `
and not anatomical deformity

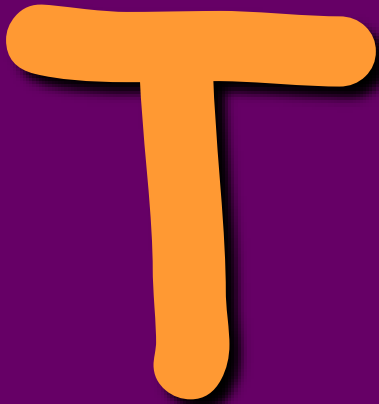


Midshaft malunion **21°** :

Knee varus extrararticular
deformity: **10.1°**
(wear $\approx 6^{\circ}$)



Knee joint



frontal



Knee joint



Sagittal



Knee joint



Horizontal

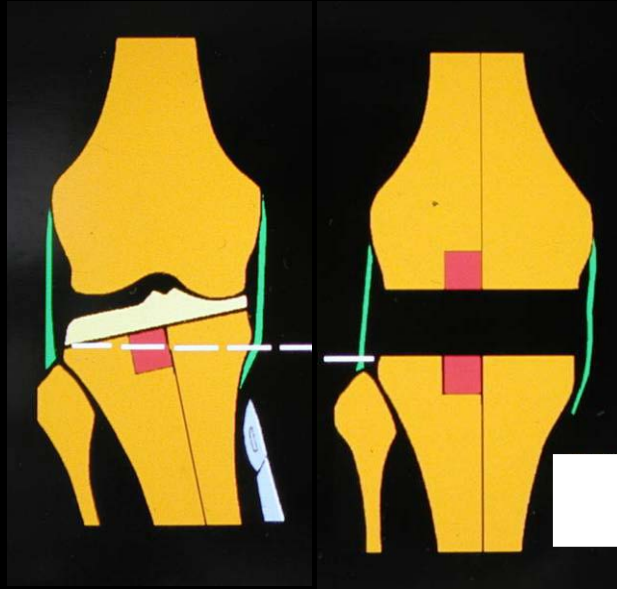
Tibial Malunion: Varus Deformity



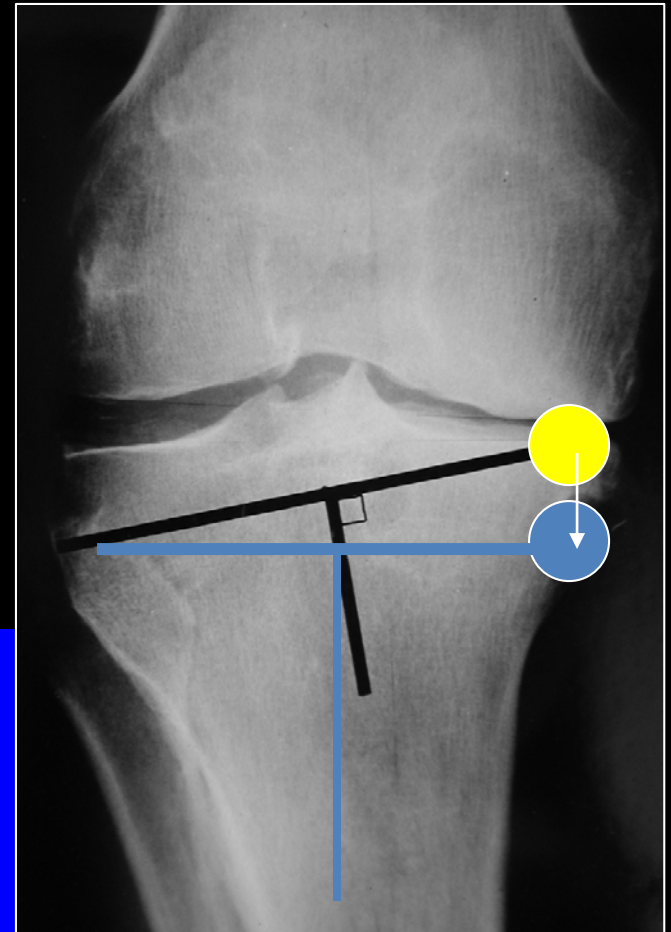
Mr De M...



Tibia: Varus Deformity

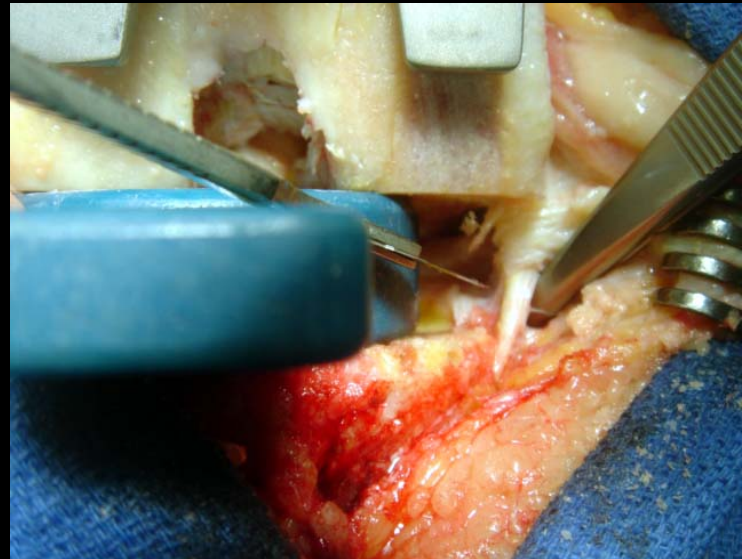
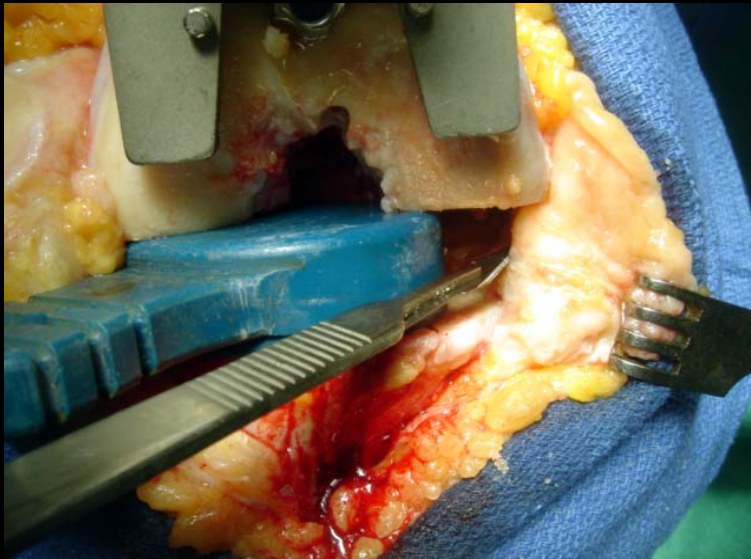


**“LAXITY”
due to Asymmetrical cut**



OPTION 1

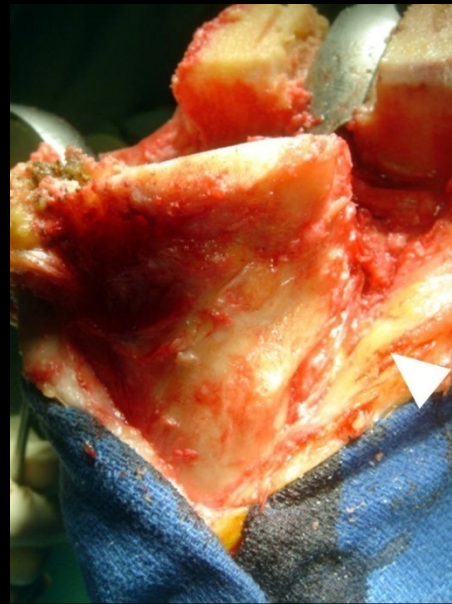
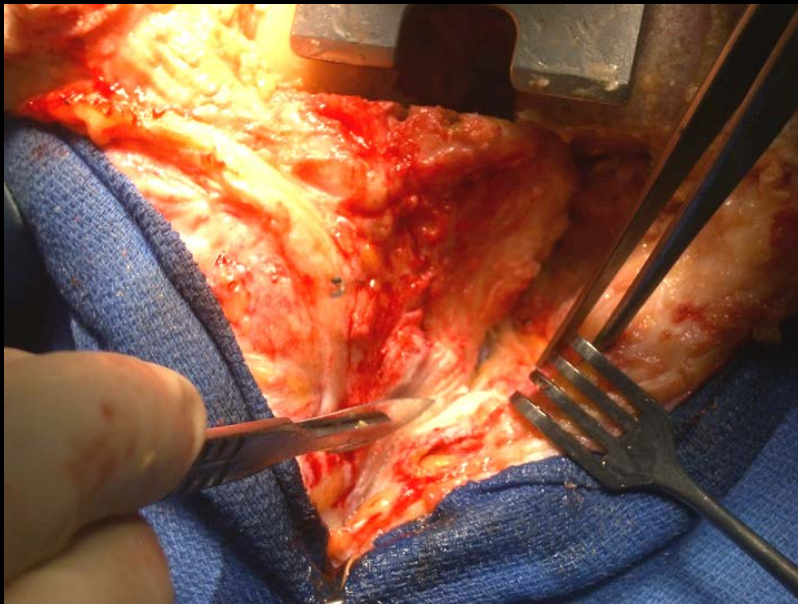
- **Pie Crust of the superficial MCL** at the joint line level. Only the tightest fibres of the MCL are addressed from the inside in flexion (**anterior**) and in extension (**posterior**) using an 11 blade



For moderate **varus** knees

OPTION 2

- Release of the superficial MCL on the distal tibia + release Semi-Membranosus

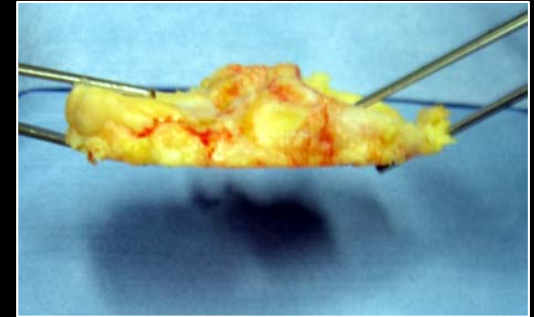


For severe varus knees

Results and complications of single-stage total knee arthroplasty and high tibial osteotomy

Anya Madelaine · Vincent Villa · Christian Yela ·
Timothy Lording · Sebastien Lustig · Elvire Servien ·
Philippe Neyret

OPTION 3

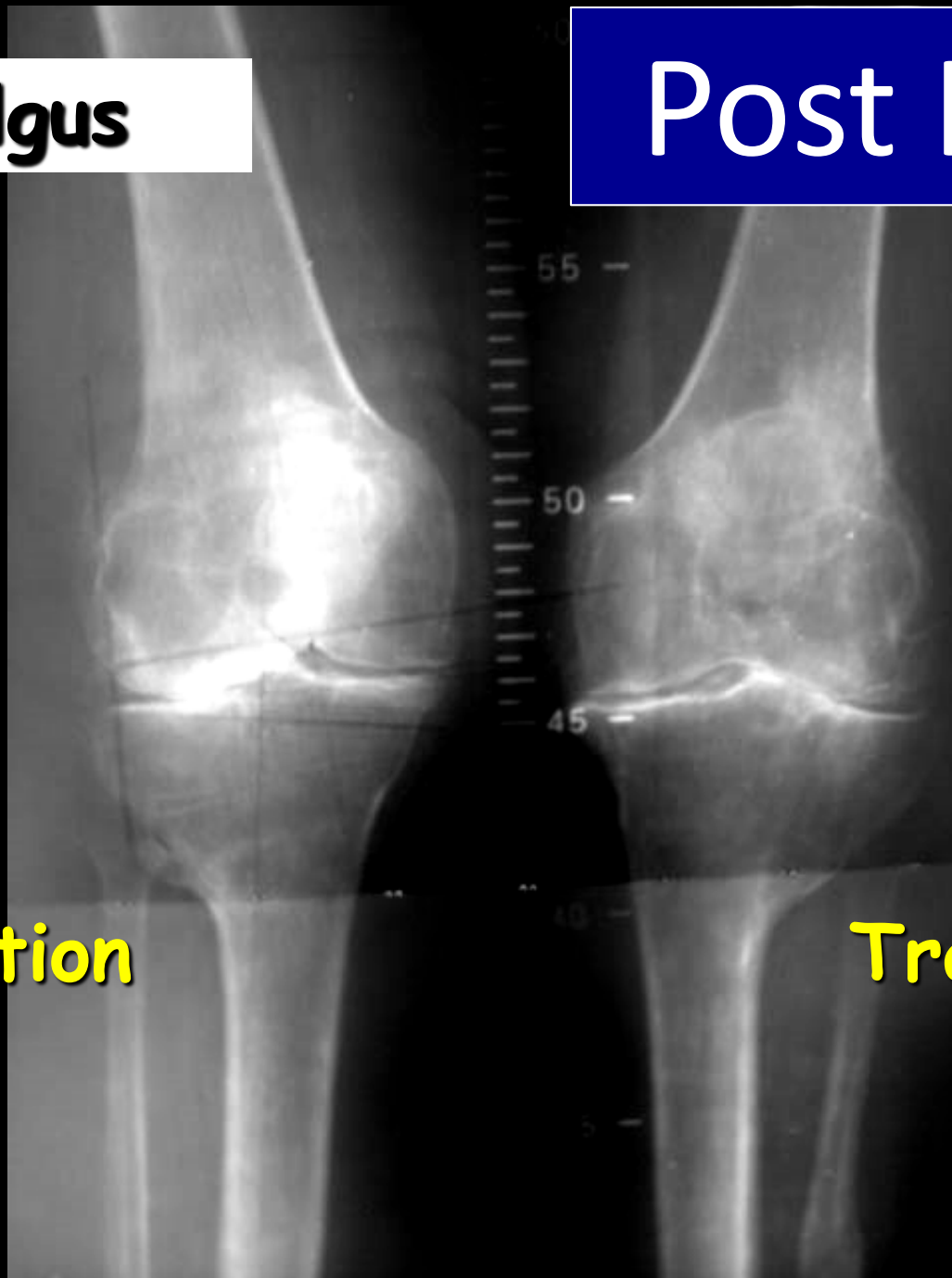


Valgus

Post HTO

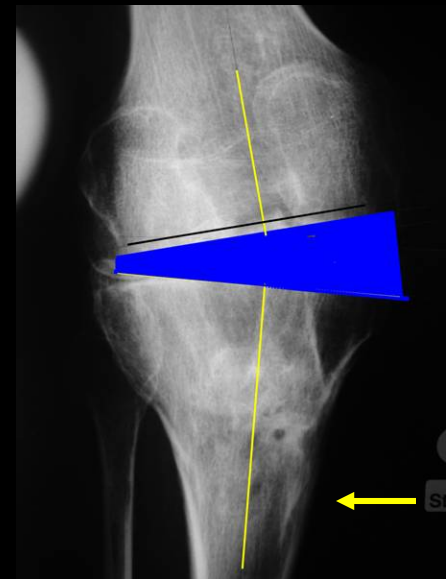
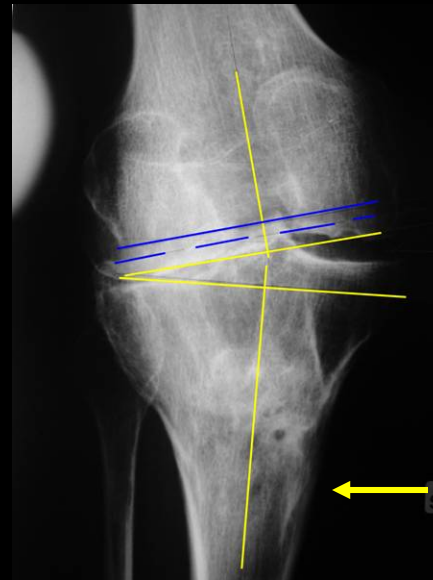
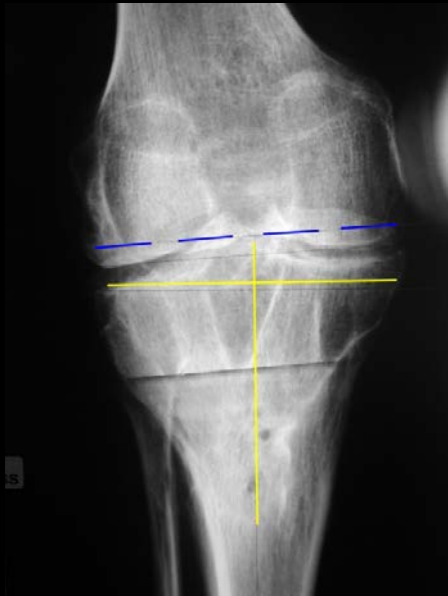
Angulation

Translation



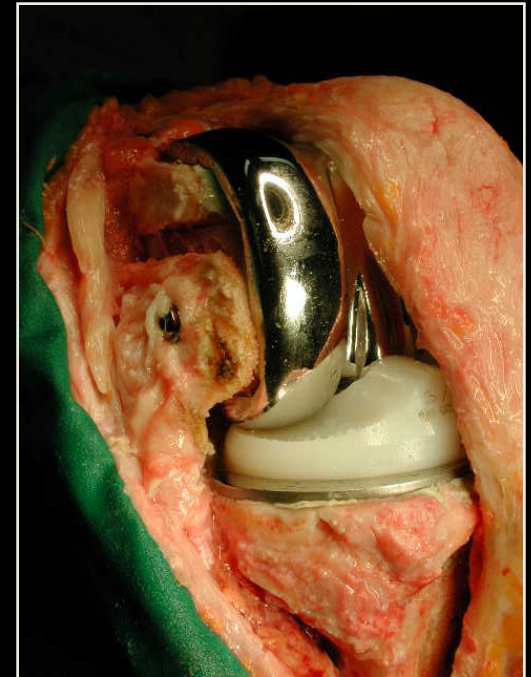
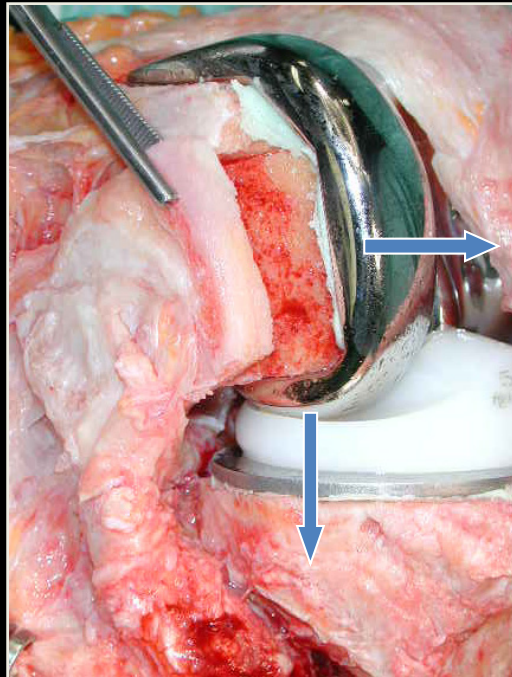
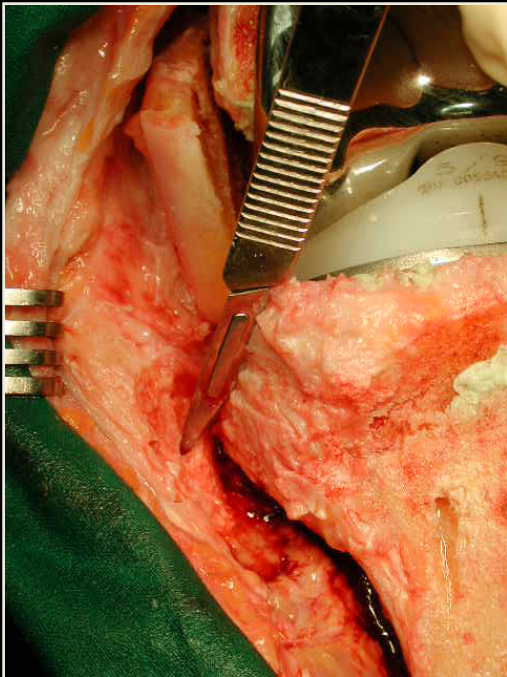
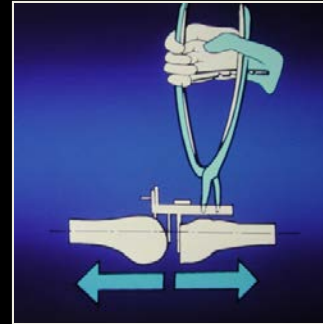
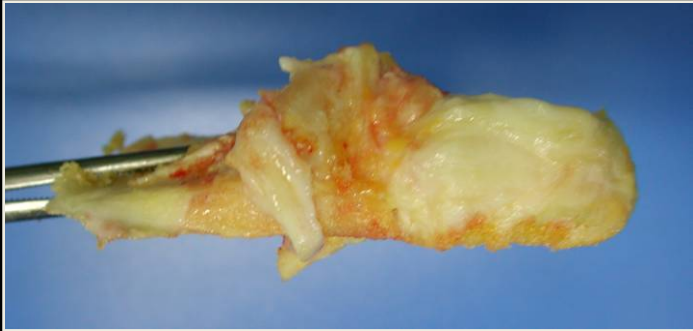
Angulation

Tibial Malunion Valgus Deformity



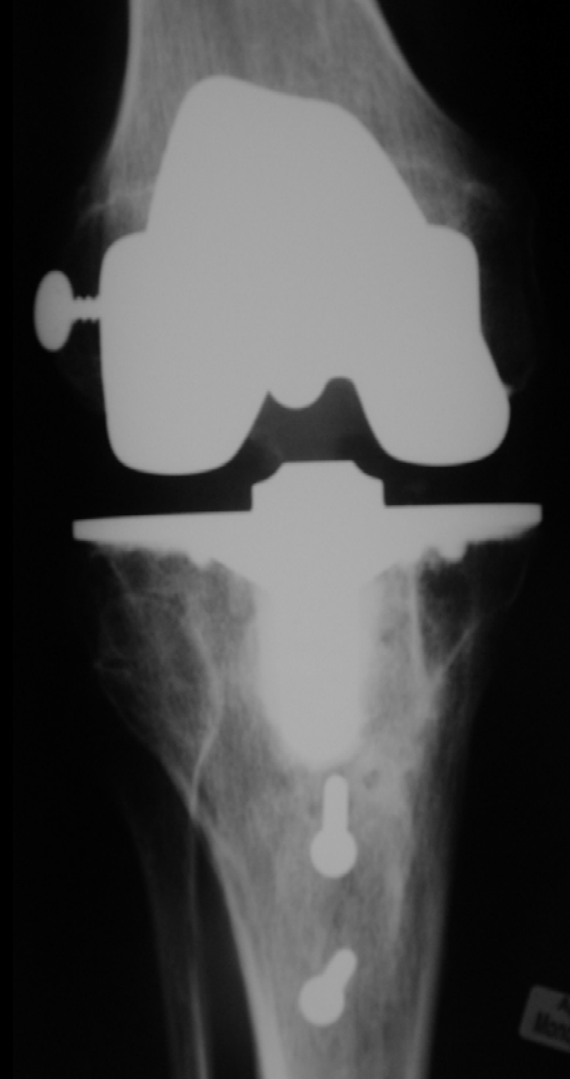
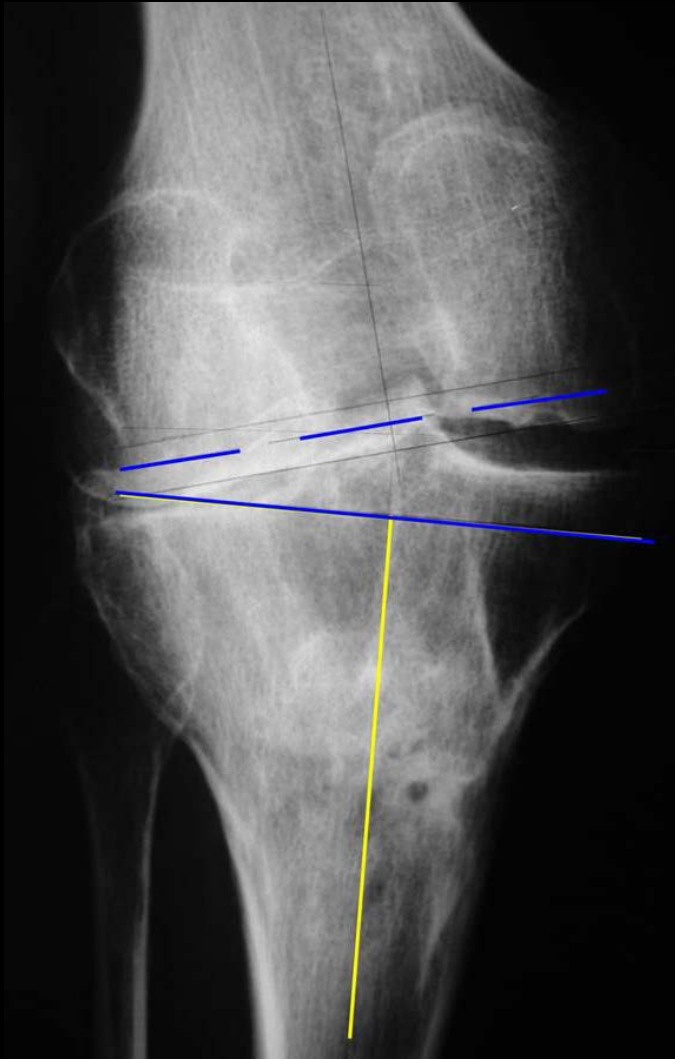
Angulation

Tibial Malunion Valgus Deformity

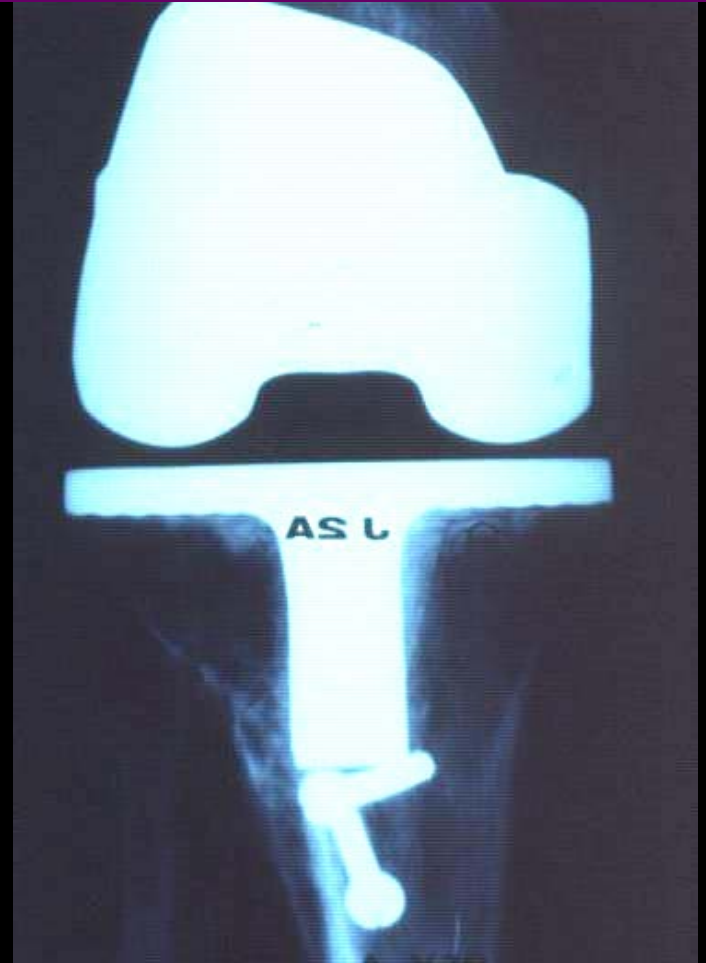
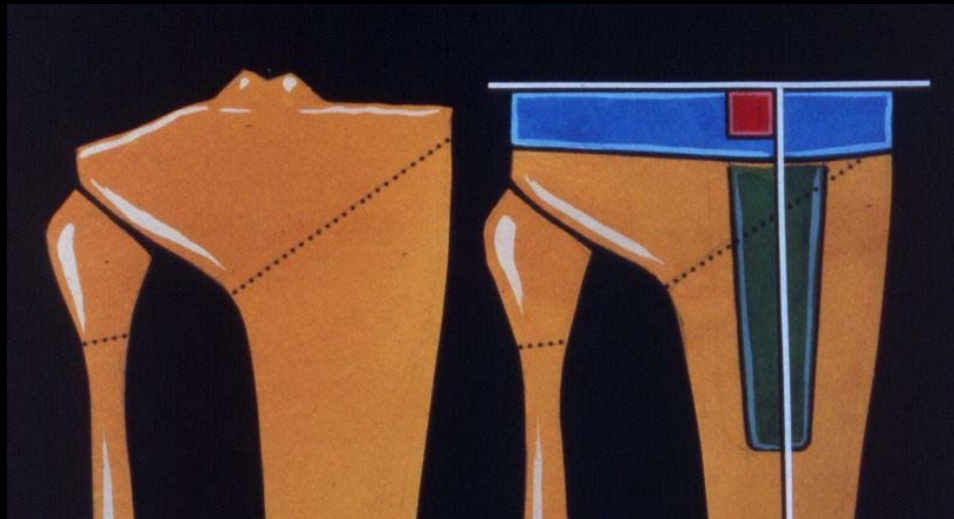
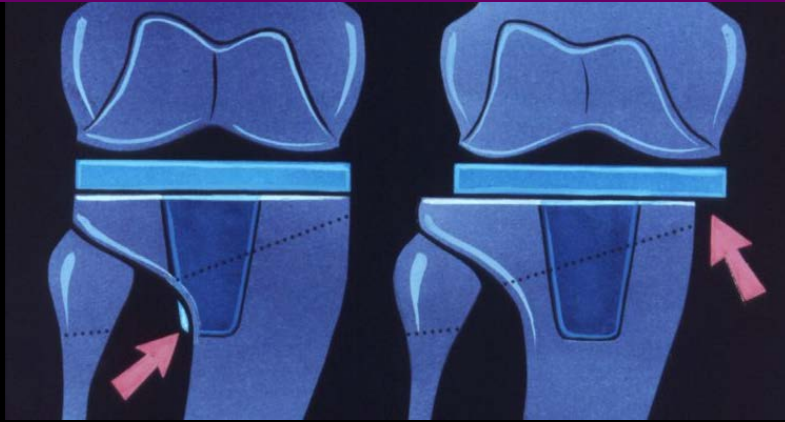


Angulation

Tibial Malunion Valgus Deformity

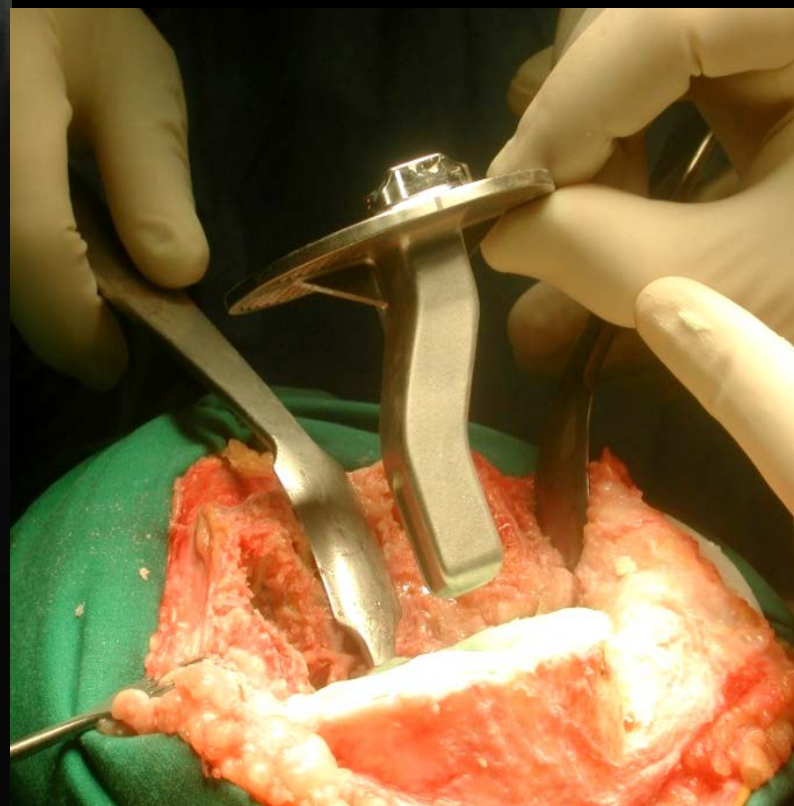


• Tibial malunion: Translation



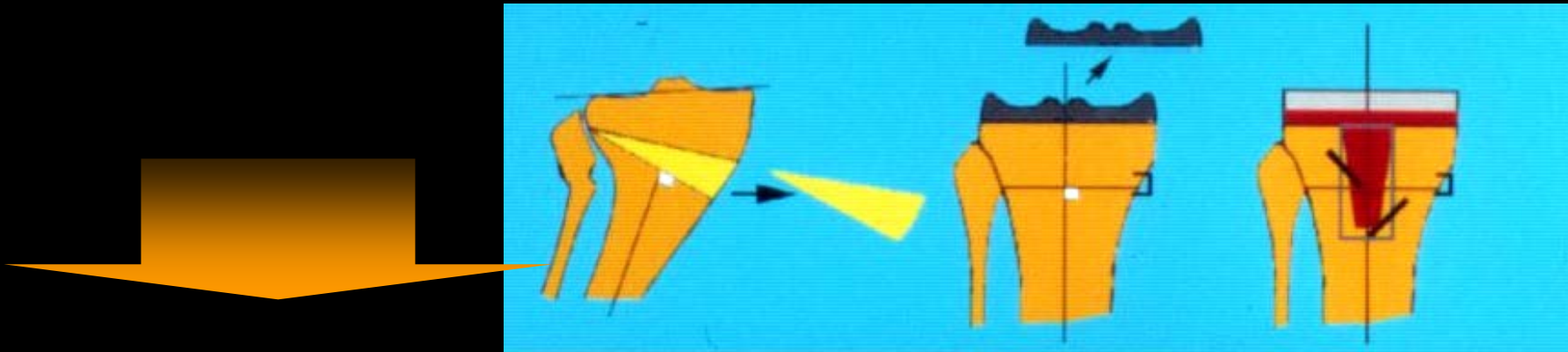


- Tibial malunion: Translation



Discussion

- Stem impingement, major deformity...



Simultaneous osteotomy ??

??

Monopodal stance

G

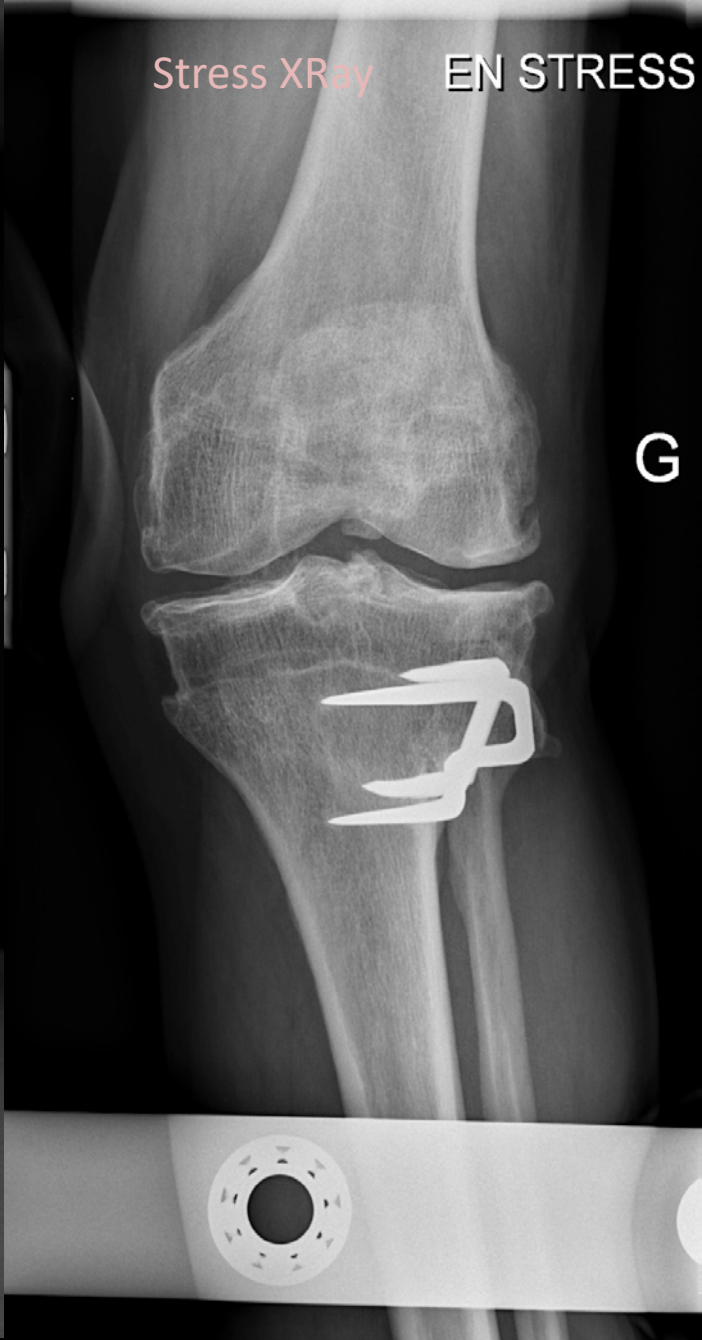
Stress XRay

EN STRESS

G

Lat View

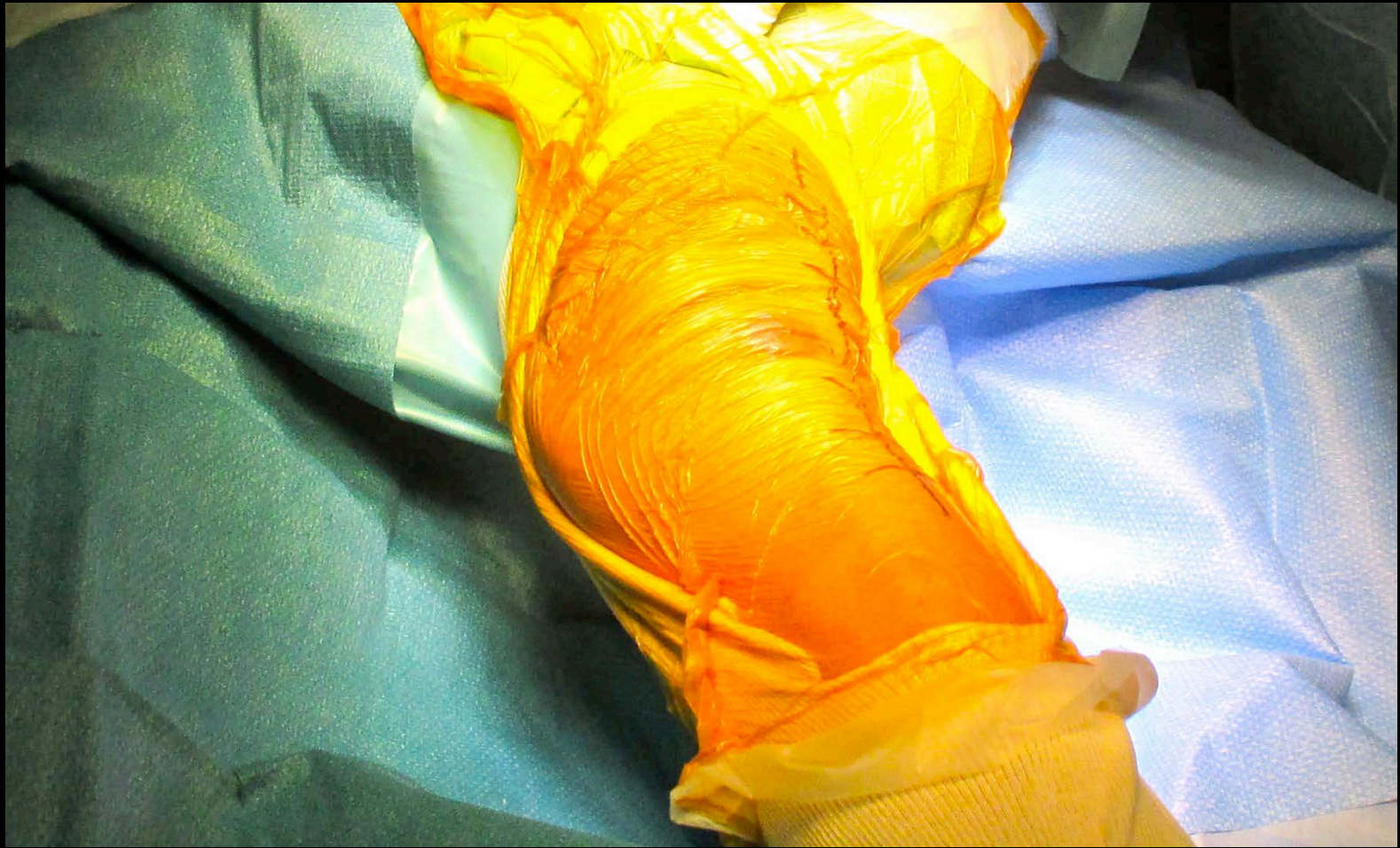
G







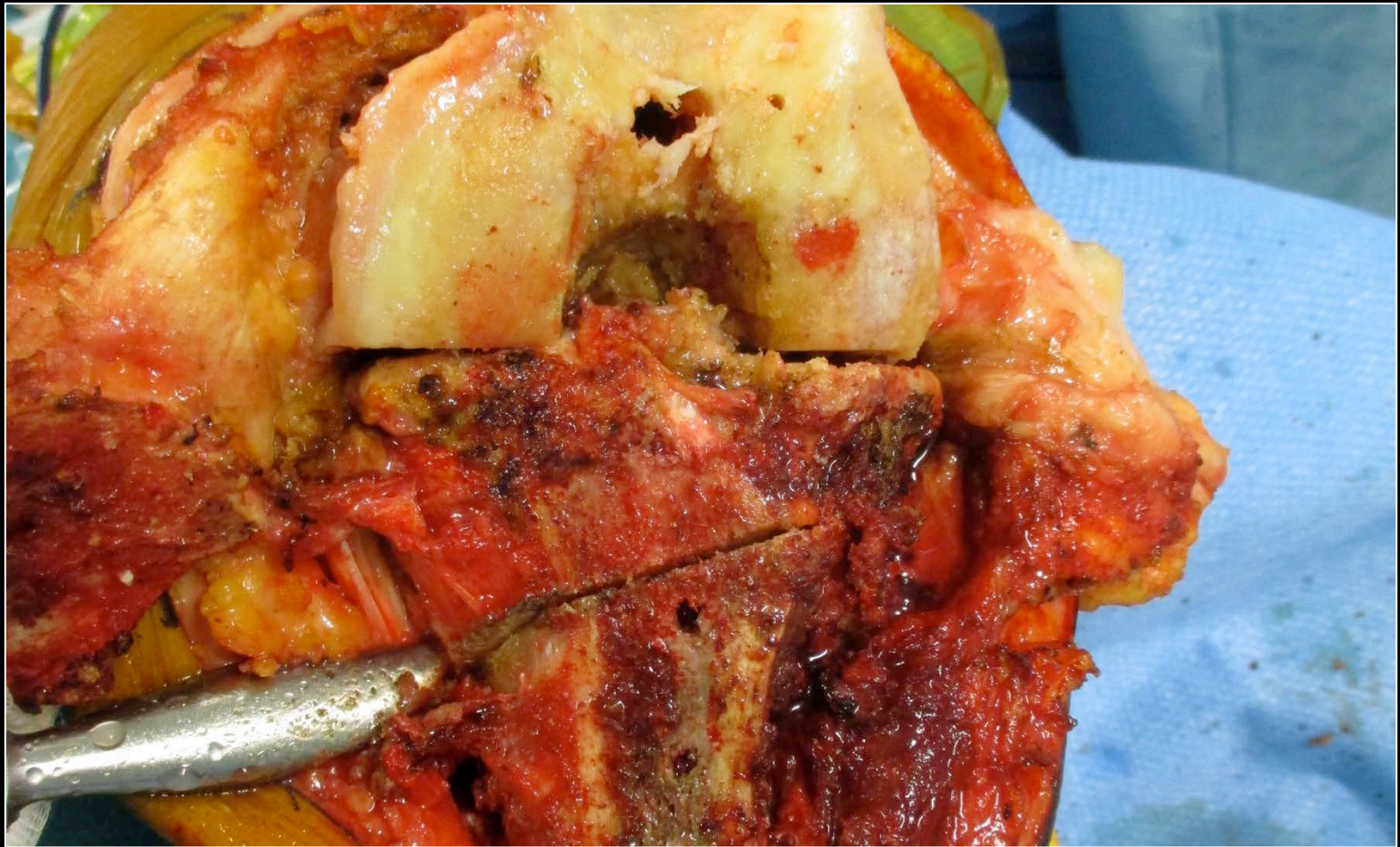
- HKA : 197°
(ie 17° of valgus)
- FMA : 94°
- TMA : 96°
- HKS : 7°



LAT APPROACH ATT ELEVATION

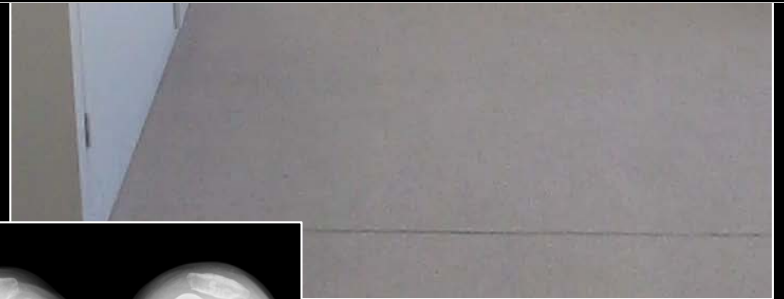
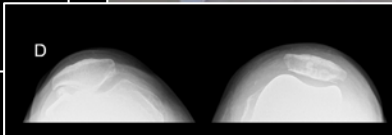


MEDIAL CLOSED WEDGE HTO



...AND TKA





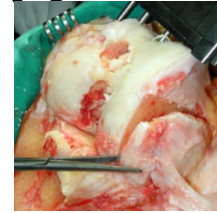
Type of Tibial Malunion

Translation



Custom made stem
or
combined tibial
osteotomy

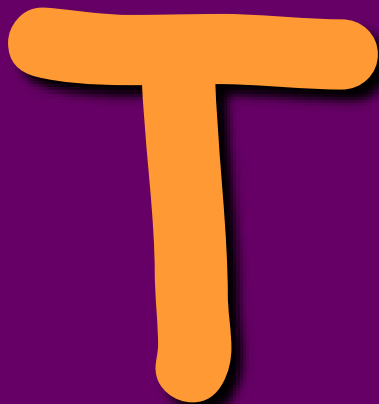
Angulation



Condylar osteotomy
or
combined tibial
osteotomy



Knee joint



frontal



Knee joint



Sagittal



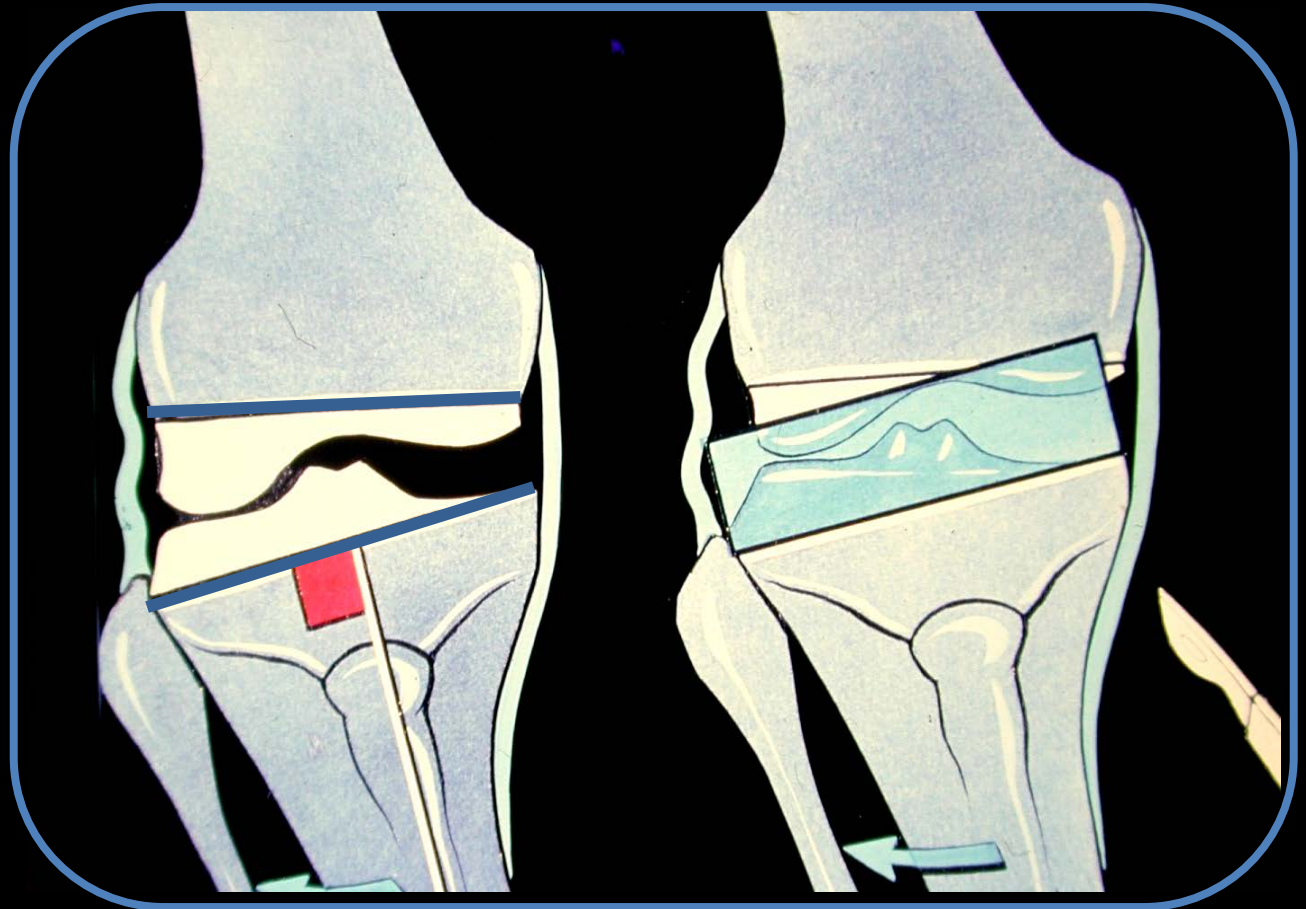
Knee joint



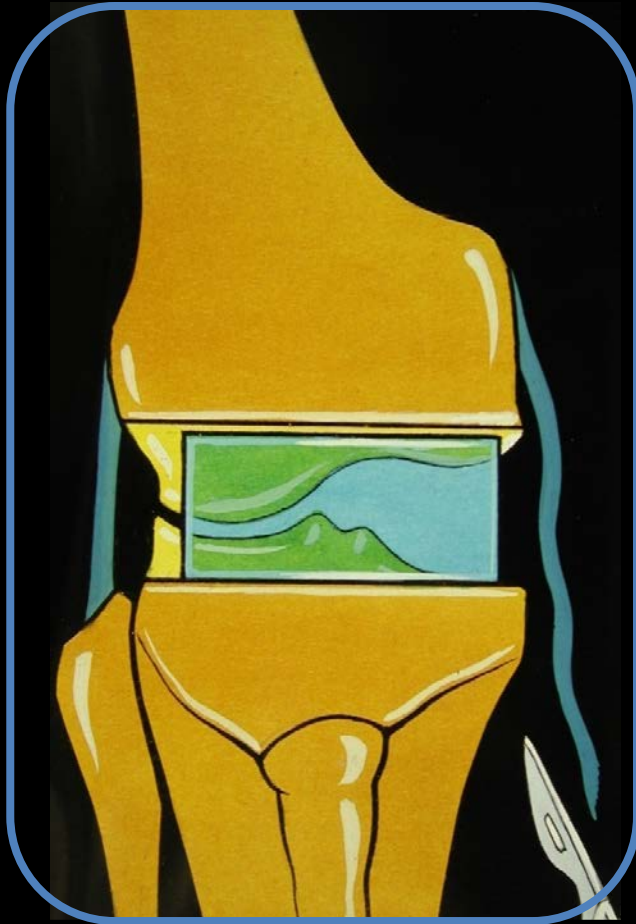
Horizontal

Femoral Malunion Varus Deformity

EXTENSION GAP *Asymmetrical*

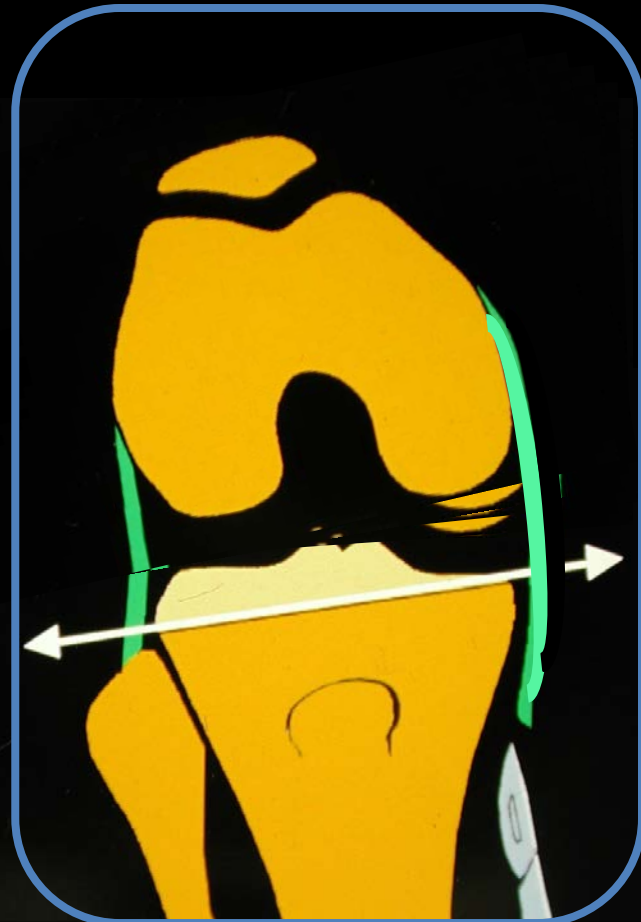


Femoral Malunion Varus Deformity



RELEASE

Femoral Mal Union Varus Deformity

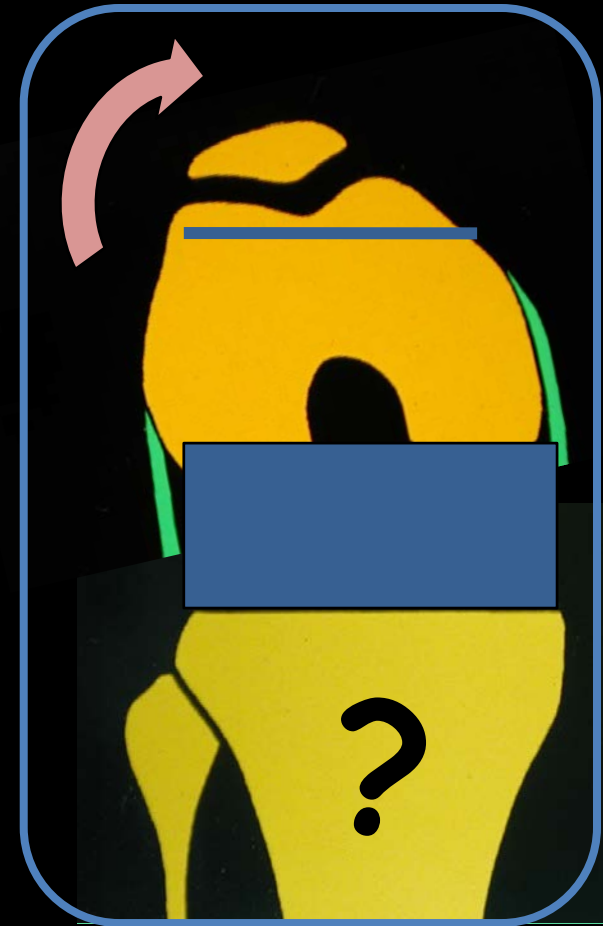
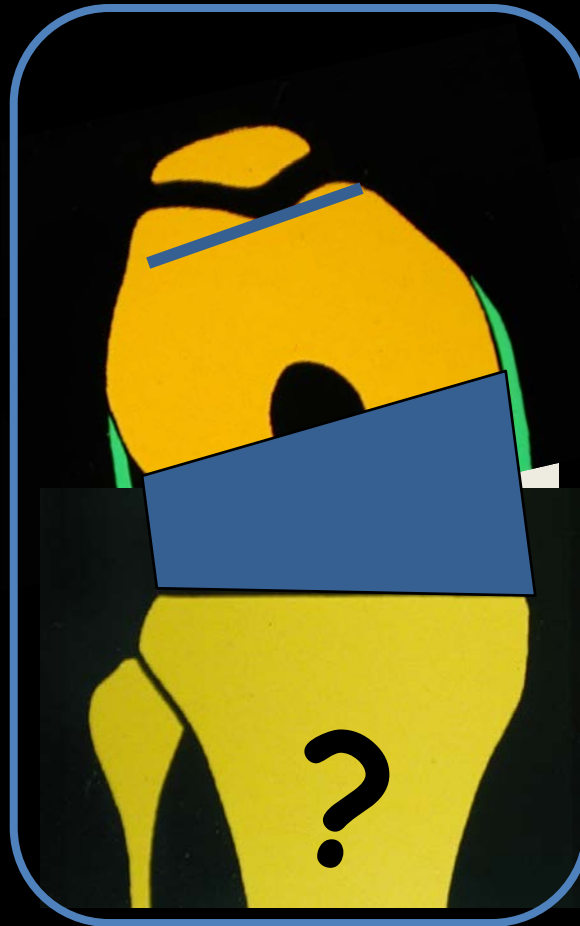


Mismatch
flex. / ext.

Femoral Malunion Varus Deformity

In order to compensate the asymmetrical distal femoral cut :

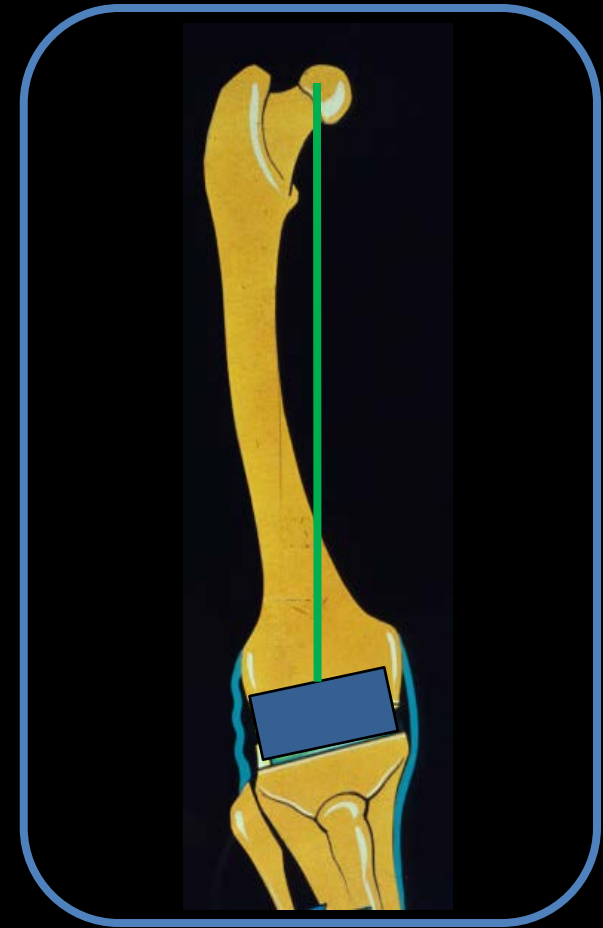
- either accept a medial laxity in flexion
- Or internally rotate the femoral component.



More constrained prosthesis vs Internal femoral torsion

Femoral Malunion Varus Deformity

- In case of minor ($<6^\circ$) Extra articular Varus Femoral Deformity we prefer to accept a small amount of residual varus in the femoral component (and no internal rotation)...



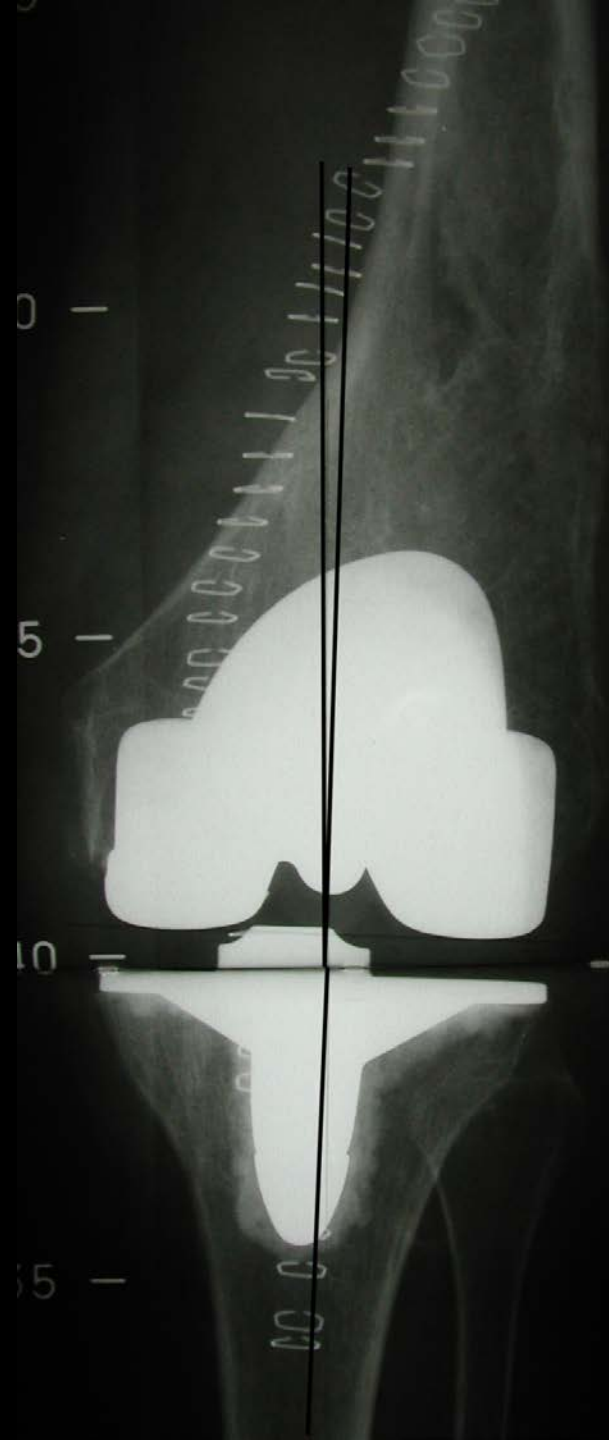
Residual varus



G

Appui
Monopodal





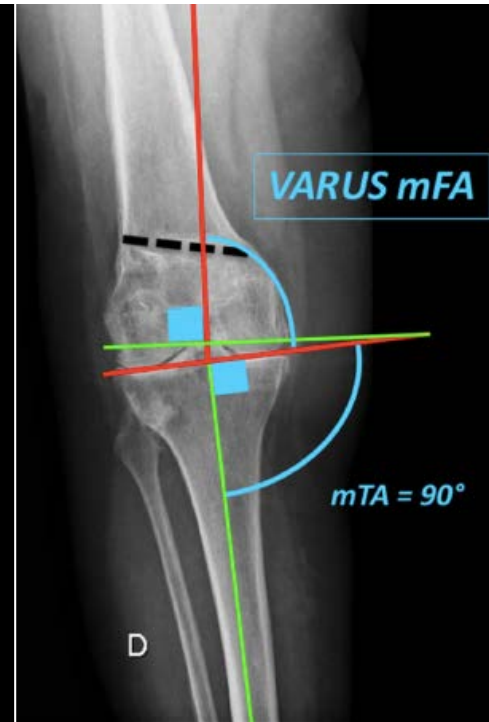
Residual Varus Alignment does not Compromise Results of TKAs in Patients with Preoperative Varus

Robert A. Magnussen MD, Florent Weppe MD,
Guillaume Demey MD, Elvire Servien MD, PhD,
Sébastien Lustig MD, PhD

KNEE

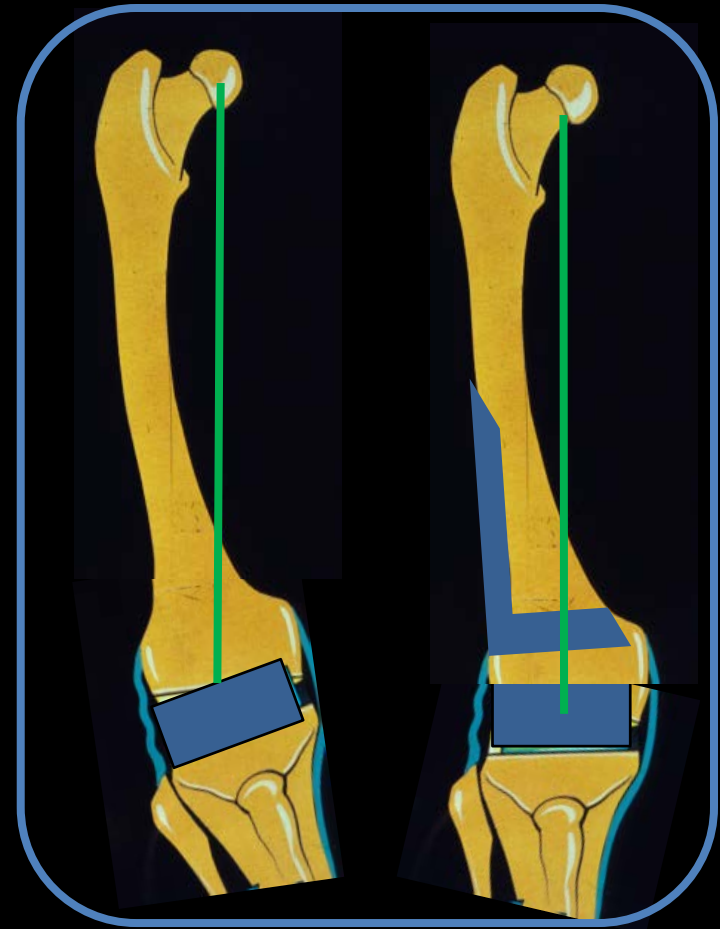
Total knee arthroplasty after varus distal femoral osteotomy vs native knee: similar results in a case control study

Romain Gaillard¹ · Timothy Lording² · Sébastien Lustig¹ · Elvire Servien¹ ·
Philippe Neyret¹



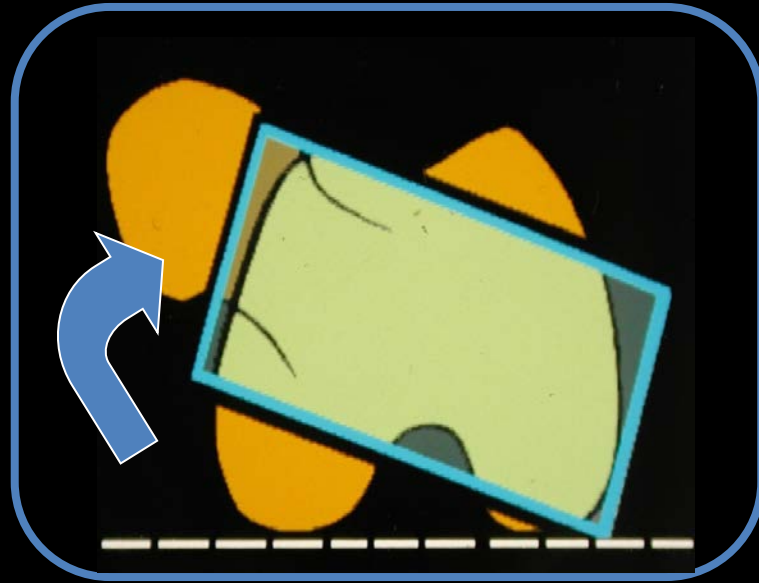
Femoral Malunion Varus Deformity

- In case of major ($>6^\circ$) Extra articular Varus Femoral Deformity we must discuss a **corrective femoral osteotomy** (One or two stages surgery)

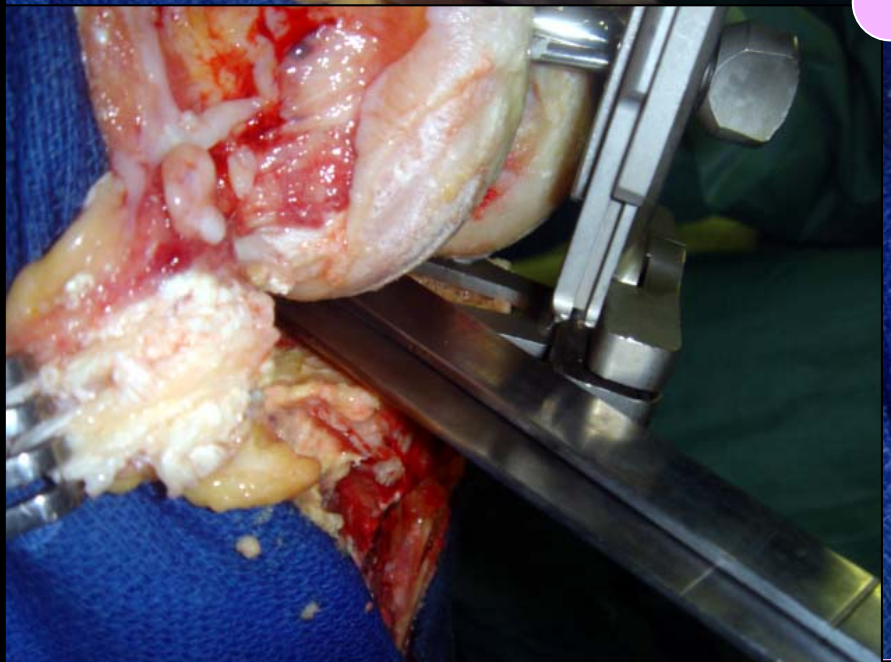
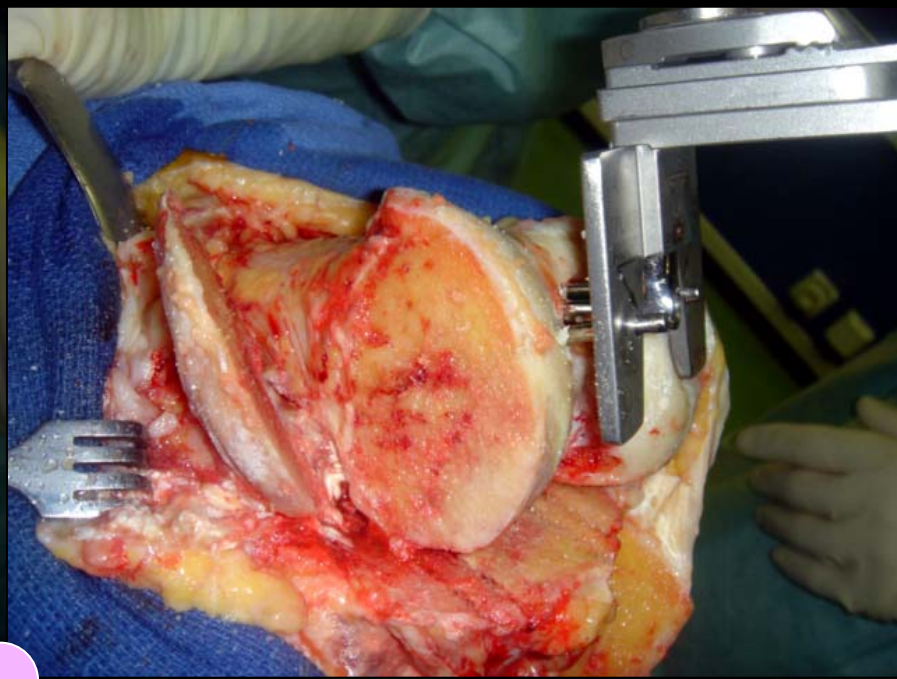
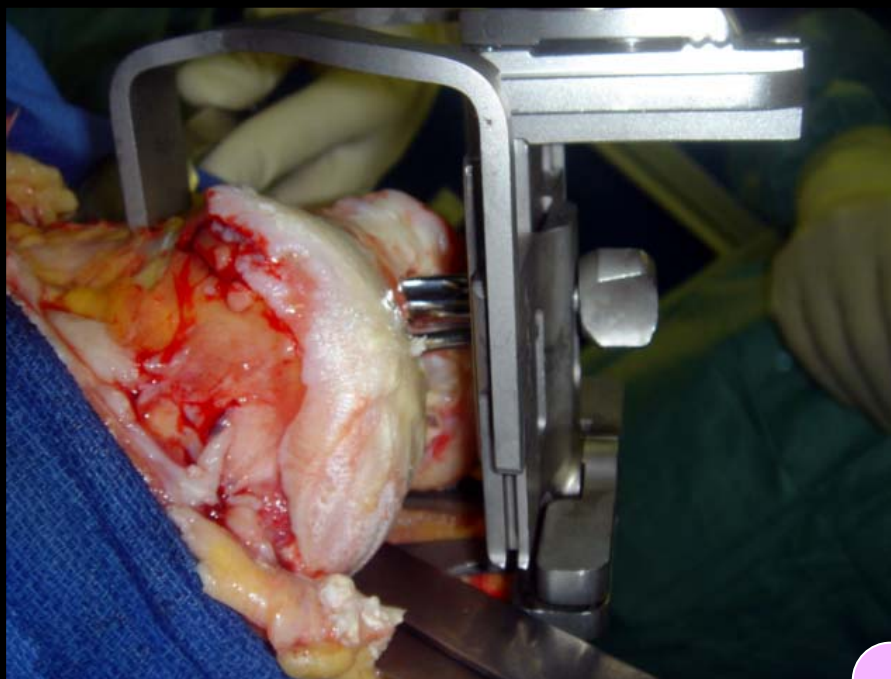


Excessive residual varus

Femoral Malunion Valgus Deformity

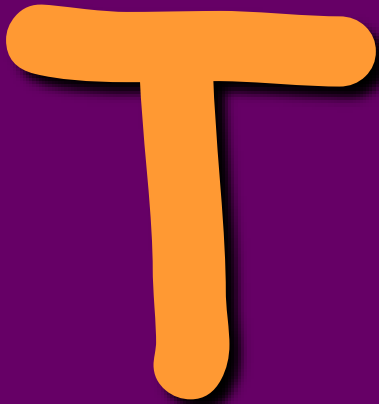


External rotation of
the femoral component





Knee joint



frontal



Knee joint



Sagittal

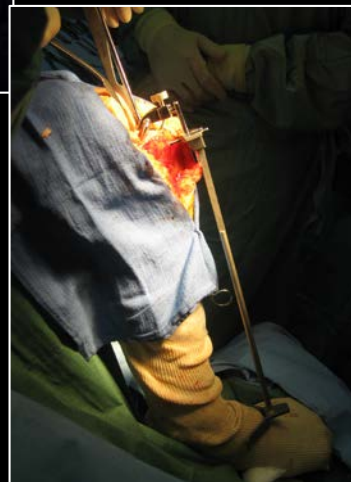
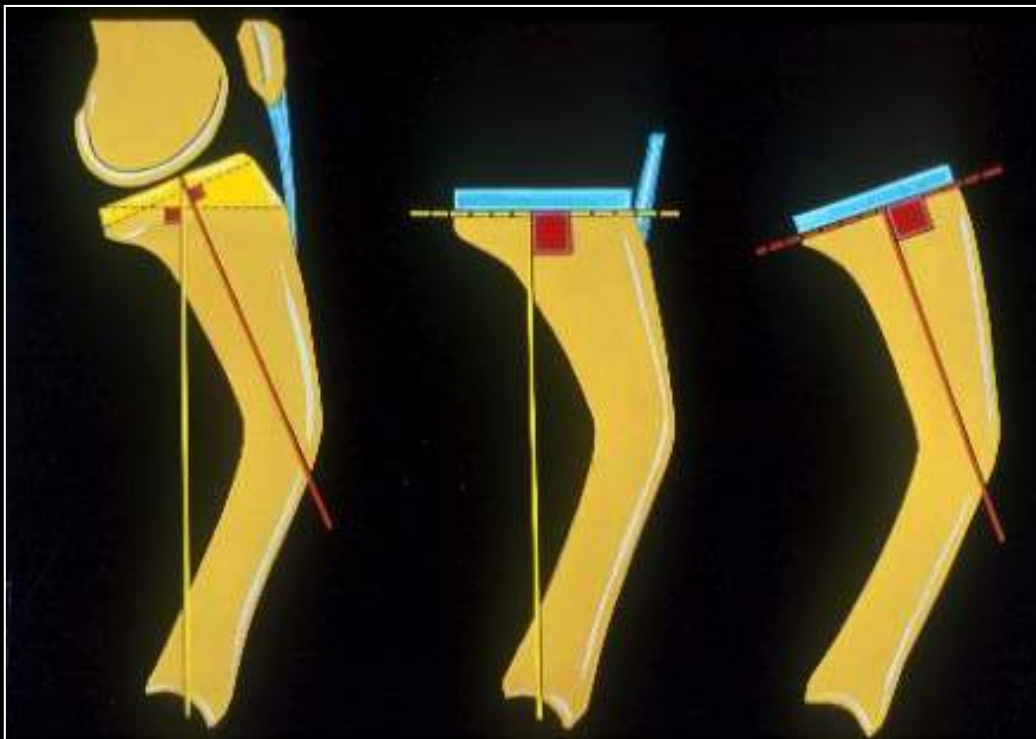


Knee joint

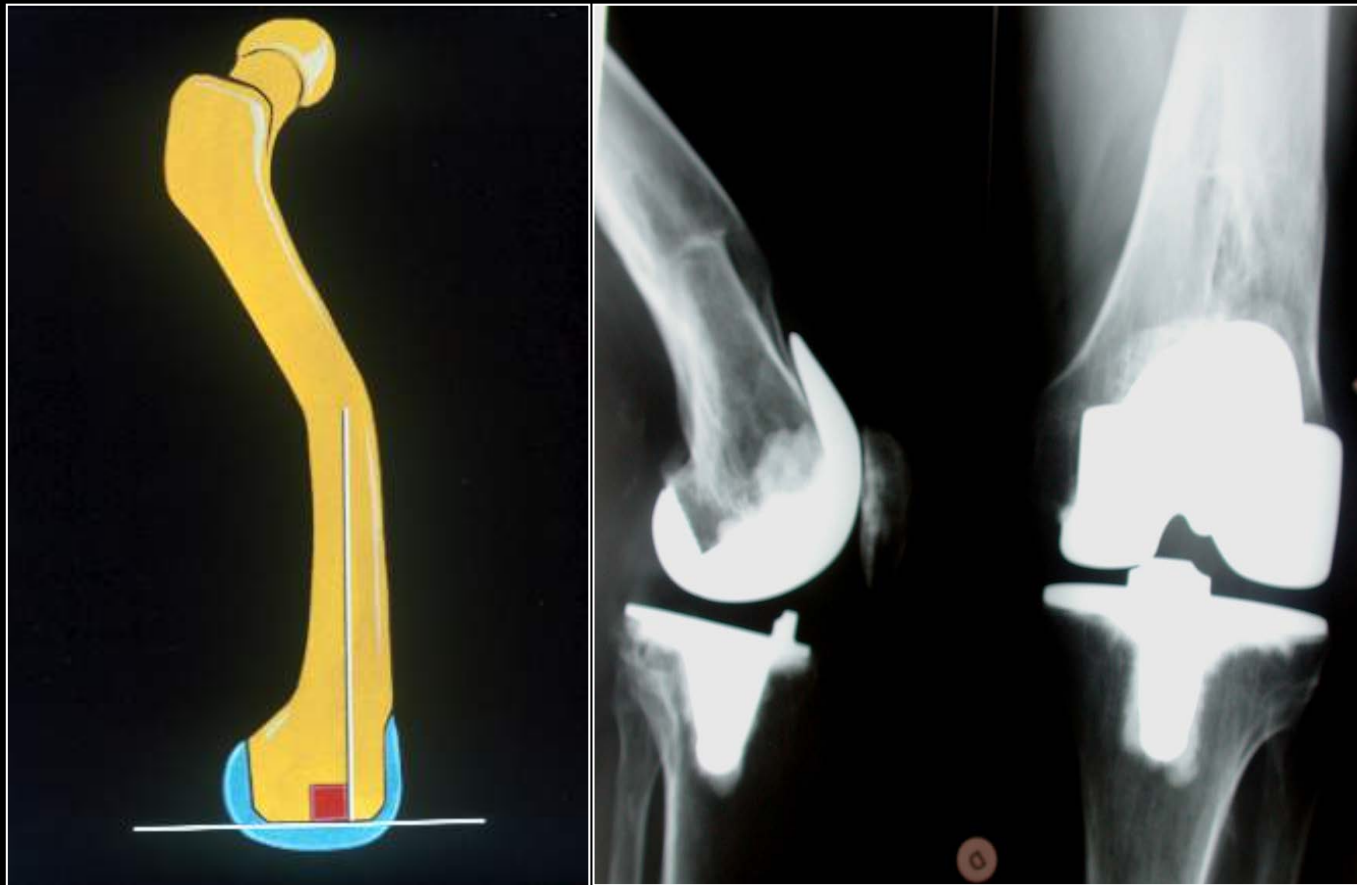


Horizontal

Sagittal Deformity



Sagittal Deformity

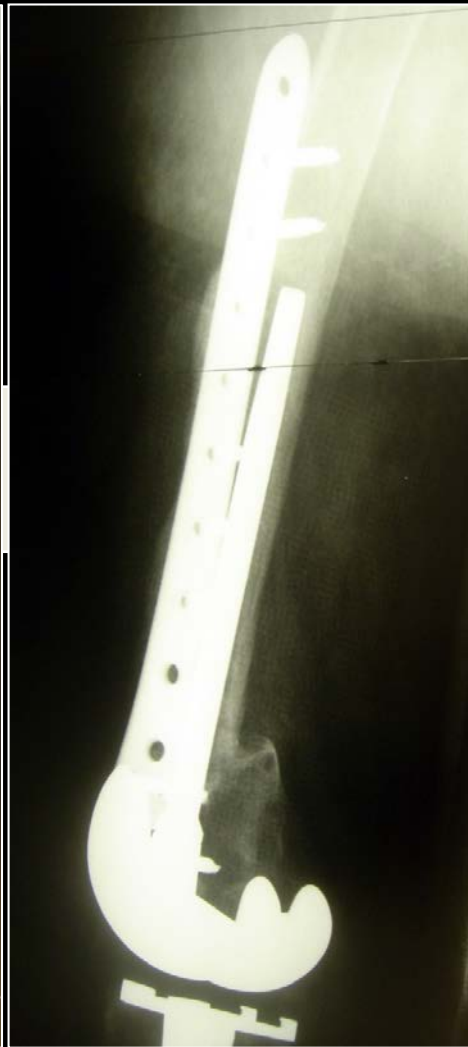




*Combining
a DFO with
a TKA ?*

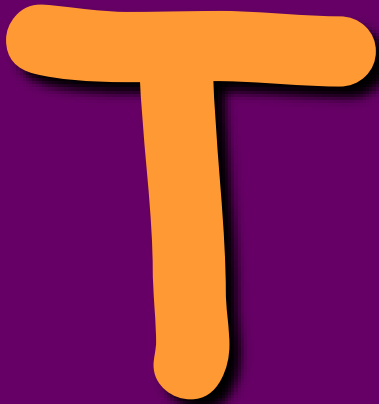
Not always a slam dunk







Knee joint



frontal



Knee
joint



Sagittal



Knee joint



Horizontal

OA after axial plane (rotational) malunion

Femoral *external* rotation —————→ medial OA

Femoral *internal* rotation —————→ lateral OA



Sometimes Obvious



Sometimes Tricky



30° external rotation !

HORIZONTAL DEFORMITY



81 OA on malunion

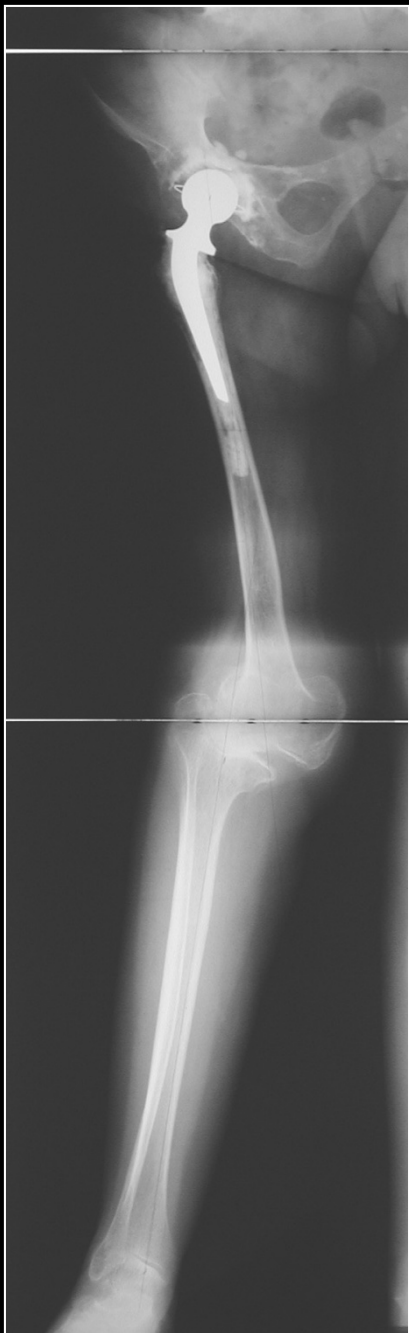
- Rarely isolated
- Femur : external torsion 6 cases (6 MFTOA)
internal torsion 1 case (1 MFTOA)
- Tibia : internal torsion 1 case

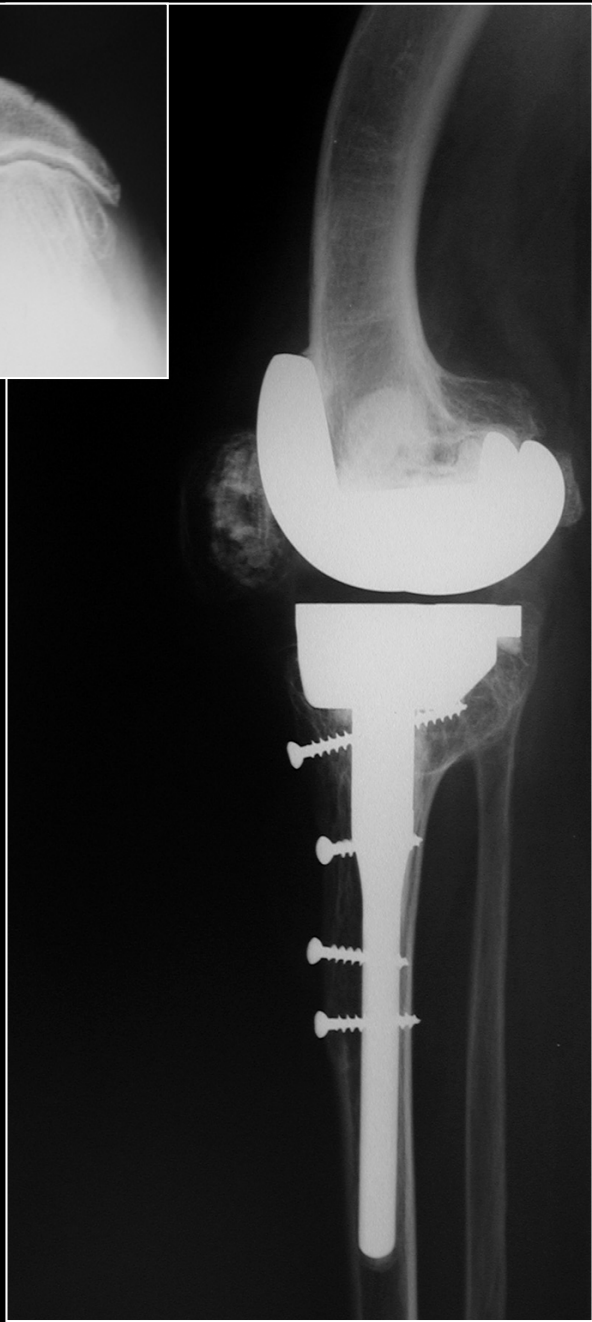
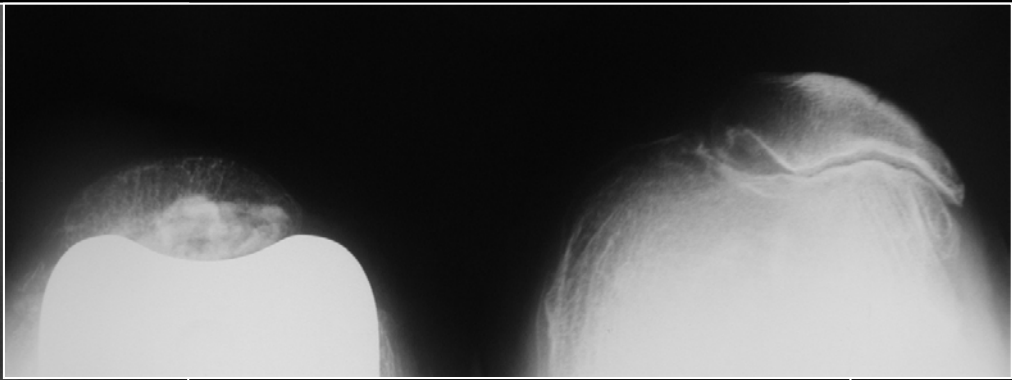
Limit $\leftrightarrow 20^\circ$

→ Rotational osteotomies = 2 (20° and 25°)

→ TKA = 6 (7° to 13°)



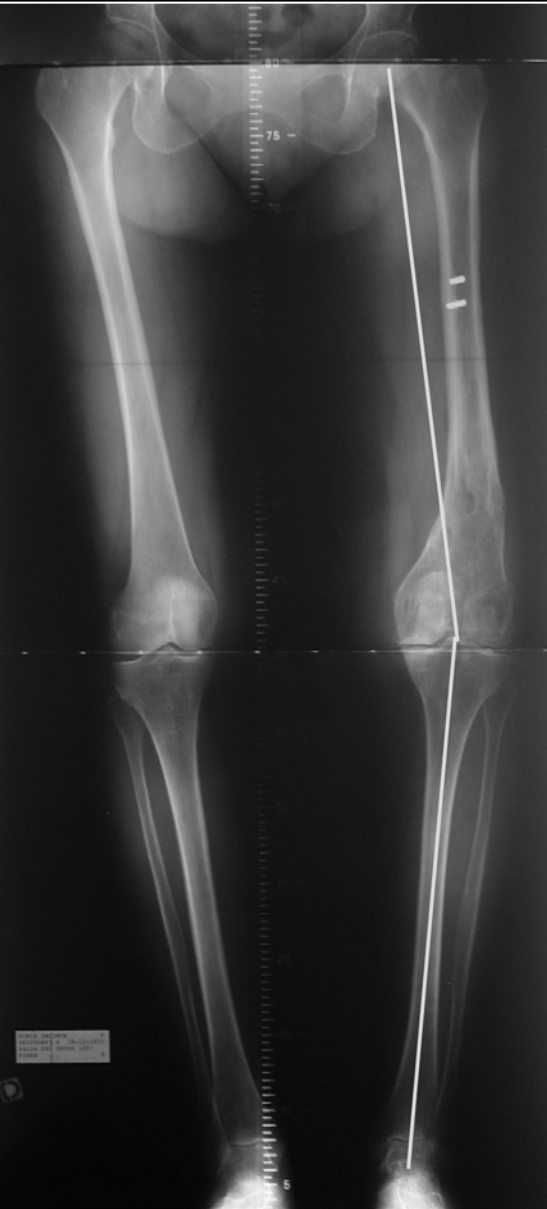




Take Home Message

Extra-articular deformity

1. Never straight forward.
2. Correct pre-operative planning .
3. Mechanical (angle or axis)
and not anatomical deformity .
4. Frontal femoral deformity
(Varus ++)





Thank You

