



Original Article

Posterior cruciate ligament reconstruction by means of tibial tunnel: anatomical study on cadavers for tunnel positioning^{☆,☆☆}

Antônio Altenor Bessa de Queiroz, César Janovsky*,
Carlos Eduardo da Silveira Franciozi, Leonardo Addêo Ramos,
Geraldo Sérgio Mello Granata Junior, Marcos Vinicius Malheiros Luzo, Moises Cohen

Universidade Federal de São Paulo, São Paulo, SP, Brazil

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ABSTRACT

Objective: to determine the reference points for the exit of the tibial guidewire in relation to the posterior cortical bone of the tibia.

Methods: sixteen knees from fresh cadavers were used for this study. Using a viewing device and a guide marked out in millimeters, three guidewires were passed through the tibia at 0, 10 and 15 mm distally in relation to the posterior crest of the tibia. Dissections were performed and the region of the center of the tibial insertion of the posterior cruciate ligament (PCL) was determined in each knee. The distances between the center of the tibial insertion of the PCL and the posterior tibial border (CB) and between the center of the tibial insertion of the PCL and wires 1, 2 and 3 (CW1, CW2 and CW3) were measured.

Results: in the dissected knees, we found the center of the tibial insertion of the PCL at 1.09 ± 0.06 cm from the posterior tibial border. The distances between the wires 1, 2 and 3 and the center of the tibial insertion of the PCL were respectively 1.01 ± 0.08 , 0.09 ± 0.05 and 0.5 ± 0.05 cm.

Conclusion: the guidewire exit point 10 mm distal in relation to the posterior crest of the tibia was the best position for attempting to reproduce the anatomical center of the PCL.

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Reconstrução transtúnel tibial do ligamento cruzado posterior: estudo anatômico em cadáveres para a feitura do túnel tibial

RESUMO

Objetivo: determinar os pontos de referência para a saída do fio-guia tibial em relação à cortical posterior da tibia.

Métodos: foram usados para este estudo 16 joelhos de cadáveres frescos. Através de uma escopia e com um guia milimetrado, foi feita a passagem de três fios-guias a 0, 10 e 15 mm

Palavras-chave:

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☆☆ Work performed in the Department of Orthopedics and Traumatology, Escola Paulista de Medicina, Universidade Federal de São Paulo, São Paulo, SP, Brazil.

* Corresponding author.

E-mail: cesar.janovsky@gmail.com (C. Janovsky).

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distalmente em relação à crista posterior da tibia. Foram feitas dissecções e foi determinada a região do centro da inserção tibial do ligamento cruzado posterior (LCP) em cada joelho. Foram medidas as distâncias entre o centro da inserção tibial do LCP e a borda tibial posterior (CB) e entre o centro da inserção tibial do LCP e os fios 1-2 e 3 (CF1-CF2-CF3).

Resultados: nos joelhos dissecados, encontramos o centro da inserção tibial do LCP a $1,09\text{ cm} \pm 0,06$ da borda tibial posterior. As distâncias entre os fios 1,2 e 3 e o centro da inserção tibial do LCP foram respectivamente $1,01 \pm 0,08$; $0,09 \pm 0,05$ e $0,5 \pm 0,05$.

Conclusão: a saída do fio-guia a 10 mm distalmente em relação à crista posterior da tibia representa a melhor posição para tentar reproduzir o centro anatômico do LCP.

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Introduction

Ligament injuries of the posterior region of the knee are a difficult topic for knee surgeons and orthopedists in general. Posterior cruciate ligament (PCL) injuries are among the most challenging of these, because there is no uniformly defined approach to their treatment and because of different evolutionary features that they present.^{1,2}

The PCL is the strongest ligament of the knee and crosses the medial femoral condyle to the posterior region of the tibia. It presents two functional bands: the anterolateral and the posteromedial. In addition, grade III PCL injuries that present instability, pain and associated injuries are indicated for surgical treatment and therefore it is extremely important to understand their anatomy.^{3,4}

Correctly positioning the tunnels during the ligament reconstructions is the determining factor for success in this procedure. Some studies have demonstrated that the center of insertion of the PCL in the tibia is intra-articularly anterior to the posterior border of the tibia.^{5,6} Others have shown that it is in the region known as the posterior facet, or even distal to this structure.^{6,7}

The aim of this study was to determine the reference points for the exit of the tibial guidewire, so that it would become possible to establish a secure basis for the reconstruction technique, taking the reference point of the posterior cortical bone of the tibia.

Materials and methods

For this study, 16 knees from fresh cadavers were used (eight right and eight left knees). The mean age of the donors was 60 ± 7.3 years (range: 55-70 years); they were all male and their mean height was 167 ± 4.45 cm. The dissections were performed at the death investigation service of the city of São Paulo and the study was approved by the institution's ethics committee. The cadavers used were not more than seven days *post mortem*, had not been claimed by their relatives; and were sent for study and burial. The knees were dissected by means of a posterior access route. Individuals who did not present any signs of ligament injury or fracturing of the tibial plateau were excluded from the study.

The cadaveric specimens were prepared and the dissections were guided toward simulating the usual surgical procedure for PCL reconstruction. The cadaver was positioned

in horizontal dorsal decubitus and the lower limb that was studied was flexed. Using a viewer and with the aid of a PCL reconstruction guide marked out in millimeters, three 2.5-mm Kirschner guidewires were passed through at 0, 10 and 15 mm distal to the posterior crest of the tibia (Figs. 1 and 2). These wires were passed through anterolaterally to posteromedially. Dissection was performed immediately afterwards,

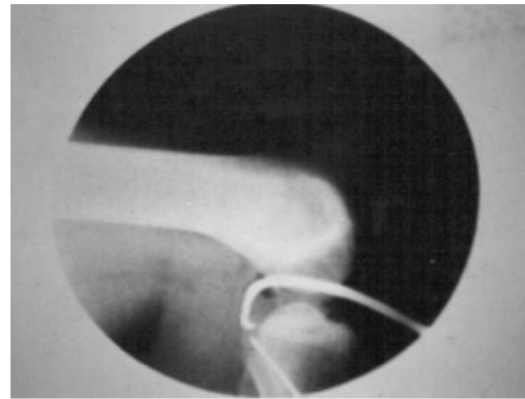


Fig. 1 – Passage of the 2.5-mm Kirschner guidewire using a guide marked out in millimeters.



Fig. 2 – Positioning of the three Kirschner guidewires, respectively at 0, 10 and 15 mm distal to the posterior crest of the tibia.

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