

Diagnosis and Indications for Treatment of Unicompartmental Arthritis

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KEYWORDS

• Unicompartmental knee arthroplasty • Arthritis • Knee • Diagnosis and indications

KEY POINTS

- Unicompartmental knee arthroplasty continues to be an evolving procedure with highly specific indications that are closely associated with clinical outcome and survivorship.
- As surgical techniques and implant designs improve, the indications for UKA will probably continue to expand and their successes improve.
- Technical experience and a comprehensive understanding of patient factors such as age, activity level and patient weight can dramatically impact long-term results and should guide treatment.
- The senior author warns of potentially lower long-term survivorship in the young, active mesomorphic male patient.
- Medial compartment osteoarthritis that leads to attritional rupture of the ACL is frequently too advanced for successful UKA. However, acute or subacute ACL rupture with early posterior-medial compartment wear can be successfully treated with concomitant UKA/ACL reconstruction.

INTRODUCTION

Advances in surgical technique and implant design have improved clinical outcomes and survivorship in total knee arthroplasty (TKA). This improvement, however, cannot be said to the same extent for unicompartmental knee arthroplasty (UKA) (**Fig. 1**).¹ Despite significant functional advantages of UKA compared with TKA under the appropriate circumstances,^{2–5} indications for UKA remain stringent, and advances in clinical outcome and survivorship continue to be limited.^{1,6–9}

UKA's prolonged development is partially related to the relative infrequency of performance of UKA versus TKA. Other reasons include implant design^{10–12} and technical considerations that directly impact implant longevity.^{13–15} Although some authors report good long-term survivorship, other series, such as European registry data,

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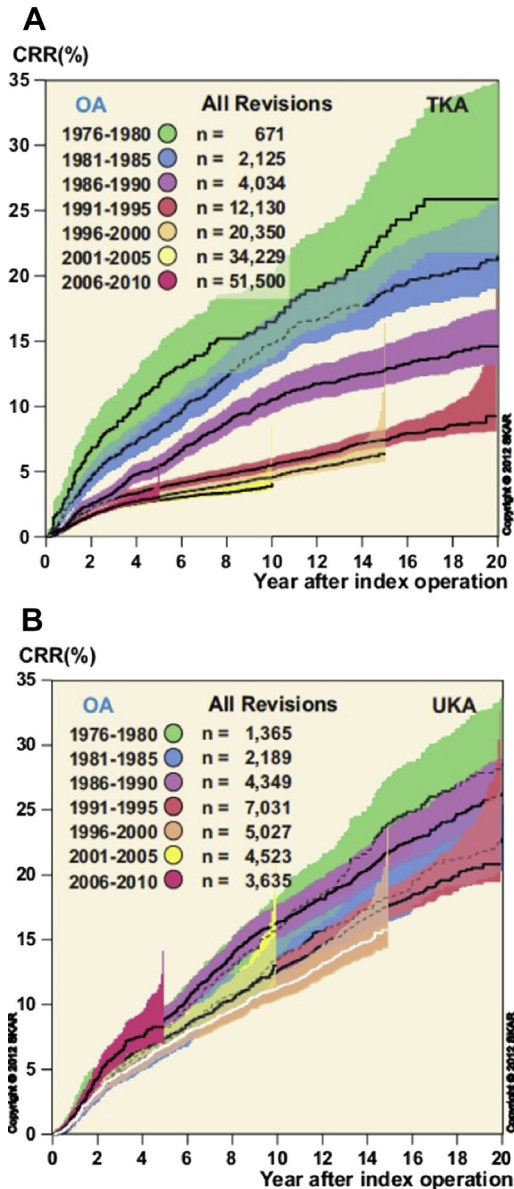


Fig. 1. Cumulative revision risk (CRR%) of TKA (A) and UKA (B) over the last several decades. Over time, TKA survivorship has improved dramatically, whereas UKA has not experienced the same advances in longevity. (From the 2012 Swedish Knee Arthroplasty Registry Annual Report; with permission.)

report inferior results.^{1,6-8} A comprehensive understanding of these issues and their relationship to patient selection, diagnosis, and management is crucial for maximizing successful long-term results.

Achieving acceptable long-term outcomes and survivorship can be more challenging than TKA. Consequences of slight malposition and knee imbalance are

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