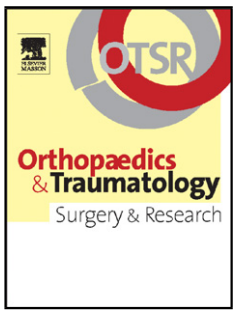

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PII: S1877-0568(17)30209-8
DOI: http://dx.doi.org/doi:10.1016/j.otsr.2017.06.013
Reference: OTSR 1808

To appear in:

Received date: 21-4-2016
Revised date: 20-5-2017
Accepted date: 6-6-2017

Please cite this article as: Caubère A, Harrosch S, Fioravanti M, Curvale G, Rochwerger A, Mattei JC, Does curettage–cement packing for treating giant cell tumors at the knee lead to osteoarthritis?, *Orthopaedics and Traumatology: Surgery and Research* (2017), http://dx.doi.org/10.1016/j.otsr.2017.06.013

Original article
Does curettage–cement packing for treating giant cell tumors at the knee lead to osteoarthritis?

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ABSTRACT

Introduction: Giant cell tumors (GCTs) make up 15% to 20% of bone-related tumors in adults. They are often found around the knee in the metaphysis and epiphysis area, contacting the joint cartilage. The aims of our study were to evaluate the presence of early knee osteoarthritis (OA) in patients with GCTs in the knee area treated by curettage–cement packing, and to evaluate whether replacing subchondral bone with acrylic cement has an effect on the functional outcomes and quality of life.

Material and methods: This was a retrospective study of all patients operated between 2000 and 2010 by the same specialized surgical team. Functional outcomes and quality of life were evaluated in each patient using the Knee Injury and Osteoarthritis Outcome (KOOS), the Musculoskeletal Tumor Society Score (MSTS) and the Short-Form 36 (SF-36). The presence of OA was evaluated in a full radiological work-up comparing the operated knee with the healthy contralateral knee. Knee OA was defined as grade 3 or grade 4 radiographic findings based on the Kellgren and Lawrence classification, and a significant difference between the operated and contralateral knee.

Results: Nineteen patients were included in this study. The average follow-up was 120 months (range 60–180). Four patients (21%) had radiographic KL-3 and one patient (5%) had KL-4. Eight patients (42%) had recurrence of the GCT. The distance between the tumor and