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Title: Does curettage—cement packing for treating giant cell tumors at the knee lead to osteoarthritis?

Author: A. Caubère S. Harrosch M. Fioravanti G. Curvale A.

Rochwerger J.C. Mattei

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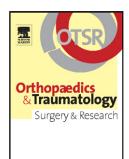
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ACCEPTED MANUSCRIPT

1	Original article
2	Does curettage-cement packing for treating giant cell
3	tumors at the knee lead to osteoarthritis?
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5	A.Caubère ^a , S. Harrosch ^a , M. Fioravanti ^a ,
6	G. Curvale ^a , A. Rochwerger ^a , JC. Mattei ^a
7 8	^a Service de chirurgie orthopédique, traumatologique et des tumeurs musculo-squelettiques,
9	Hôpital nord, chemin des bourrely, 13915 Marseille Cedex 20, France
10	
11	
12 13	Alexandre Caubère
14	HIA Sainte Anne
15	26Impasse des coquelicots
16	La Farlède, 83210
17	FRANCE
18 19	+33668024600 alexandre.caubere@hotmail.fr
20	alexandre.eaubere @ notman.n
21	ABSTRACT
22	Introduction: Giant cell tumors (GCTs) make up 15% to 20% of bone-related tumors in
23	adults. They are often found around the knee in the metaphysis and epiphysis area, contacting
24	the joint cartilage. The aims of our study were to evaluate the presence of early knee
25	osteoarthritis (OA) in patients with GCTs in the knee area treated by curettage-cement
26	packing, and to evaluate whether replacing subchondral bone with acrylic cement has an
27	effect on the functional outcomes and quality of life.
28	Material and methods: This was a retrospective study of all patients operated between 2000
29	and 2010 by the same specialized surgical team. Functional outcomes and quality of life were
30	evaluated in each patient using the Knee Injury and Osteoarthritis Outcome (KOOS), the
31	Musculoskeletal Tumor Society Score (MSTS) and the Short-Form 36 (SF-36). The presence
32	of OA was evaluated in a full radiological work-up comparing the operated knee with the
33	healthy contralateral knee. Knee OA was defined as grade 3 or grade 4 radiographic findings
34	based on the Kellgren and Lawrence classification, and a significant difference between the
35	operated and contralateral knee.
36	Results: Nineteen patients were included in this study. The average follow-up was 120
37	months (range 60-180). Four patients (21%) had radiographic KL-3 and one patient (5%) had
38	KL-4. Eight patients (42%) had recurrence of the GCT. The distance between the tumor and

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