

PATELLA IN TOTAL KNEE REPLACEMENT: PATELLAR RESURFACING HAS BETTER OUTCOMES THAN LATERAL FACETECTOMY AT ONE YEAR FOLLOW-UP

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ISAKOS
CONGRESS
2023



Boston
Massachusetts
June 18 - June 21

I have nothing to declare



INTRODUCTION

3 ways to manage the patella in total knee replacement

Always do patellar resurfacing

No patellar resurfacing ever

PATELLA

Selectively patellar resurfacing

THERE IS VARIABLE LITERATURE ANALYZING WHICH IS THE BEST TREATMENT OPTION FOR THE PATELLAR COMPONENT

INTRODUCTION

The aim of this study is to compare pain and functional outcomes with Visual Analog Scale (VAS), 2011 Knee Society Score (KSS) and Knee Injury and Osteoarthritis Outcome Score (KOOS) in postoperative primary total knee replacement patients according to the treatment on the patellar component: patellar resurfacing (group 1) or lateral facetectomy (group 2). With preoperative evaluation and 12 months after surgery.



METHODS

- Ambispective cohort study.
- All patients who underwent surgery by the knee team from December 2019 to complete sample size were included.
- Demographic data; comorbidities; pre and postoperative knee mechanical axis and prosthetic designs used were analyzed.
- **Preoperative 2011 KSS, KOOS and VAS scores were taken and compared with records at 1 year after surgery.**
- Also, we analyzed revision surgery rate, in the first 6 months postoperatively and complications associated.

RESULTS

DEMOGRAPHIC DATA

- 89 patients of which 43 (48.3%) correspond to the lateral facetectomy group and 46 (51.7%) to the patellar button group.

	Facetectomy group (n=43)	Resurfacing group (n=46)	p
Female, n (%)	30 (70%)	38 (83%)	0,15
Age years, mean (+ IQR)	74 (69, 79)	74.5 (71, 80)	0,35
BMI, mean (\pm SD)	29.96 (5.17)	30.24 (5.58)	0,81
DM, n (%)	7 (16%)	4 (9%)	0.28
HBP, n (%)	34 (79%)	31 (67%)	0.21
Coronary disease, n (%)	4 (9%)	3 (7%)	0.63
RA, n (%)	0	0	-
Neurologic disease, n (%)	0	0	-

BMI= body mass index; DM= Diabetes Mellitus; HBP= High Blood Pressure; RA= Rheumatoid Arthritis; IQR= Interquartile range; SD= Standard Deviation

- No differences between the two groups in the pre- and postoperative axis angle, neither in the prosthetic design used.

RESULTS

KSS 2011

	Facetectomy group (n=43)	Resurfacing group (n=46)	p
Preoperative			
General KSS, median (IQR)	69 (50, 88)	54 (38, 82)	71
Satisfaction KSS, median (IQR)	10 (0, 12)	1 (0, 10)	0.027
Expectation KSS, median (IQR)	15 (15, 15)	15 (14, 15)	0.19
Function KSS, median (IQR)	35 (24, 47)	33 (22, 45)	0.50
Postoperative 1 year			
General KSS, median (IQR)	84 (80, 87)	86 (84, 87)	0.002
Satisfaction KSS, median (IQR)	40 (30, 40)	40 (40, 40)	0.046
Expectation KSS, median (IQR)	12 (12, 15)	15 (9, 15)	0.56
Function KSS, median (IQR)	85 (76, 95)	84 (74, 88)	0.39

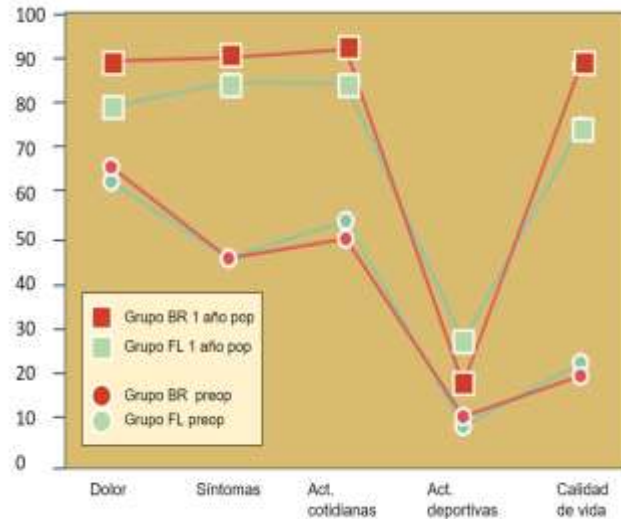
KSS= Knee Society Score; RIQ= Interquartil Range

SIGNIFICANT DIFFERENCES IN FAVOR OF PATELLAR RESURFACING

GROUP ON GENERAL AND SATISFACTION KSS

RESULTS

KOOS AND VAS



SIGNIFICANT DIFFERENCES IN FAVOR OF THE PATELLAR RESURFACING GROUP IN SYMPTOMS (P=0.002), ACTIVITIES OF DAILY LIVING (P=0.018) AND QUALITY OF LIFE (P=0.004).

	Facetectomy group (n=43)	Resurfacing group (n=46)	p
VAS preoperative, mean (\pm SD)	8 (1.48)	7.82 (1.85)	0.63
VAS postoperative, mean(\pm SD)	1.79 (2.47)	1.28 (2.16)	0.30

SD=Standard Deviation

DISCUSSION

- The most important result of our series is the finding of better results for the patellar resurfacing group.
 - Although the tendency is to perform patellar resurfacing, it is necessary to have more information and studies about it.
- The improved implants and the reduction of complications are factors that can influence in favor to perform patellar resurfacing.

CONCLUSION

The authors consider that although both treatments on the patellar component have significant improvements in clinical scores at one year after surgery, when compared, patellar resurfacing has better results at that postoperative time.



THANK YOU



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