

# Effect of Posterior Tibial Slope on Clinical Outcome and Survivorship after PCL Reconstruction : Minimum 10-Year Follow-up

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## Disclosure

No conflicts of interest

## Introduction

- Flattening of posterior tibial slope (PTS) is associated with a significantly higher remaining posterior tibial translation (PTT) as well as a lower reduction of PTT  
*Clemens Gwinner et al, AJSM, 2017*
- PCL graft forces increased as tibial slope decreased (flattened) in the loaded and unloaded states.  
*Andrew S. Bernhardson et al, AJSM, 2019*
- Decreased PTS Does Not Affect Postoperative Posterior Knee Laxity After DB PCL Reconstruction  
*Andrew S. Bernhardson et al, AJSM, 2019*
- However, there is no study that compares the effect of tibial slope after SB PCLR and DB PCLR at long-term follow-up.

## Purpose

- To investigate the influence of medial and lateral PTS on long-term clinical outcome and survivorship after PCLR (SB & DB)

## Hypothesis

- Decreased posterior tibial slope (MPTS and /or LPTS)
  - More PCLR failures & poor survivorship in SB and DB
  - Poor clinical score in SB and DB

## Materials & Methods

- 85 patients from 2000 to 2009
- Follow-up : minimum of 10 years
- Level III, retrospective comparative trial

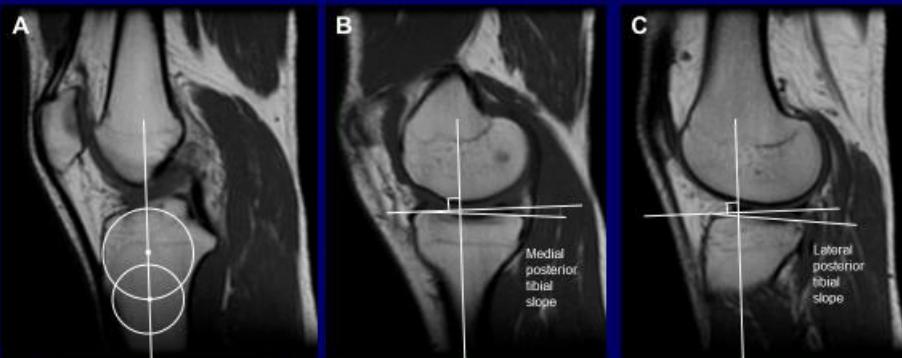
### Inclusion

1. Primary SB & DB PCL-R
2. No difference between the indications for SB and for DB PCLR
3. Grade III instability (side-to-side difference [STSD]>10 mm)
4. Grade II instability (STSD, 5-10 mm), with discomfort after at least 6weeks of nonoperative treatment
5. Minimum 10-year follow-up
6. Normal contra-lateral knee
7. Some patients had been randomly assigned to SB or DB PCLR in a previous retrospective study (2000 and June 2008)

### Exclusion

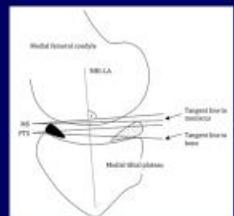
1. Age > 60
2. Revision PCL-R
3. Multiple ligament injuries requiring combined ligament surgery
4. Bilateral knee injury
5. Concomitant ipsilateral fracture
6. Early graft failure owing to postoperative infection, fixation failure
- ...

## Posterior tibial slope measurement on MRI



MPTS

LPTS



Hudek et al, CORR, 2011  
Yoon et al, Arthroscopy, 2020

## Clinical & Stability Evaluations

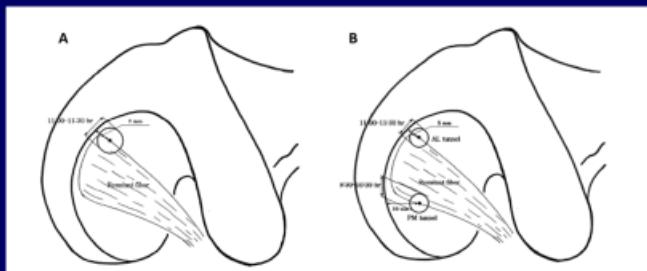
- Clinical evaluation
  - IKDC subjective score
  - Lysholm score
  - Tegner activity score
- Radiological outcomes
  - Side to side difference (Telos stress radiographs)
- Stability analysis
  - Side to side difference (Telos stress radiographs)

## Failure of PCLR

- Need for additional surgery (Revision PCLR, Arthroplasty, HTO...)
- Complete graft tear on MRI
- Grade III instability on stress x-ray (STSD >10mm)

Yoon et al, AJSM, 2020

## PCLR Femoral tunnel target point (SB & DB)



## Reference of the Cut-Off Values

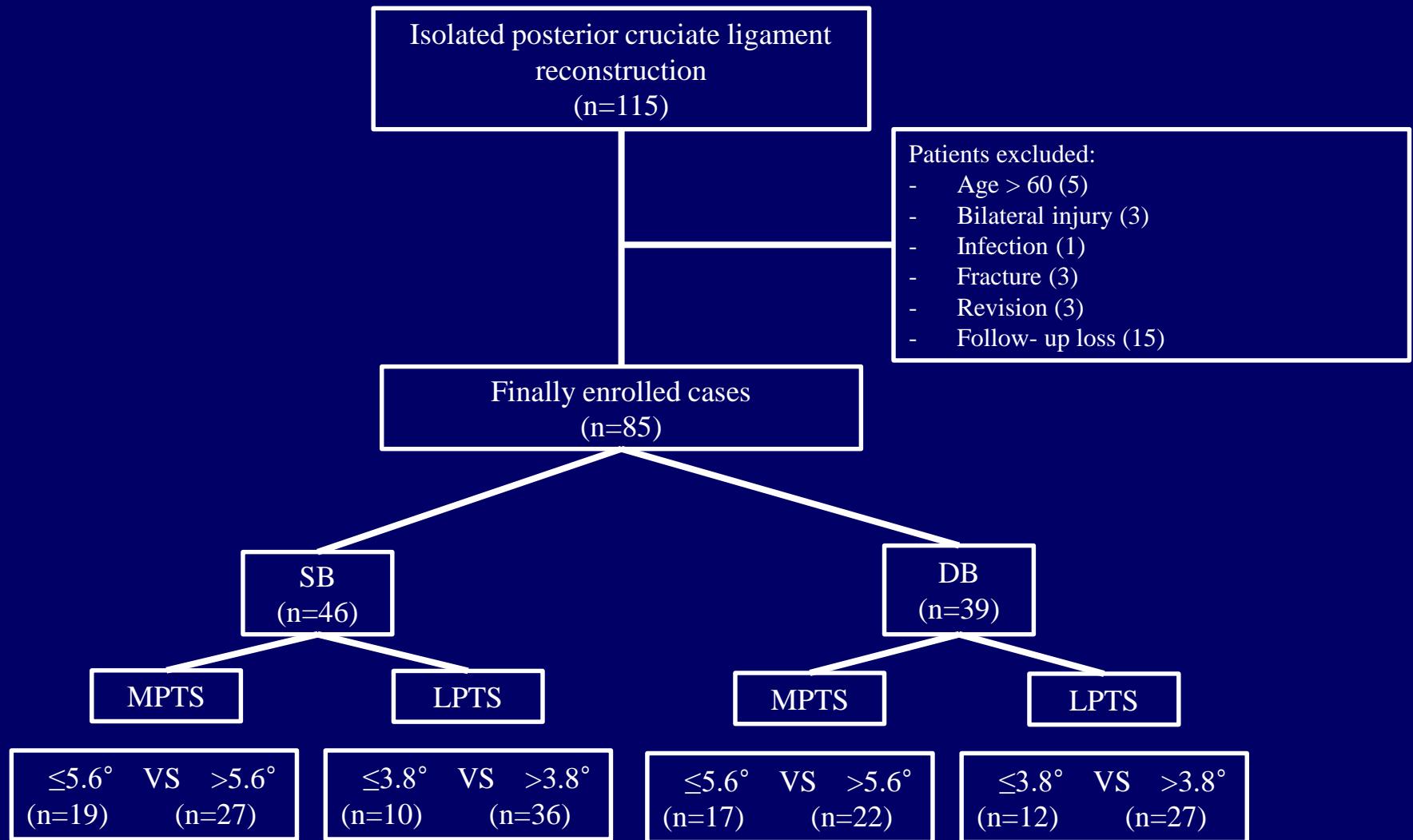
Patients with a steeper medial or lateral PTS showed a higher risk of ATT  $\geq 5$  mm at thresholds of  $5.6^\circ$  and  $3.8^\circ$ , respectively.

- |                   |    |              |
|-------------------|----|--------------|
| • MPTS $\leq 5.6$ | VS | MPTS $> 5.6$ |
| • LPTS $\leq 3.8$ | VS | LPTS $> 3.8$ |

## Statistical Analysis

- SPSS ver. 21.0
- Student's t test, Mann-Whitney U test, Chi-square test, Fisher exact test
  - ✓ Compare between groups
- Univariate & multivariate Cox regression
  - ✓ To identify potential predictors of graft failure in SB
- Kaplan-Meier method
  - ✓ Survivorship analysis
- p-values  $< 0.05$

# Flow Chart (Isolated PCLR)



# Demographics and baseline data (SB)

	Medial posterior tibial slope ≤ 5.6 ( n = 19 )	Medial posterior tibial slope > 5.6 ( n = 27 )	P value
Age at surgery, y	30.6±11.9 (21.0-59.0)	27.5±9.2(18.0-50.0)	0.319
Body mass index, kg/m <sup>2</sup>	25.7±4.9 (17.5-36.1)	24.0±3.6 (18.4-31.2)	0.213
Male : female	12:7	17:10	0.989
Injured side, right:left	11:8	11:16	0.251
Preoperative STSD, mm	10.6±3.9 (5.2-19.9)	10.5±3.2 (6.4-21.6)	0.386
Combined chondral injury, n (%)	4(21.1)	3(11.1)	0.424
Combined meniscus injury, n (%)	2(10.5)	4(14.8)	1.000
Follow –up period, y	10.5±0.9 (10.0-13.0)	10.4±0.7(10.0-13.0)	0.372

	Lateral posterior tibial slope ≤ 3.8 ( n = 10 )	Lateral posterior tibial slope > 3.8 ( n = 36 )	P value
Age at surgery, y	31.4±9.5 (22.0-50.0)	28.1±10.1(18.0-59.0)	0.098
Body mass index, kg/m <sup>2</sup>	24.4±4.9 (17.5-32.9)	24.8±4.1 (18.4-36.1)	0.770
Male : female	4:6	25:11	0.139
Injured side, right:left	4:6	18:18	0.725
Preoperative STSD, mm	11.2±2.4 (6.8-14.7)	10.7±3.7 (5.2-21.6)	0.236
Combined chondral injury, n (%)	2(20)	5(13.9)	0.636
Combined meniscus injury, n (%)	0(0)	6(100)	0.315
Follow –up period, y	10.8±1.1 (10.0-13.0)	10.4±0.6 (10.0-13.0)	0.220

# Demographics and baseline data (DB)

	Medial posterior tibial slope ≤ 5.6 ( n = 17 )	Medial posterior tibial slope > 5.6 ( n = 22 )	P value
Age at surgery, y	28.2±10.9 (18.0-48.0)	28.9±6.8 (20.0-45.0)	0.150
Body mass index, kg/m <sup>2</sup>	25.1±3.1 (18.3-31.6)	26.0±4.4 (20.4-39.9)	0.126
Male : female	14:3	18:4	1.00
Injured side, right:left	11:6	14:8	0.945
Preoperative STSD, mm	10.8±3.9 (5.1-19.1)	9.5±3.0 (5.0-16.8)	0.230
Combined chondral injury, n (%)	3(17.6)	0(0)	0.074
Combined meniscus injury, n (%)	1(5.9)	3(13.6)	0.618
Follow-up period, y	10.9±1.5 (10.0-15.0)	10.7±1.2(10.0-15.0)	0.438
	Lateral posterior tibial slope ≤ 3.8 ( n = 12 )	Lateral posterior tibial slope > 3.8 ( n = 27 )	P value
Age at surgery, y	28.1±11.1 (18.0-46.0)	28.8±7.7(19.0-48.0)	0.176
Body mass index, kg/m <sup>2</sup>	24.6±3.1 (18.3-29.7)	26.1±4.1 (20.4-39.9)	0.219
Male : female	10:2	22:5	1.00
Injured side, right:left	7:5	18:9	0.723
Preoperative STSD, mm	10.5±3.0 (5.2-15.8)	9.9±3.6 (5.0-19.1)	0.601
Combined chondral injury, n (%)	2(16.7)	1(3.7)	0.219
Combined meniscus injury, n (%)	0(0)	4(14.8)	0.292
Follow-up period, y	11.0±1.6 (10.0-15.0)	10.7±1.2(10.0-15.0)	0.286

# Post-op (SB)

	Medial posterior tibial slope $\leq$ 5.6 ( n = 19 )	Medial posterior tibial slope > 5.6 ( n = 27 )	P value
Clinical score			
IKDC subjective score	62.6 $\pm$ 16.7 (37.9-97.7)	65.4 $\pm$ 23.3 (14.9-97.7)	0.701
Lysholm score	69.1 $\pm$ 18.4 (41.0-100)	71.6 $\pm$ 22.6 (23.0-99.0)	0.737
Tegner activity score	4.5 $\pm$ 1.0 (3.0-6.0)	5.2 $\pm$ 1.9 (1.0-9.0)	0.209
Radiological result			
STSD, mm	8.4 $\pm$ 3.9 (2.8-14.8)	5.1 $\pm$ 2.9 (0.0-10.8)	0.03
OA progression, n(%)	3(17.6)	1(3.4)	0.292

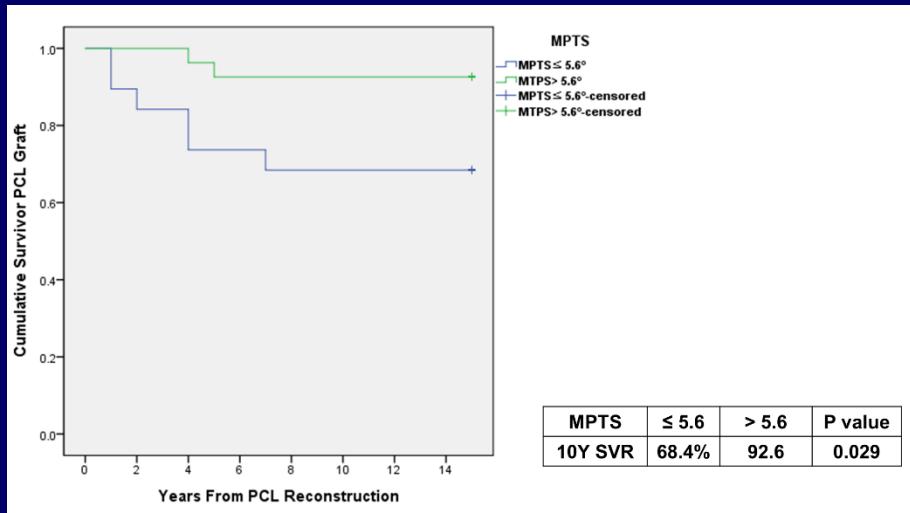
	Lateral posterior tibial slope $\leq$ 3.8 ( n = 10 )	Lateral posterior tibial slope > 3.8 ( n = 36 )	P value
Clinical score			
IKDC subjective score	53.7 $\pm$ 23.0 (14.9-85.1)	67.0 $\pm$ 19.3 (24.1-97.7)	0.129
Lysholm score	66.0 $\pm$ 24.6 (23.0-99.0)	71.8 $\pm$ 19.9 (40.0-100.0)	0.317
Tegner activity score	4.0 $\pm$ 1.4 (1.0-5.0)	5.1 $\pm$ 1.8 (3.0-9.0)	0.105
Radiological result			
STSD, mm	7.6 $\pm$ 5.7 (0.0-14.8)	6.2 $\pm$ 3.0 (0.7-12.9)	0.304
OA progression, n(%)	2(20)	2(5.6)	0.201

# Post-op (DB)

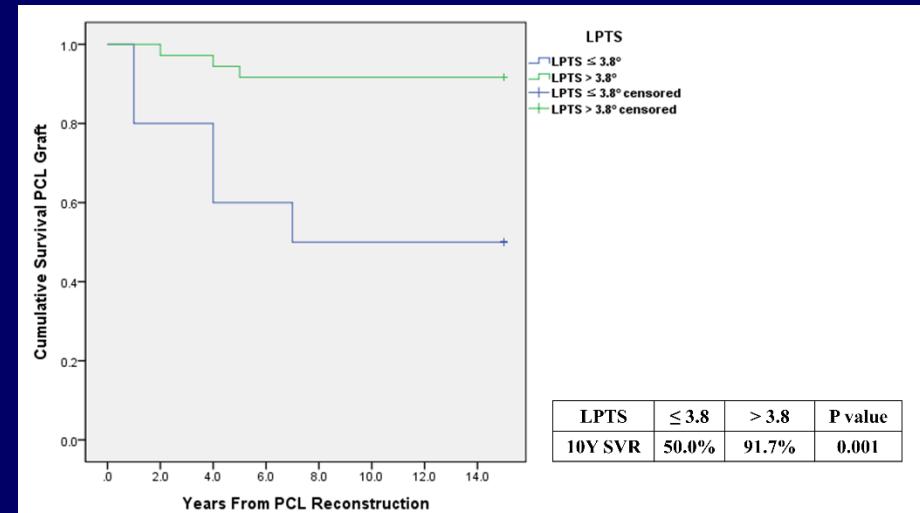
	Medial posterior tibial slope $\leq$ 5.6 ( n = 17 )	Medial posterior tibial slope > 5.6 ( n = 22 )	P value
Clinical score			
IKDC subjective score	59.8 $\pm$ 19.0 (24.1-90.8)	68.7 $\pm$ 24.3 (17.2-100)	0.071
Lysholm score	74.2. $\pm$ 15.3 (49.0-95.0)	73.5 $\pm$ 21.0 (28.0-100)	0.394
Tegner activity score	5.5 $\pm$ 1.8 (3.0-9.0)	4.5 $\pm$ 1.7 (2.0-7.0)	0.121
Radiological result			
STSD, mm	5.6 $\pm$ 4.0 (0.0-13.7)	4.9 $\pm$ 3.5 (0.4-13.3)	0.766
OA progression	1(5.9)	4(18.2)	0.363

	Lateral posterior tibial slope $\leq$ 3.8 ( n = 12 )	Lateral posterior tibial slope > 3.8 ( n = 27 )	P value
Clinical score			
IKDC subjective score	60.0 $\pm$ 16.3 (35.6-90.8)	66.7 $\pm$ 24.4 (17.2-100)	0.108
Lysholm score	74.4 $\pm$ 15.5 (49.0-95.0)	73.6 $\pm$ 19.7 (28.0-100)	0.908
Tegner activity score	5.2 $\pm$ 2.0 (3.0-9.0)	4.8 $\pm$ 1.7 (2.0-7.0)	0.371
Radiological result			
STSD, mm	4.8 $\pm$ 3.1 (0.0-8.6)	5.5 $\pm$ 4.0 (0.4-13.7)	0.292
OA progression	0(0)	5(18.5)	0.299

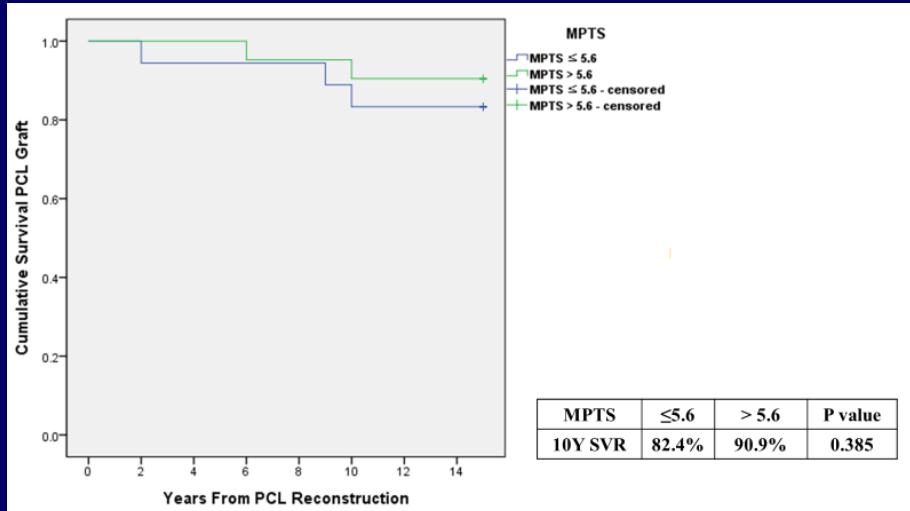
## Survivorship (SB, MPTS)



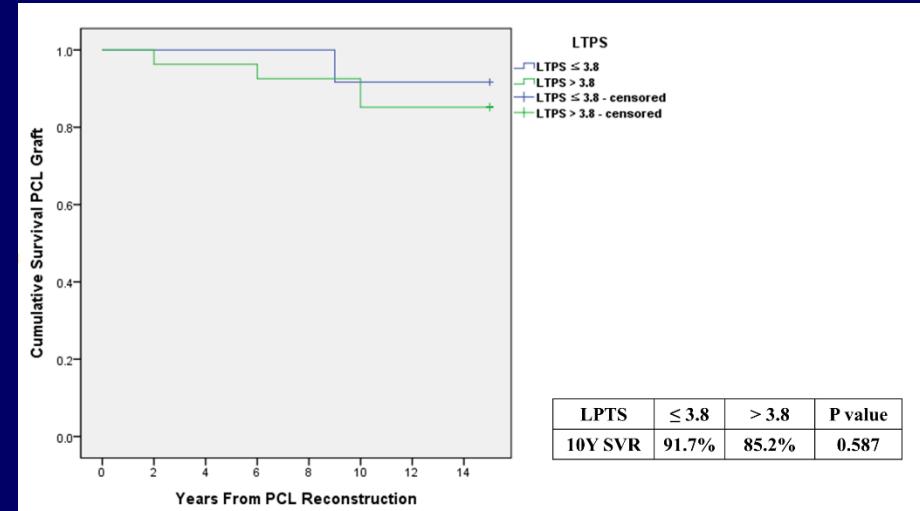
## Survivorship (SB, LPTS)



## Survivorship (DB, MPTS)



## Survivorship (DB, LPTS)



## Limitation

- Retrospective study, selection bias
- Focused on only posterior slopes in PCLR failures
- No definite criteria or cutoff value for PTS (5.6/3.8)

## Discussion

- Long-term retrospective comparative study (SB& DB)
- Evaluate not only posterior tibial slope with survival rate but also clinical outcome
- First study to evaluate the correlation of survival rate and posterior tibial slope in SB & DB using MRI

## Conclusion

After 10 to 15 - year follow-up,

- No significant difference in clinical scores (SB & DB)
  - MPTS  $\leq 5.6^\circ$  VS MPTS  $>5.6^\circ$
  - LPTS  $\leq 3.8^\circ$  VS LTPS  $>3.8^\circ$
- In SB, MPTS < 5.6 & LPTS < 3.8 are associated with lower PCLR lower survivorship.
- In DB, No difference in PCLR failure rate and lower survivorship by MPTS & LPTS

## Reference

1. Gwinner C., Weiler A., Roider M et al. Tibial Slope Strongly Influences Knee Stability After Posterior Cruciate Ligament Reconstruction: A Prospective 5- to 15-Year Follow-up. *Am J Sports Med.* 2017;45(2):355-361.
2. Bernhardson AS, Aman ZS, DePhillipo NN et al. Tibial Slope and Its Effect on Graft Force in Posterior Cruciate Ligament Reconstructions. *Am J Sports Med.* 2019;47(5):1168-1174.
3. Hudek R, Fuchs B, Regenfelder F, Koch PP. Is Noncontact ACL Injury Associated with the Posterior Tibial and Meniscal Slope?. *Clin Orthop Relat Res.* 2011;469(8):2377-2384.
4. Yoon KH, Kim JS, Park JY, Park SY, Kiat RYD, Kim SG. Comparable Clinical and Radiologic Outcomes Between an Anatomic Tunnel and a Low Tibial Tunnel in Remnant-Preserving Posterior Cruciate Ligament Reconstruction. *Orthop J Sports Med.* 2021;9(2):2325967120985153.