

Correlation Between Histological Assessment of Regenerated Articular Cartilage and Mid- to Long-Term Clinical Outcomes After Open-Wedge High Tibial Osteotomy

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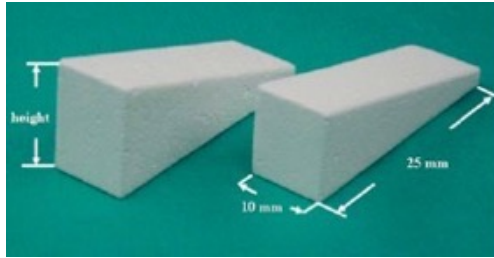
Conflict of Interest Disclosure

Yasutoshi Ikeda

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The author declares no conflicts of interest related to this presentation.

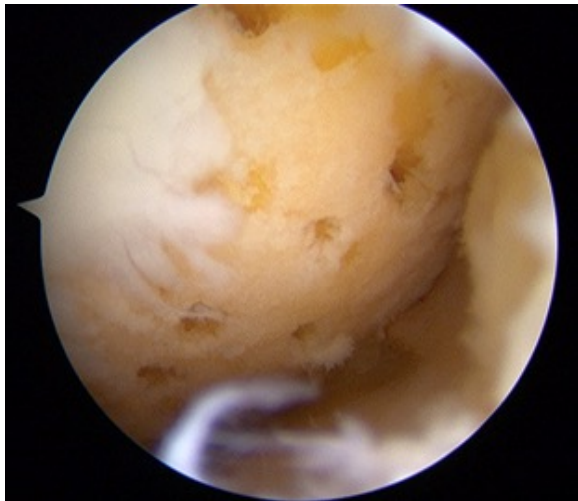
Open-Wedge High Tibial Osteotomy (OWHTO) for Knee Osteoarthritis



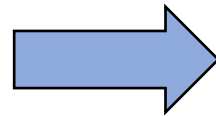
Excellent clinical outcomes

Staubli A et al. Injury. 2003

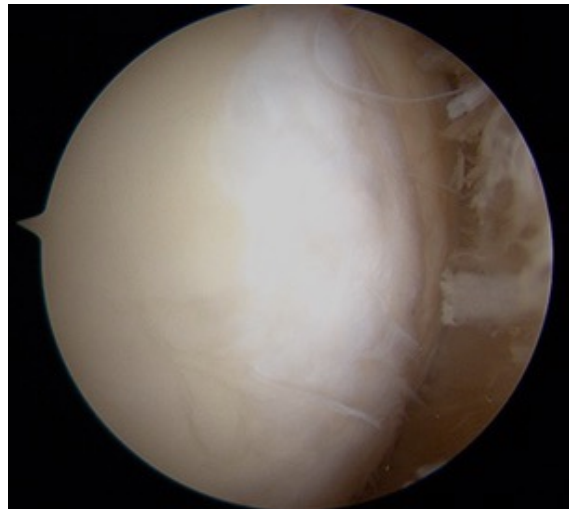
Takeuchi R et al. Arthroscopy. 2009



ICRS IV



p.o.1y



ICRS II

Koshino stage C

**Coverage by
Repaired Cartilage**



Post-OWHTO Repair Cartilage

Arthroscopic Finding : Partial/complete coverage in 82.6%

Sakakibara Y, Suzuki T et al. 2016

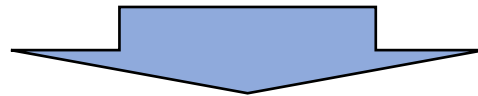
Histological finding : Relatively good staining of the ECM

Ikeda Y et al. 93th JOA 2020



Repaired cartilage - clinical outcomes (2Y): no correlation

Ikeda Y et al. JOSKAS 2021



**Repaired cartilage:
its long-term clinical relevance is still unknown.**



Purpose

**To clarify the association
between repaired cartilage characteristics
and mid- to long-term outcomes (≥ 5 years)**

Subjects

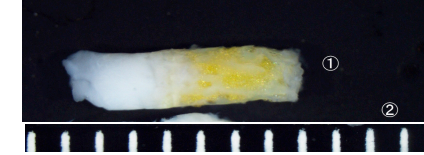
**Patients who consented to cartilage biopsy
at the time of OWHTO plate removal
and were available for follow-up ≥ 5 years postoperatively**



Methods

- Biopsy from the MFC during implant removal
- Safranin-O & type II collagen (IHC)
- Evaluated using the ICRS-2 scoring system

P Mainil-V et al. Am J Sports Med 2010



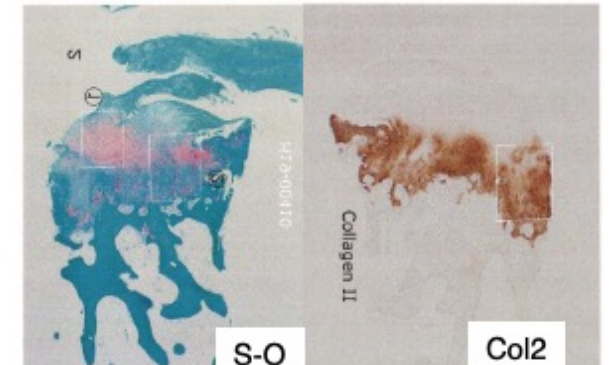
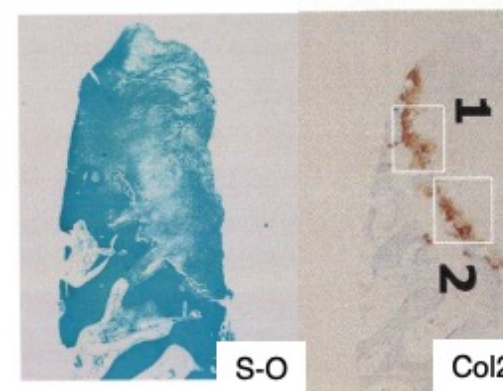
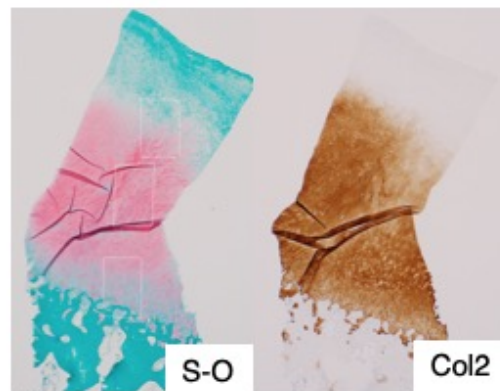
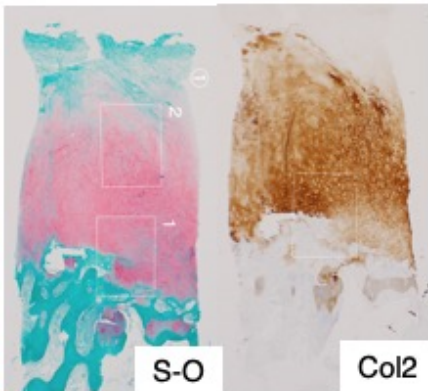
Grouped by total score

≥ 50

< 50

High score group

Low score group



S-O: Safranin-O; Col2: Type II collagen (IHC)



Evaluation Criteria

At final follow-up

- X-ray(KL classification, %MA, FTA, PS)
- VAS
- PROMs (JKOM, JKOOS)

Statistical analysis: t-test, χ^2 -test ($p < 0.05$)

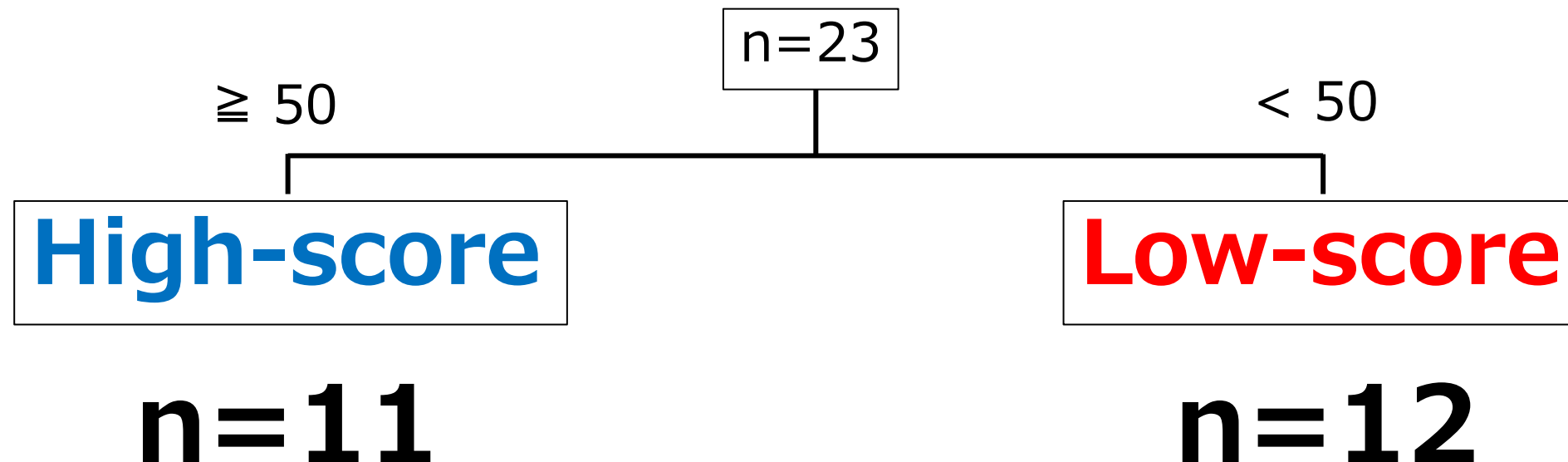


Results

Available for follow-up
of 5 years or more

23 knee / **28** knee **82.1%**

ave **75.1** \pm 5.1 month



At final follow-up~X-ray/pain~



High

Low

p value

KL (n) (I / II / III / IV)	0/2/7/3	0/0/9/2	0.34
%MA (%)	61.5 ± 10.4	60.4 ± 15.4	0.84
FTA (°)	171.6 ± 2.6	171.4 ± 3.2	0.86
PS (°)	10.4 ± 2.6	11.5 ± 3.7	0.41
VAS(mm)	2.5 ± 2.7	2.1 ± 2.5	0.78
ΔVAS	6.4 ± 2.4	5.0 ± 3.1	0.18



At final follow-up ~PROMs~

JKOM

High

Low

p value

Pain/ swelling	4.9 ± 2.7	6.6 ± 4.2	0.37
ADL	5.0 ± 4.2	7.3 ± 6.9	0.45
Daily activity	4.0 ± 2.3	5.3 ± 4.2	0.46
General Health	1.6 ± 1.3	2.1 ± 1.4	0.43
Total	15.4 ± 7.8	21.3 ± 14.9	0.36

KOOS

High

Low

p value

Symptoms	86.2 ± 8.6	73.0 ± 12.5	0.025
Pain	85.1 ± 9.8	74.4 ± 15.9	0.122
ADL	85.7 ± 10.0	79.4 ± 12.1	0.268
Sports/Rec	56.9 ± 19.1	44.4 ± 23.6	0.255
QOL	71.0 ± 20.5	52.8 ± 20.0	<u>0.067</u>
Total	80.8 ± 9.6	70.6 ± 12.9	<u>0.087</u>



Histological findings - Clinical Outcomes

No correction at 2 years post-op

Ikeda Y et al. 93th JOA 2020

This study

**Mid- to long-term outcomes ≥ 5 years post-op :
affected some KOOS subscales**

High-score group: strong staining of the ECM

→ High biomechanical strength

Chung C et al. Adv Drug Deliv Rev 2008

Favorable 10-year outcomes are expected



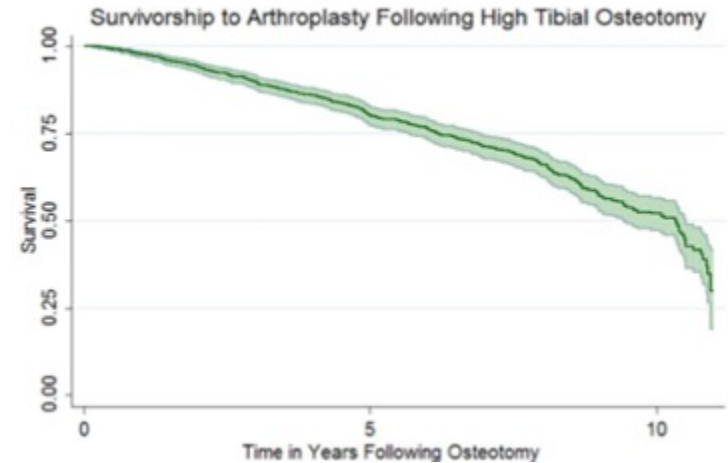
Current Issues in OWHTO

Survivorship of OWHTO in Western countries

5y: **80–90%**, 10y: **50–70%**

Pannel WC et al. Orthop J Sports Med 2019

Hui C et al. Am J Sports Med 2011



Favorable Tissue Repair

- Positively correlated with pre-op %MA
- Negatively correlated with correction angle

Ikeda Y et al. JOSKAS 2022

Minor-correction

→ **Favorable Tissue Repair**

→ **Possibility of good long-term results**



Conclusion

- This study evaluated the mid- to long-term outcomes of 23 knees that underwent biopsy at the time of plate removal following OWHTO.
- Favorable tissue repair was associated with improvements in certain subscales of the JKOOS at mid- to long-term follow-up.
- OWHTO cases with favorable tissue regeneration may achieve sustained clinical benefits over an even longer follow-up period.