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Association Between Articular Incongruence Post-Trochleoplasty And Long-Term Patellofemoral Osteoarthritis

Tomás Pineda^{1,2}, Nicolas Cance³, Michael J Dan⁴,
Guillaume Demey³, David H Dejour³

¹Hospital del Trabajador, Santiago, Chile

²Hospital El Carmen, Santiago, Chile

³Lyon Ortho Clinic, Clinique de la Sauvegarde, Lyon, France

⁴Prince of Wales Clinical School University of New South Wales, Sydney, Australia



Faculty Disclosure Information

David Dejour

Royalties: Arthrex, SBM and Corin

Consultant: Smith & Nephew y Zimmer Biomet

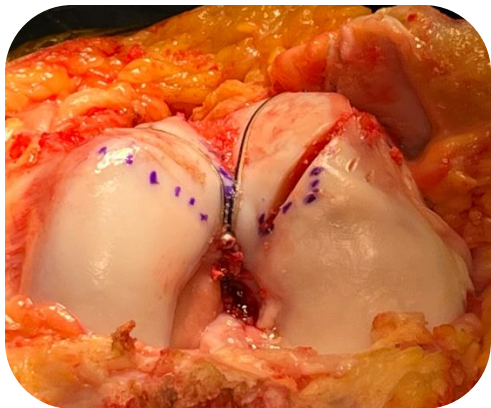


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Trochleoplasty



- Trochleoplasty is a surgical option for **severe trochlear dysplasia**.¹⁻²
- The impact of trochleoplasty on **OA development** remains unclear.
- **Unknown factors** may contribute to OA development.
- Postoperative articular **congruence** has not been evaluated.

Objectives

1. Assess if **post-trochleoplasty incongruence** correlates with long-term **OA**.
2. Determine if a **flat trochlea or patella** is an independent **risk factor**.

We hypothesized that poor congruence may increase OA risk over time.

Methods



Retrospective (2003 – 2013)

- Patients undergoing sulcus-deepening trochleoplasty



Exclusion:

- Unavailable full X-ray study (Postop and final follow-up)



X-ray institutional protocol

- Axial view (20° of flexion)
- HOROs DICOM software
- (version 3.3.6)



Postoperative Assessment

- Iwano classification
- IKDC
- Kujala

Methods

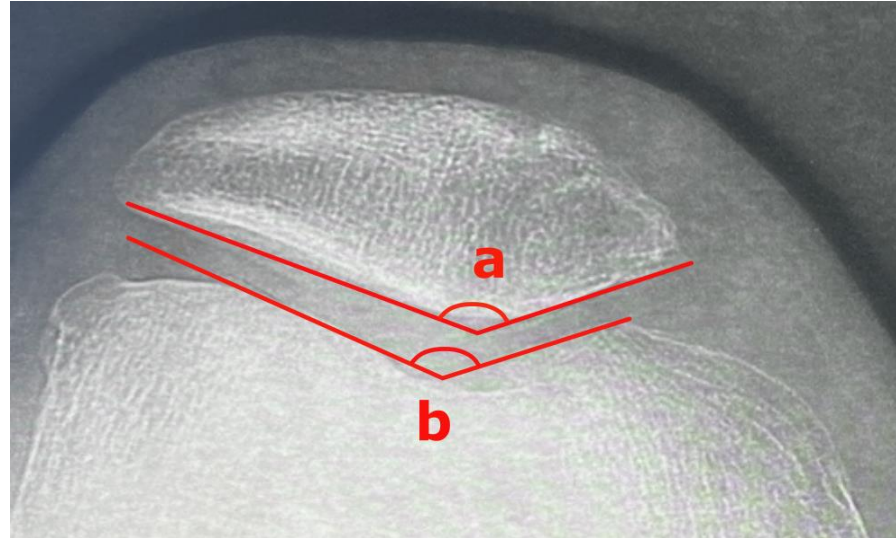


Figure 1. The articular surface angles are demonstrated on an axial view x-ray of a right knee. The patellar articular surface angle (PA) is based on the most posterior part of the patella and two lines along the lateral and medial facets (a). Trochlear articular surface angle (TA) is based on the deepest point of the trochlear groove and the most prominent aspects of the medial and lateral condyles (b)

Results

Table 1. Demographics Data and Surgical Details

Age (years), mean (SD)	20.4 (5.44)
Gender, Male (%)	4 (40%)
Side, Right (%)	5 (50%)
Previous Surgery, n (%)	2 (20%)
TT Osteotomy, n (%)	2 (20%)
Associated Procedures, n (%)	
TT Osteotomy, n (%)	4 (40%)
MPFLR, n (%)	8 (80%)
VM Plasty, n (%)	2 (20%)

SD; Standard Deviation, TT;Tibial Tuberosity, MPFLR;
Medial Patellofemoral Ligament Reconstruction, VM;
Vastus Mediales

Results

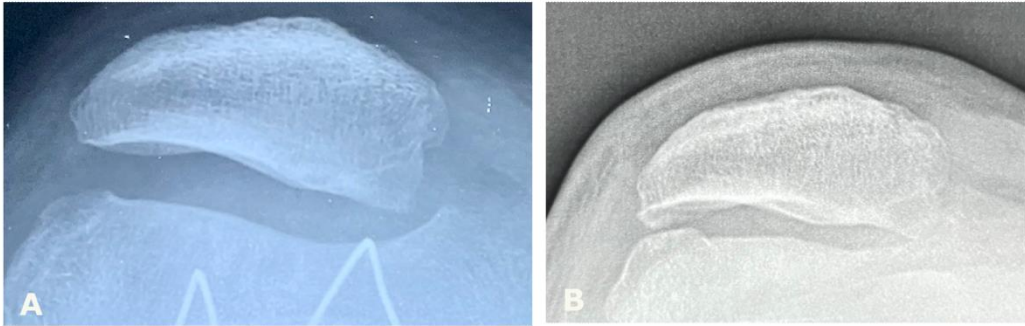


Figure 2. Incongruent patellofemoral joint example. (A) Immediate postoperative axial view x-ray of a trochleoplasty patient. (B) 17 years of follow-up axial view x-ray after fixation devices removal.

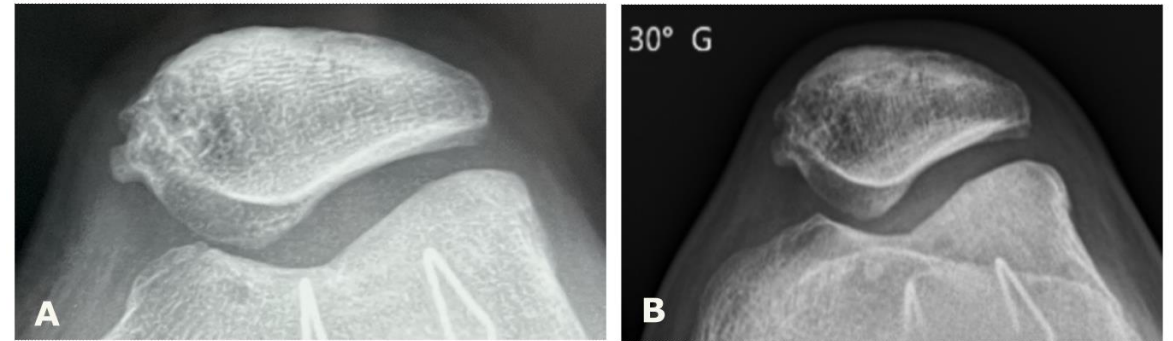


Figure 3. Congruent patellofemoral joint example. (A) Immediate postoperative axial view x-ray of a trochleoplasty patient. (B) 15 years of follow-up axial view x-ray.

Results

Table 2. Final Follow-up Results

		Range
Follow - up (years), mean (SD)	15.3 (3.93)	10.4 - 22.9
Patellar Angle, mean (SD)	148.5 (24.75)	110 - 180
Trochlear Angle, mean (SD)	148.5 (17.85)	120 - 174
Δ PT Angle, mean (SD)	21.4 (16.03)	6 - 56
Range of Motion ($^{\circ}$), mean (SD)		
Extension	0	0 - 0
Flexion	135 (5.2)	130 - 140
CDI, mean (SD)	1.01 (0.17)	0.7 - 1.3
Kujala, mean (SD)	82.5 (10.09)	68 - 98
IKDC, mean (SD)	84.4 (9.79)	72.4 - 98.9
Return to Sports, n (%)	8 (80%)	
Satisfaction, mean (SD)	8.2 (1.75)	4 - 10
Patellofemoral OA (Iwano), n (%)		
None	6 (60%)	
I	2 (20%)	
II	2 (20%)	
Redislocation, n (%)	1 (10%)	

SD; Standard Deviation, Δ PT Angle; Patellar Angle - Trochlear Angle, CDI; Caton-Deschamps Index, IKDC; International Knee Documentation Committee, OA; Osteoarthritis

Results

- **Higher patellofemoral incongruence** correlated with **OA** ($p = 0.017$).
- **No independent correlation** between:
 - Trochlear angle & OA ($p = 0.553$).
 - Patellar angle & OA ($p = 0.884$).
- **Follow-up duration & OA: Near-significant association** ($p = 0.060$).
- **No difference** when grouped by **<15 years vs >15 years** ($p = 0.363$).

Discussion

- Studies report high OA rates post-trochleoplasty, but the causes **remain unclear**.³
- **Biomechanical evidence** suggests **increased** patellofemoral contact pressures post-trochleoplasty.⁴
- Key findings:
 - Postoperative **incongruence** is **linked** to long-term **OA**
 - Higher articular **congruence** after trochleoplasty **may reduce OA** risk

Conclusion

- Postoperative **incongruence** correlates with long-term **OA**.
- **No** independent link between **OA** and a **flat trochlea or patella**.
- Higher **congruence** in trochleoplasty **may prevent OA** development.
- **Long-term evidence** on trochleoplasty outcomes is **limited**.

References

1. Dejour DH, Pineda T, Demey G, van Rooij F, Guarino A. Sulcus-Deepening Trochleoplasty With Medial Patellofemoral Ligament Reconstruction at 10 to 20 Years. *Am J Sports Med*. Published online June 3, 2024.
2. Dejour D, Guarino A, Pineda T, ReSurg, Demey G. Sulcus-deepening trochleoplasty grants satisfactory results with minimal patellofemoral arthritis at 23-30 years of follow-up. *Knee Surg Sports Traumatol Arthrosc*. Published online July 5, 2024.
3. Leclerc JT, Dartus J, Labreuche J, et al. Complications and outcomes of trochleoplasty for patellofemoral instability: A systematic review and meta-analysis of 1000 trochleoplasties. *Orthop Traumatol Surg Res*. 2021;107(7):103035.
4. Kaiser D, Götschi T, Bachmann E, Snedeker JG, Tscholl PM, Fucentese SF. Deepening trochleoplasty may dramatically increase retropatellar contact pressures- a pilot study establishing a finite element model. *J Exp Orthop*. 2022;9(1):76.