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Morphological risk of the femur causing anterior cruciate ligament (ACL) injuries : Comparative 3-Dimensional Mean model analysis of ACL and non-injured patients

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Severance

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Disclosures

- ✓ The authors do not have a financial interest or other relationship with a commercial company or institution.
- ✓ The authors do not have any affiliations or conflict of interest notifications to disclose.

Background & Purpose

- ✓ ***Anterior cruciate ligament (ACL)*** injuries commonly affect young, active individuals and increase the risk of osteoarthritis (OA).
- ✓ However, there is inconsistency in the 2D radiographic findings of ACL injuries reported in the literature.
- ✓ This study directly compared ***statistical shape modeling (SSM)*** and ***principal component analysis (PCA)*** of femoral models between patients with and without ACL injury, and additionally developed a ***machine learning model to predict ACL*** injury based on femoral morphology.

Methods

- ✓ 3D femoral shape simulations were retrospectively performed in **60 patients with ACL(male:30, female:30)** and **60 matched controls(male:30, female:30)**.
- ✓ The mean follow-up CT period: 3 days.

Variables	Normal	ACL
Age, yrs	37.417±12.310	36.717±13.088
Sex (male/female), n (%)	30 (50) / 30 (50)	30 (50) / 30 (50)
Height	168.275±8.353	167.045±8.224
Kg	69.203±15.947	67.992±13.565
Affected side (Right/left), n (%)	37 (61.67) / 23 (38.33)	35 (58.33) / 25 (41.67)

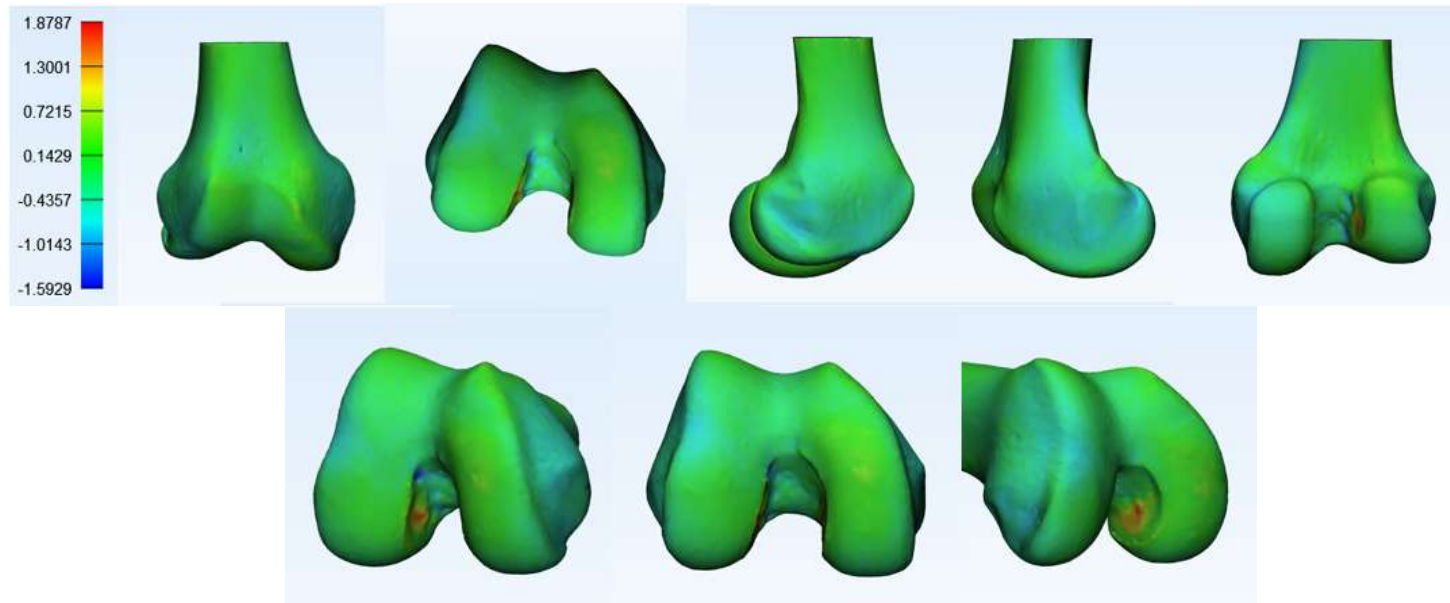
Methods

- ✓ Clinical assessments were performed using **patient-reported outcomes(PROs)**.
- ✓ The 3D Visualize surface differences by distance map ***associated with patellar biomechanics*** were performed
 - ✓ Population 60 ACL vs 60 Normal
 - ✓ Male 30 ACL vs 30 Normal
 - ✓ Female 30 ACL vs 30 Normal
- ✓ A logistic regression analysis was performed to identify key features that distinguish ACL-injured from non-injured subjects, which were subsequently used to train a ***machine learning model for ACL classification***.

Result Population ACL vs Non-ACL

□ 3D Overview

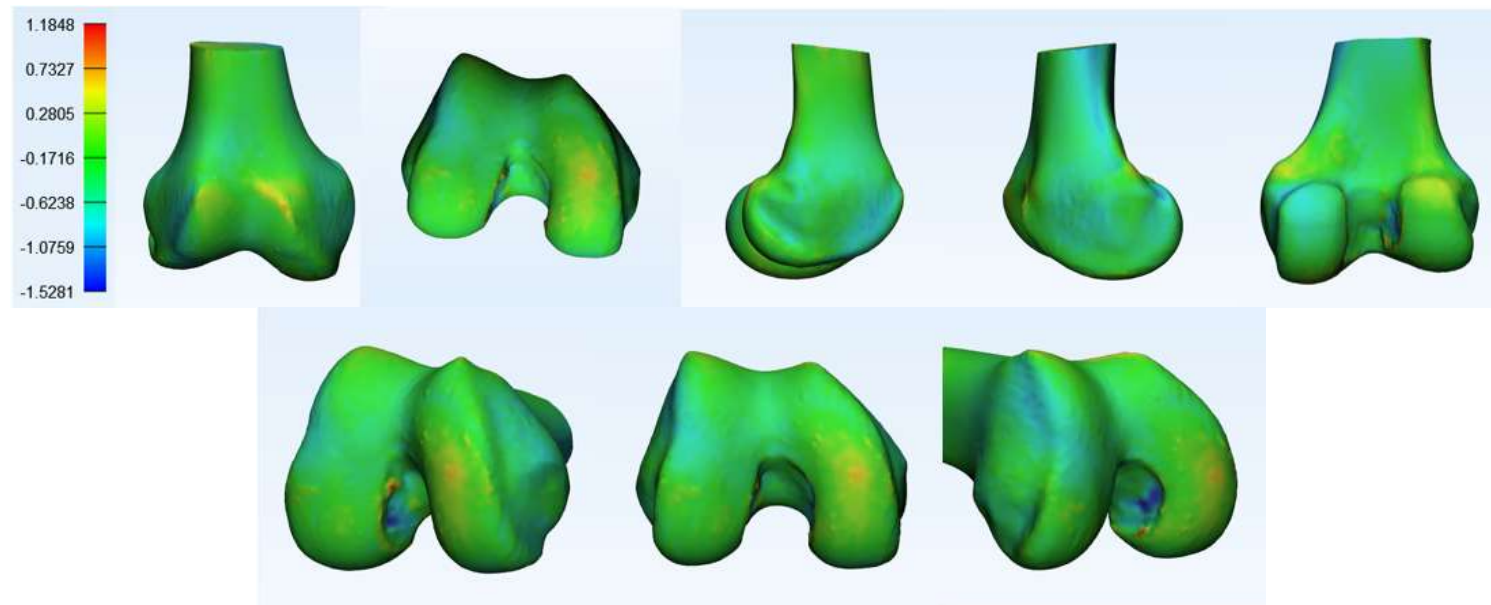
- Medial-lateral direction, both Intercondylar notch wall moved inward
- Anterior-posterior direction, trochlea anteriorized
- Proximal- distal direction, medial condyle distalized, lateral condyle proximalized



Result Male ACL vs Non-ACL

3D Overview

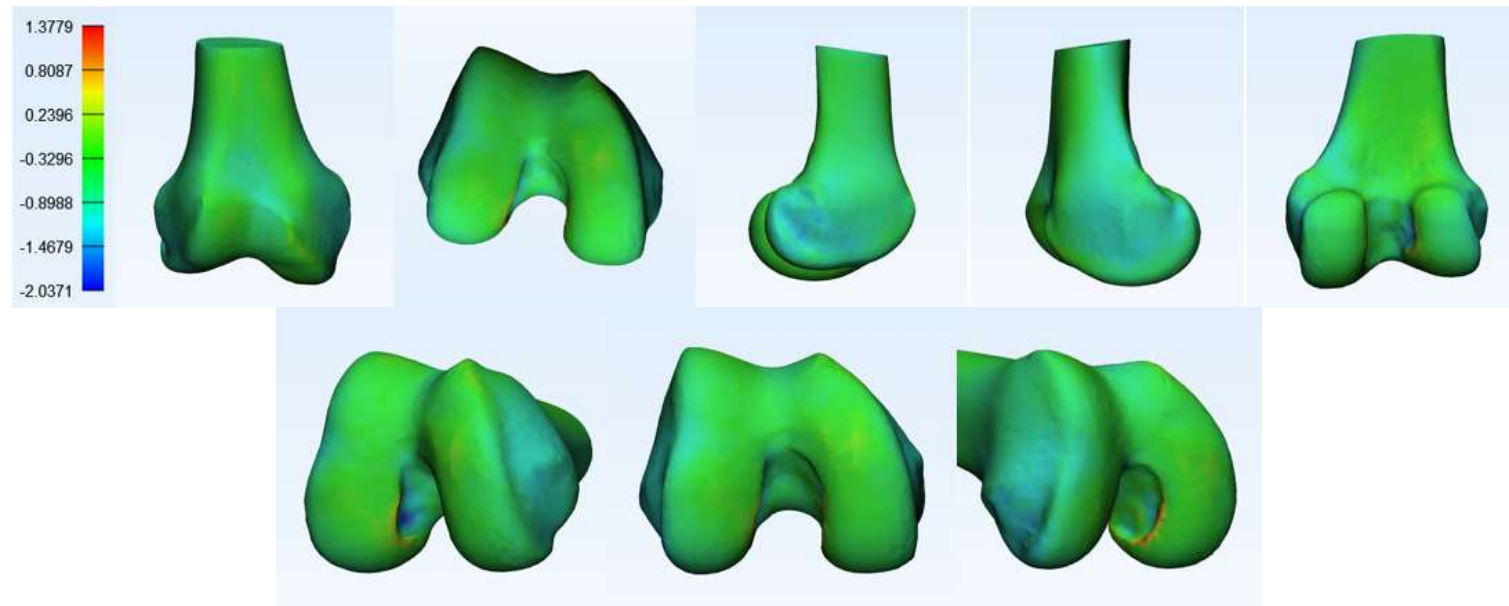
- Medial-lateral direction, both notch wall moved outward, femoral shaft lateralized
- Anterior-posterior direction, trochlea anteriorized
- Proximal- distal direction, Medial condyle distalized, lateral condyle proximalized



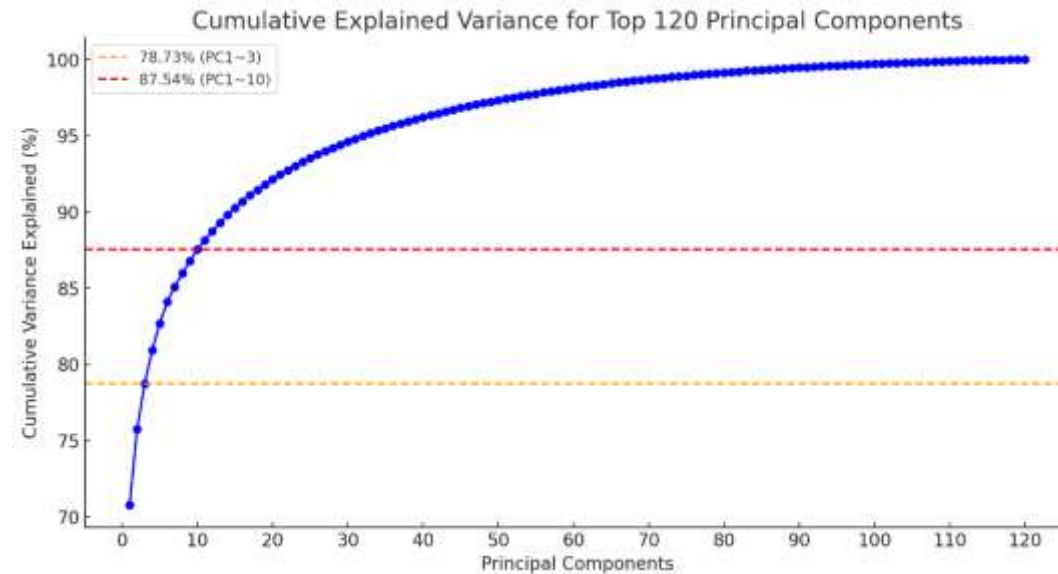
Result Female ACL vs Non-ACL

3D Overview

- Medial-lateral direction, both notch ridges moves inward, and epicondyle shrinked
- Anterior-posterior direction, patella surface shows decreased concavity
- Proximal- distal direction, medial condyle distalized, lateral condyle proximalized



Results – logistic regression analysis

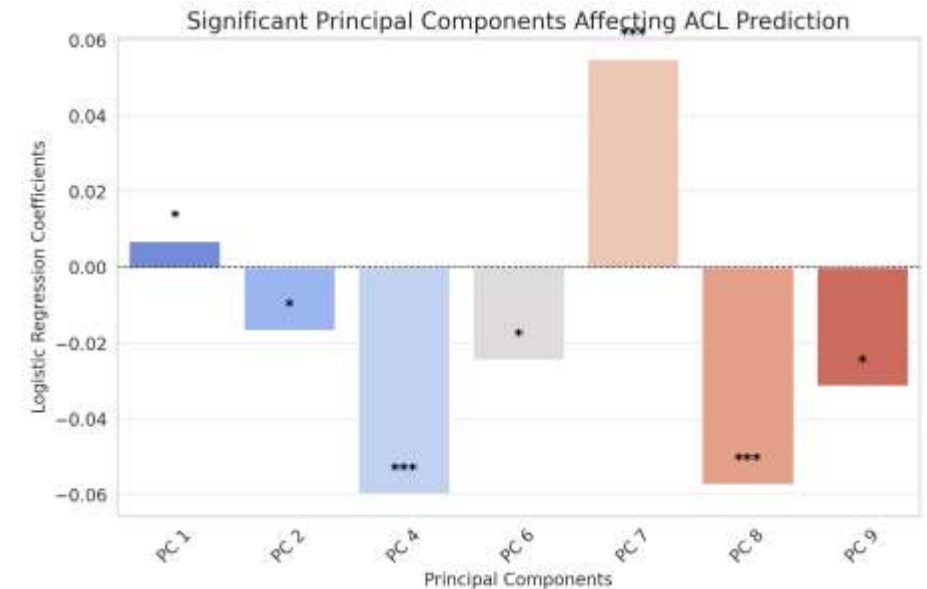


✓ Cumulative explained variation

- PC1~3 explained 78.73% , and PC1~10 accounted for 87.54% of population variance

Results – logistic regression analysis

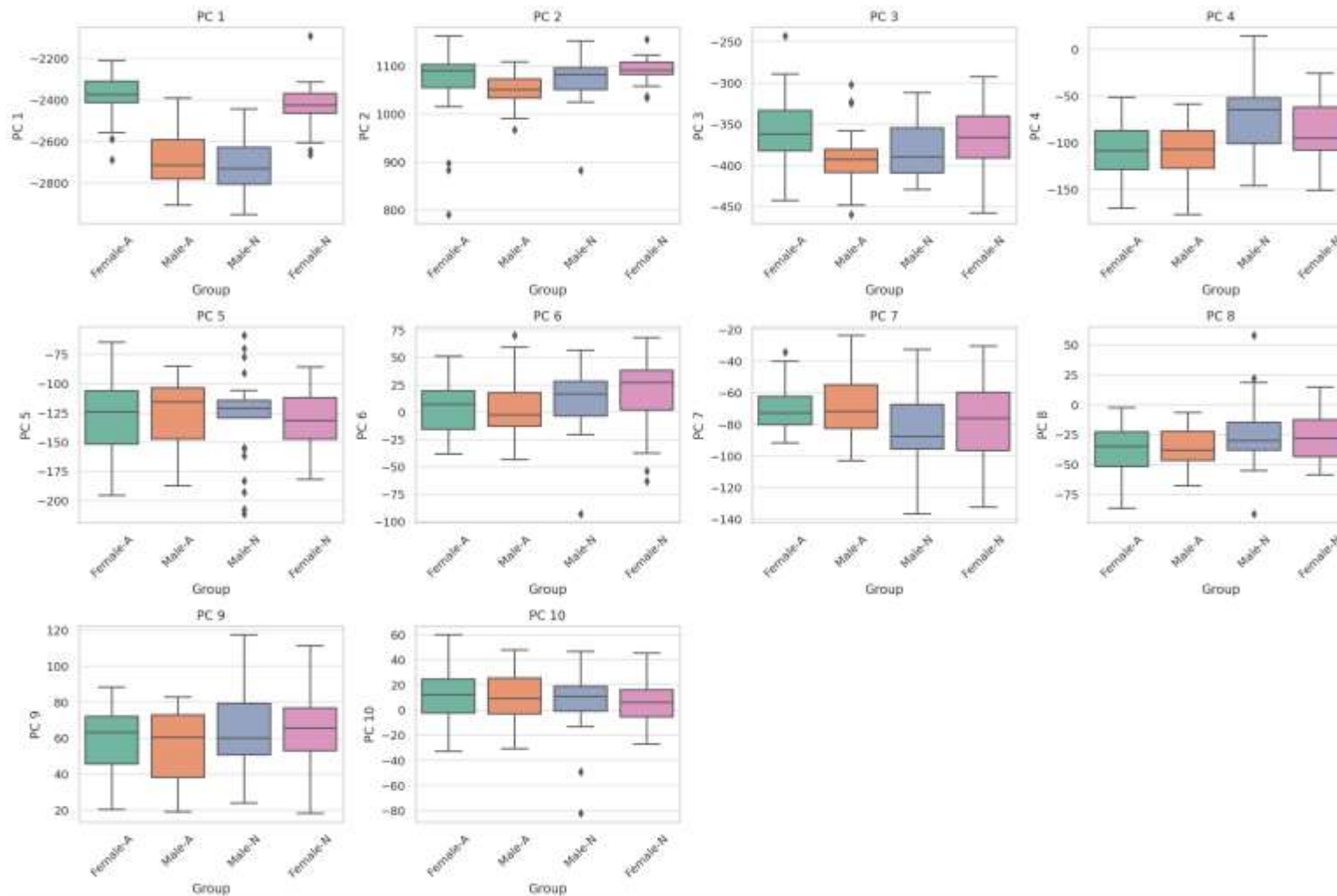
PC	RC	P-value	Adjusted RC	Adjusted P-value
PC1	-1.007	0.080	1.335	0.016
PC2	0.539	0.065	-0.861	0.024
PC3	1.335	0.016	0.403	0.305
PC4	-0.861	0.024	-2.049	0.000
PC5	0.403	0.305	0.130	0.641
PC6	-2.049	0.000	-0.672	0.036
PC7	0.130	0.641	1.267	0.001
PC8	-0.672	0.036	-1.240	0.000
PC9	1.267	0.001	-0.649	0.042
PC10	-1.240	0.000	0.605	0.072



✓ **Significance markers:*** ($p < 0.001$), ** ($p < 0.01$), * ($p < 0.05$)**

- PC7 contributes significantly to ACL risk, and PC4 PC8 strongly reduce ACL risk.
- Other PCs (PC1, PC2, PC6, and PC9) have moderate influences.

Results – MANOVA

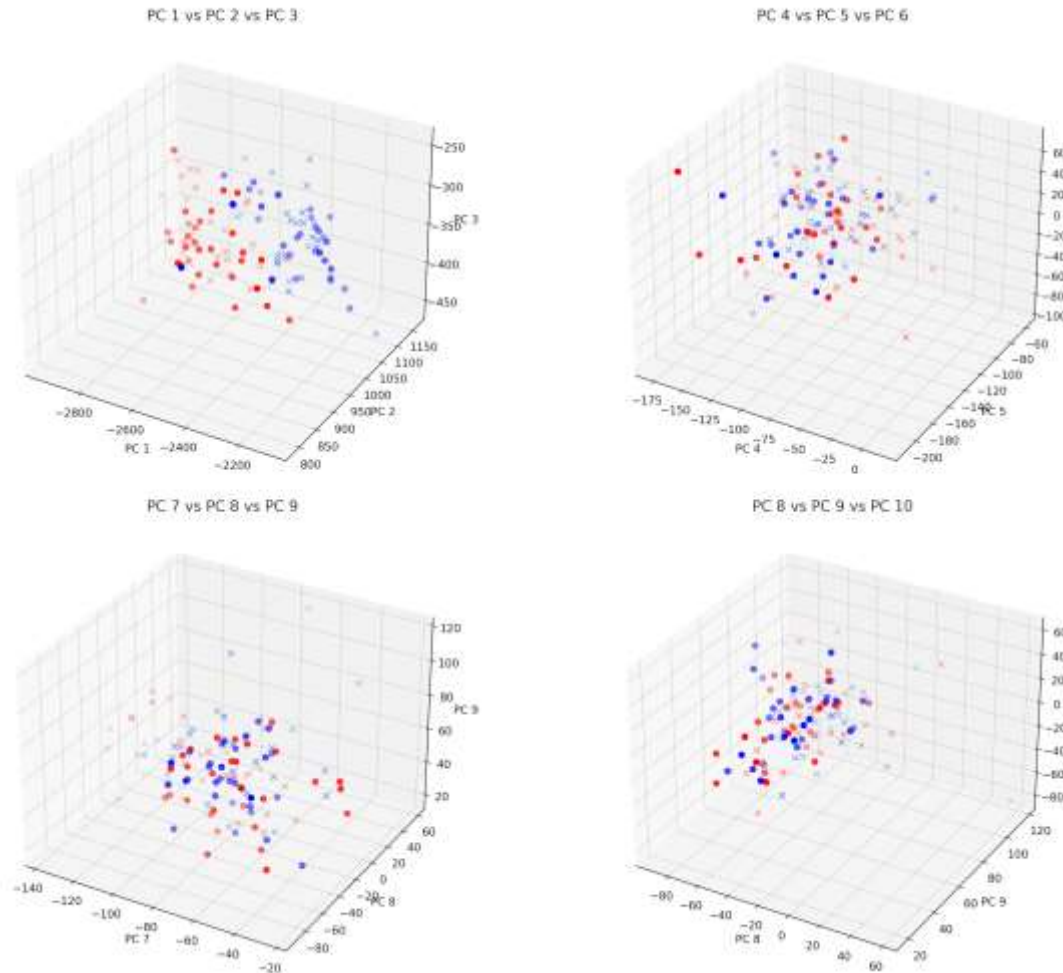


✓ Group Differences in ACL and Sex by MANOVA

- PC1 captures morphological features associated with ACL injury in males.
- PC2 also demonstrated noticeable differences between sexes,
- PC3 through PC10, no substantial differences were observed among the four groups

Results – 3D PC scatter

3D PCA Scatter Plots: PC1-PC10 by Group

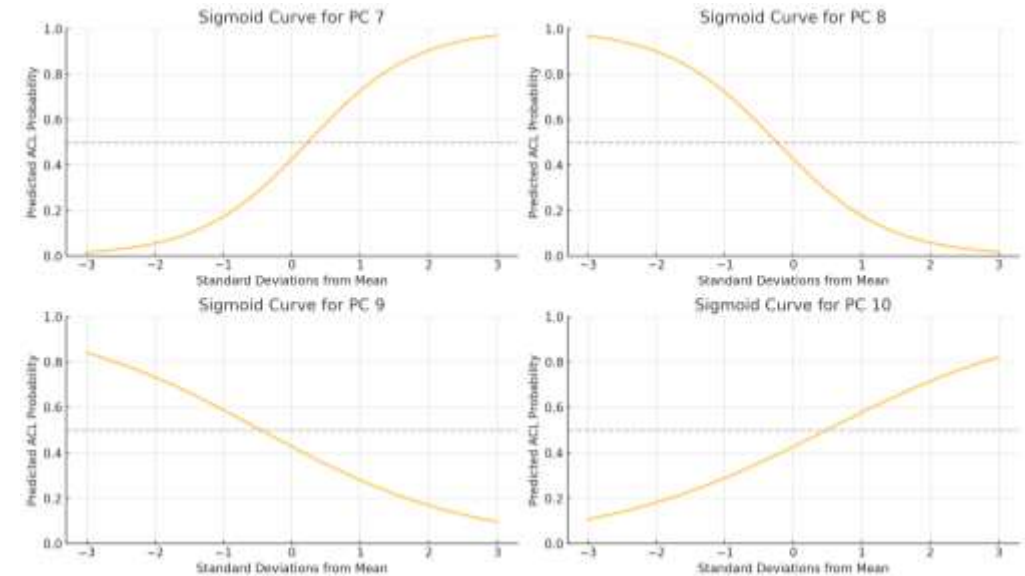
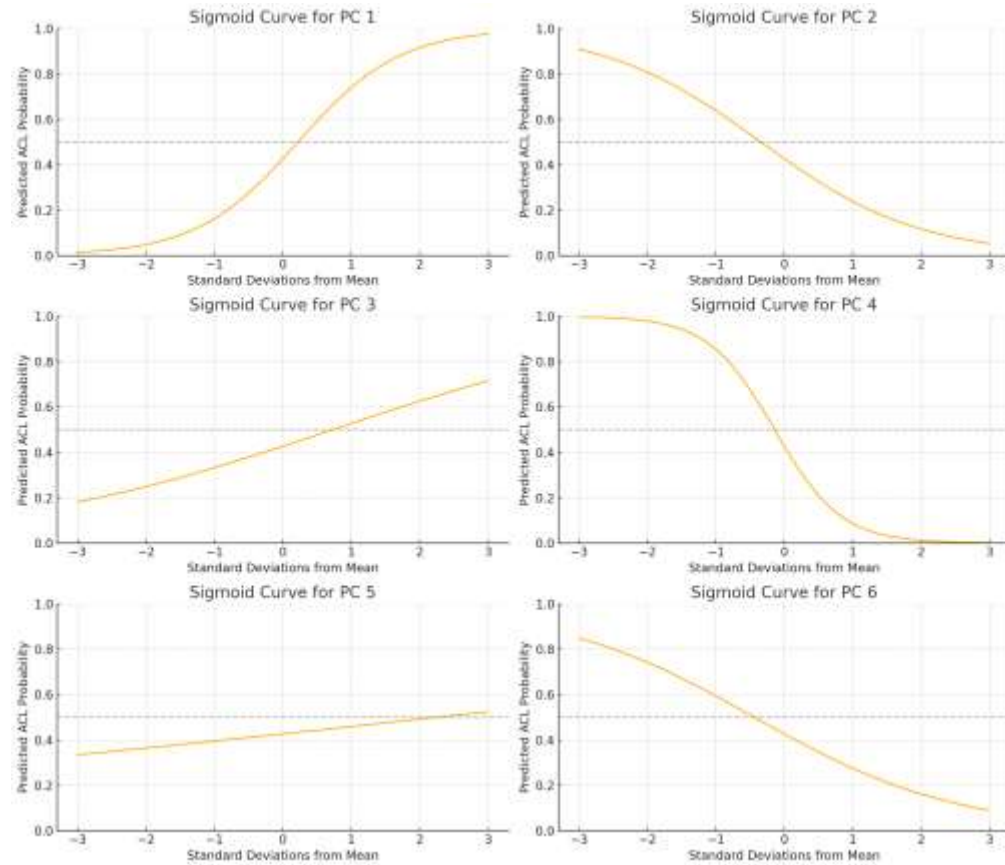


✓ Group Differences in ACL and Sex by MANOVA

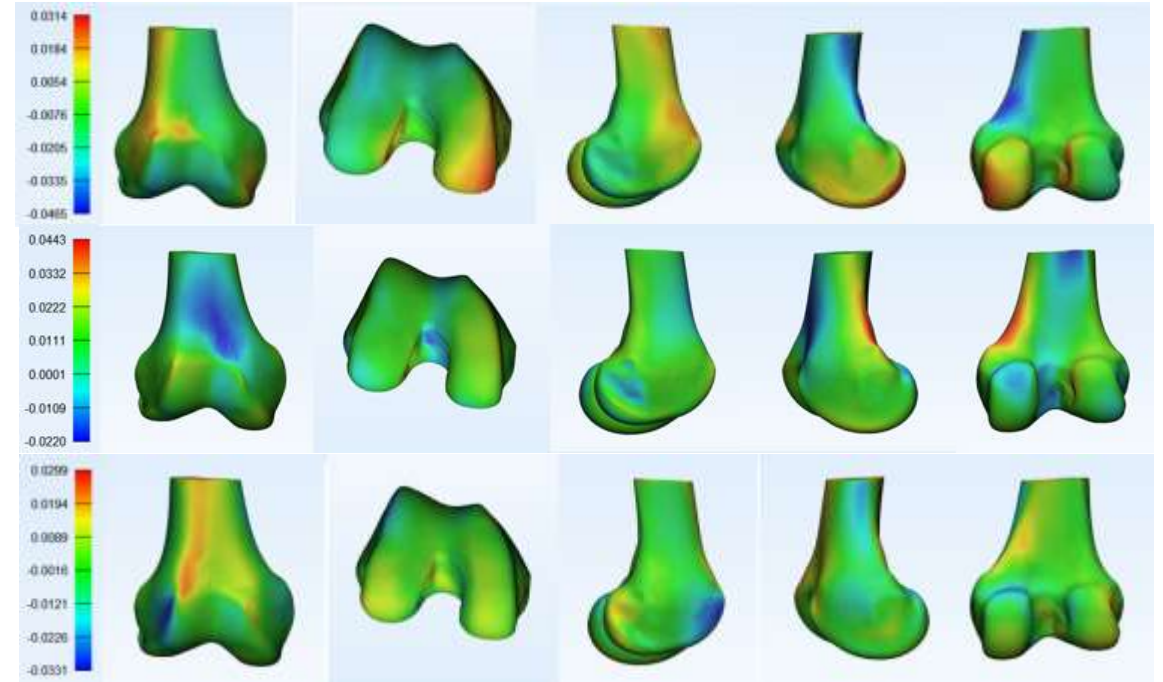
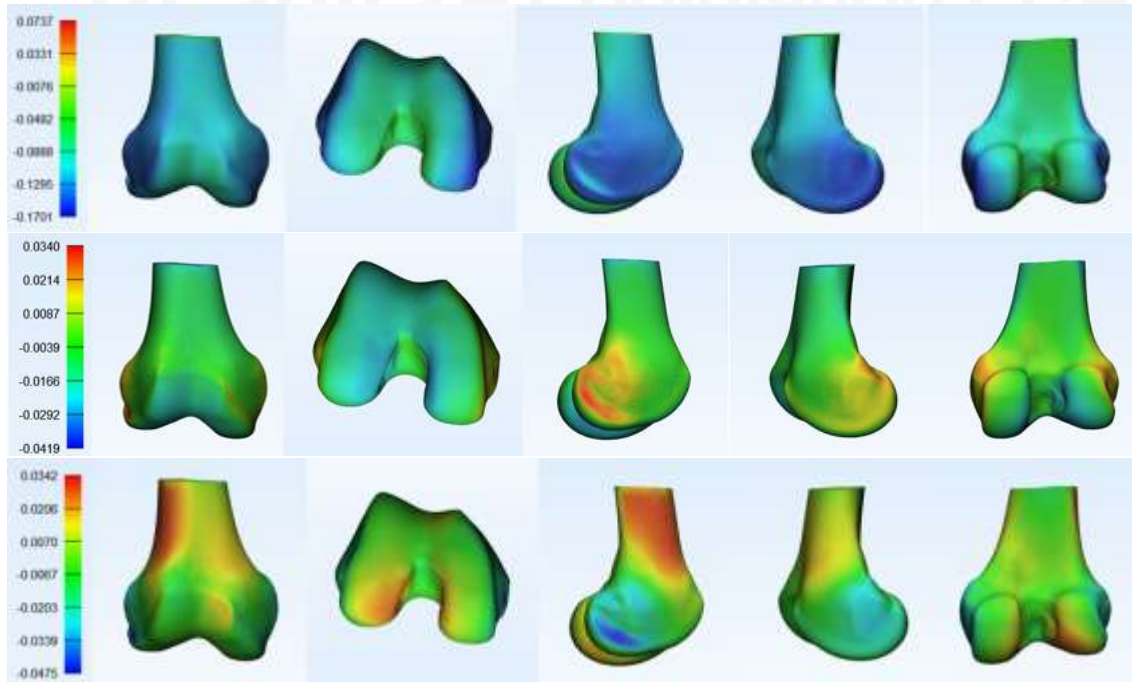
- **PC1** Clearly separates ACL-injured and non-injured groups, especially in males
- **PC2** Distinguishes between sexes regardless of ACL status.
- **PC3** Shows minor separation, contributing only when combined with PC1.

Predictable ACL probability

□ Sigmoid curve for PCs



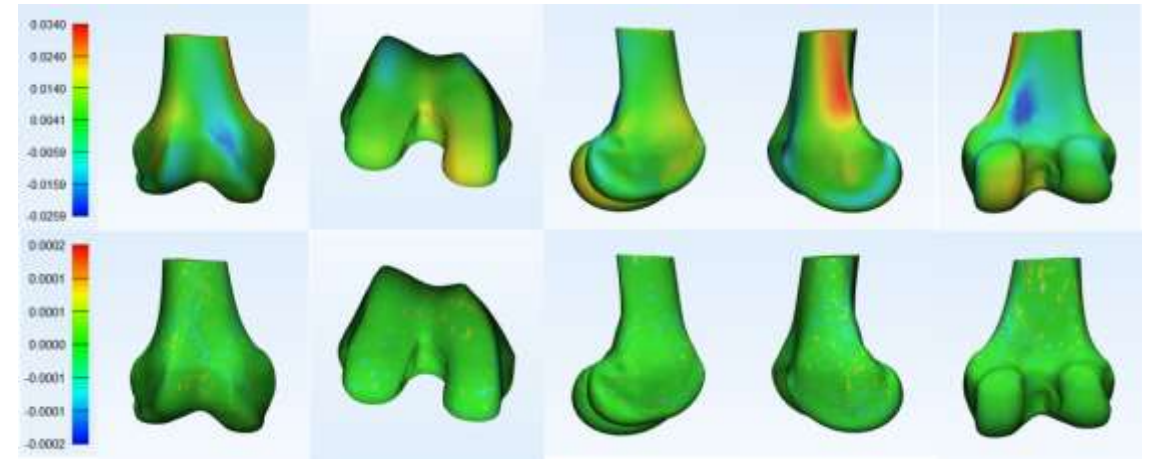
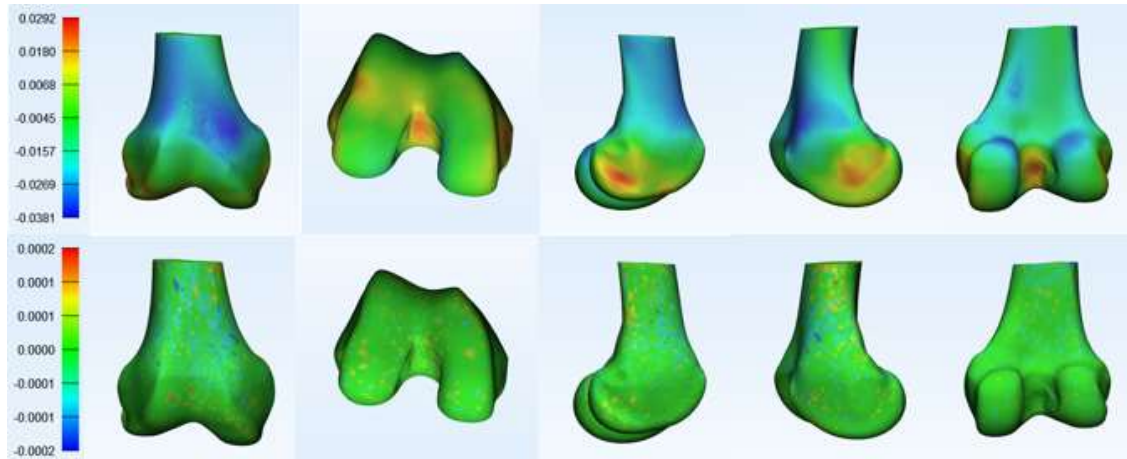
Results – Population PCA



✓ PC1-3, PC6, PC7, PC9 are related to ACL

- PC1 Associated with ACL-related structural variation , showing intercondylar notch narrowing, especially in ACL-injured males.
- PC2 Reflects sex-based differences, , characterized by epicondylar shrinking
- PC3 Captures rotational geometry and secondary geometric ACL risk factors to PC1.

Results – Population PCA

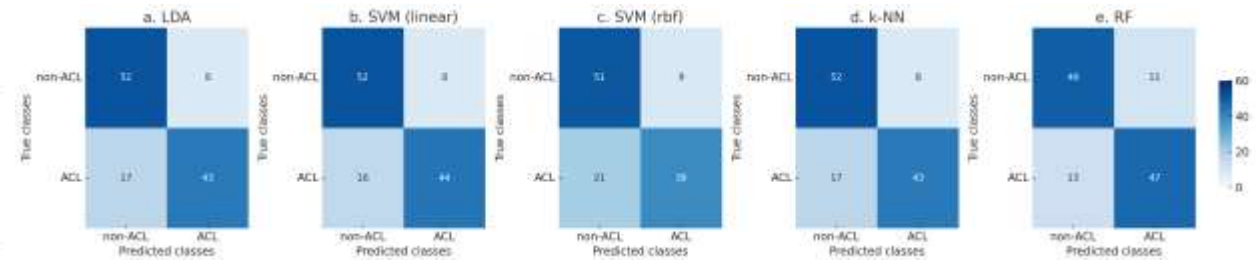
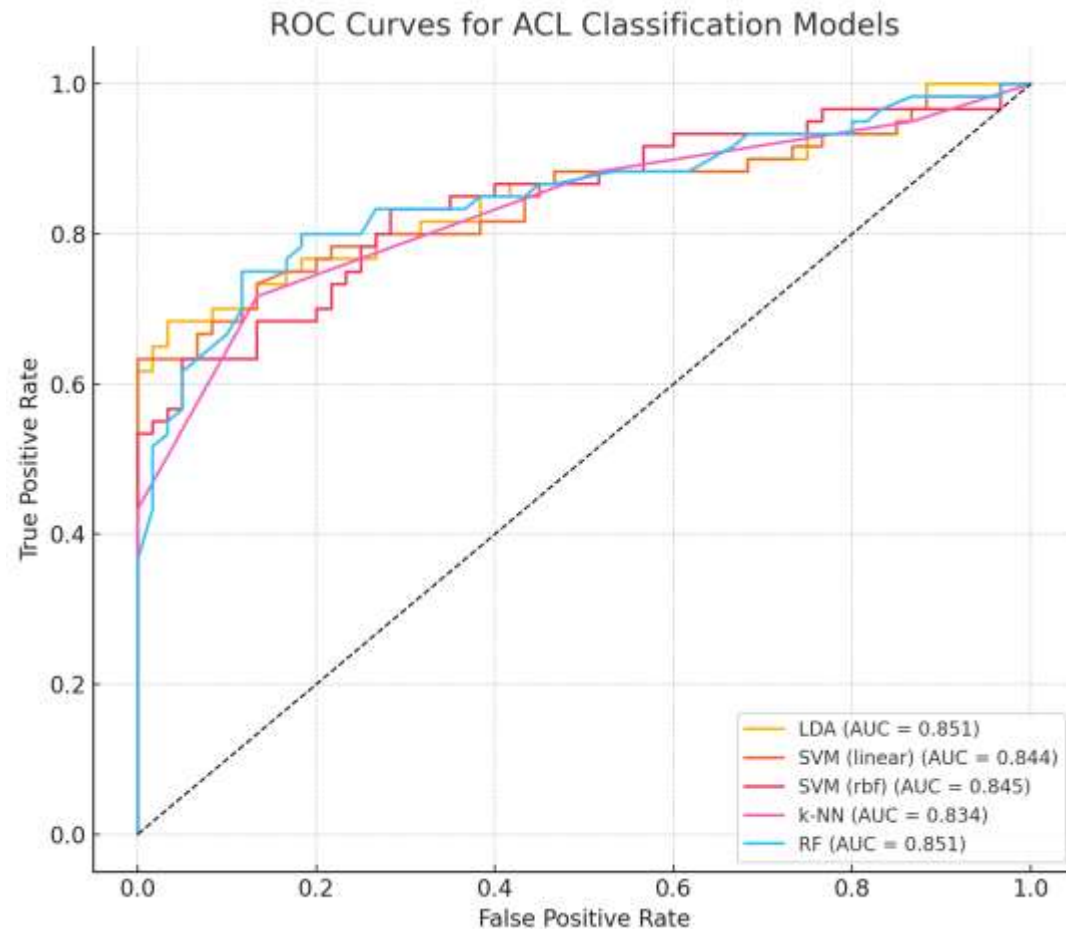


✓ PC4, PC8 are related to non-ACL

- close to the normal shape, their directions were statistically reversed to align with ACL-associated shape patterns
- There was no appreciable difference in numerical values between the adjusted and mean models.

ML-based prediction model for ACL

Receiver Operating Characteristic(ROC) Curve



Classifier	Accuracy	Sensitivity	Specificity	AUC
LDA	0.792	0.717	0.867	0.851
SVM(with linear)	0.8	0.733	0.867	0.844
SVM(with rbf)	0.75	0.65	0.85	0.845
K-NN	0.792	0.717	0.867	0.834
Random Forest	0.8	0.783	0.817	0.851

Limitations & Future Directions

- ✓ **Limitations:**

- ✓ Small sample size

- ✓ **Future Research:**

- ✓ Long-bone
- ✓ tibia

Conclusion

- ✓ **Regardless of sex**, femoral morphology characterized by **condylar asymmetry**, shaft anteriorization/lateralization, and notch narrowing may lead to **rotational misalignment**, increasing the risk of ACL injury
- ✓ **In males**, ACL injury is associated with **intercondylar notch narrowing**, ***epicondylar shrinking***, which may reflect a tighter bony geometry and internally rotated femoral alignment, increasing anterior ligament strain.
- ✓ **In females**, ACL injury risk is linked to **patellar anteriorization** and **adductor tubercle elevation**, features that may correspond to a more **externally rotated femoral alignment** and **altered patellofemoral tracking**, contributing to ligament overload.

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