

عنوان مقاله:

The Clinical Outcome of Simultaneous Lateral Closed- Wedge Distal Femoral Osteotomy and Anterior Cruciate Ligament Reconstruction in the ACL-deficient Knees with Symptomatic Femoral Varus Deformity

محل انتشار:

مجله استخوان و جراحی عمومی، دوره 8، شماره 4 (سال: 1399)

تعداد صفحات اصل مقاله: 7

نویسندگان:

Amin Moradi - Orthopedic Department, Shohada Hospital, Tabriz University of Medical Science, Tabriz, Iran

Alireza Sadegpour - Orthopedic Department, Shohada Hospital, Tabriz University of Medical Science, Tabriz, Iran

Akbar Khalilpour - Orthopedic Department, Shohada Hospital, Tabriz University of Medical Science, Tabriz, Iran

خلاصه مقاله:

Background: Nowadays combined high tibial osteotomy and ACL reconstruction is accepted as a safe and effective surgery for patients with symptomatic varus osteoarthritis and anterior knee instability; however, the source of varus deformity is sometimes the femoral bone. No studies have reported concomitant ACL reconstruction and distal femoral osteotomy in ACL-deficient knees with femoral varus deformity and medial osteoarthritis till now. This prospective study presents the technique and clinical outcome of a consecutive series of simultaneous lateral closed-wedge distal femoral osteotomy and ACL reconstruction. Methods: Nineteen patients with confirmed ACL rupture and femoral varus deformity (mechanical lateral distal femoral angle $\geq 93^\circ$) associated with medial osteoarthritis (\pm lateral thrust) were included the study. The patients underwent simultaneous lateral closed-wedge distal femoral osteotomy and ACL reconstruction. At the end of one year follow up, the final range of motion and stability of the knees and the last alignment of extremities were recorded. Surgical outcomes were assessed on 2000 IKDS subjective scores and KOOS subscales. Results: The mean preoperative varus knee was $10.6^\circ (\pm 2.2^\circ)$ mostly from the femoral side. The mean union time was $3.2 (\pm 0.4)$ months. Regarding the radiological evaluation, the alignment of extremity and mL DFA were corrected significantly compared to the pre-operative findings. At the end of one year follow up, all patients were free of knee instability. Subjective assessment based on questionnaires showed a significant improvement in all aspects of knee function after surgery, however there was no considerable change in the knees range of motion. Conclusion: Simultaneous lateral closed-wedge distal femoral osteotomy and ACL reconstruction is a valuable procedure in femoral varus knees with medial osteoarthritis and anterior knee instability. After one year follow up all aspects of knee function were improved without serious complications. Level of evidence: IV

کلمات کلیدی:

ACL reconstruction, High tibial osteotomy, medial compartment, Osteoarthritis

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