

عنوان مقاله:

Comparing the Results of Total Ankle Arthroplasty Vs Tibio-talar Fusion (Ankle Arthrodesis) in Patients with Ankle Osteoarthritis since ۲۰۰۶- A Systematic Review

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خلاصه مقاله:

Background: This study compares the outcomes of patients undergoing total ankle arthroplasty (TAA) and tibiotalar fusion (ankle arthrodesis) in patients with end-stage osteoarthritis. The primary outcome assessed was Patient Reported Outcome Measures (PROMS); secondary outcomes included the incidence of revision, re-operation, and complications.
Methods: A systematic review of studies examining the outcomes of patients undergoing TAA and/or tibiotalar fusion from ۲۰۰۶ to ۲۰۲۰ was conducted. Individual cohort studies and randomized control trials were included. Outcomes were assessed at two and five years.
Results: ۲۱ studies were included: ۱۶ arthroplasty (۲,۰۱۶ patients) and ۵ arthrodesis (۲۵۶ patients) studies. No significant difference in PROMS was evident two years post-surgery – American Orthopaedic Foot and Ankle Society (AOFAS) scores were ۷۸.۸ (۹۵% CI-confidence interval: ۷۶.۶-۸۰.۸; n=۱۵۴۸) and ۸۰.۸ (۹۵% CI: ۸۰.۱-۸۱.۵; n=۲۰۶ patients) for the arthroplasty and arthrodesis groups respectively. Two years post-surgery the revision rates for the arthroplasty and arthrodesis groups were similar – ۳.۵% (n=۹) and ۳.۷% (n=۶۱) respectively (OR-odds ratio: ۱.۰۵; ۹۵% CI: ۰.۵۱-۲.۱۳); however, the re-operation rate was ۲.۵ times higher for the arthroplasty group (۱۲.۲%) in comparison to the arthrodesis group (۵.۱%) (OR: ۲.۵۷; ۹۵% CI: ۱.۴۳-۴.۶۲). Documented complications in the arthroplasty group were half those documented in the arthrodesis group two years post-surgery (OR: ۰.۵۳; ۹۵% CI: ۰.۳۷-۰.۷۷). No arthrodesis studies were found which contained mean ۵-year follow-up data within the study period.
Conclusion: Despite recent developments in TAA design, we found no clear evidence as to their superiority over ankle arthrodesis when considering patient outcomes two years postoperatively. However, this conclusion could be debatable in some types of patients such as diabetic patients, posttraumatic patients and patients with stiff hindfoot and midfoot.
Level of Evidence: III

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