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Impact of implant materials and malalignment in unicompartmental knee arthroplasty

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Unicompartmental knee arthroplasty (UKA) survival remains variable across implants and institutions. A strong relationship has been proven between UKA survival and surgeon volume,¹ implying that achieving well-aligned UKAs is important for maximizing survival. In nearly half of UKA revisions, the indication for revision is unexplained pain,² and elevated proximal tibial strain and microdamage are thought to contribute to this.^{3,4}

A finite element model of a composite tibia (experimentally validated using digital image correlation and acoustic emission⁵) was used to investigate the effect of tibial component alignment in cemented metal-backed (MB) and cemented all-polyethylene (AP) fixedbearing medial UKAs.⁶ A linearly elastic analysis was performed with loads up to 2500 N medially (4170 N total load). Standard alignment (medial proximal tibial angle 90°, 6° posterior slope), coronal malalignment (3°, 5°, 10° varus; 3°, 5° valgus), and sagittal malalignment (0°, 3°, 6°, 9°, 12°) were analyzed. The primary outcome measure was the volume of compressively overstrained cancellous bone (VOCB) < -3000 $\mu\epsilon$. The secondary outcome measure was maximum cortical bone stress (MCBS) over a medial region of interest.

Malalignment had less effect on the VOCB than implant selection. Well-aligned AP implants displayed greater volumes of overstrained cancellous bone and greater anteromedial MCBS than poorly aligned MB implants at both low and high loads. Consistent with previous studies of MB implants,⁷ varus malalignment increased MCBS but decreased VOCB in both implants. Varus malalignment of 10° reduced the VOCB by 10% and 3% in AP and MB implants, respectively, but increased the MCBS by 14% and 13%. Valgus malalignment of 5° increased the VOCB by 8% and 4% in AP and MB implants, respectively, with reductions in MCBS of 7% and

10%. Sagittal malalignment displayed negligible effects.

Supportive of previous work showing AP implants to be more sensitive to polyethylene thickness than MB implants,⁸ this finite element study has shown that UKA tibial component material has a greater effect on proximal tibial bone strain than malalignment. Cancellous bone strain and cortical bone stress had a reciprocal relationship: varus malalignment reduced cancellous bone strain but increased anteromedial cortical bone stress; valgus malalignment did the reverse. Well-aligned AP implants display greater bone strains than malaligned MB implants.

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I. Danese et al., researchers from University of Edinburgh, Bone Joint Res 2019



of revisions for unicompartmental knee arthroplasties (UKAs) are due to unexplained pain



Elevated strain and microdamage from malalignment may contribute to pain

Study Design

Tibial strain from malalignment was modelled using finite element analysis (FEA) for:

all-polyethylene (AP) UKAs

metal-backed (MB) UKAs

Outcome measures:

- volume of compressively overstrained cancellous bone (VOCB)
- maximum von Mises stress in cortical bone (MSCB)

Researchers examined both:

Sagittal alignment







malalianment from 0° (3°, 5°, 10° varus & 3°, 5° valgus)

Results-

Coronal plane malalignment impacts bone strain

AP UKA **MBUKA** 10° varus artistic representations

In comparison, changes in strain were negligible for sagittal plane malalignments



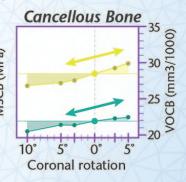
Reciprocal relationship in strain of cortical & cancellous bone

Most important factor

Material of UKA has greatest impact on bone strain

Range of strain for AP UKAs is greater than largest MB value

Cortical Bone Coronal rotation



Conclusions

All-polyethylene implants translate greater strain to underlying bone and are more sensitive to coronal

plane malalignments than metal-backed UKAs.

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