

Current Issues in Knee Reconstruction

Editorial Comment

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This collection of papers represents the work of a selected group of orthopaedic surgeons from Spain and the UK in areas of interest to themselves and knee surgeons throughout the world. They focused on specific topics addressing many of the controversies that have arisen regarding proposed advances in knee arthroplasty and reconstruction. We found the rigorous approach used to study these topics appealing.

Three papers are randomized controlled trials. One addresses the usefulness of a grading system of patellar cartilage degeneration in guiding surgeons to perform patellar resurfacing in total knee arthroplasty. The data suggest the Outerbridge classification can be useful in helping to decide which knees require patellar resurfacing and which do not. Another assesses the effect of a less invasive, subvastus approach compared to a traditional approach in TKA on both short-term and long-term functional outcomes. The data suggest the less invasive approach may have long-term advantages. A third paper presents the results of the use of a prolonged infusion of the local anesthetic ropivacaine as an adjunct in the management of pain following TKA. In this blinded trial the

authors found that use of a local anesthetic infusion for 48 hours after TKA can have important short- and long-term benefit compared to a pain management approach that relies on a more traditional, reactive treatment.

Three other papers, although not randomized trials, use careful analysis and measurement of specific functional outcomes. One of these papers compares the results of computer-assisted TKA to TKA performed with traditional methods, showing that component placement may be more accurate with navigation but short-term outcomes are equivalent. The authors of another study review their recent experience with infection in TKA and two-stage revision. They provide evidence that methicillin resistant staphylococci may be more difficult to control than even polymicrobial infections. The third paper reported the effect of femoral component design on extensor function following TKA. In this case-control study a single radius femoral design was compared to a multiradius design with control of confounding variables. The single radius design demonstrated better early extensor function, limb stability and gait than the multiradius design.

The symposium is rounded out with several retrospective reviews which describe the recent experience with revision TKA. One study in particular reports rather good outcomes using modern hinged prostheses when soft tissue and bone stock are severely compromised. Additional papers report an arthroscopic technique for autologous chondrocyte transplantation using chondrospheres and short-term followup of an all inside meniscal repair.

For us, the appeal of this symposium is not only the scientific quality of the studies but their source; we found them provocative and instructive. We are confident you will want to learn what some of our colleagues in Spain and the UK are achieving in their practice and research and hope you enjoy reading their papers.

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