· 临床论著 ·

膝内翻畸形程度对全膝关节置换术的影响△

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摘要: [目的] 探讨膝内翻畸形程度对全膝关节置换术(total knee arthroplasty, TKA)疗效的影响。[方法] 回顾性分析 2020 年 4 月—2022 年 4 月 86 例在本院行 TKA 的膝骨关节炎患者的临床资料。根据术前髋-膝-踝角(hip-knee-ankle angle, HKAA),54 例为轻度内翻(\leq 10°),32 例为中度内翻畸形($10^{\circ}\sim20^{\circ}$)。分析下肢力线与临床评分的相关性。[结果] 两组均顺利手术,无严重并发症,两组间围手术期指标的差异均无统计学意义(P>0.05)。随时间推移,两组术后 VAS 评分、WOMAC 评分、膝伸—屈 ROM 及 HSS 评分均显著改善(P<0.05)。术前及术后 3 个月轻度组 VAS、HSS、WOMAC 及膝伸—屈 ROM 均显著优于中度组(P<0.05)。影像方面,轻度组术前股胫角(femorotibial angle, FTA)[(190.4 ± 5.6)° 180.2 ± 6.1 0°, 180.2 ± 6.1 1°, $180.2\pm6.$

关键词:膝骨关节炎,全膝关节置换术,下肢力线,内翻畸形,程度

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Impact of preoperative knee varus deformity on total knee arthroplasty // ZHENG Yong-zhi¹, CHEN Fei-fei², KANG Qian¹, JIN Chun-yang¹, WANG Ruo-qin¹. 1. Department of Joint Surgery, Henan Provincial Hospital of Traditional Chinese Medicine, Henan University of Traditional Chinese Medicine, Zhengzhou 450002, China; 2. Department of Tuberculosis, Chest Hospital of Henan Province, Zhengzhou University, Zhengzhou 450000, China

Abstract: [**Objective**] To investigate the effect of preoperative knee varus deformity on the outcomes of total knee arthroplasty (TKA). [**Methods**] A retrospective study was conducted on 86 patients who received TKA for knee osteoarthritis in our hospital from April 2020 to April 2022. According to the preoperative hip−knee−ankle angle (HKAA), 54 patients had mild knee varus ($\leq 10^{\circ}$), while the remaining 32 patients had moderate knee varus deformity ($10^{\circ} \sim 20^{\circ}$). The correlation between lower limb alignment and clinical score was analyzed. [**Results**] All patients in both groups had TKA performed successfully without serious complications, and with no significant differences regarding perioperative data between the two groups (P>0.05). The VAS, WOMAC and HSS scores, as well as knee extension–flexion ROM significantly improved in both groups over time postoperatively (P<0.05). The mild group proved significantly better than the moderate group in terms VAS, WOMAC and HSS scores, as well as knee extension–flexion ROM before operation and 3 months postoperatively (P<0.05). Radiographically, the mild group proved significantly superior to the moderate group in terms of femorotibial angle (FTA) [(190.4±5.6)° vs (196.3±6.1)°, P<0.001], medial proximal tibial angle (MPTA) [(73.4±3.8)° vs (67.2±3.1)°, P<0.001], posterior tibial slope (PTS) [(8.5±1.9)° vs (7.2±1.6)° vs (180.7±5.3)°, vs (20.001], mechanical axis deviation (MAD) [(38.4±1.5) mm vs (40.6±2.1) mm, vs (20.002] before TKA; additionally FTA [(174.3±4.1)° vs (180.7±5.3)°, vs (20.001], MPTA [(87.6±5.3)° vs (79.3±4.5)°, vs (20.001] regardless of that there was no significant difference in PTS and MAD between the two groups (ps 20.05) postoperatively. As results of ss 20.001, whereas negatively correlated with

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