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Radiological Severity Plays Role in Post-TKA Satisfaction

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We read the article by Smith et al. with great interest. We would like to add the following points to the discussion.

In the current study, the preoperative demographic details of age, gender, and level of the education and the WOMAC scores of the patients in the two groups were not significantly different. But it would be interesting to know whether the preoperative radiological severity and chronicity of disease were comparable in both groups, as these factors, in isolation and in combination, are known to have direct impact on postoperative outcomes. (1)

Patient selection plays a pivotal role in patient satisfaction after total knee arthroplasty. The Osteoarthritis Initiative (OAI) recommends TKA only in cases with radiographic evidence of disease (radiographic phenotype). Patients with other phenotypes (depressive type, minimal joint disease, high BMI, and weak muscle group) may not experience high levels of post-TKA satisfaction. (2) Clinical data has also supported the inverse relation between radiological disease severity and postoperative outcome. Poor outcomes in patients with minimal radiological disease have been reported in several studies. (3, 4, 5)

We do agree that preoperative use of opioids could be an alarm for the surgeon to investigate preoperative predictors for poor TKA outcomes, but preoperative opioid use should not be considered the sole or direct cause for a poor outcome after TKA. All possible risk factors for poor TKA outcomes should be discussed with the patient prior to surgery. (6)

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Conflict of Interest: None Declared