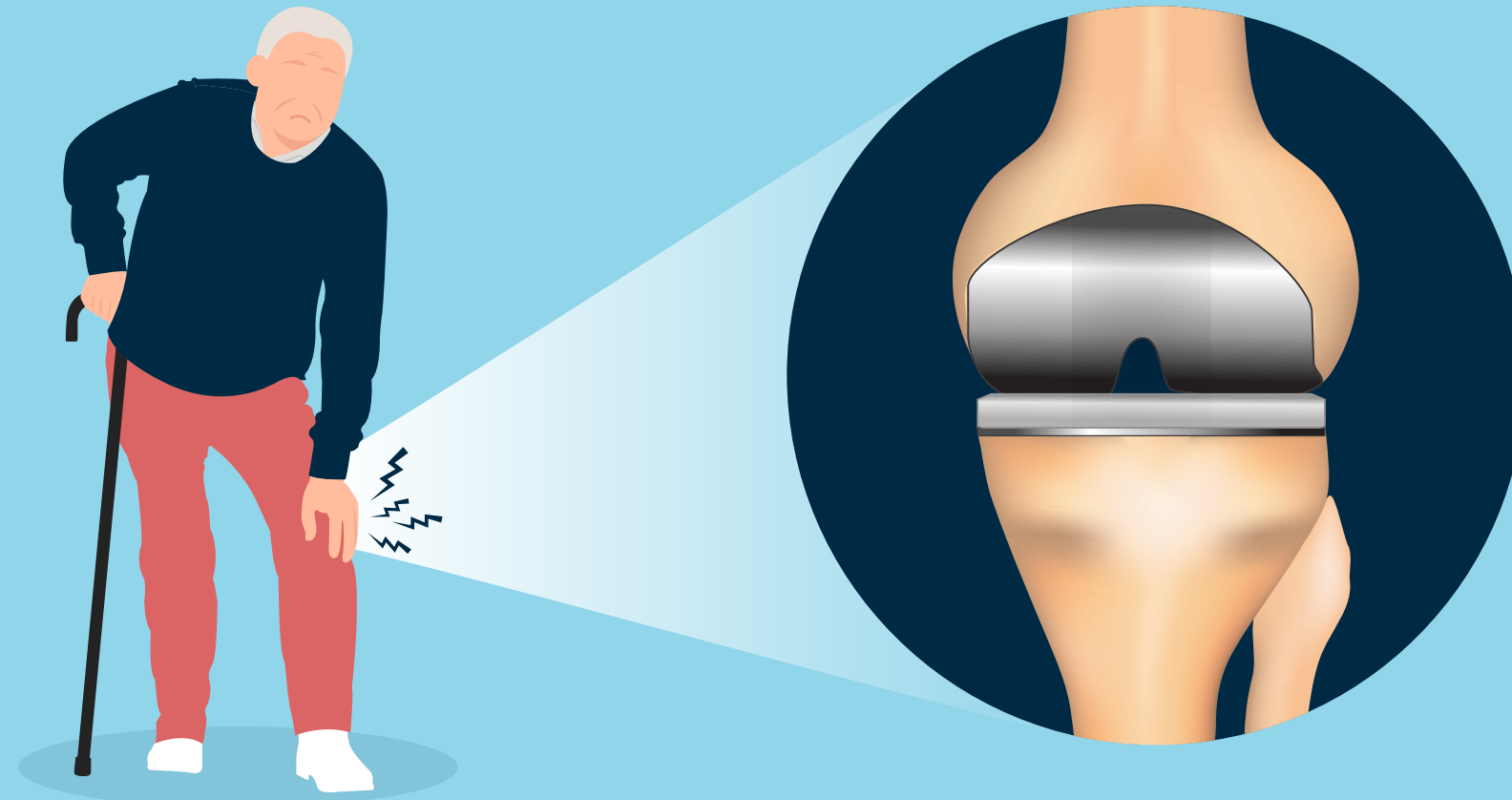
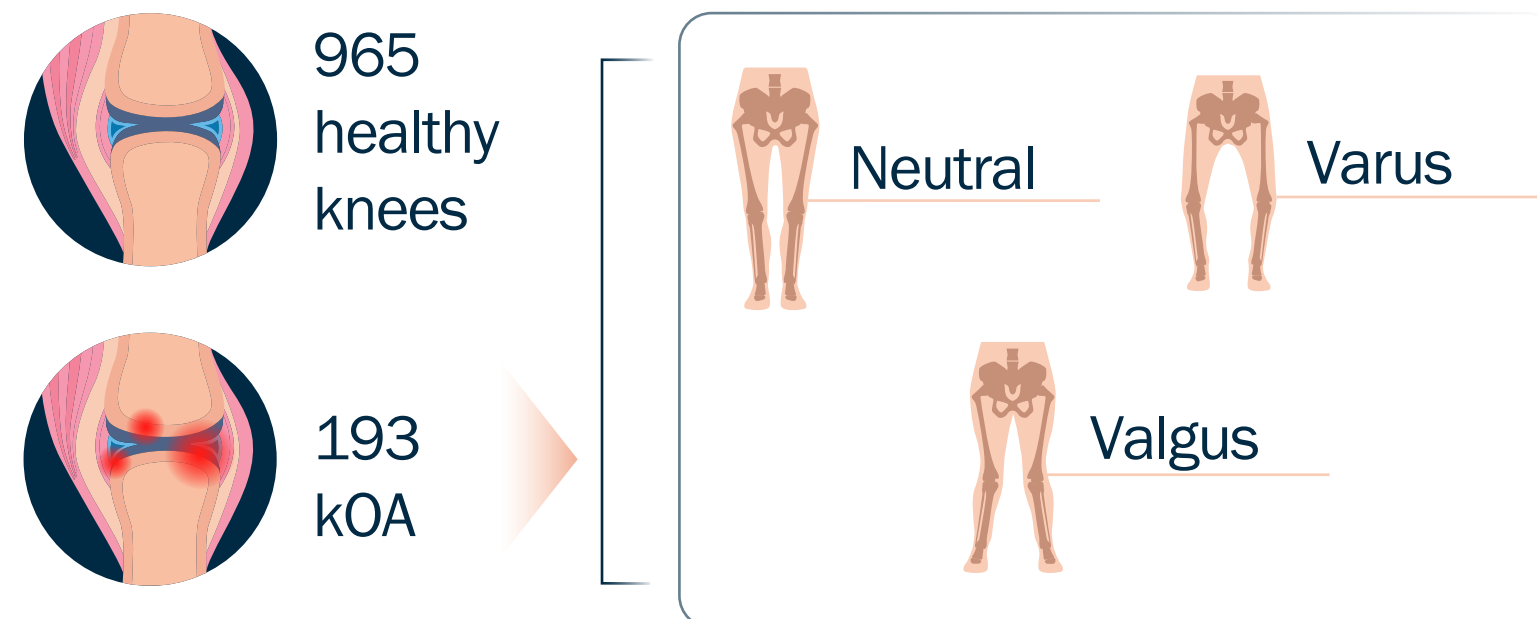


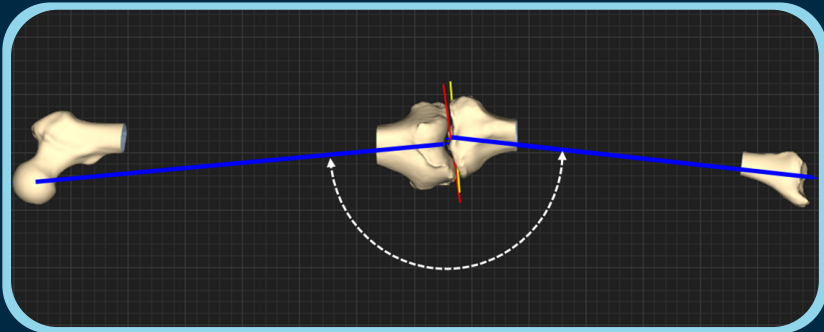
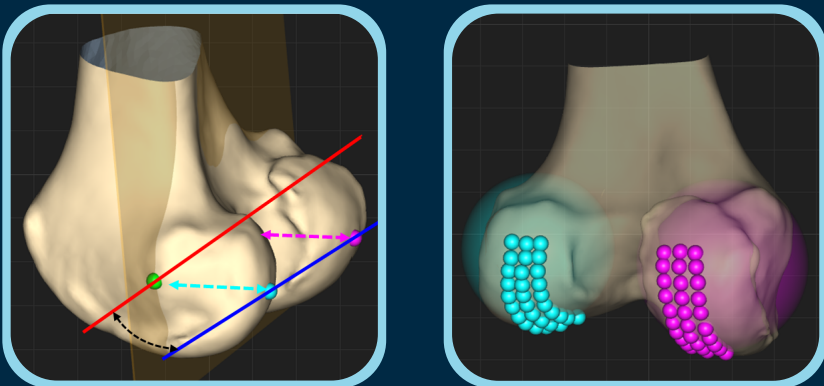
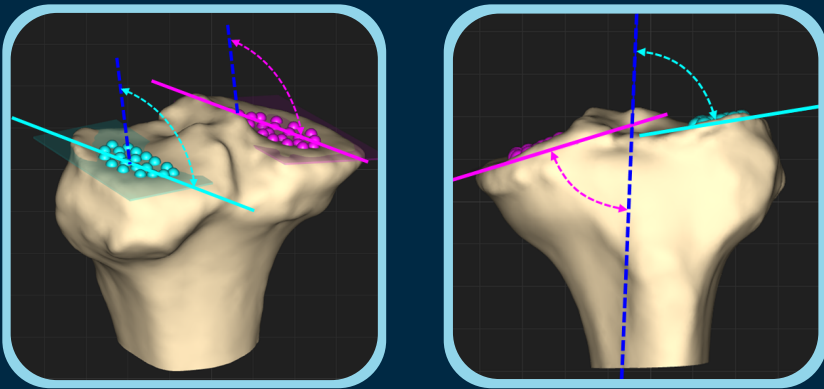
Osseous Morphological Differences Among Knees with Osteoarthritis

Clinical outcomes following total knee arthroplasty (TKA) can be improved with a better understanding of the bony morphological differences in knees with osteoarthritis (kOA)



Morphological parameters from CT scans of 1,158 knees assessed



Overall limb alignment	
	<p>The kOA group:</p> <ul style="list-style-type: none">• Had a larger non weight-bearing hip-knee-ankle angle• Was in overall varus
Distal femoral anatomy	
	<p>In the kOA:</p> <ul style="list-style-type: none">• Surgical transepicondylar axis was less externally rotated• Condylar offset and radius ratio were smaller <p>kOA with valgus deformity had a greater condylar radius ratio</p>
Proximal tibial anatomy	
	<p>The kOA group displayed:</p> <ul style="list-style-type: none">• Significantly smaller medial posterior slope• Larger lateral posterior slope• Smaller medial coronal slope

Significant differences in the posterior condylar axis, condylar offset, condylar radius, and tibial slope were seen between normal and osteoarthritic knees

Knowing the morphological differences among kOA and between healthy knees and kOA can improve implant positioning and balancing in TKA, thereby improving surgical outcomes

Osseous Morphological Differences in Knee Osteoarthritis

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