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High tibial osteotomy in knee instability: the rationale of treatment and early results

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A¹ University Hospital, Queens Medical Centre, Nottingham, NG7 2UH, UK**Abstract:**

Abstract. We treated 14 patients having knee instability and varus alignment with tibial osteotomy with or without ligament reconstruction. Five patients with varus angulated anterior cruciate deficiency (double varus) were treated with single-stage closed-wedge tibial osteotomy and anterior cruciate ligament reconstruction. The remaining nine patients had varying amount of posterior cruciate and postero-lateral corner ligament injuries with varus angulation (triple varus); six of these patients had a ligament reconstruction using the Ligament Advanced Reconstruction System ligament with tibial osteotomy (intra-articular-posterior cruciate ligament/extra-articular-postero-lateral corner reconstruction), while the remaining three had a tibial osteotomy without a ligament reconstruction. Four of the nine patients with triple varus had open-wedge tibial osteotomy, and the remaining five had closed-wedge tibial osteotomy. The mean time interval between injury and index surgery of an osteotomy and ligament surgery was 8.3 years (range 1-20 years). At a mean follow-up of 2.8 years after tibial osteotomy, 12 knees (86%) were stable and eliminated of giving way while the remaining 2 were unstable. In one of these patients the result was compromised with severe infection, while in another there was combined cruciate ligament deficiency with postero-lateral corner ligament deficiency. Thirteen (93%) of the patients were able to participate in light recreational activities. None of these patients could return to competitive sports. Five (35%) continued to have pain of varying degree. The mean Cincinnati Knee Score improved from a mean preoperative of 53 (range 40-58) to a mean postoperative of 74 (range 58-82). Accordingly, there were two poor, four fair and eight good results. In-patients with triple-varus, open-wedge tibial osteotomy had better scores than those with closed-wedge procedure. The results of this series are encouraging, and we recommend a high tibial osteotomy along with ligament reconstruction in these complex injuries with varus alignment.

Keywords:

High tibial osteotomy, Varus osteoarthritis, Anterior cruciate ligament, Postero-lateral corner injury

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