MICOD –07/08/2024

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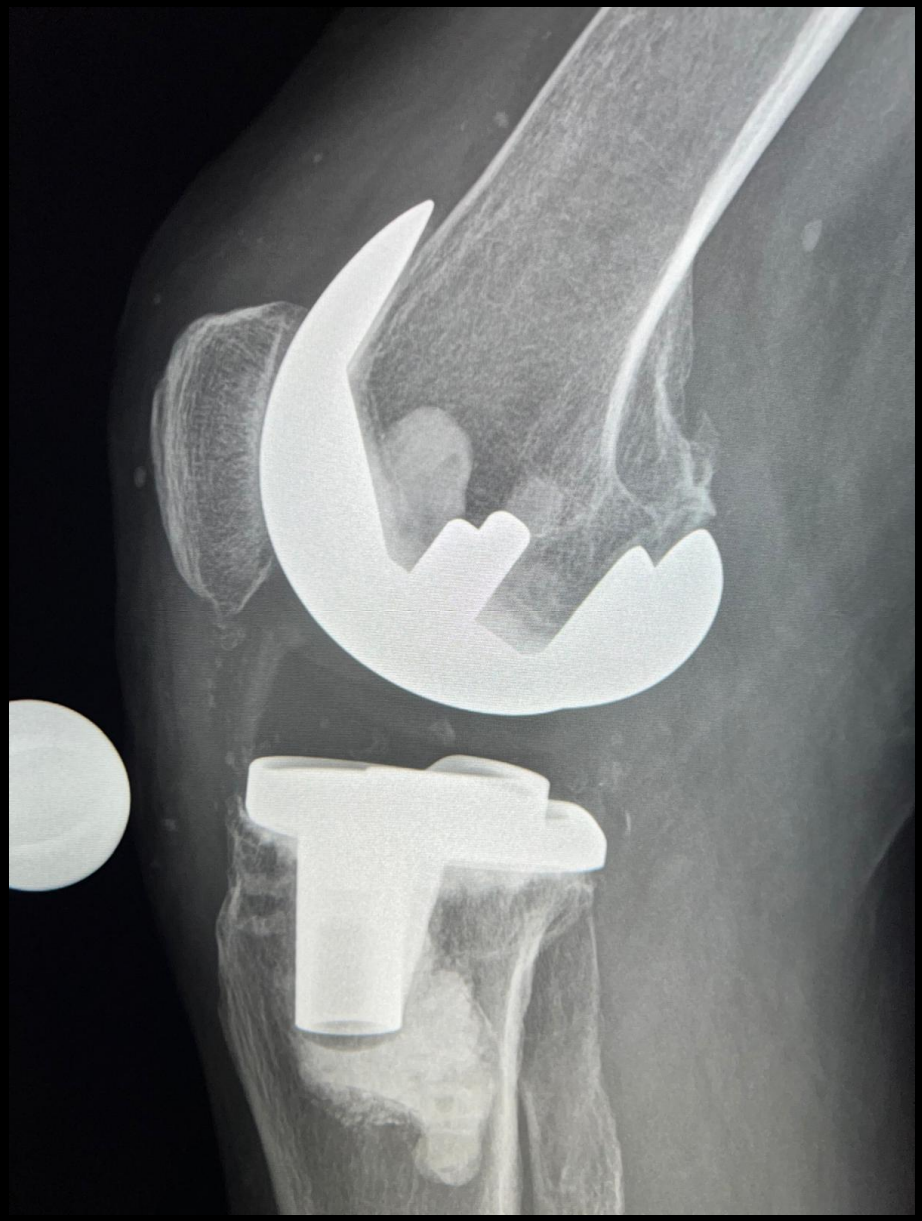


TKR done approximately 1.5 yrs back.
Persistent symptoms.

What’s happening ?

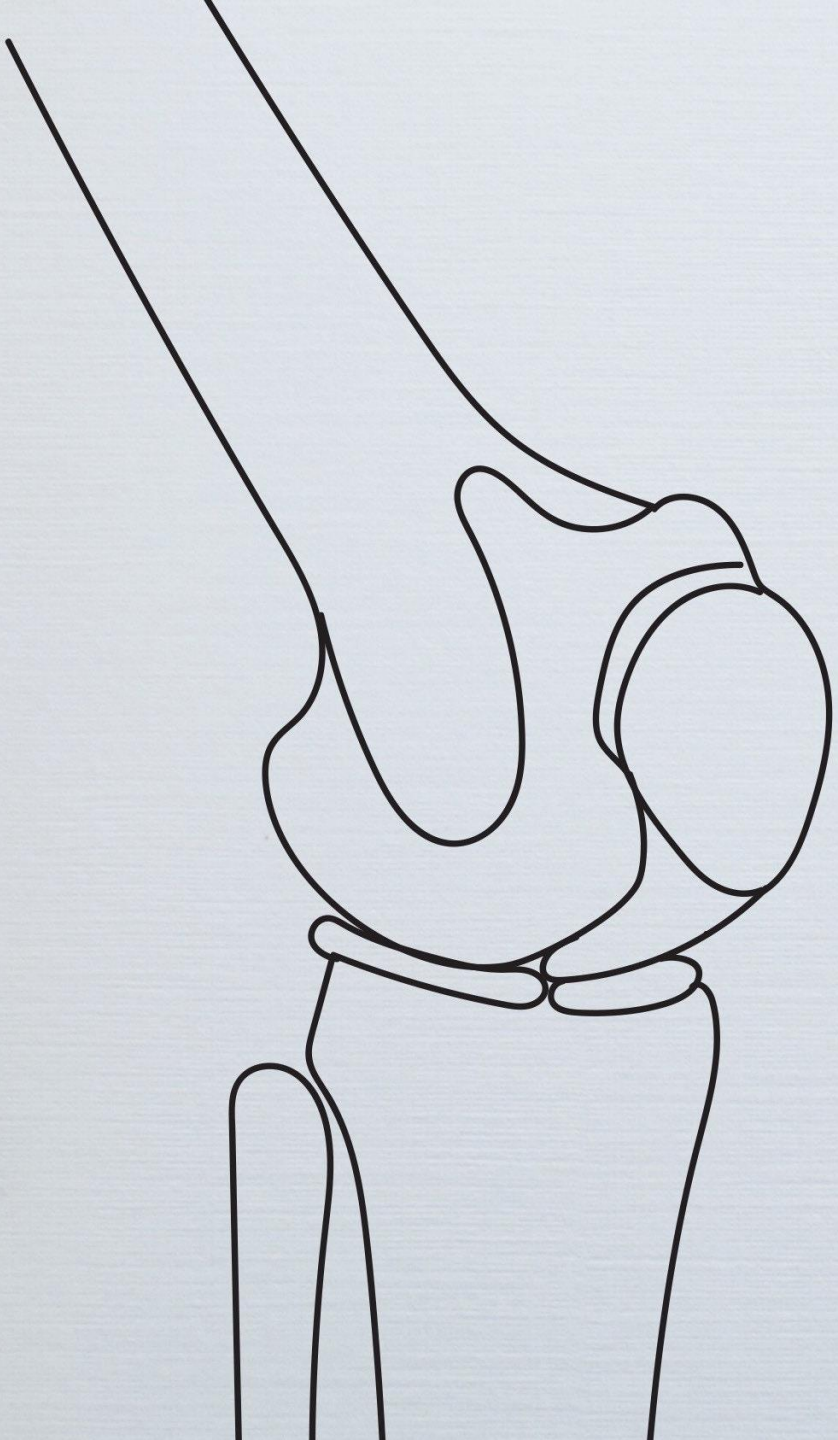
MEDIAL INSTABILITY POST TKR

- Medial soft tissue release is frequently performed to improve balancing in TKR.
- Inadvertent release can lead to iatrogenic MCL injury.
- Valgus knees have a tendency for mid-flexion instability post-TKR, due to preexisting MCL laxity.
- Any laxity in MCL will aggravate this situation leading to midflexion instability.
- This is especially seen if medial release includes the superficial MCL, especially the anterior part.

- To test isolated MCL function in clinical practice, the knee is tested in 30° of flexion.
- Similarly during TKR, an intraoperative assessment should consist of valgus and varus stress at midflexion.
- Cadaveric studies have suggested that superficial MCL release is associated with increased valgus laxity at flexion range 30–90° suggesting both midflexion and flexion laxity for both cruciate retaining and cruciate sacrificing knee replacements. However, this laxity was more pronounced in cruciate sacrificing TKR.

Treatment :

- MCL laxity will need to be considered in conjunction with flexion and extension assessment, location and extent of tear or laxity.
- Treatment options include non-operative, repair, augmentation, reconstruction or conversion to a constrained prosthesis.
- Currently there is no consensus regarding the best treatment option.



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