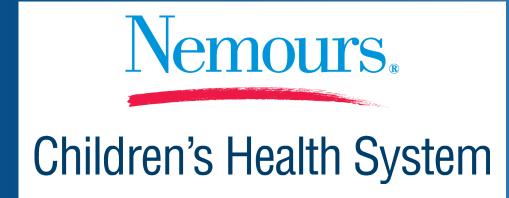


**CARE BRAVELY** 

# Intraoperative Knee Arthrography in Toddlers with Genu Varum: How Does It Affect Decision Making for Guided Growth Treatment?





Hamza M. Alrabai, MD,<sup>1</sup> Jeanne M. Franzone, MD,<sup>2</sup> Philip K. McClure, MD,<sup>3</sup> and John E. Herzenberg, MD, FRCSC<sup>3</sup>

<sup>1</sup>King Saud University, Department of Orthopedics, Riyadh, Saudi Arabia

<sup>2</sup>Nemours/Alfred I. duPont Hospital for Children, Wilmington, Delaware, USA

<sup>3</sup>International Center for Limb Lengthening, Rubin Institute for Advanced Orthopedics, Sinai Hospital, Baltimore, Maryland, USA

## Introduction

 We evaluated whether intraoperative arthrography changed decision making for guided growth of genu varum in toddlers.

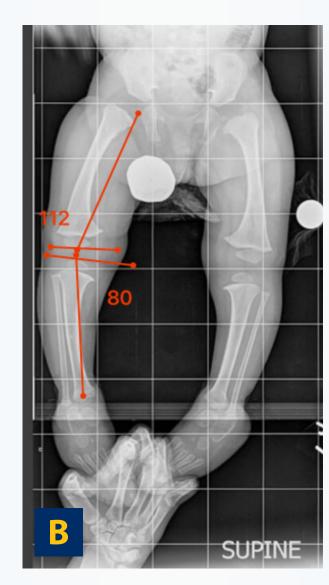
## Methods

- Six patients (10 knees) had guided growth for genu varum (average age, 28.7 months; range, 21-37 months).
- One patient had multiple epiphyseal dysplasia; 5 patients had infantile Blount disease.
- Three surgeons measured the mechanical lateral distal femoral angle (mLDFA) and the medial proximal tibial angle (MPTA) on radiographs and two weeks later measured long-leg simulated weight-bearing knee arthrograms.
- Each surgeon recorded their preferred treatment (distal femoral or proximal tibial guided growth) based on the images (with and without arthrogram).
- Paired-sample t-tests were used to compare the mLDFA and MPTA measurements for each observer on the preoperative and arthrogram radiographs (p<.05 statistically significant).</li>

# Results

- Each observer recorded the mLDFA and MPTA for six patients (10 knees) using radiographs and long-leg simulated weight-bearing knee arthrograms (Tables 1 and 2).
- Arthrogram measurements changed the distal femoral guided growth treatment plan for:
  - Observer 1: 2 of 10 knees (yes to no)
  - Observer 2: 3 of 10 knees (yes to no)
  - Observer 3: 4 of 10 knees (no to yes)
- Arthrogram measurements changed the proximal tibial guided growth treatment plan for:
  - Observer 1: 5 of 10 knees
     (3 yes to no; 2 no to yes)
  - Observer 2: 4 of 10 knees (yes to no)
  - Observer 3: 2 of 10 knees (no to yes)

SUPINE





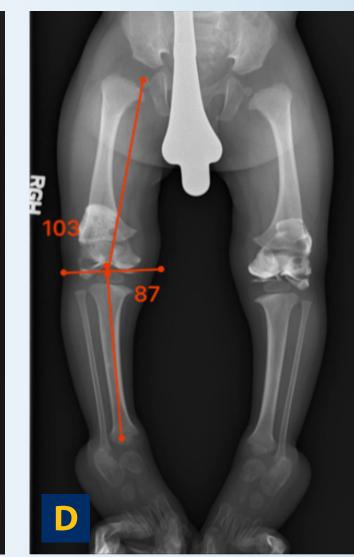
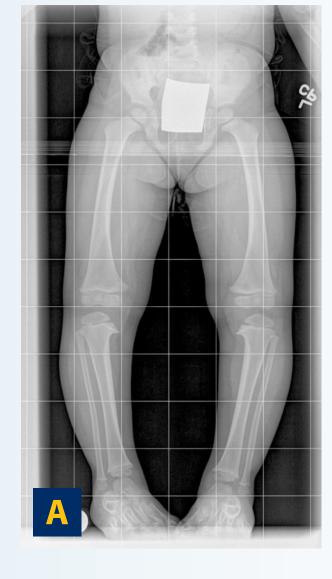
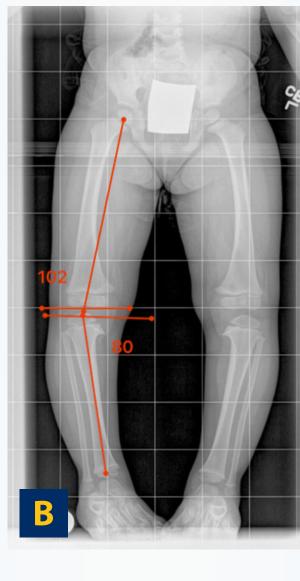
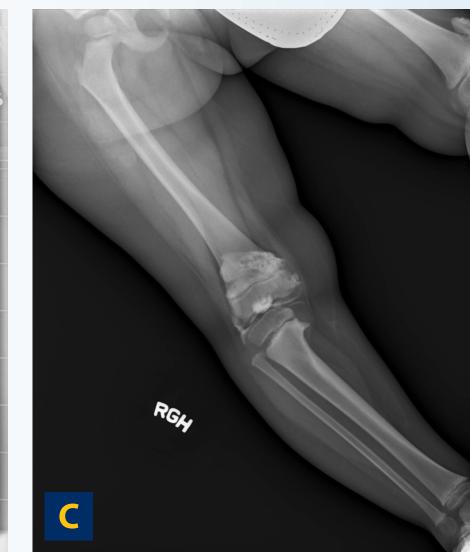


Figure 1. A and B, Apparent femoral and tibial varus on AP view full length standing radiograph in a patient with multiple epiphyseal dysplasia. C and D, Same patient after arthrogram with normal tibia and femoral varus.







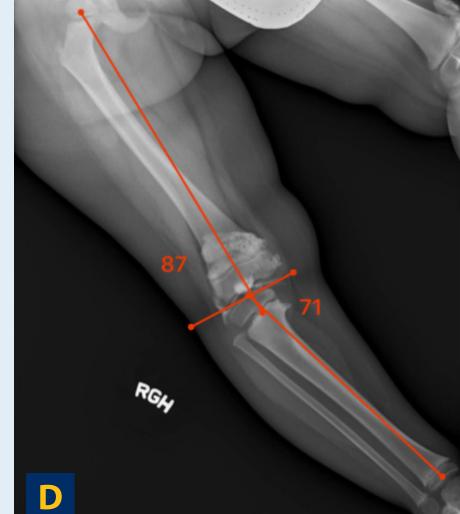


Figure 2. A and B,
Apparent femoral
and tibial varus
in a patient with
Blount disease.
C and D, Same
patient after
arthrogram,
demonstrating
tibial varus only.

**Table 1.** Mean mLDFA measurements (6 patients, 10 knees) obtained by three observers using only preoperative radiographs or preoperative long-leg simulated weight-bearing knee arthrograms.

	Preoperative Radiographs (°)	Preoperative Arthrograms (°)	P value
Observer 1	103.4	94.1	p<.01
Observer 2	101.3	94.7	p<.01
Observer 3	101.8	95.4	p<.01

p<.05 statistically significant

**Table 2.** Mean MPTA measurements (6 patients, 10 knees) obtained by three observers using only preoperative radiographs or preoperative long-leg simulated weight-bearing knee arthrograms.

	Preoperative Radiographs (°)	Preoperative Arthrograms (°)	P value
Observer 1	82.4	84.8	0.16
Observer 2	83.1	84.9	0.17
Observer 3	82.1	85.1	0.23

p<.05 statistically significant

## Conclusion

- Intraoperative knee arthrography in toddlers with genu varum changed the mLDFA measurements compared to plain films due to the delineation of the cartilaginous femoral condyles.
- Arthrogram measurements
   can help the clinician to decide
   on guided growth treatment
   strategies for the distal femur
   and proximal tibia.