

Chief Complaint/History of Present Illness

This 60 year old male has severe left knee medial joint compartment pain with weight-bearing. He has difficulty walking even short distances. He also has difficulty with stairs however his symptoms remain medially based. He has severe limitations of activities of daily living, and wishes to have pain relief for these activities and nonimpact recreational sports. He has relatively low demands of his knee.

Physical Exam

5'11"

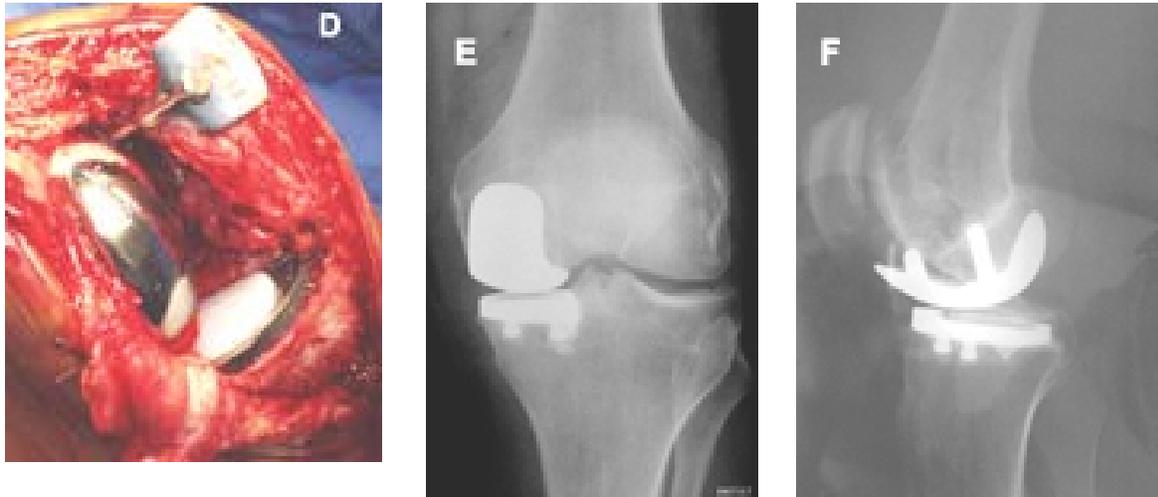
185 lbs

He is a slim fit appearing 60-year-old male. He has mild varus alignment to both his lower extremities. He walks with an intelligent gait on the left side only. He has medial joint line tenderness and tibiofemoral crepitus only in the medial joint compartment. There is no effusion and no patellofemoral or lateral compartment crepitus or tenderness. There are palpable medial osteophytes and his alignment corrects almost to neutral with a valgus producing force. There is a good medial endpoint.



Clinical Course and Follow-up

Because of his age, low demand activities, and need to return to work in a short period of time it was decided to pursue surgical reconstruction by medial unicompartmental arthroplasty. Within a few weeks postoperatively his pain was completely resolved with early return to work. He returned to golf within three months, and recreational skiing within nine months after reconstruction.



Decision Making Factors

1. A 60-year-old male with end-stage medial osteoarthritis with varus alignment .
2. Desires an early return to work and a sedentary lifestyle.
3. No evidence of significant patellofemoral or lateral tibiofemoral symptoms by history , x-ray or physical exam.

Legends

A; standing AP x-ray demonstrating complete loss of medial joint space, healthy lateral joint compartment ,with no evidence of tibiofemoral subluxation.

B; lateral x-ray, healthy appearing patellofemoral joint

C; skyline x-ray with normal patellofemoral joint space

D; intraoperative appearance of implanted tibiofemoral unicompartmental prosthesis

E; postoperative AP

F; lateral x-rays of well functioning medial unicompartmental prosthesis

Courtesy of Tom Minas MD, and Tim Bryant RN, Cartilage Repair Center, Brigham and Women's Hospital, Boston MA USA