

Corrección del Valgo Patológico

Opciones

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¿Qué es un valgo patológico?

¿Qué valgos se pueden beneficiar de una corrección de la alineación?

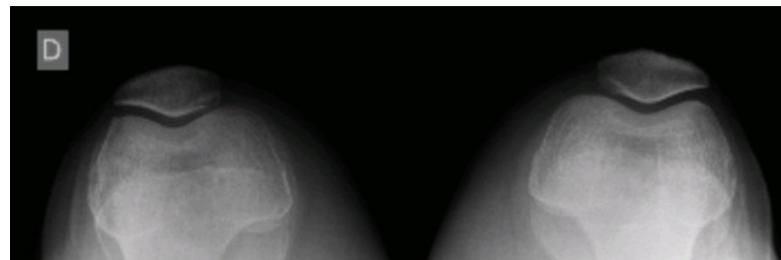




- Valgos constitucionales
- Valgos tras meniscectomías externas amplias
- Valgos por fractura extraarticular
- Valgos por fracturas articulares



PROYECCIONES RADIOLÓGICAS



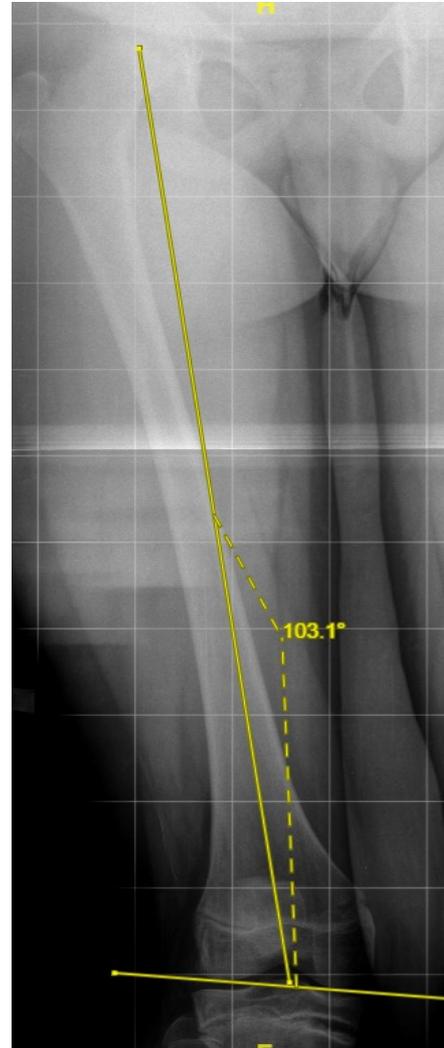
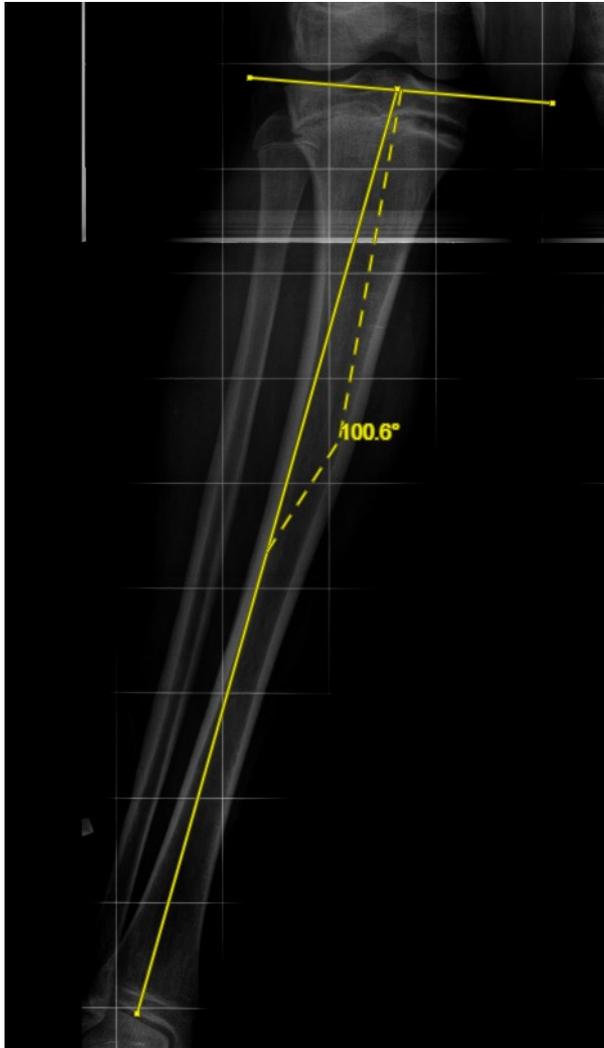


TABLE 1
Reference Values of the Measured Parameters
as Reported in the Literature

Parameter	Reported Values
Mechanical femorotibial angle (mFTA)	0°-2° varus ^a
Mechanical lateral distal femoral angle (mLDFA)	85°-90° ^b
Mechanical medial proximal tibial angle (mMPTA)	85°-90° ^b
Joint-line convergence angle (JLCA)	0°-2° medial convergence ^a

^aLobenhoffer et al.²⁵

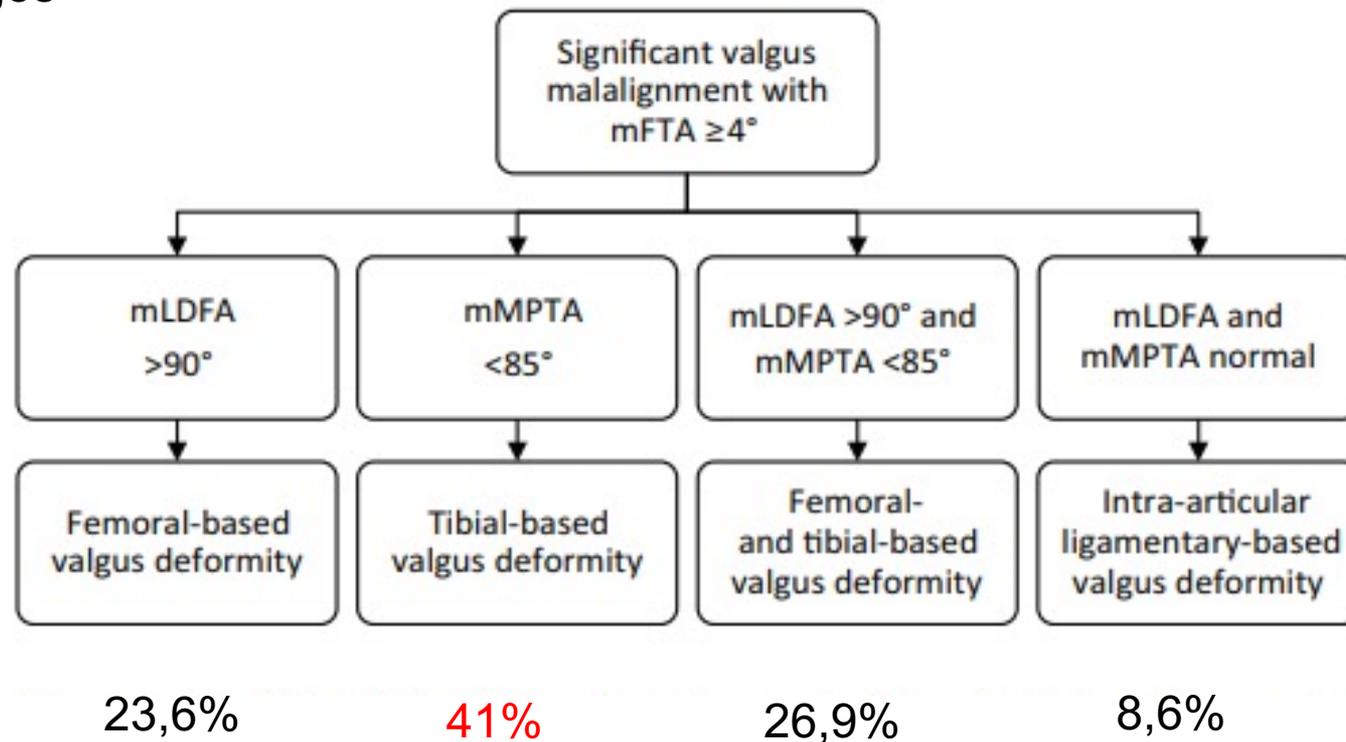
^bPaley et al.³³

Geometry of the Valgus Knee: Contradicting the Dogma of a Femoral-Based Deformity

Helge Eberbach¹, Julian Mehl², Matthias J Feucht¹, Gerrit Bode¹, Norbert P Südkamp¹, Philipp Niemeyer^{1,3}



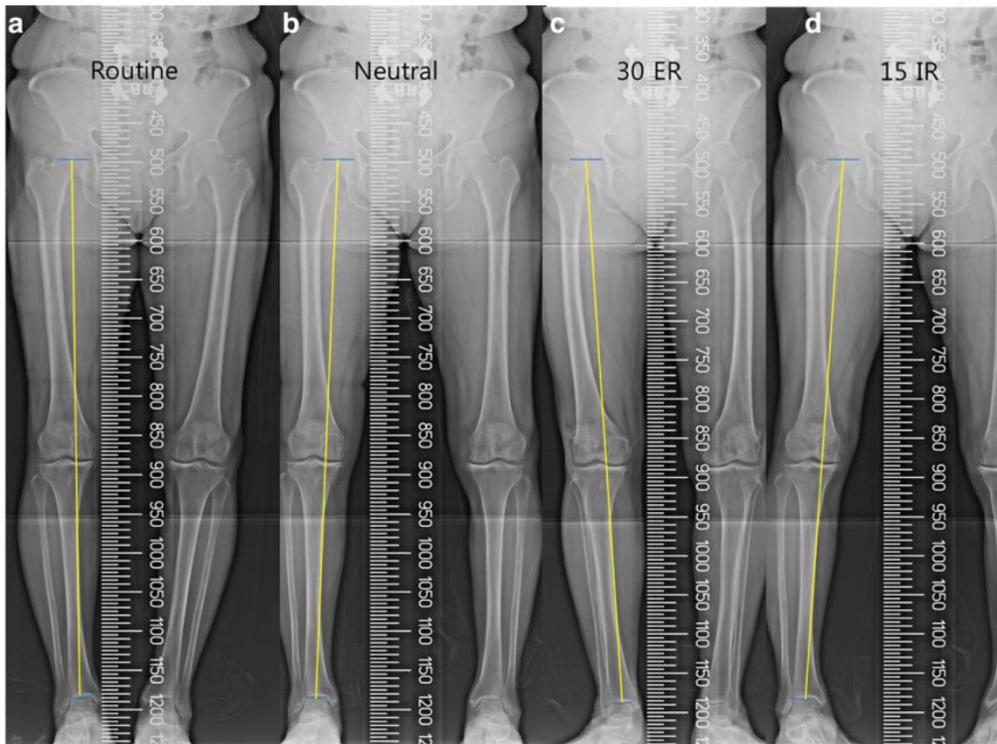
10.949 rx
Edad 44 años
420 valgus





Effect of foot rotation on the mechanical axis and correlation between knee and whole leg radiographs

Yong Seuk Lee¹, Beom Koo Lee, Seung Hoon Lee, Hong Gi Park, Deuk-Soo Jun, Do Hyun Moon



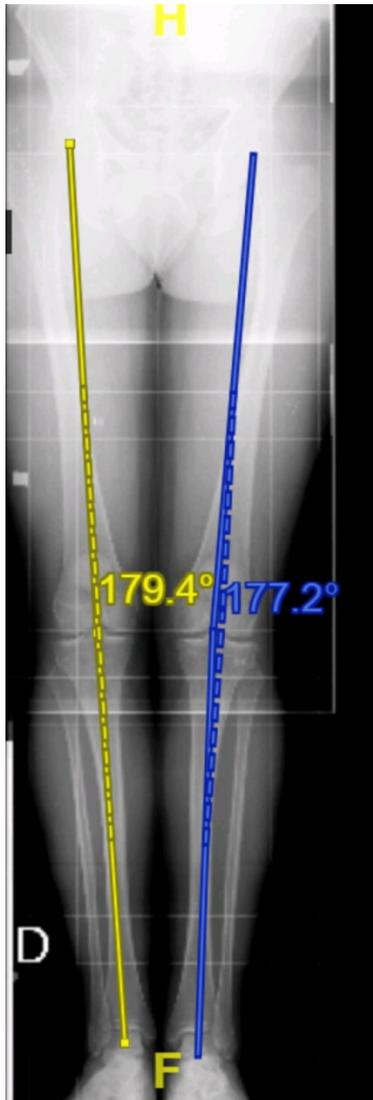
Sd Postmeniscectomia



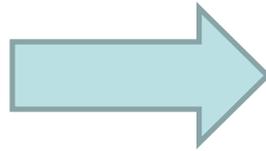
Paciente 50 años. Meniscectomia externa 2016
Inicialmente ok pero inicia dolor lateral



Sd Postmeniscectomia



3 años



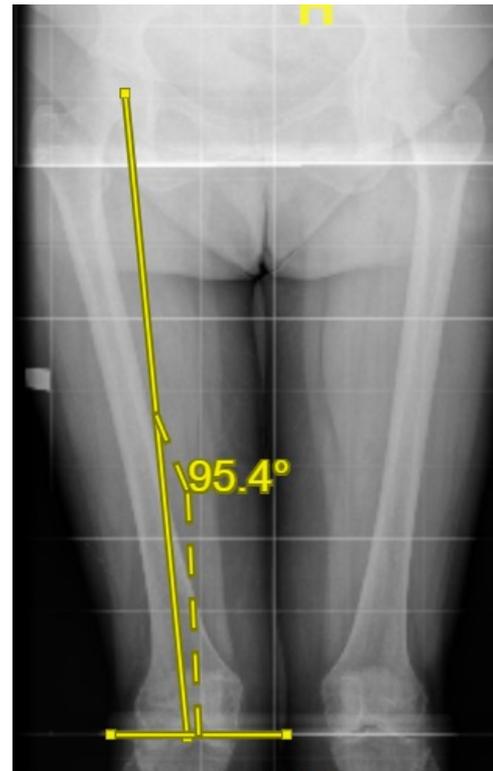
Sd postmeniscectomia



Cortesía Dr Juan F Sánchez-Soler



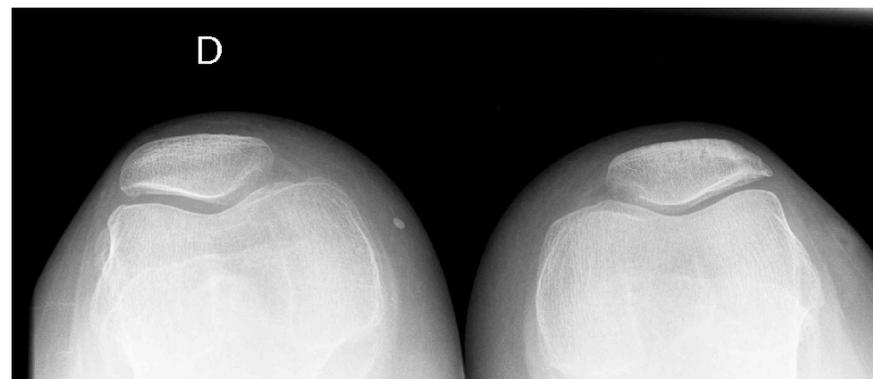
54 años mujer.
Valgo constitucional 10°







Mujer 52 años
Valgo constitucional 10°





Outcomes of Distal Femoral Osteotomy for Valgus Malalignment: A Systematic Review and Meta-analysis of Closing Wedge Versus Opening Wedge Techniques

Connor C Diaz¹, Ophelie Z Lavoie-Gagne¹, Derrick M Knapik¹, Avinaash Korrapati¹,
Jorge Chahla¹, Brian Forsythe¹



Results: In total, we included 23 retrospective studies (n = 619 knees), of which 10 studies (n = 271 knees) reported outcomes after CW DFO and 13 studies (n = 348 knees) reported on OW DFO outcomes. Good to excellent clinical outcomes were reported in PROMs when compared with preoperative values with both techniques, while no significant differences between techniques were appreciated on functional Knee Society Scores and Tegner scores. No significant differences were appreciated in the incidence of complications reported in patients undergoing CW (20%) versus OW (33%) DFO ($P = .432$). Pain requiring hardware removal was the most commonly reported complication in both groups. The survival rate for CW DFO was 81.5% (mean follow-up, 8.8 ± 4.3 years) compared with 90.5% for OW DFO (mean follow-up, 4.5 ± 1.5 years). Multiple metaregression demonstrated that patient follow-up ($P < .001$) was significantly associated with knee survival, while surgical technique ($P = .810$) was not a predictor of clinical failure.

Mujer 30 años
Peso 68 alt 1.67cm
Meniscectomia externa hace 3 años Rodilla D



Hombre 27 años
5 años antes meniscectomía externa
P95 alt 1,75
11° valgo Der 2° valgo Izdo



Cortesía; Dr Hinarejos/Dr Monllau





ESO CONJUNTO
- SEROD
AEA-SEROD CONJUNTO



22 años
Accidente tráfico
Shatzker V

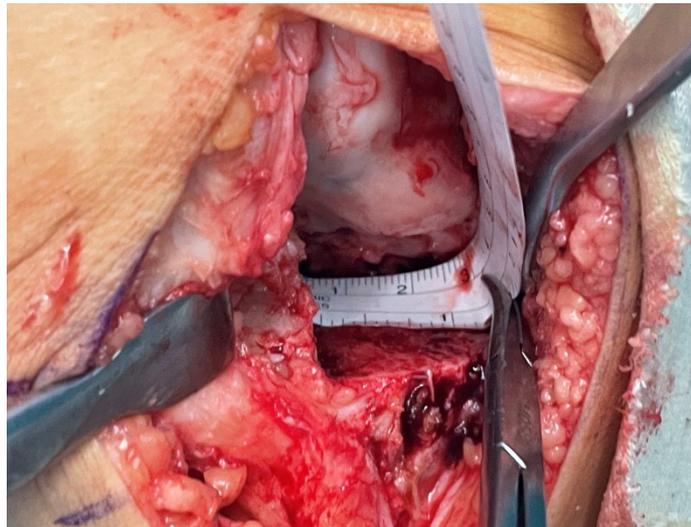
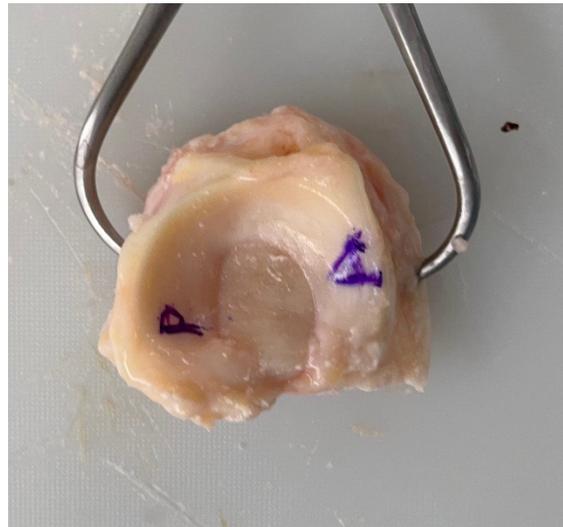






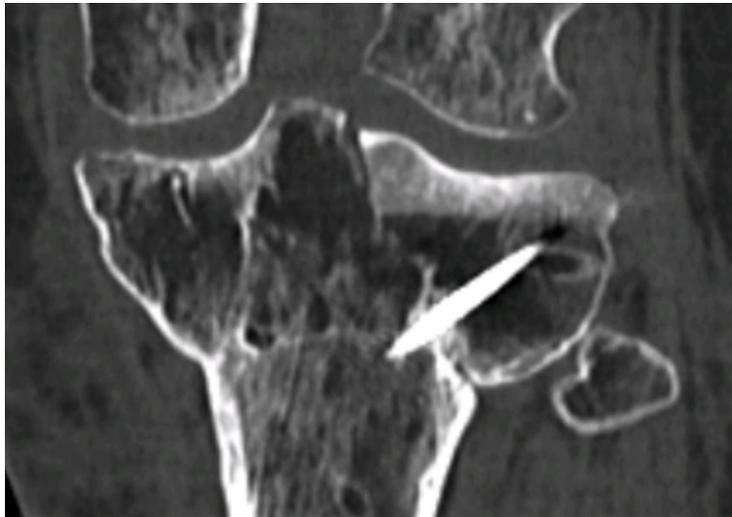
1.5 años; EMO y artroscopia



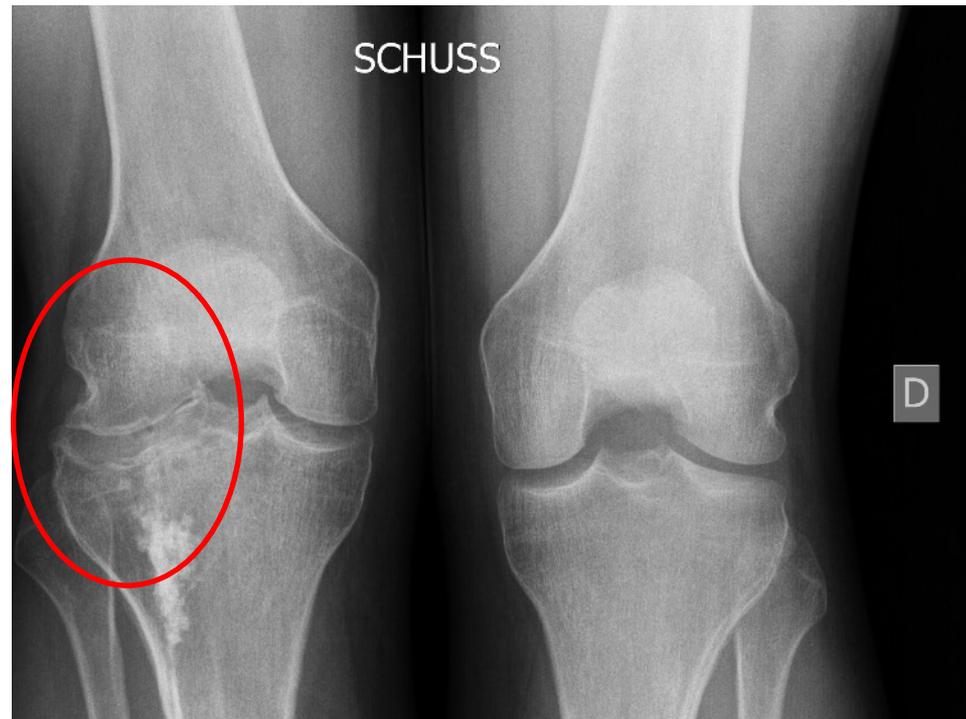


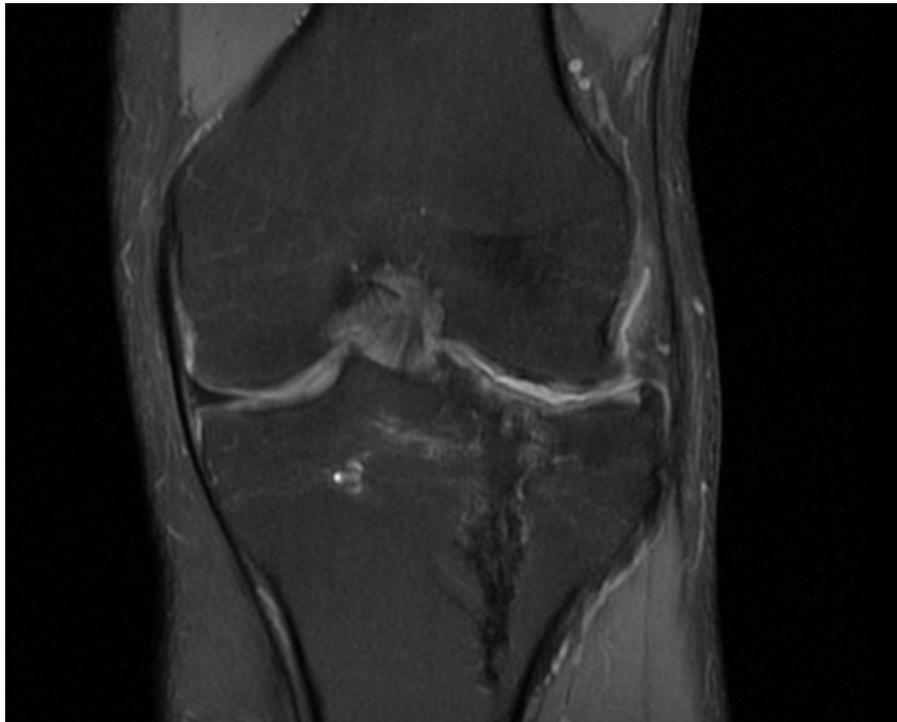






39 años
Hombre
Fractura tibia hace 6 años







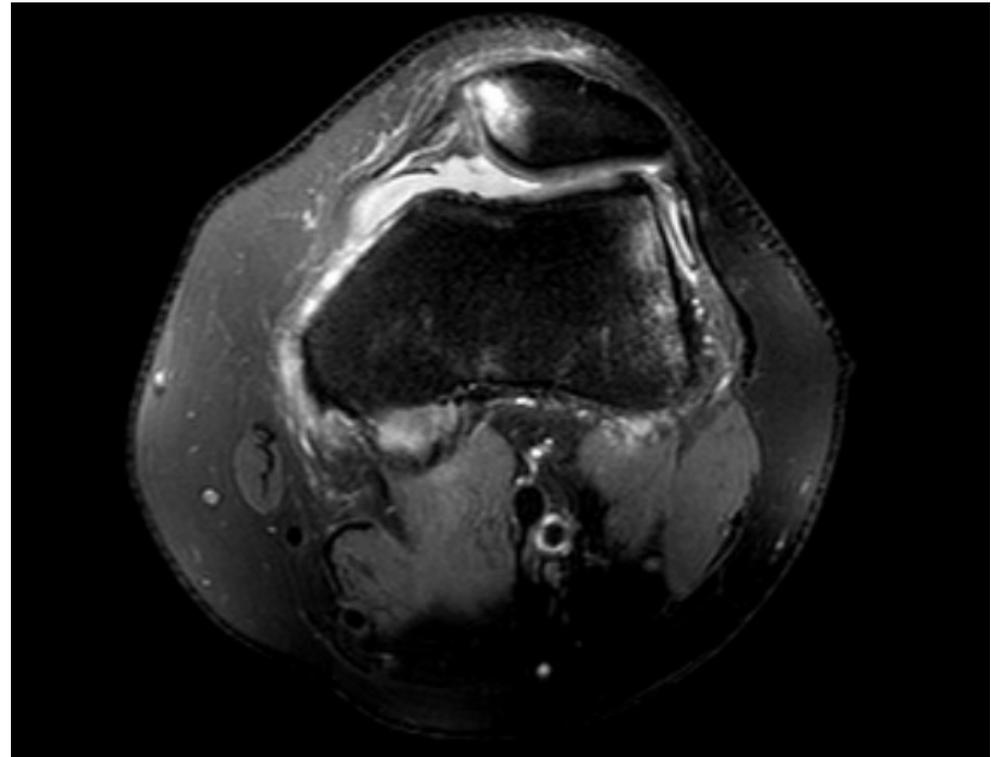
Clinical Outcomes and Failure Rates of Osteochondral Allograft Transplantation in the Knee: A Systematic Review

Filippo Familiari¹, Mark E Cinque², Jorge Chahla², Jonathan A Godin², Morten Lykke Olesen³, Gilbert Moatshe^{2 4 5}, Robert F LaPrade^{2 6}

Supervivencia 5 años; 86.7%
Supervivencia 10 años; 78.7%
Supervivencia 20 años; 67.5%

Mayoría fallos en relación a;
. Lesiones bipolares
. Femoropatelar







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