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Comment regarding the article “Residual posterior femoral condyle osteophyte affects the flexion range after total knee replacement” (by W. P. Yau et al.)

Received: 21 February 2006 / Accepted: 21 February 2006 / Published online: 19 April 2006
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Dear sir,

I have read the article by W. P. Yau et al. [1] with great interest and would like to congratulate them for their invaluable contribution to the relevant literature regarding knee flexion after total knee replacement (TKR) surgery.

Preoperative knee flexion range is a very important indicator for determining postoperative knee flexion after TKR.

Apart from this, good range of motion after TKR depends on good surgical technique, proper soft tissue balance, and adequate bone resection from the tibia and femur.

Residual posterior osteophyte decrease the knee flexion range, but this complication is easily preventable by standard cutting procedure. The surgeon should be alert to this possibility when assessing preoperative x-rays.

The surgeon must be prepared to remove these osteophytes during the operation.

I think there are also other factors affecting knee flexion: inadequate proximal tibial resection, inadequate rehabilitation (very important for obtaining a good range of motion), adverse patient response to the operation, and improper component alignment. If the femoral component fits well, posterior osteophytes will not interfere with knee flexion because the great posterior arc of the component (prevents the tibial polyethylene from impingement on posterior osteophytes).

This comment refers to the article available at: <http://www.dx.doi.org/10.1007/s00264-005-0010-x>.

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Reference

1. Yau WP, Chiu KY, Tang WM, Ng TP (2005) Residual posterior femoral condyle osteophyte affects the flexion range after total knee replacement. *Int Orthop* 29:375-379