Erratum

Erratum to: Custom Implants in TKA Provide No Substantial Benefit in Terms of Outcome Scores, Reoperation Risk, or Mean Alignment: A Systematic Review

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In the study, “Custom Implants in TKA Provide No Substantial Benefit in Terms of Outcome Scores, Reoperation Risk, or Mean Alignment: A Systematic Review,” there are errors in the Results section of the Abstract and the Results section of the main text. We would also like to correct data from a table so that it matches the text.

In the Results section of the Abstract, we incorrectly noted the number of studies evaluating patient-reported outcome measures (PROMs). We would clarify the Results section of the Abstract by replacing the first two sentences with: “There was no apparent advantage to custom implants in terms of PROM scores. Of the four studies evaluating PROM scores, one study reported better KSS-Function scores at 2-year follow-up [17], but in that study,

there were no differences in the Knee Injury and Osteoarthritis Outcome Score (KOOS), no difference in the Knee Score, and no differences in satisfaction scores for function, pain, or expectations; there was a small difference favoring custom implants in terms of the global satisfaction score (0.3 points on a 5-point scale), which is of uncertain clinical importance. Another study reported better KSS scores at 6 weeks, but then no difference after that [15], the third study reported no difference [21], and the fourth reported inferior KSS scores for custom implants [22].”

In the Results section of the main text, we misinterpreted the results of Reimann et al., which was reference 17 in our study. The sentence that details the results of Reimann et al., should be: “The custom implant had superior results to the standard implant (KSS 164.5 versus 146.3; $p < 0.002$) at 2-year follow-up. The KSS-Function score was also greater in the custom group than in the standard implant group at 2-year follow-up (82 versus 68; $p < 0.0002$).”

In the Results section of the main text under Radiographic Results, the new generation of implant tibial slope, as reported in Meheux et al., which was reference 15 in our study, should match the data in Table 4. It should be “5° at $5.53^\circ \pm 3.9^\circ$ ($p = 0.42$).”

The authors apologize for these errors.

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