

Is Patella Resurfacing an Absolute Indication in Total Knee Arthroplasty for Inflammatory Arthritis?

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INTRODUCTION:

Inflammatory arthritis (IA) is considered an absolute indication for patellar resurfacing (PR) in total knee arthroplasty (TKA), yet limited contemporary data exists to support this. The purpose of this study was 1) to determine if clinical outcomes of TKA without PR differ between IA and osteoarthritis (OA) and 2) to compare outcomes of TKA for IA with and without PR.

METHODS:

A retrospective review of all primary TKAs at a large, academic institution between May 2017 to May 2024 was performed. We identified 348 TKAs without PR performed for IA. This cohort was matched by demographics to 348 TKAs without PR performed for OA. A secondary comparison of 38 TKAs for IA with PR (IA-PR) during the same time-period was performed. Outcomes included reoperation, revision, and survey of anterior knee pain (AKP). Mean follow-up was 24-months. *T*-tests and Fisher's Exact tests were performed.

RESULTS:

Among TKA without PR, 20 (5.7%) IA and 13 (3.7%) OA patients underwent reoperation ($P=0.28$); 2 (0.6%) patients in each group underwent revision ($P=1.0$). There were no differences in aseptic (3.4% IA vs. 2.3% OA; $P=0.50$) or septic (2.3% IA vs. 1.4% OA; $P=0.58$) reoperations. Four (1.1%) IA vs. 0 OA patients underwent secondary PR ($P=0.12$). Among TKA without PR, there was no difference in AKP between IA (4.9%) and OA (7.8%) ($P=0.16$). Among TKA for IA, there were no differences in AKP (4.9% IA vs. 5.3% IA-PR; $P=0.58$). The PR group had more aseptic reoperations (3.4% IA vs. 13.1% IA-PR; $P=0.02$) and revisions (0.6% IA vs. 13.2% IA-PR; $P<0.01$).

DISCUSSION AND CONCLUSION:

There were no differences in reoperations, revisions, or AKP in TKA without PR for IA compared to OA. Additionally, PR did not have improved outcomes in IA. Our data suggests IA should not be an absolute indication for PR in TKA.