

# Cementless Total Knee Arthroplasty is a Risk Factor for Early Aseptic Loosening in a Large National Database

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## INTRODUCTION:

Despite excellent longevity demonstrated in institutional studies, outcomes after cementless total knee arthroplasty (TKA) on a population level remain unknown. The purpose of this study was to compare short-term outcomes between cemented and cementless TKA using a large national database.

## METHODS:

Using fixation-specific International Classification of Disease, 10<sup>th</sup> Revision (ICD-10) procedure codes, 294,485 patients undergoing primary TKA between 2015-2018 were identified within a large insurance database (Table 1). Patients with a diagnosis of osteoporosis or inflammatory arthritis were excluded. Cementless TKA patients were matched one-to-one with cemented TKA patients based on age, Elixhauser Comorbidity Index (ECI), gender, and year to yield matched cohorts of 10,580 patients. Outcomes at 90 days, 1 year, and 2 years postoperatively were compared between groups, and Kaplan-Meier analysis was used to evaluate implant survival rates.

## RESULTS:

Cementless TKA was associated with a shorter average length of stay ( $2.94 \pm 2.29$  days vs.  $3.05 \pm 2.57$  days,  $p=0.001$ ) compared to cemented TKA, with no significant differences in 90-day adverse events (Table 2). At one year postoperatively, cementless TKA was associated with an increased rate of any reoperation (odds ratio [OR] 1.47, 95% confidence interval [CI] 1.12-1.92,  $p=0.005$ ) compared to cemented TKA (Table 3). At two years postoperatively, there was an increased risk of revision for aseptic loosening (OR 2.34, CI 1.47-3.85,  $p<0.001$ ) and any reoperation (OR 1.29, CI 1.04-1.59,  $p=0.019$ ) after cementless TKA (Figures 1 and 2). Two-year revision rates for infection, fracture, and patella resurfacing were similar between cohorts.

## DISCUSSION AND CONCLUSION:

In this large national database, cementless fixation is an independent risk factor for aseptic loosening requiring revision and any reoperation within two years after primary TKA. Although associated with a shorter length of stay, the small difference observed is unlikely to be clinically important. While long-term data is needed, surgeons should select implants carefully based on their individual design features and track record.

Figure 1. Kaplan-Meier survival analysis of two years with revision for aseptic loosening in the implant. Detailed description of the figure content is missing.

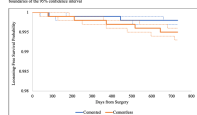


Figure 2. Kaplan-Meier survival analysis of two years with any reoperation in the implant. Detailed description of the figure content is missing.

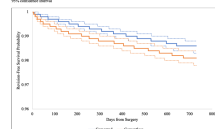


Table 1. Patient demographic data and risk factors.

	Cemented	Cementless	p-value
N	10,580	10,580	
Age (mean)	68.5 (SD 10.2)	68.5 (SD 10.2)	0.98
Female (%)	65.2	65.2	0.98
ECI (mean)	1.2 (SD 1.5)	1.2 (SD 1.5)	0.98
Length of stay (mean)	3.05 (SD 2.57)	2.94 (SD 2.29)	0.001

Table 2. Comparison of 90-day adverse events between matched groups with cemented and cementless fixation.

	Cemented	Cementless	p-value
90-day mortality (%)	0.12	0.12	0.98
90-day morbidity (%)	1.2	1.2	0.98
90-day revision (%)	0.5	0.5	0.98
90-day infection (%)	0.1	0.1	0.98
90-day fracture (%)	0.2	0.2	0.98
90-day patella resurfacing (%)	0.1	0.1	0.98

Table 3. Comparison of one and two year revision rates between matched groups with cemented and cementless fixation.

	Cemented	Cementless	p-value
1-year revision (%)	1.2	1.5	0.005
2-year revision (%)	2.5	3.5	<0.001
1-year infection (%)	0.1	0.1	0.98
2-year infection (%)	0.2	0.2	0.98
1-year fracture (%)	0.2	0.2	0.98
2-year fracture (%)	0.3	0.3	0.98
1-year patella resurfacing (%)	0.1	0.1	0.98
2-year patella resurfacing (%)	0.1	0.1	0.98