Revision total knee arthroplasty for septic versus aseptic failure

To the Editor:
For revision total knee arthroplasty (TKA), the technical challenge is greater and clinical results can be less favourable than for primary TKA. The underlying mechanism of failure in each patient requiring revision TKA should be investigated. In the article by Rajgopal et al.1 stating that “polyethylene wear may cause pain and instability secondary to osteolysis and/or loosening”, can the authors clarify whether loosening may also be a symptom of osteolysis and a consequence of polyethylene wear?2

Polyethylene wear is mainly caused by fatigue and stress resulting from patient activity over time, with debris implicated in the pathogenesis of osteolysis.2–5 Of course, loosening may occur earlier when fixation is poor, or when malalignment causes unbalanced load distribution across the femur and tibia.3,4 The authors concluded that the “results of the 2 groups were similar in terms of the Knee Society Score, range of motion, and the Kaplan-Meier survivorship”, but the difference in the range of motion was in fact significant (p<0.001). Please explain.

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REFERENCES

Web-based information on minimally invasive total knee arthroplasty

To the Editor:
Meena et al.1 concluded that “most websites providing minimally invasive total knee arthroplasty information were insufficient in terms of explaining surgical technique, patient eligibility, and associated risks.” The correctness and reliability of available internet information is a major concern. One study also reported that “internet information regarding vertebroplasty is not only inadequate for proper patient education, but also potentially misleading as sites are more likely to present benefits of the procedure than risks.”2 This can result in undesired practices and complications. Legislation to control this type of medical websites is suggested.

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