

## POSTERIOR DISLOCATION OF MENISCAL BEARING IN UNICOMPARTMENTAL KNEE ARTHROPLASTY: CASE REPORT

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**Introduction:** Oxford medial unicompartmental knee arthroplasty (UKA) using a mobile bearing is an established treatment for isolated anteromedial osteoarthritis and has proven its long-term effectiveness. However, owing to its mobile mechanism, bearing dislocation is one of the associated complications with reported incidence rate 0.9% - 4%. 56 years-old female underwent phase 3 Oxford UKA for medial compartmental osteoarthritis. She was well until she heard 'pop' sound in the right knee while attempted to stand up from squatting position followed by painful swelling. Right knee radiograph showed posterior dislocation of polyethylene insert. The knee was explored through the previous incision and a soft tissue flap was created followed by a mini posteromedial capsulotomy to retrieve the dislocated insert. Intraoperatively, both femoral and tibial components were well fixed. However, laxity were noted over medial collateral ligament. Retrieved bearing showed broken anterior lip suggesting macroscopic tear. Total knee replacement was performed due to global ligamentous laxity.

**Discussion:** The Oxford UKA is the most widely used UKA with long term survival rate being comparable with total knee replacement provided that indications and techniques used are appropriate. Bearing dislocation can be multifactorial which caused by trauma, mal-tracking of femoral component relative to tibial component and chronic ligamentous laxity especially medial collateral ligaments which constrained the bearing from moving medially. Several revision options for mobile bearing dislocation includes closed manipulation and reduction of the meniscal bearing followed by bracing, bearing exchange with thicker mobile bearing, revision of unicompartmental arthroplasty and total knee arthroplasty. Intraoperative finding suggested the mechanism of bearing dislocation has been caused by medial collateral ligament compromised owing to ligament release on the medial side. Total knee replacement was performed in index patient due to medial ligamentous dysfunction.

**Conclusion:** Posterior meniscal bearing dislocation in UKA is rare and underlying cause has to be addressed to ensure optimal clinical outcomes.