Intraoperative Dislodged Stem Extension and it's Quick Fix : Our Experience

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INTRODUCTION:

A constrained condylar knee implant is used in patients with collateral ligament deficiencies and severe angular deformities with bone loss[1]. Common complications documented are breakage of tibial post, disengagement of locking screw or loosening from the femoral component[2]. We present a unique case in which the tibial extension stem was dislodged from tibial tray plate after cementation and our solution.

REPORT:

75 years old gentleman with severe right knee osteoarthritis was planned for a total knee replacement using a constrained condylar knee implant. Operation was uneventful till the insertion of the locking screw over articular surface through the tibial plate where it refused to lock into the threaded housing. Intraoperative image intensifier was used which showed the Stem extension had dislodged from the tibial tray(Fig1). Multiple unsuccessful attempts at fishing it back was made, and a decision for explanting the tibial tray was reached. However, one last attempt was made using a long conical tapered cortical screw to engage into the threaded housing and reverse it back into its tibial tray plate (Fig2). This eliminated the need for a revision and exchange of implant. Check x-ray post op showed no dislodgement of stem extension (Figure 3) and patients had range of knee motion of 0-120° without any polyethylene disengagement.

CONCLUSION:

Intraoperative dislodgement of stem extension is extremely rare. A sound knowledge of the implant anatomy is required to be able to tackle any intraoperative complications that may arise during implantation. Usage of a conical tapered screw can be added as one of the methods to resolve this problem in the future. Further follow up is required to see if there is any screw loosening or disengagement.

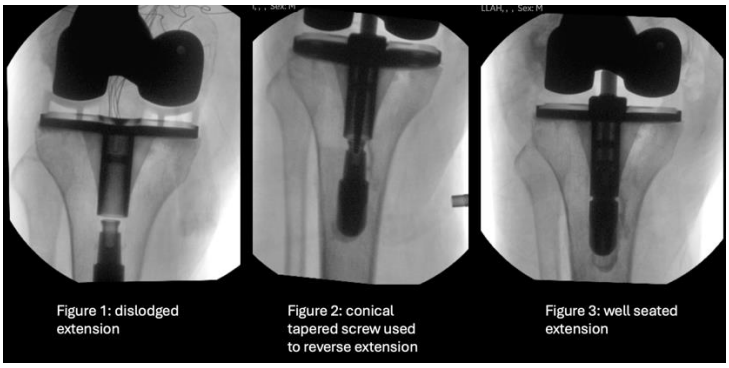

Figure 1: dislodged extension

Figure 2: conical tapered screw used to reverse extension

Figure 3: well seated extension

REFERENCES:

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