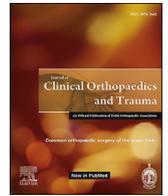




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“Is fixed distal femoral cutting angle still justifiable in total knee replacement” – Letter to editor



Dear Editor,

I recently read “Fixed distal femoral valgus cutting angle is still justifiable in total knee replacement” by Vaishya et al.¹ with great interest. Total knee replacement is a very popular surgery with a fixed methodology. The final alignment of knee and longevity of the implant greatly depends on the correct placement of the jigs and the cuts made on the tibia and femur.

As stated by the author it is essential to get the final valgus angle within 3° of the normal and this is the most important message of the article.

Although, the above article has been extensively researched and the data seems accurate, there are a few things that I would like to discuss with the authors.

1. Since CT-Scan was used as the measuring device how were the weight bearing changes in the alignment taken into consideration?
2. The points taken into consideration for the measurement were the piriformis fossa and the center of the knee for the anatomical axis. Whereas in the article by Mullaji et al.² calculates the anatomical axis using the midpoints in the femur. This was, I think, taken into consideration as the femoral jig is intramedullary and if there is any femoral bowing present then it may be erroneous to take the anatomical axis from the piriformis.

3. This study by Vaishya et al.¹ gives the argument of providing a fixed distal femoral cutting angle but, in cases where the deformity is high this may not provide correct alignment to the knee.

The conclusion made by Vaishya et al.¹ of having a fixed distal femur cutting angle should be used with caution especially in cases where there is gross deformity or valgus deformity of knee joint. Nevertheless, in cases with mild deformity this study has given a good value for standardizing distal femoral cut.

References

1. Vaishya R, Vijay V, Edomwonyi EO, Agarwal A. Fixed distal femoral valgus cutting angle is still justifiable in total knee replacement. *J Clin Orthop Trauma*; 2017. <https://doi.org/10.1016/j.jcot.2017.02.007>.
2. Mullaji AB, Shetty GM, Kanna R, Vadapalli RC. The influence of preoperative deformity on valgus correction angle: an analysis of 503 total knee arthroplasties. *J Arthroplasty*. 2013;28(1):20–27.

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