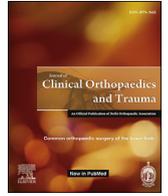




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Letter to the editor

Response to: Distal femoral rotational alignment in the Indian population - An important consideration in total knee arthroplasty



Dear Editor,

We note the observations made by the authors in the letter to the editor.

It is true that the anatomy of the distal femur changes with age. Limb malalignment can develop with degenerative arthritis secondary to aging and this can lead to further preferential cartilage wear in one of the femoral condyles. It is a known fact that the distal femur can have significant posterior bone loss in valgus knees - which can affect the rotational position of the femoral component. There is no value in placing the prosthesis in the same position as the deformed distal femur. We have to correct the deformity - irrespective of whether it is in valgus or in varus, and place the implant in the "correct" position. For those who use the measured resection technique to make the femoral cuts during Total Knee Arthroplasty, it is important to note the relationship of the three main axes that determine the rotational alignment of the femoral component. Acknowledging that all the bone cuts and especially the distal femur rotational cuts have to be individualised, one needs to be aware of the mean and average differences in the various angles of the distal femur among different populations, before placing

the jigs in the appropriate position. This is especially true for surgeons who do not use computer assisted navigation.

Secondly, in order to design implants specific to the Indian population, it is necessary to know the anatomy of the "normal" Indian femur. Hence, in this study, the MRI of "normal knees" without deformities was assessed to determine "normal" values for the Indian knee. Both the CT and MRI are reliable and reproducible modalities to study the anatomical relationship in the distal femur. It is imperative to have an understanding of normal alignment, before tackling the abnormal.

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