

2021 California Orthopaedic Association Annual Meeting

# Severity and Location of Lumbar Spine Stenosis Affects the Outcome of Total Knee Arthroplasty

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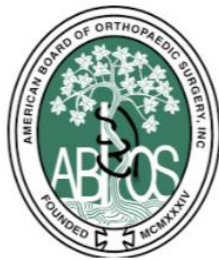


David Geffen  
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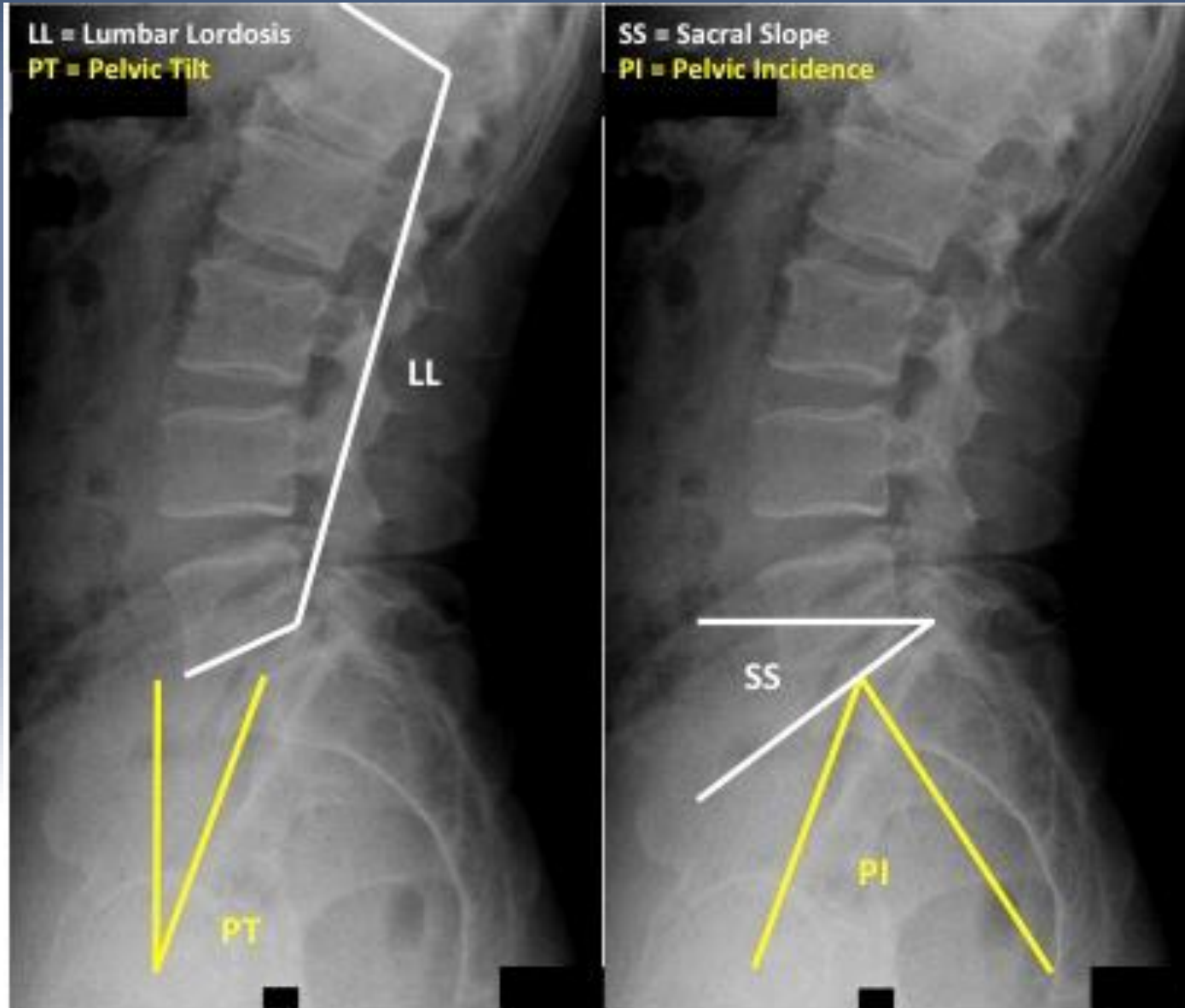


# Team Members

- Kevin McKay MD
- Alexander Upfill-Brown MD
- Gideon Blumstein MD
- Akash Shah MD
- Adam Sassoon MD
- Don Park MD



# Lumbar Spine Sagittal Mismatch Deformity Negatively Affects Total Knee Arthroplasty Outcomes



$$PI = SS + PT$$

Sagittal Imbalance via Mismatch Deformity

- $MD = |PI - LL| > 10^\circ$

Normal Values<sup>1-6</sup>:

PT ~ 10-25°

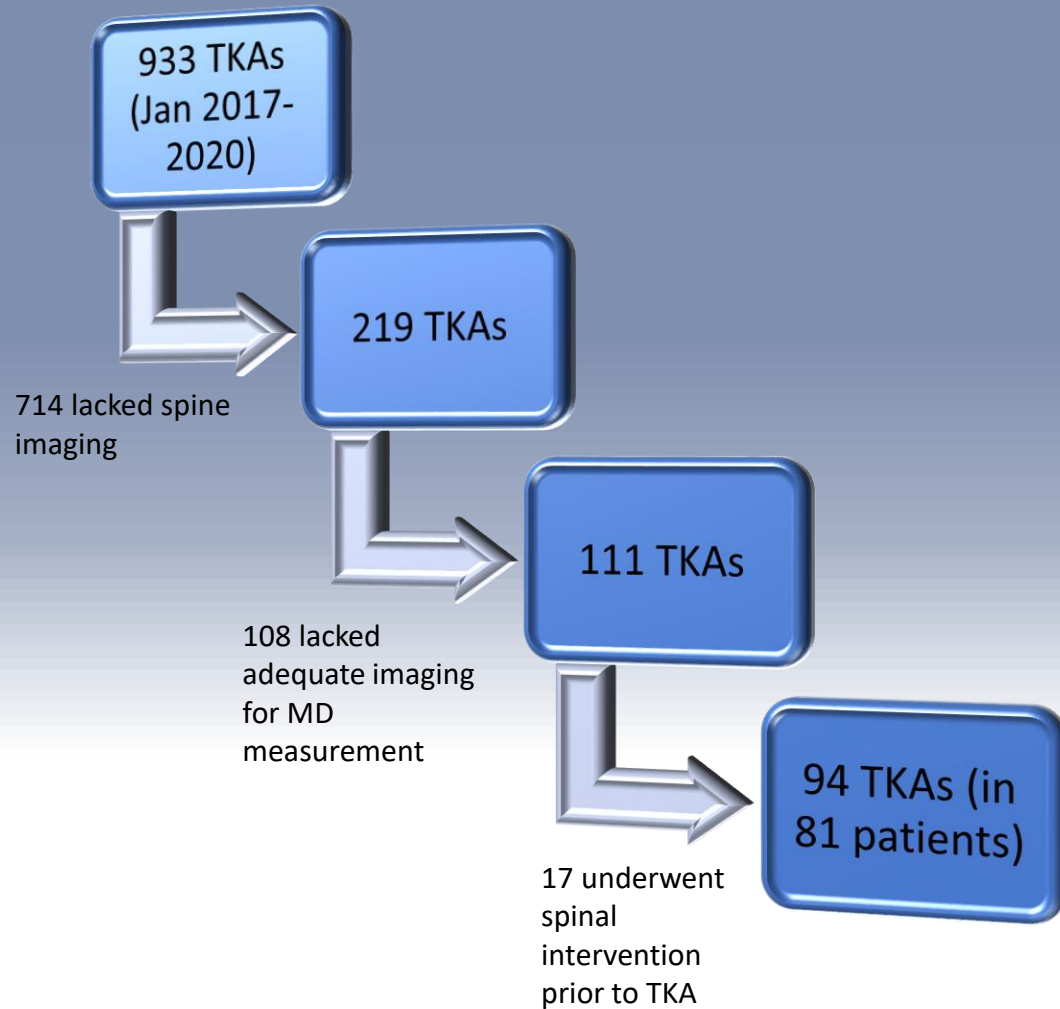
LL ~ 45 (varies widely)

SS ~ 30-50°

PI ~ 40-65°

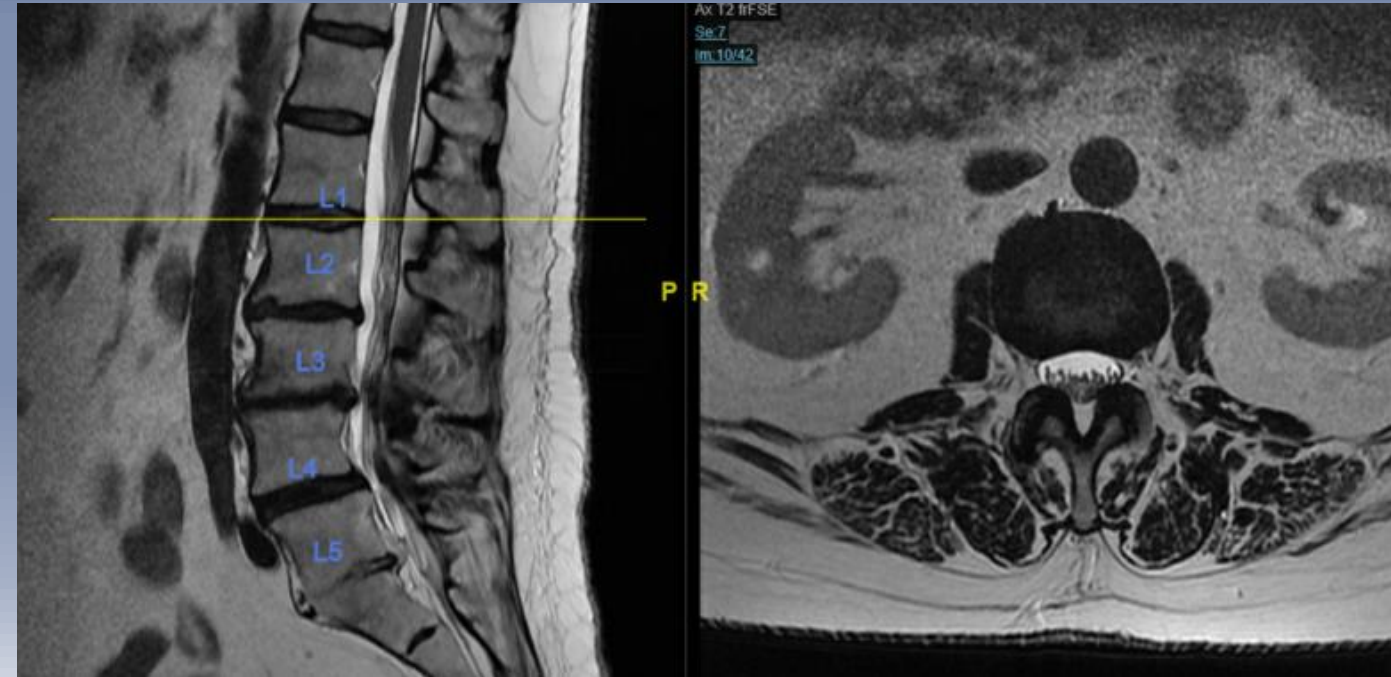
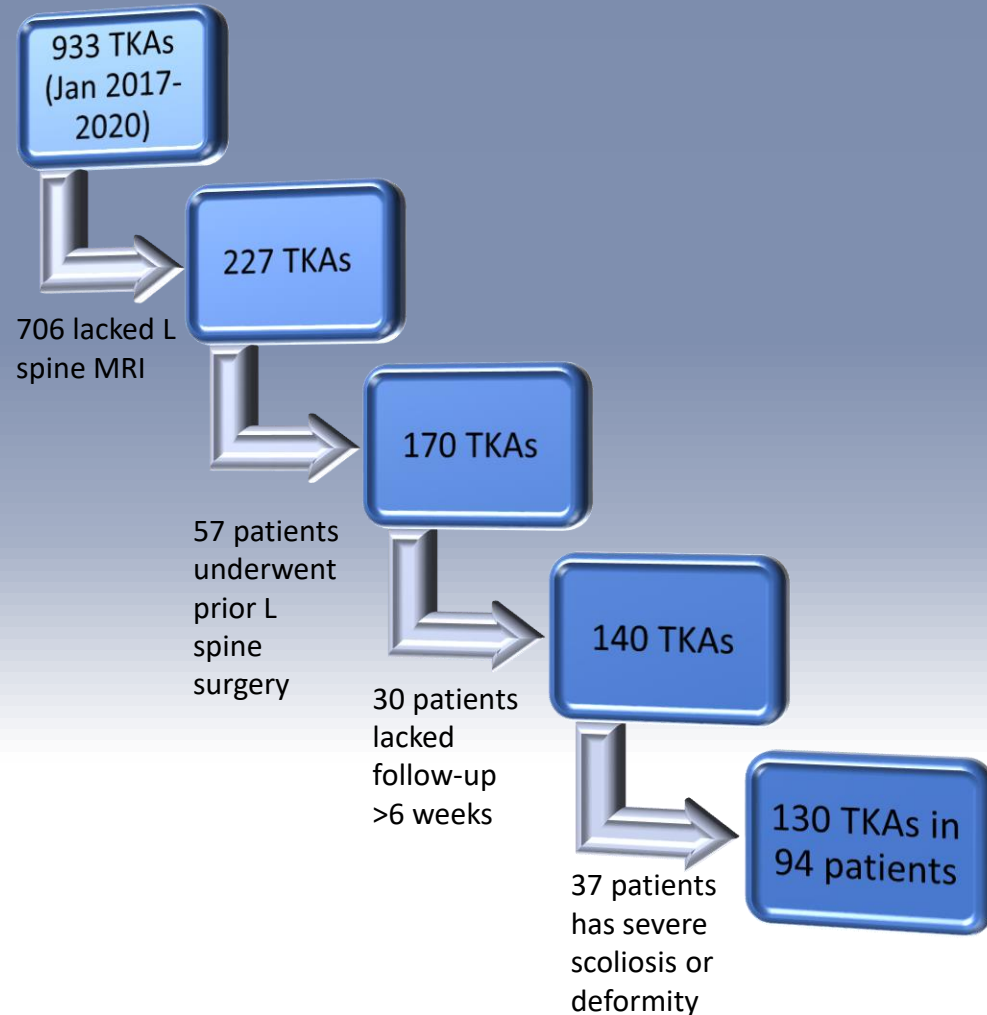
1. Attiah, M., Gaonkar, B., Alkhalid, Y., Villaroman, D., Medina, R., Ahn, C., ... Macyszyn, L. (2019). Natural history of the aging spine: a cross-sectional analysis of spinopelvic parameters in the asymptomatic population. *Journal of Neurosurgery. Spine*, 1-6.
2. Schwab, F., Patel, A., Ungar, B., Farcy, J. P., & Lafage, V. (2010). Adult spinal deformity-postoperative standing imbalance: How much can you tolerate? An overview of key parameters in assessing alignment and planning corrective surgery. *Spine*, 35(25), 2224-2231.
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5. Zhang, H. C., Zhang, Z. F., Wang, Z. H., Cheng, J. Y., Wu, Y. C., Fan, Y. M., ... Wang, Z. (2017). Optimal Pelvic Incidence Minus Lumbar Lordosis Mismatch after Long Posterior Instrumentation and Fusion for Adult Degenerative Scoliosis. *Orthopaedic Surgery*, 9(3), 304-310.
6. Rothenfluh, D. A., Mueller, D. A., Rothenfluh, E., & Min, K. (2015). Pelvic incidence-lumbar lordosis mismatch predisposes to adjacent segment disease after lumbar spinal fusion. *European Spine Journal*, 24(6), 1251-1258. <https://doi.org/10.1007/s00586-014-3454-0>

# Summary



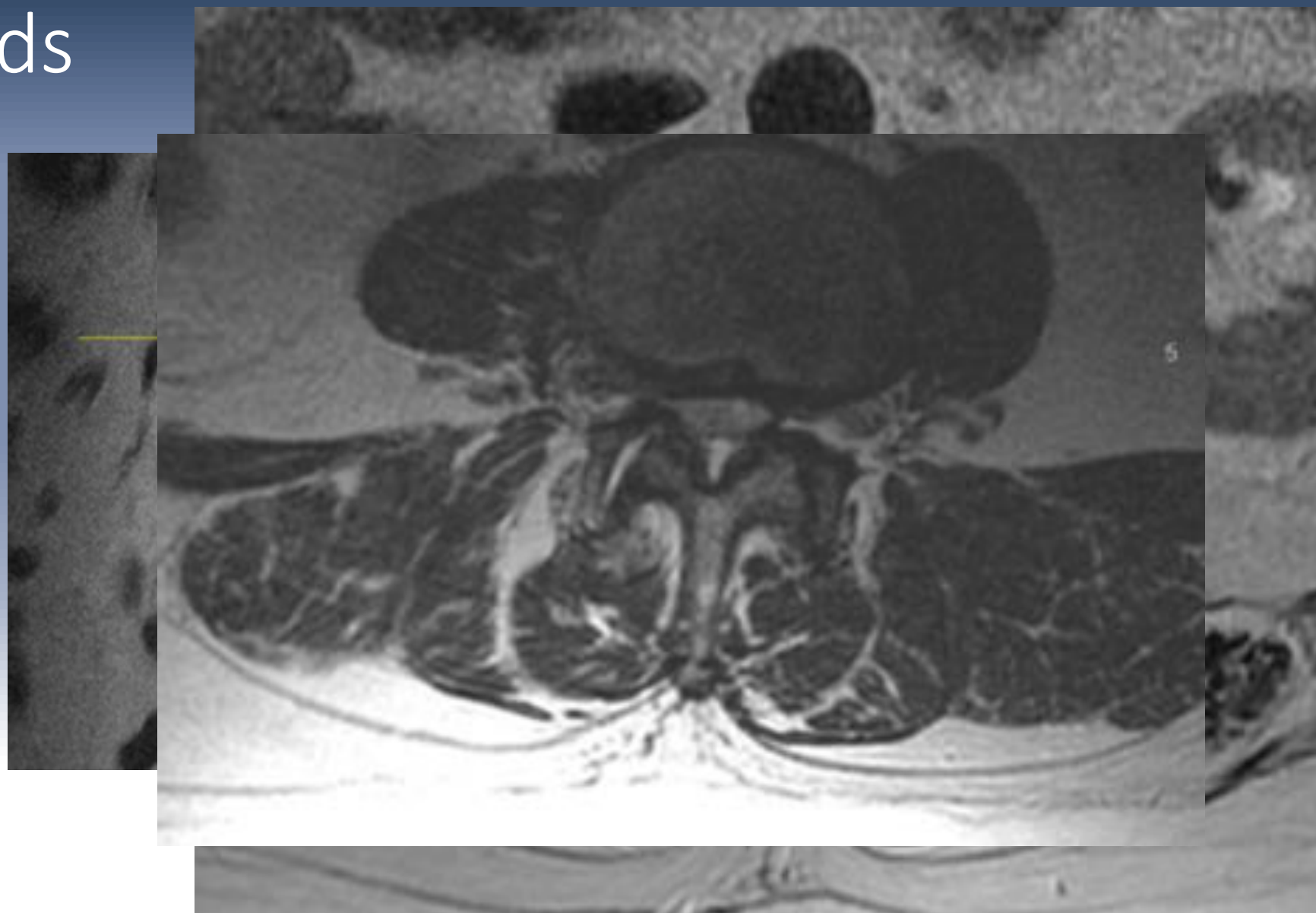
- 15% of those with MD required MUA
- Mean AOM was 16° less when MD was noted
- 77% of those with MD failed to meet the ROM 0-120 standard
- 23% of those with MD developed a flexion contracture of 6.25°
- There was a 5° reduction in AOM from pre- to post-op for those with MD and a 9.7° increase for those without MD

# Does stenosis affect TKA outcomes?



1. Steurer J, Roner S, Gnannt R, Hodler J; LumbSten Research Collaboration. Quantitative radiologic criteria for the diagnosis of lumbar spinal stenosis: a systematic literature review. *BMC Musculoskelet Disord.* 2011;12:175. Published 2011 Jul 28. doi:10.1186/1471-2474-12-175
2. Guen, Y. L., Joon, W. L., Hee, S. C., Kyoung-Jin, O., & Heung, S. K. (2011). A new grading system of lumbar central canal stenosis on MRI: An easy and reliable method. *Skeletal Radiology*, 40(8), 1033–1039. <https://doi.org/10.1007/s00256-011-1102-x>
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# Methods



# Results

## Preoperative Arc of Motion vs AP diameter

| Intervertebral Level    | Regression coefficient (p value) |
|-------------------------|----------------------------------|
| L1-2                    | 17.64 (0.0003)**                 |
| L2-3                    | 13.57 (0.0007)**                 |
| L3-4                    | 12.37 (0.0011)**                 |
| L4-5                    | 10.93 (0.0007)**                 |
| L5-S1                   | 4.47 (0.15)                      |
| Worst Level of Stenosis | 15.76 (8.18e-05)**               |

## Δ Arc of motion vs Grade of Stenosis

| Intervertebral Level    | Regression coefficient (p value) |
|-------------------------|----------------------------------|
| L1-2                    | 2.38 (0.36)                      |
| L2-3                    | 4.84 (0.02)**                    |
| L3-4                    | 1.75 (0.28)                      |
| L4-5                    | 2.87 (0.07)                      |
| L5-S1                   | -6.00 (0.69)                     |
| Worst Level of Stenosis | 2.82 (0.06)                      |

## Preoperative Arc of Motion vs Grade of Stenosis

| Intervertebral Level    | Regression coefficient (p value) |
|-------------------------|----------------------------------|
| L1-2                    | -7.18 (0.0005)**                 |
| L2-3                    | -6.76 (4.20e-05)**               |
| L3-4                    | -5.06 (6.44e-05)**               |
| L4-5                    | -4.24 (0.0009)**                 |
| L5-S1                   | -4.67 (0.70)                     |
| Worst Level of Stenosis | -5.20 (1.22e-05)**               |

\*\* statistically significant with regression analysis

# Discussion/Summary

- As AP diameter decreased OR morphological grade increased at levels L1-2, L2-3, L3-4, and L4-5, there was a significant reduction in preoperative-AOM ( $p < 0.001$  for each)
- A 16 degree decrease in pre-operative AOM at patients' most stenotic level was noted with decreased AP diameter, which on average was L2-3 ( $p < 0.001$ )
- Similarly with grade, a 5 degree reduction in pre- to post-AOM was noted

**Key Point: Severe stenosis correlated with a significant reduction in preoperative-AOM that was not improved after TKA which may contribute to reduced patient satisfaction and recovery.**



# Thank You!

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