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EDITORIAL Prof. V. Thirunarayanan

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ORIGINAL ARTICLE

Ganesan Ram Ganesan, Phagal Varthi Vijayaraghavan

Does Intra-articular Tranexamic Acid Decrease Blood Loss in Total Hip Arthroplasty? [Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:3] [Pages No:49 - 51]

Keywords: Blood loss, Blood transfusion, Hip replacement, Thrombosis, Tranexamic acid

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Abstract

Background: Blood is the nurturing liquid that delivers oxygen to the cells of the body and removes carbon dioxide and waste from the body. Blood is considered as liquid gold. Total hip replacement causes blood loss and in turn needs blood transfusion. The aim of the study is to find the role of intra-articular tranexamic acid (TXA) in control of blood loss in total hip replacement surgeries. Materials and methods: A prospective study of 50 patients who underwent total hip replacement surgery. The study group and control group patients were selected through the card method. In the study group after the skin closure, 2 g of TXA was injected through the drain tube and drain tube was clamped for 1 hour and then released. Blood loss during the first and second postoperative periods from suction drain was calculated. Results: Four hundred and fifty-five milliliters was the mean first postoperative day blood collected in the drain tube in the control group while study group had 283 mL. Similarly, the second day mean postoperative day drain was 89 mL in control group and 25 mL in study group. The mean first and second postoperative day blood loss was statistically significant between the groups. Discussion: There was a considerable reduction of transfusions in postoperative period; hence, there was a reduced hospitalization cost and less risk of transmitted infections and transfusion reactions. There is a negligible risk of thrombosis in patients who had intravenous TXA not the intra-articular TXA. Conclusion: Intra-articular TXA is an effective tool in controlling blood loss and reducing blood transfusions in hip replacement surgeries.

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An Observation of Posterior Tibial Slope and Metaphysio-diaphyseal Angle in Indian Population

[Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:5] [Pages No:52 - 56]

Keywords: Posterior tibial slope, Knee, Metaphysio-diaphyseal angle, Osteoarthritis

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Abstract

Introduction: The posterior inclination of the tibial plateau relative to the longitudinal axis of tibia is referred to as the posterior tibial slope (PTS). There is paucity of data regarding PTS in Indian population. Metaphysio-diaphyseal angle (MDA) is the angle between longitudinal axis of tibia and proximal tibial metaphysis, a new entity with a possible clinical significance. This study was performed to determine the mean PTS and mean MDA to study the correlation of PTS and MDA changes with osteoarthritic degeneration in Indian population and to assess the sensitivity and specificity of PTS and MDA in detecting osteoarthritis. A descriptive, cross-sectional study design was followed. Materials and methods: A total of 173 X-rays with true PA and lateral views were examined from 121 individuals using standardized technique.

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metaphysis. All the observations and measurements of PTS and MDA were statistically analyzed using MedCalc software. **Results:** There were 121 individuals in the study with 91 osteoarthritic knees and 82 normal knees. The mean PTS among normal group is 9.69° [range 5–13° with standard deviation (SD) 1.81] and among arthritic group is 14.05°

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respectively. **Conclusion:** Our study finds that native PTS is similar to that of oriental population but higher than that of Caucasians. There is moderate linear correlation between PTS and MDA. They also serve as a marker in detecting osteoarthritis with good sensitivity and specificity.



RESEARCH ARTICLE

Aakaash Sethuraman Venkatesan, Perur Jayasankar, Sudhakar Williams

An Assessment of Clinical and Functional Outcomes in the Patients Undergoing Total Knee Arthroplasty during Postoperative Period

[Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:5] [Pages No:57 - 61]

Keywords: American Knee Society Score, Clinical outcome, Functional outcome, Total knee arthroplasty, Western Ontario and McMaster Universities Osteoarthritis Index

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Abstract

Background and objective: Patient-reported outcome measures continue to play an important role in assessing the performance and determining the comparative effectiveness of total knee arthroplasty. Patient\'s satisfaction can be influenced by many factors, such as, residual pain, postoperative functionality, and the presence of postoperative complications and hence we evaluated clinical and functional outcomes following total knee arthroplasty. This study was conducted to bust the myth of postoperative pain and disability following a total knee replacement. Materials and methods: A prospective observational cohort study was conducted among the patients who underwent primary total knee arthroplasty in the Department of Orthopaedics in the Sundaram Medical Foundation during the study period of March 2017 and January 2018. A total of 30 cases were included. During their follow-up, patient\'s outcomes were assessed using Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and American Knee Society Scores (AKSS). Data were analyzed using SPSS v.17. Results: At the end of 6 months, 76.7% of participants were satisfied with their outcome. Significant improvement was noted in both clinical (p = 0.000) and functional outcome (p =0.000) of AKSS and total WOMAC scores (p = 0.007) during the follow-up at the sixth month. Also, there was a significant difference in AKSS scores noted with respect to age but other parameters like duration of illness and type of arthritis were not significant. Conclusion: The majority of study subjects were satisfied with the clinical and functional outcome based on WOMAC and AKSS, which in turn encouraged them to undergo total knee replacement of the other knee. Clinical significance: From our study, we could determine the importance of patient- and clinician-reported outcome measures in predicting the satisfaction of the patient following total knee replacement. Assessment of a patient planned for total knee replacement, with the outcome scores both preoperatively and postoperatively will give us a brief idea on how better the patient will fair following surgery and will also help us in the rehabilitation of the patient accordingly.



REVIEW ARTICLE Venkatesh Babu Subbiah Safe Clavicle Fracture Surgery [Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:4] [Pages No:62 - 65]



Keywords: Fracture, Injury, Safe, Surgery, Trauma, Clavicle, Complications

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Abstract

The surgical treatment is being advocated for all types of displaced clavicle fractures currently. At the same time, the neurovascular and other serious operative complications are in rise. This article updates the applied anatomical knowledge and operative skills required for the orthopedic surgeon who intends to surgically fix the clavicle fracture safely.



CASE REPORT

Dhurvas Ramlal Ramprasath, Antony Jaya Micheal Esthak

A Para Casa of Rilatoral Concentral Padial Head Dielocation. A Case Penort

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Background: Congenital radial head dislocation by far is a rare condition and also the most common congenital anomaly of elbow. It causes symptoms such as joint stiffness, snapping, locking, or pain; however the diagnosis is sometimes made incidentally from X-rays. Surgical management includes osteotomy of radius, osteotomy of ulna, or radial head excision. **Aim and objective:** The treatment goal is to ameliorate the symptoms and obtain a joint with a full range of motion. **Case description:** Only unilateral cases have been described in literature until now. This article presents a case of bilateral congenital radial head dislocation in a pediatric girl with progressing valgus deformity, treated surgically by a newer technique. We successfully performed an ulnar osteotomy and distraction osteogenesis of ulna with an UMEX external fixator. Once the radial head was brought to the level of the joint, open reduction was done. **Conclusion:** The clinical and functional outcomes were satisfactory. **Clinical significance:** Even though various surgical options are available for the management of congenital radial head dislocation, radial head preserving surgery will benefit the patient on the long run by avoiding the development of distal radioulnar joint problems. Our procedure helps in achieving this goal.



CASE REPORT

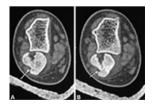
Pasupathy Balasubramanium, Aditya Thakur <u>Pedal Preaxial Polydactyly with Duplication of Talus: A Rare Atypical Presentation</u> [Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:4] [Pages No:70 - 73]

Keywords: Surgical excision, Supernumerary rays, Congenital, Congenital preaxial polydactyl, Congenital, Preaxial polydactyly, Supernumerary rays

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Abstract

Introduction: Congenital preaxial polydactyly is usually associated with varus deformity and syndactyly. To our knowledge, this is the first case report of a young child presented with unilateral preaxial polydactyly with two supernumerary rays extending up to accessory talus without varus deformity and syndactyly. **Case description:** We present here the case of a 7-year-old girl patient who was presented to us with untreated congenital preaxial polydactyly. A rare case of a young child presented with unilateral preaxial polydactyly with two supernumerary rays extending up to accessory talus without varus deformity and syndactyly. The patient had two supernumerary rays extending up to accessory talus without varus deformity and syndactyly. The patient had two extra-toes present on the medial side of her big toe which extended up to talus in her left foot. Surgical excision of complete ray was done. **Conclusion:** Surgical acceptance for preaxial polydactyly was quick as it created a barrier for normal walking and difficulty in wearing footwear. Postoperatively, the girl was followed up for 4 years and observed for any problem in varus deformity and foot mechanics.



CASE REPORT

Mugundhan M Sengodan <u>Malunited Isolated Intra-articular Fracture of Ulnar Head</u> [Year:2020] [Month:July-December] [Volume:2] [Number:2] [Pages:5] [Pages No:74 - 78]

Keywords: Intra-articular fracture, Malunited, Ulna head

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Abstract

Fractures of distal ulna are often associated with fracture distal radius. Isolated intra-articular fractures of ulnar head have very rarely been reported in the literature. Displaced intra-articular fractures of ulna head should be treated properly so that the distal radio ulnar joint congruence is maintained. I am reporting a case of malunited isolated intra-articular fracture of ulnar head in young girl which was treated by open reduction and internal fixation. Logan and Lindau in their review of literature and recommendations for treatment of distal ulna fractures in adults found only few case reports. All those reported cases were treated soon after the injury. This case has been presented not only for its rarity but also to recognize the importance of managing the intra-articular fractures properly even in distal ulna.



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Keywords: Breech presentation, Cesarean section, Subtrochanteric femur fractures



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ADSTRACT

Fetus born in breech presentation are commonly delivered via cesarean section which is necessary to prevent trauma, and this extraction by operative maneuver can rarely lead to trauma and may result in femur fracture. But delivery of breech via vaginal route leads to various complications such as fractures. Femur fracture although being relatively a rare complication one of the most common fractures of the lower extremity presenting in newly born babies. In our case, 39week mature fetus with weight 3,300 g breech presentation delivered by cesarean section presented with subtrochanteric femur fracture left side. A complete healing of the fracture, without any sequelae, was noted when the patient was simply immobilized with hip in flexion, abduction, and external rotation. The possibility of accidental injuries and traumatic complications are significantly reduced in cesarean section, especially in breech delivery when compared with vaginal delivery, but it does not completely eliminate the possible birth injuries and thus fractures of the newborn. So. clinicians must check for fractures even after cesarean section in breech presentation.



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