

- 1 **What are the indications for hinged implant in revision total knee replacement?**
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5 **Response/Recommendation:** The three most common indications for considering hinged-
6 design implants in revision total knee arthroplasty are infection, instability, and aseptic
7 loosening when severe bone loss and loss of integrity of collateral ligaments may be
8 encountered.

9 **Strength of recommendation:** Moderate.

10 **Rationale**

11 A comprehensive systematic review was conducted to analyse the existing literature for the
12 indications of hinged knee implant designs in revision total knee replacement (rTKA). Three
13 databases (PubMed, Web of Science and Scopus) were searched from inception till 27 March
14 2024 for original articles reporting the indication of using hinged implant designs in rTKA.
15 Exclusion criteria were non-English language, case reports, studies with sample size <10
16 patients, review articles, registry-based studies, studies with oncology cases, technique articles,
17 non-human studies and studies not reporting implants use indications. PRISMA (Preferred
18 Reporting Items for Systematic Review and Meta-Analysis) guidelines were strictly followed
19 in the conduct and reporting of this review [1]. The initial search yielded 2349 articles. After
20 deduplication and preliminary screening of titles and abstracts, 172 articles were selected for
21 full-text screening. Ultimately, 58 articles met the inclusion criteria and were included for
22 detailed analysis [2-59]. The majority of the included articles were retrospective studies and
23 provided Level IV evidence. A total of 2,803 revision TKAs were included in this
24 review. Hinged implants are increasingly being considered for rTKA in complex scenarios

25 (Table 1) . These scenarios can be complicated by significant instability and bone loss, which
26 compromise the performance and longevity of standard implant designs [60]. The three most
27 common indications for considering hinged-design implants in rTKA are infection, instability,
28 and aseptic loosening when integrity of collateral ligaments may be compromised. Although
29 rTKA for infection could be done in a single stage or two-stage revision, hinged design can be
30 considered to compensate for the lack of stability after debridement. Apart from infection,
31 instability either due to direct ligamentous frailty or due to the revision procedure, remains the
32 next common indication followed by aseptic loosening. On a clinical perspective, the identified
33 indications are not usually as distinctive, rather they present in a combined fashion thereby
34 making hinged designs ideal. These high risk scenarios also call for an increased risk of
35 reoperations and revisions. The common reasons for reoperation and revision following rTKA
36 with hinged knee prosthesis are listed below in Table 2. The overall reported reoperation and
37 revision rate in the included studies was around 13.9% and 14.2% respectively.

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39 With the increase in the modularity and next-generation rotating designs, hinged implants are
40 now becoming an essential component in the arsenal of not only rTKA but also in select
41 complex primary scenarios.

42 As with all systematic reviews, this study faced several limitations. There was significant
43 heterogeneity among the included studies, and selection bias could not be entirely avoided
44 given the nature of study design and data collection. Furthermore, the review was limited to
45 articles published in English. Additionally, the inconsistency in reporting outcomes, such as
46 radiological assessments, mortality rates, pre- and postoperative range of motion (ROM), and
47 patient-reported outcome measures (PROMs), impeded a comprehensive quantitative analysis.

48 This inconsistency restricted our ability to conduct robust meta-analyses, often limiting our
49 conclusions to qualitative descriptions.

50 Some studies did not provide detailed information on patient demographics and comorbidities,
51 which are important factors that could influence outcomes. Additionally, variations in the
52 follow-up durations across studies could affect the long-term assessment of outcomes and
53 mortality rates. Moreover, the diversity in implant designs and the range of indications for their
54 use could have influenced the observed outcomes, reoperation rates, and complication rates.
55 These variations highlight the complexity of comparing results across different studies and
56 underscore the need for standardized reporting in future research.

57 To conclude, in revision total knee arthroplasty, the main reasons for considering hinged-
58 design implants are infection, instability, and aseptic loosening. These indications, however,
59 are rarely encountered in isolation. More often, they are combined or accompanied by
60 additional factors such as pain, stiffness/arthrofibrosis, periprosthetic fracture,
61 dislocation/subluxation, malalignment/malposition, mechanical failure, bone loss, patellar
62 issues, and the need to revise an existing hinged prosthesis.

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279 **Figures:**

280 **Table 1.** Indications of hinged implant designs in rTKA

Indication	n	%
Infection	781	27.86
Instability	671	23.94
Aseptic loosening	665	23.72
Stiffness / Arthrofibrosis	228	8.13

Multiple reasons	128	4.57
Periprosthetic fracture	110	3.92
Dislocation / Subluxation	41	1.46
Malalignment / Malposition	40	1.43
Mechanical Failure	32	1.14
Bone loss	27	0.96
Patellar complications	24	0.86
Pain	17	0.61
Others	17	0.61
Revision of hinged as only indication	15	0.54
Not specified	7	0.25

281

282 **Table 2.** The common reasons for reoperation and revision following rTKA with hinged knee
283 prosthesis.

Reoperation Causes	n	%	Revision Causes	n	%
Infection	98	32.78	Infection	90	36.29
Aseptic Loosening	66	22.07	Periprosthetic Fracture	33	13.31
Patellar Complications	27	9.03	Wound complication	26	10.48
Wound complication	22	7.36	Patellar Complications	25	10.08
Arthrofibrosis	20	6.69	Arthrofibrosis	20	8.06
Implant Failure	19	6.35	Aseptic Loosening	19	7.66
Periprosthetic Fracture	17	5.69	Extensor Mechanism Failure	8	3.23
Chronic Pain	9	3.01	Dislocation	7	2.82
Dislocation	8	2.68	Poly wear	7	2.82

Extensor Mechanism Failure	6	2.01	Implant Failure	5	2.02
Recurrent Instability	4	1.34	Instability	4	1.61
Cement Complication	1	0.33	Chronic Pain	3	1.21
Nerve Palsy	1	0.33	Metallosis	1	0.40
Vascular Injury	1	0.33			
Total	299	100.00	Total	248	100.00