



# Morphometric Study Of Distal End Femur In The Population Of J&K : It's Clinical Implication In Knee Joint Prostheses.

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## ABSTRACT

**Background:** Knee joint is a complex joint which includes both tibiofemoral joint and patellofemoral joint. The bony geometry of the tibia and femur contributes to the static stability of the knee joint and is responsible for the normal knee kinematics. The distal extremity of the femur is wider and presents a widely expanded double condyle bearing partly articular surface for transmission of weight to the tibia.

**Objective:** to study morphometric study of distal end femur in the population of central india : comparison with other ethnic groups and it's clinical implication in knee joint prostheses.

**Material and Methods:** In this Cross-sectional descriptive study, 100 dry human femurs, 50 right side and 50 left side, were examined, in the GMC, Doda and GMC Rajouri (J&K) region, where the morphology and morphometry of the distal end of femur studied.

**Results:** In this study there were no statistically significant parameters between right and left femur.

**Conclusion:** The present study aims to assess different morphometric parameters of distal end of femur, to compile and analyze the results, and formulate a baseline data for future studies with relevance to Indian population. These parameters of the distal end of femur can be used to guide treatment and monitor outcome of total knee replacement surgeries in Indian scenario.

**Abbreviation** : Bicondylar width-Maximum distance between both femoral epicondyles (BCW) , Maximum anteroposterior distance of lateral femoral condyle (LCAPD), Maximum anteroposterior distance of medial femoral condyle (MCAPD), Maximum transverse distance of medial femoral condyle (MCTD), Maximum transverse distance of lateral femoral condyle (LCTD), Intercondylar Notch Width (ICW)

## Introduction

The knee joint is a complex variety of synovial joint in which lower end of femur articulates with the upper end of tibia and patella forming femorotibial and femoropatellar articulations respectively. The distal extremity of the femur is wider and presents a widely expanded double condyle bearing partly articular surface for transmission of weight to the tibia. The lateral condyle is more prominent and broader both in its antero-posterior and transverse diameters. The medial condyle is larger than the lateral condyle due to more weight bearing caused by the centre of mass being medial to the knee.

Osteoarthritis is a degenerative disease causing deterioration and musculoskeletal disability of the knee joint. Total knee arthroplasty (TKA) is a highly complex and precise procedure that aims to relieve pain and improve function of the knee joint. A good shape of the knee prosthesis which matches the resected surface of knee has been observed as a factor for long-term survivorship in TKA. Anteroposterior oversizing of the femoral component alters the flexion gap, leading to tightness or anterior overstuffing, which increases the risk of patellofemoral symptoms postoperatively.

## Material and Methods

In this Cross-sectional descriptive study, 100 dry human femurs, 50 right side and 50 left side, were examined, in the GMC, Doda and GMC Rajouri (J&K) region, where the morphology and morphometry of the distal end of femur and following parameters were observed

- Bicondylar width-Maximum distance between both femoral epicondyles (BCW)
- Maximum anteroposterior distance of lateral femoral condyle (LCAPD)
- Maximum anteroposterior distance of medial femoral condyle (MCAPD)
- Maximum transverse distance of medial femoral condyle (MCTD)
- Maximum transverse distance of lateral femoral condyle (LCTD)
- Intercondylar Notch Width (ICW)



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All the metric parameters were statistically analysed

### Result

The observation of various parameters like bicondylar width, intercondylar width, intercondylar height, intercondylar depth, intercondylar curvature are as follows-

PARAMETERS	RIGHT FEMUR (in mm)	LEFT FEMUR (in mm)
BCW	65.82 ± 4.80	66.21 ± 4.43
LCAPD	56.52 ± 4.18	56.49 ± 3.69
MCAPD	55.58 ± 4.15	55.80 ± 3.77
MCTD	21.82 ± 2.44	22.09 ± 2.15
LCTD	26.07 ± 2.64	26.16 ± 2.33
ICW	23.33 ± 2.95	23.32 ± 2.91

### Discussion

By the statistical analysis of the above data it can be seen that the maximum antero-posterior diameter and transverse diameter of the lateral condyle is greater than that of the medial condyle for both the femurs. In this study there were no statistically significant parameters between right and left femur.

### Comparison with other ethnic groups

#### A. Non-Indian population

POPULATION	BCW
Thai ( Chaichunkul et al. )	64.06 ± 6.31
Korean ( Lim et al. )	78.6 ± 5.1
Malay ( Hussain et al. )	74.88 ± 3.55
Iranian ( Moghtadaei et al. )	67.06 ± 6.39
Iranian ( Birjandinejad et al. )	67.53 ± 6.66
Chinese ( Yue et al. )	82.6 ± 3.6
Chinese ( Cheng et al. )	71.0 ± 3.0
Caucasian ( Yue et al. )	86.0 ± 5.6
Taiwanese ( Ho et al. )	70.2 ± 5.4

#### B. Indian population

POPULATION (REGION)	BCW (RIGHT FEMUR)	BCW (LEFT FEMUR)	ICW (RIGHT FEMUR)	ICW (LEFT FEMUR)
Tamilnadu (Ravichandran et al. )	74.58 ± 0.57	73.97 ± 0.61	18.89 ± 0.29	18.65 ± 0.27
West bengal (Mistri et al. )	74.43 ± 6.10	73.98 ± 5.99	19.12 ± 2.5	18.65 ± 2.8
Delhi (Shweta et al. )	73.1 ± 6.14	72.16 ± 6.58	20.82 ± 2.57	21.0 ± 3.13
West bengal (Biswas et al. )	71.71 ± 4.50	70.71 ± 5.25	20.86 ± 2.52	19.45 ± 2.57
Gujrat (Zalawadia et al. )	74.48 ± 1.90	74.59 ± 2.75	20.31 ± 2.94	20.91 ± 1.32
Gujrat (Hiren et al. )	69.60 ± 5.04	69.80 ± 4.96	20.40 ± 3.17	18.70 ± 2.52

- When we compare the bicondylar width of present study with other ethnic groups of western counterparts it can be observed that the parameter of ethnic groups ( Caucasians, Chinese, Malay, Koreans & Taiwanese ) are greater than our population whereas Iranian and Thai populations have approximately similar dimensions.
- When we compare it with the other studies of Indian population it can be seen that the parameters for the region Central India is smaller than that of other regions of India for both the parameters BCW and ICW.

### Summary and conclusion

Selection of appropriate implant is required to avoid complications like loosening of implant or impingement of surrounding soft tissue and ensure minimal mismatch and improvement in clinical outcome. The present study aims to assess different morphometric parameters of distal end of femur, to compile and analyze the results, and formulate a baseline data for future studies with relevance to Indian population. These parameters of the



distal end of femur can be used to guide treatment and monitor outcome of total knee replacement surgeries in Indian scenario.

### **Bibliography**

- 1) Moore KL, Agur AM, Dalley AF. Clinically Oriented Anatomy. Wolters Kluwer: Lippincott Williams and Wilkins ; 2014,. p. 516– 520.
- 2) Standring S, Borley NR, Healy JC, Collins P, Johnson D, et al. 40th ed. . Elsevier Science Limited ; 2008,.
- 3) Mistri S. A study of femoral condylar morphometry. Indian J Basic Appl Med Res;2015(4):500–510.
- 4) Palastanga N, Field D, Soames R. Anatomy and Human Movement. vol. 234. Elsevier Science Limited ; 2002,. p. 334–336. 4th Ed.
- 5) Terzidis I, Totlis T, Papathanasiou E, Sideridis A, Vlasis K, et al. Gender and Side-to-Side Diffe Femoral Condyles Morphology: Osteometric Data from 360 Caucasian Dried Femori. Anatomy Res Int. 2012;p. 1–6.
- 6) Mistri S, Majumdar S, Biswas S. Morphometric study of some lower femoral anatomy in Eastern Indian population. Indian J Basic Appl Med Res;2014(4):182–190.
- 7) Hussain F, KadirMd RA, Zulkifly AH, Saat A, Aziz AA, Hossain GM. Anthropometric Measurements of the Human Distal Femur: A Study of the Adult Malay Population. Biomed Res Int. 2013;9(5).
- 8) Insall J. Surgical techniques and instrumentation in total knee arthroplasty. 5th ed. . New York: Churchill Livingstone ; 2012,. 5th ed.
- 9) Shahi AS, Masoudi A, Kazemianghh A, Hr, Hosseinzadeh H, Yeganeh M. Intech Open Access Publisher ; 2013,.
- 10) Mahfouz M, Fatah EEA, Bowers LS, Scuderi G. Three-dimensional morphology of the knee reveals ethnic differences. Clin Orthop Relat Res. 2012;470(1):172–185.
- 11) Vaidya SV, Ranawat CS, Aroojis A, Laud NS. Anthropometric measurements to design total knee prostheses for the Indian population. J Arthroplasty. 2000;15(1):79–85.
- 12) Khanal L, Shah S, Koirala S. Estimation of total length of femur from its proximal and distal segmental measurements of disarticulated femur bones of Nepalese population using regression equation method J Clin Diagnostic Res. 2017;11: HC01–C5.
- 13) Lee JH, Kim YS, Jeong YG, Lee NS, Han SY, Tubbs RS, et al Sex determination from partial segments and maximum femur lengths in Koreans using computed tomography Folia Morphol (Warsz). 2014; 73:353–8.
- 14) Purkait, R. Determination of sex from human long bones of Madhya Pradesh, India. Diss. PhD Thesis, Delhi University, India, 1989.
- 15) Pearson K., Bell J. (1917/1919) A study of the long bones of the English skeleton. 1: The femur. In: Draper's Co. Research Memorandum. University of London. Chap. 1–4. Biom. Series, X.
- 16) Mac Laughlin SM, Bruce MF. A simple univariate for determining sex from fragmentary femora: its application to a Scottish short cist population. Am J Phys Anthropology 1985; 67:413–7.