

SHORT COMMUNICATION**Elbow Arthroplasty: A Concise Literature Update**

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Abstract

Total elbow arthroplasty (TEA) is increasingly used, especially in patients with rheumatoid arthritis (RA) and distal humerus fractures (DHF). This narrative review of the recent literature published in 2022 reached the following conclusions: 1) Age greater than 80 is not a contraindication for TEA. 2) The estimated 10-year survival reported for linked TEAs is 92%, and unlinked TEAs 84%. 3) For DHFs in the elderly, regarding the flexion/extension arc, TEA gives substantially better results than open reduction and internal fixation (ORIF). The reoperation and elbow stiffness rates are substantially lower in TEA than in ORIF. 4) Comparing distal humeral hemiarthroplasty (DHH) vs. TEA in individuals over 65 years with a non-reconstructable DHF favors DHH regarding the range of motion but with a similarly high rate of adverse events in the two surgical techniques. 5) The rate of eradication of periprosthetic joint infection (PJI) is 69-76% with two-stage, 71% with resection arthroplasty, 67% with one-stage, 58% with DAIR, and 40% with elbow arthrodesis.

Level of evidence: III**Keywords:** Complications, Distal humeral fractures, Elbow, Results, Rheumatoid arthritis, Survival,

Total elbow arthroplasty

Introduction

Total elbow arthroplasty (TEA) is a surgical technique that is increasingly used, especially in patients with rheumatoid arthritis (RA) and distal humerus fractures (DHF).¹

In a systematic review published in 2021 by Davey et al, the rates of aseptic loosening, periprosthetic joint infection (PJI), implant dislocation, and nerve injury were 12.9%, 3.3%, 4.2%, and 2.1%, respectively. The overall complication and revision rates were 16.3% and 14.6%, respectively. It was concluded that TEA offered individuals satisfactory clinical results at long-run follow-up, with relatively stable revision and complication rates compared to short and medium term.²

This narrative literature review aims to synthesize and analyze the most interesting and informative articles on TEA published in 2022.

Main body

On February 7, 2023, a literature search was performed in

PubMed for articles published in 2022 on TEA using the keywords "total elbow arthroplasty 2022". [Figure 1] shows the flow chart of our search strategy.

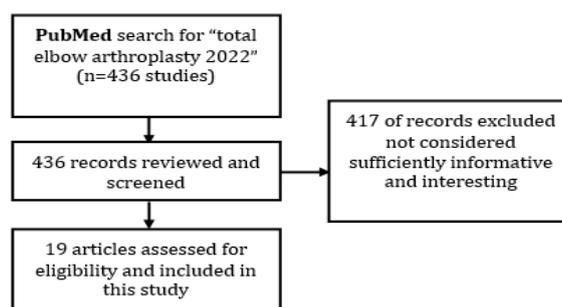


Figure 1. Flow chart of our search strategy regarding total elbow arthroplasty (TEA) in the year 2022. The authors (ECR-M) reviewed the 436 articles and then chose 19 articles because they thought that they were the most informative and interesting

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The main results on elbow arthroplasty published in 2022 are shown in [Table 1].^{1, 3-20} [Figures 2, 3, 4 and 7]

show some clinical cases of TEA. [Figures 5 and 6] show two types of prosthetic designs.

Table 1. Most important information on elbow arthroplasty published in 2022

AUTHORS [REFERENCE]	YEAR	TYPE OF STUDY	MATERIALS AND METHODS	RESULTS
Gambhir et al. ¹	2022	TEA: Elective vs. traumatic cases	In a retrospective study, Gambhir et al. compared the 90-day complication percentages of primary TEA for osteoarthritis (primary-OA; RA) versus those for DHFs.	Compared to the TEA-DHF (n = 19) and TEA-OA (n = 14) cohorts, the RA (n = 16) cohort had higher rates of all-cause adverse events and ulnar nerve palsy. There were no substantial differences between cohorts in readmissions or secondary interventions. The 90-day complication/readmission percentages of TEA carried out for DHFs were lower than those performed for OA and RA. ¹
Seok et al. ³	2022	TEA vs. ORIF in the elderly	Retrospective assessment of 44 individuals (50 TEAs) aged 60 years or older with distal humeral fractures treated with either ORIF or TEA after a mean follow-up of 51 months.	In terms of the flexion/extension arc, TEA gave substantially better results than ORIF in distal humeral fractures in the elderly. The reoperation and elbow stiffness rates were substantially lower in the TEA cohort than in the ORIF cohort.
Meijering et al. ⁴	2022	Latitude TEA (Tornier Surgical Implants, Stafford, TX, USA) is a third-generation implant created to reestablish the natural anatomy of the elbow.	This is a retrospective assessment of 44 individuals (50 TEAs) after a mean follow-up of 51 months.	Kaplan-Meier survival analysis demonstrated a 10-year survival rate of 82% after the procedure. The mean age at the time of surgery was 65 years (range, 28-87 years). The main indication for surgery was inflammatory arthritis. The leading cause of revision was aseptic loosening. Radial head dissociation was encountered in 8 patients (24%), but none complained.
Bhat et al. ⁵	2022	Latitude TEAs	These authors reported the mid-term functional results, radiological findings, adverse events, and survivorship of 13 Latitude TEAs. There were 10 females, mean age of 72 years and varying indications. The mean follow-up was 5.9 years.	The functional scores and the range of motion improved. There was one reoperation for a deep infection. No radiologic signs of loosening were seen.
Morrey et al. ⁶	2022	Nexel TEA	These authors reported the results of 35 primary Nexel TEAs (Zimmer Biomet, Warsaw, IN, USA) implanted over three years with varying indications.	Twelve elbows (1/3) required revision surgery to remove a part or all components at an average of 2.2 years. All revision surgeries revealed gross loosening of the component(s). Metallic debris and periprosthetic fractures were present in 45% and 50% of cases, respectively. Humeral component loosening and periprosthetic fractures were found in 2 and 4 elbows, respectively. Overall, 17 of 35 (50%) elbows experienced reoperation, and 20 of 35 (60%) elbows had at least one postoperative adverse event.
Evans et al. ⁷	2022	Survivorship of TEA	These authors analyzed the longevity and long-term function of TEA in a systematic review and meta-analysis of case-series and national registry reports with more than 10 years of follow-up. They surveyed 628 linked TEAs and 610 unlinked TEAs.	The studied population was treated for RA in over 90% of cases. The estimated 10-year survival for linked TEAs was 92% and unlinked TEAs 84%. ⁷
Patrick et al. ⁸	2022	TEA for acute DHFs	These authors reported that fellowship training did impact the surgical decision-making process for managing distal humerus fractures. Hand and Upper Extremity surgeons carried out the greatest number of TEA for acute DHFs, followed by Shoulder and Elbow surgeons.	Trauma surgeons carried out the lowest proportion of TEA to ORIF.

Table 1. Continued

Stone et al. ⁹	2022	TEA for acute DHFs	These authors reported short to medium-term results	They demonstrated both DHH and TEA were valuable alternatives.
Burden et al. ¹⁰	2022	TEA for acute DHFs	These authors compared DHH vs. TEA in individuals aged over 65 years with a non-reconstructable DHF.	Their results indicated PROMs and ROM mostly favored DHH.
Leschinger et al. ¹¹	2022	TEA for acute DHFs	These authors stated that good to very good clinical results could be achieved in older individuals with DHFs using TEA	A secondary TEA is also feasible after primary conservative treatment.
Calderazzi et al. ¹²	2022	TEA for acute DHFs	These authors reported that the concurrent fracture of one or both epicondyles is commonly associated with severe joint comminutions and makes ORIF more demanding.	In these individuals, primary TEA could be a reasonable management alternative.
Aliyev et al. ¹³	2022	Morrey TEA in young patients with posttraumatic sequelae	These authors assessed the clinical and radiological results of TEA for trauma sequelae in 63 individuals below 45 years of age. The mean follow-up was 5.2 years.	Adverse events were found in 16 (33%) individuals. Among them, 10 individuals (20%) needed revision TEA. Of the 10 individuals needing revision TEA, in 3 it was due to aseptic loosening, in 6 it was due to PJI and in 1 it was due to component disconnection. The overall 5-year implant survival rate was 79%, and the 10-year survival rate was 78%. TEA permitted the re-establishment of the full ROM in the elbow joint and substantially ameliorated upper extremity function in most individuals. Nevertheless, the low survival rate of TEA and the high prevalence of adverse events do not allow TEA to become a routine procedure for managing posttraumatic sequelae in young individuals.
Gupta et al. ¹⁴	2022	TEA in octogenarians (age greater than 80)	These authors analyzed whether octogenarians undergoing TEA are at augmented risk of postoperative adverse events relative to the younger geriatric population. A national database was analyzed to identify TEA individuals. Patients were categorized into an aged 65 to 79 group and an aged 80 to 89 group.	The two groups had no differences in mortality, readmission, and reoperation. Age greater than 80 should not be utilized as an independent factor when assessing whether a geriatric individual is an adequate candidate for TEA.
Tai et al. ¹⁵	2022	DAIR for PJI	These authors analyzed the results of DAIR and studied risk factors for failure. A retrospective cohort study of 26 individuals 18 years or older diagnosed with elbow PJI and treated with DAIR followed by long-term systemic antimicrobial therapy.	DAIR failed in 17 individuals with elbow PJI with a failure rate of 65% at two years. The mean time to failure from DAIR was 43 days. Tai et al. found that DAIR failed in all individuals with sinus tracts or negative cultures. The cohort with good results had a shorter mean duration of symptoms (5 vs. 18 days) and a higher proportion of monomicrobial infections (59% vs. 89%) than those with unfavorable results.
Mercurio et al. ¹⁶	2022	Revision TEA for PJI	In a systematic review with level IV of evidence, these authors analyzed the results of revision surgery after PJI of the elbow. Staphylococcus aureus was the most frequent microorganism (40%).	The Coonrad-Morrey TEA (Zimmer Biomet, Warsaw, IN, USA) represented 41% of the infected implant and the most frequent design utilized for the PJI revision TEA. Two-stage revision and DAIR were the most frequent procedures carried out for PJI of the elbow, and, on the whole, they represented 36 and 33%, respectively. The eradication rate was 76% with two-stage, 71% with resection arthroplasty, 67% with one-stage, 58% with DAIR, and 40% with elbow arthrodesis. DAIR exhibited a substantially lower eradication rate than the two-stage. Reoperations happened in 40% of individuals after elbow arthrodesis, 33% after one stage, 27% after DAIR and resection arthroplasty, and 24% after two-stage. Conversion to amputation happened in 2.2% of individuals after resection arthroplasty and 1% after DAIR. In conclusion, two-stage revision and DAIR were the most frequent procedures to treat PJI; however, the former exhibited a substantially higher eradication rate. Resection arthroplasty showed a high eradication rate, but postoperative lower clinical and functional results limit the indications for this procedure. One-stage procedure exhibited a limited role in the current practice of PJI management.

Table 1. Continued				
Martinez-Catalan et al. ¹⁷	2022	Revision TEA for PJI	Two-stage reimplantation for PJI after TEA.	These authors found two-stage reimplantation for PJI after TEA successfully eradicated deep infection in 69% of cases.
Kwak et al. ¹⁸	2022	Revision TEA for PJI	These authors found that in individuals with chronic and deep infection of TEA, two-stage revision can be a reasonable alternative for eradicating the infection, alleviating pain, and reestablishing joint function.	The high percentage of second revisions due to bone and soft-tissue deficits remains a challenge.
Laumonerie et al. ¹⁹	2022	Revision TEA for massive bone loss	According to these authors, revision of a loose TEA is difficult, mainly in the setting of massive bone loss. They stated that elbow reconstruction utilizing an APC was a viable alternative for individuals with a massive bone loss after TEA.	Despite a relatively high rate of adverse events, the mid-term functional results were satisfactory, with no revisions needed. Between 2009 and 2018, 6 APCs implanted with a semi-constrained Coonrad Morrey prosthesis were carried out in 5 women and 1 man. Median patient age was 70 years.
Hill et al. ²⁰	2022	Proximal ulnar deficiency after revision TEA: Radial forearm vascularized osteomuscular flap	These authors reported a 61-year-old woman that presented with a failed proximal ulna allograft-prosthetic composite following revision TEA.	The ulnar deficiency was solved utilizing an osteomuscular flap from the distal radius pedicled on the radial artery. This technique offered an alternative option for the problem of a failed TEA with ulnar bone loss.

TEA, total elbow arthroplasty; OA, osteoarthritis; RA, rheumatoid arthritis; DHFs, distal humerus fractures; ORIF, open reduction and internal fixation; DHH, distal humeral hemiarthroplasty; PROMs, patient-reported outcomes; ROM, range of movement; PJI, periprosthetic joint infection; DAIR, debridement antibiotics and implant retention; APC, allograft prosthetic composite.



Figure 2. 69-year-old female with a comminuted, displaced, distal humerus fracture. Due to the fracture pattern, reconstruction was deemed impossible during surgery, and therefore patient underwent total elbow arthroplasty (TEA): (A-B) preoperative views; (C-D) postoperative radiographs

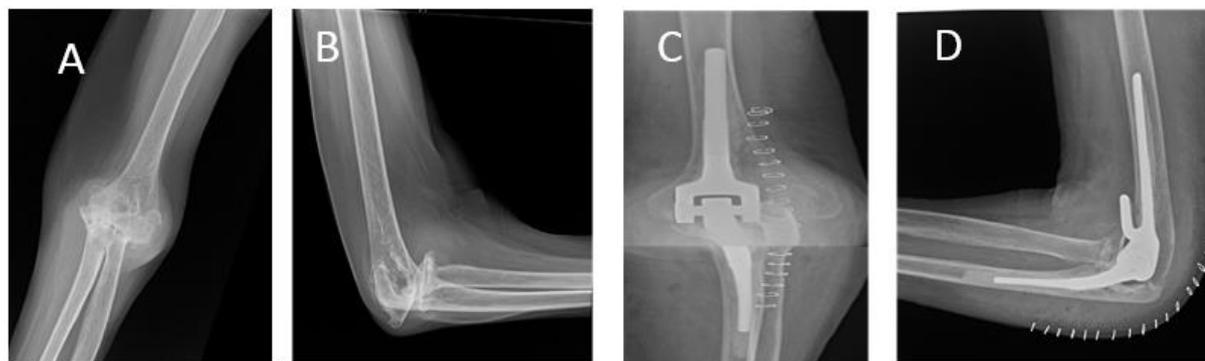


Figure 3. 75-year-old female with a long history of elbow pain in a setting of rheumatoid arthritis, not responding to conservative measures. The patient underwent uncomplicated total elbow arthroplasty (TEA): (A-B) preoperative radiographs; (C-D) postoperative views



Figure 4. 72-year-old female with a comminuted, displaced, distal humerus fracture. Due to the fracture pattern, reconstruction was deemed impossible during surgery, and therefore patient underwent total elbow arthroplasty (TEA): (A-D) preoperative views; (E-F) postoperative radiographs



Figure 5. Latitude total elbow arthroplasty (Tornier Surgical Implants, Stafford, TX 77477, USA)



Figure 6. Nexel total elbow arthroplasty (Zimmer Biomet, Warsaw, IN 46581-0708, USA)

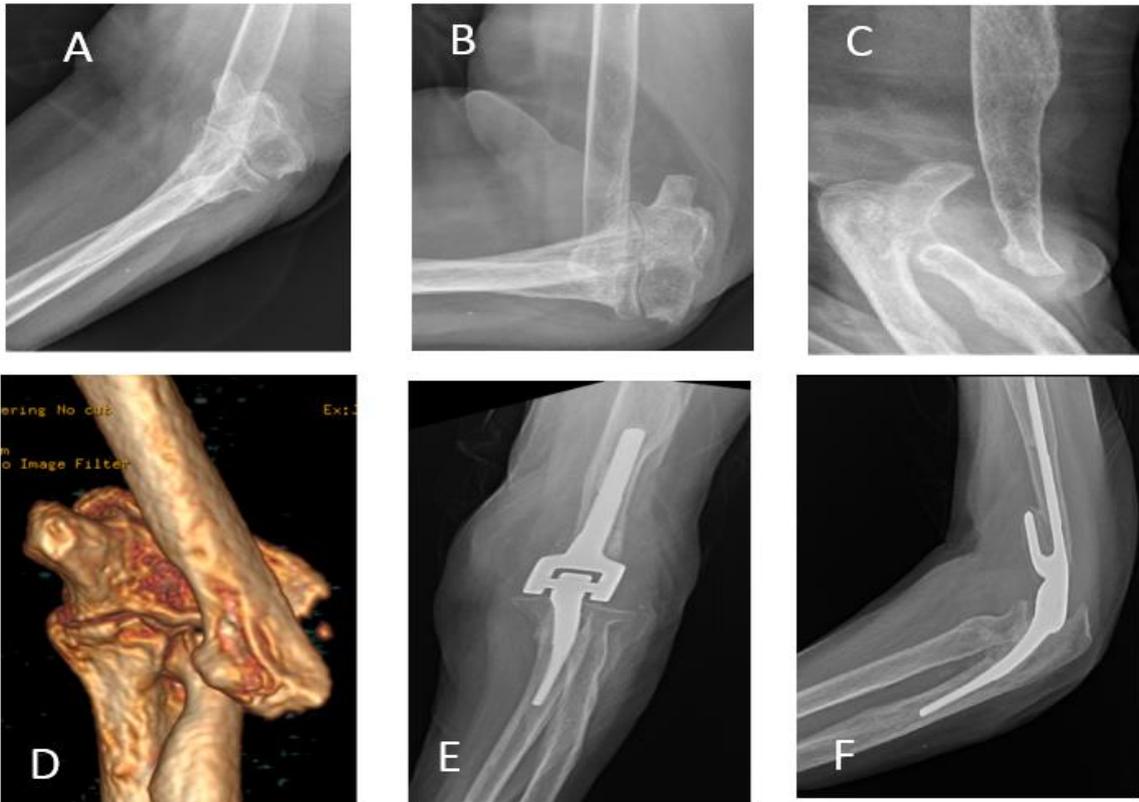


Figure 7. A 81-year-old female sustained a distal humerus fracture three years before. Due to medical comorbidities, surgical treatment was not possible at that time. She returned to the office with complaints of elbow instability, and therefore total elbow arthroplasty (TEA) was performed: (A-D) preoperative views; (E-F) postoperative radiographs

Only two of the studies that were published in 2022 and have been analyzed in this article were systematic reviews and meta-analyses. The remaining articles were case series and therefore of limited evidence. The first systematic review analyzed the survival of TEA and showed that the estimated 10-year survival for linked TEAs was 92% and 84% for unlinked TEAs. Besides, they found that the 10-year PROMs from TEAs (linked and unlinked) improved substantially from baseline scores [EVANS].

The second systematic review analyzed revision surgery by PJI. With a grade of evidence of 4, it was found that *Staphylococcus aureus* was the most usual bacteria (40%). The Coonrad-Morrey TEA represented 41% of the infected implant and the most usual design utilized for the PJI revision TEA. Two-stage revision and DAIR were the most frequent surgical techniques carried out for PJI, and, on the whole, they represented 36% and 33%, respectively. The eradication rate was 76% with two-stage, 71% with resection arthroplasty, 67% with one-stage, 58% with DAIR, and 40% with elbow fusion. Reoperations happened in 40% of individuals after elbow fusion, 33% after one-stage revision, 27% after DAIR and resection arthroplasty, and 24% after two-stage revision. Conversion to amputation happened in 2.2% of individuals after resection arthroplasty and 1% after DAIR.

In short, more studies with a higher degree of evidence are needed to confirm the main findings and conclusions

presented in this article: that approximately 90% of TEAs are implanted in patients with RA and that prosthetic survival at 10 years is 92% for linked TEAs and 84% for unlinked TEAs. Also, that two-stage revision and DAIR are the most usual procedures to treat PJI; however, the former displayed a substantially higher eradication percentage.

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