

Measurements of Malalignment on Magnetic Resonance Imaging (MRI): Incorporating sex and patient height

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Background

- Malalignment is a known risk factor for patellar instability.¹
- It can be assessed using metrics such as tibial tubercle-trochlear groove (TTTG) distance and tibial tubercle to posterior cruciate ligament (TT-PCL) distance²
- There is substantial variability in thresholds for abnormal values based on imaging modality and patient size^{3,4}



Objectives

- Identify MRI-based thresholds for measurements of malalignment and the accuracy of these measurements in identifying patellar instability
- Determine the impact of patient sex and height on thresholds for instability

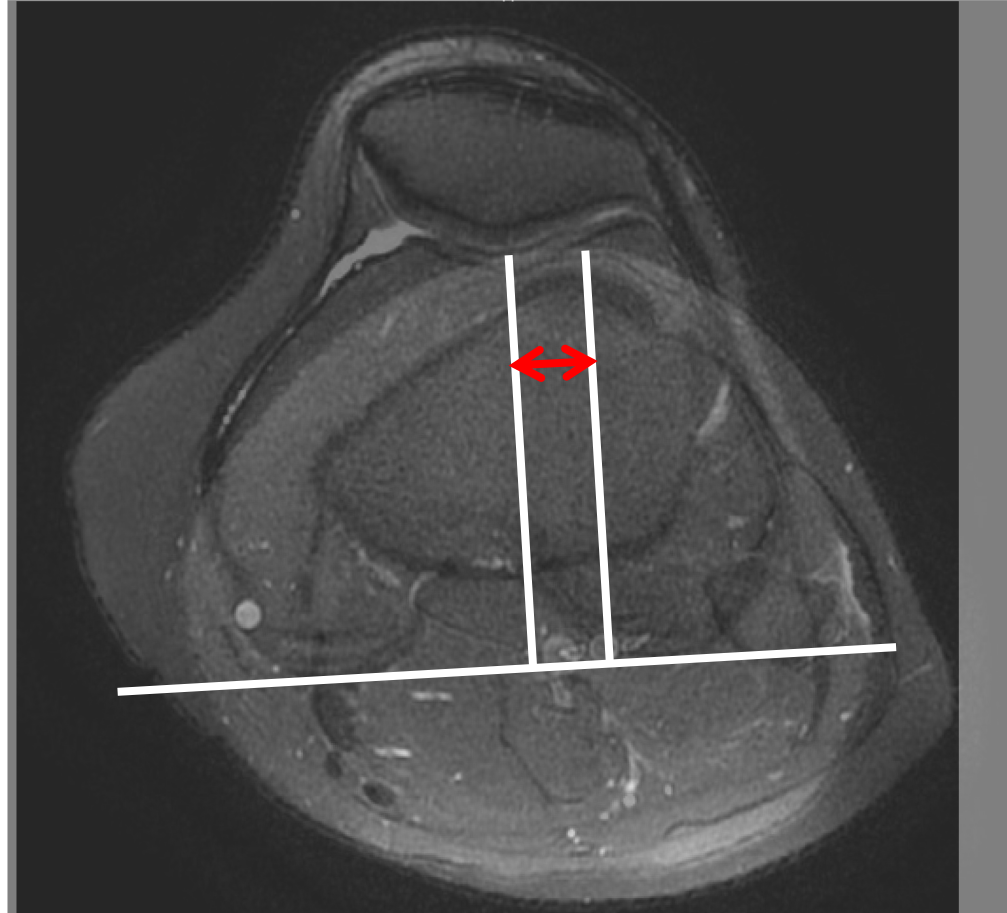


Methods

- 120 knees with symptomatic patellar instability were compared with 120 gender-matched knees.
- On axial images, tibial tubercle-trochlear groove (TTTG) distance and tibial tubercle to posterior cruciate ligament (TT-PCL) distance were measured
- Statistics
 - Receiver Operating Characteristic (ROC) curve analysis was performed to determine the area under the curve (AUC) and confidence intervals, with AUC >0.7 indicating a good diagnostic test.
 - Youden's J statistic was used to establish diagnostic thresholds
 - Subgroup analysis was performed based on sex and height



TTTG Distance Measurement



Results:

Table 1: Measurement Means

| Characteristic | N | Control, N = 120 ¹ | Symptomatic, N = 120 ¹ | p-value ² |
|-------------------------|-----|----------------------------------|--------------------------------------|----------------------|
| TTTG Distance (mm) | 240 | 12.23 (4.50) | 16.69 (6.00) | <0.001 |
| TT-PCL Distance (mm) | 240 | 23.93 (4.76) | 23.79 (5.40) | 0.8 |

¹Mean (SD), ²Welch Two Sample t-test



Table 2: AUCs and cutoff values for TTTG and TT-PCL

| Measurement | Sex | Height | AUC | Cutoff Value | Sensitivity | Specificity | Positive Predictive Value | Negative Predictive Value |
|---------------|--------|------------|--------------------------|--------------|-------------|-------------|---------------------------|---------------------------|
| TTTG | | | | | | | | |
| | All | | 0.75 (0.69, 0.81) | >14.9 | 0.65 | 0.72 | 0.7 | 0.67 |
| | | < 170.2 cm | 0.79 (0.7, 0.88) | >14.4 | 0.7 | 0.69 | 0.7 | 0.69 |
| | | > 170.2 cm | 0.68 (0.58, 0.77) | >16.3 | 0.59 | 0.74 | 0.71 | 0.62 |
| | Male | | 0.7 (0.57, 0.82) | >16.4 | 0.62 | 0.78 | 0.72 | 0.69 |
| | | < 177.8 cm | 0.79 (0.61, 0.94) | >16.1 | 0.54 | 0.86 | 0.7 | 0.76 |
| | | > 177.8 cm | 0.56 (0.39, 0.72) | >20.1 | 0.3 | 0.81 | 0.73 | 0.41 |
| | Female | | 0.78 (0.7, 0.85) | >14.1 | 0.68 | 0.67 | 0.68 | 0.67 |
| | | < 165.1 cm | 0.77 (0.64, 0.88) | >13.7 | 0.77 | 0.55 | 0.65 | 0.7 |
| | | > 165.1 cm | 0.76 (0.64, 0.86) | >14.7 | 0.68 | 0.76 | 0.76 | 0.68 |
| TT-PCL | | | | | | | | |
| | All | | 0.5 (0.43, 0.57) | <19.3 | 0.15 | 0.83 | 0.47 | 0.5 |
| | | < 170.2 cm | 0.5 (0.39, 0.59) | >29 | 0.04 | 0.92 | 0.33 | 0.48 |
| | | > 170.2 cm | 0.52 (0.41, 0.63) | <20.8 | 0.22 | 0.81 | 0.57 | 0.49 |
| | Male | | 0.53 (0.4, 0.66) | <20.7 | 0.29 | 0.87 | 0.67 | 0.57 |
| | | < 177.8 cm | 0.5 (0.29, 0.72) | >30.2 | 0.15 | 0.95 | 0.67 | 0.66 |
| | | > 177.8 cm | 0.59 (0.41, 0.76) | <23.2 | 0.44 | 0.88 | 0.86 | 0.48 |
| | Female | | 0.54 (0.45, 0.63) | >20.7 | 0.77 | 0.32 | 0.54 | 0.57 |
| | | < 165.1 cm | 0.56 (0.42, 0.71) | <22.7 | 0.58 | 0.52 | 0.56 | 0.54 |
| | | > 165.1 cm | 0.62 (0.48, 0.75) | >21.5 | 0.86 | 0.35 | 0.59 | 0.71 |



Results

- The overall AUC and 95% confidence interval for TTTG distance was 0.75 (0.69, 0.81), while TT-PCL yielded values below 0.7 for all subgroups.
- The study cohort had a median height of 170.2 cm (177.8 cm in males and 165.1 cm in females).
- The identified cutoff values for TTTG distance were 13.7 mm for “short” females, 14.7 mm for “tall” females, 16.1 mm for “short” males, and 20.1 mm for “tall” males.
- The AUC for TTTG distance was 0.79 (0.7, 0.88) for patients below the overall median height and 0.68 (0.57, 0.77) for those above.
- AUC for TTTG distance was good in both females and males, at 0.78 (0.7, 0.85) and 0.7 (0.57, 0.82), respectively.
- TTTG distance in males had greater predictive ability in males below the median male height (0.79 (0.61, 0.94)) versus males above the median height (0.56 (0.39, 0.72)).
- Among women, the TTTG cutoff had a similar efficacy among those with heights below and above the female median (AUC = 0.77 (0.64, 0.88) and 0.76 (0.64, 0.86), respectively).



Conclusion

- TTTG distance on MRI is an effective measurement for detecting malalignment related to patellar instability, while TT-PCL thresholds demonstrated low efficacy. In all cases, the cutoff value was below the reported value of 20mm.
- We identified varying thresholds for TTTG distance based on sex and height, with the lowest diagnostic value among patients with above median heights, particularly in male patients.
- Notably, calculated cutoff values varied between male and female subgroups.
- These findings highlight a need for incorporating patient specific factors when using these thresholds in clinical practice.



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Thank you!

