Comparison between intra-articular contact patterns in the trapeziometacarpal joint of healthy and arthritic subjects

<u>Benjamin Dourthe¹</u>, Priscilla D'Agostino¹, Faes Kerkhof¹, G. Harry van Lenthe², Filip Stockmans^{1,3}, and Evie Vereecke¹

1. Muscle & Movement Group, Development and Regeneration, University of Leuven, Kortrijk, Belgium; 2. Biomechanics Section, University of Leuven, Belgium;

3. AZ Groeninge, Campus Loofstraat, Kortrijk, Belgium

benjamin.dourthe@kuleuven.be

Objectives

1) Design a clinical tool to estimate the *in vivo* distribution of intra-articular pressure from CT images

2) Provide further insight on the development of osteoarthritis (OA) in the trapeziometacarpal (TMC) joint

Motivations

The trapeziometacarpal (TMC) joint has a major physiological role.

It provides the ability to perform **a** variety of prehensile tasks (e.g. writing, typing, holding and grasping objects/tools)¹.



- First metacarpal (MC1) **TMC** joint

Trapezium

The TMC joint is the **second most** location for common OA **development** in the hand².

TMC OA dramatically affects hand function and decreases quality of life.

Methodology



Population: 16 healthy + 6 OA

Results

Healthy

proximity patterns Distinct observed across tasks with a recurrent pattern reported on the volar aspect of the MC1.



OA

Larger articular surfaces, joint space narrowing, increased joint congruence, important articular deformations.





Trapezium

MC1

- The method enables the *in vivo* assessment of joint space with proximity as a surrogate for pressure.
- The recurrent volar proximity pattern (MC1) explains the volar deformation observed in OA patients.
- The lengthening of the trapezial horns explains the impaired abduction reported in OA patients.
- The method can be used in a clinical setting to **better understand and prevent OA development**.

