of greater than 2° would correspond to a DFV angle of 82° (i.e., 8° of valgus). We defined our groups as having greater than average femoral valgus or less than average femoral valgus.

Recommendations

As part of the preoperative planning for tibial osteotomy, we recommend that surgeons measure the alignment of the distal femur. If there is a valgus orientation of the distal femur with respect to the femoral shaft (anatomic axis) greater than 8°, then the aim would be for a postoperative F–T angle of 8°. This would normally correspond to a postoperative TP angle of 4° to 6° of valgus. In knees that have a lesser valgus orientation of the distal femur (less than 8° with respect to the anatomic axis), we recommend aiming for an F–T angle of 10°, which would correspond to a postoperative TP angle of 6° to 8° of valgus.

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SESAP Critique / Critique SESAP

Category 4 Item 10

The hallmark of acute emphysematous cholecystitis is the presence of gas bubbles on a plain x-ray or computed tomographic (CT) scan of the abdomen. This fulminant form of acute cholecystitis is caused by a mixed aerobic and anaerobic infection. It is seen more often in elderly diabetic men than any other group. Urgent operation is indicated to prevent the common sequelae of gangrene, perforation, and peritonitis. The presence of diabetes places the patient at a greater risk for complications regardless of whether the procedure is acute or elective. Intravenous hydration, systemic antibiotics directed against the organism likely encountered, and blood sugar control are also required. Antacid therapy and endoscopy have no role in the treatment of acute emphysematous cholecystitis.

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