

# HSOA Journal of Orthopedic Research & Physiotherapy

## **Review Article**

# Cobalt Syndrome Following Total Knee Arthroplasty: A Case-Based Review and Clinical Implications

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## **Abstract**

**Background:** Cobalt syndrome, or arthroprosthetic cobaltism, is a rare but serious complication of joint arthroplasty caused by systemic cobalt ion exposure. Traditionally linked to metal-on-metal hip implants, recent evidence implicates polyethylene liner degradation in total knee arthroplasty (TKA) as a source of metal ion release.

**Objective:** To present a case of unilateral cobalt syndrome following bilateral TKA and integrate current literature to highlight diagnostic and therapeutic considerations.

**Methods:** A comprehensive independent medical examination and literature review were conducted. Clinical findings were correlated with imaging, implant analysis, and manufacturer recall data.

**Results:** The patient developed chronic synovitis and systemic symptoms due to polyethylene liner degradation and metal-on-metal contact. Diagnostic workup supported cobaltism. Management included multidisciplinary pain care, cobalt assays, and recommendations for implant revision.

**Conclusion:** Cobalt syndrome should be considered in patients with unexplained symptoms post-TKA, especially when involving recalled implants. Early recognition and intervention are critical to prevent long-term morbidity.

**Keywords:** Adverse Local Tissue Reaction; Cobalt Syndrome; Exactech Recall; Metallosis; Polyethylene Liner Degradation; Rehabilitation; Total knee arthroplasty

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## Introduction

Cobalt syndrome, also known as metallosis or adverse local tissue reaction (ALTR), is characterised by local inflammation and systemic toxicity due to cobalt ion release from orthopaedic implants [1]. While primarily associated with metal-on-metal hip arthroplasty, polyethylene liner degradation in TKA has emerged as a potential source of cobalt exposure [2]. The Exactech Optetrak Logic system was globally recalled in 2022 due to packaging faults that accelerated polyethylene oxidation [3]. This degradation can lead to micromotion, edge loading, and unintended metal-on-metal contact, triggering cobalt and chromium ion release [4].

#### **Methods**

This report synthesises findings from a detailed independent medical examination conducted in September 2025 of a 58-year-old male patient who underwent bilateral TKA in June 2021. Data were extracted from surgical records, imaging, pathology reports, and manufacturer documentation. A literature review was conducted using PubMed, MDPI, and JAMA Network Open to identify relevant studies on cobaltism in arthroplasty.

### **Results**

## **Clinical Presentation**

The patient developed persistent left knee pain, swelling, and synovitis 18 months post-TKA. Imaging revealed synovial inflammation without loosening. Aspiration ruled out infection. Systemic symptoms included fatigue, anxiety, impaired mobility, and suspected thyroid dysfunction (Table 1).

## **Implant Composition**

Component	Material	Clinical Relevance
Femoral Component	Cobalt-Chromium-Molybde- num Alloy	Source of cobalt and chromium ions
Tibial Baseplate	Titanium Alloy	Generally inert, low ion release
Tibial Insert	Ultra-High Molecular Weight Polyethylene	Subject to oxidative degradation and wear

**Table 1:** Degradation of polyethylene may lead to metal-on-metal contact between femoral and tibial components.

## Pathophysiological Cascade

 $\label{eq:polyethylene Liner Degradation} $\downarrow$ $Loss of Joint Congruency $\rightarrow$ Micromotion $\rightarrow$ Edge Loading $\downarrow$ $Metal-on-Metal Contact (Femoral $\leftrightarrow$ Tibial) $\downarrow$ $Fretting Corrosion $\rightarrow$ Cobalt/Chromium Ion Release $\downarrow$ $Local Synovial Inflammation $\rightarrow$ Systemic Absorption $\downarrow$ $Adverse Local Tissue Reaction (ALTR) & Cobalt Syndrome$ 

## **Investigations and Management**

Physical examination revealed a warm, swollen left knee with limited flexion and instability. Imaging confirmed synovitis without loosening. Cobalt assays and thyroid function tests were performed. Revision surgery was planned, and interim management included multidisciplinary rehabilitation and pain care.

## **Discussion**

This case underscores the diagnostic complexity of cobalt syndrome in TKA. Although knee implants are not typically associated with metal-on-metal articulation, polyethylene degradation can result in unintended metal contact and ion release [5]. Studies show that 57% of patients with cobalt-chrome implants test cobalt-positive, with systemic symptoms such as fatigue and thyroid dysfunction [6]. The European Union's classification of cobalt as a carcinogen highlights the need for long-term surveillance [7].

Hypoallergenic revision strategies have been described for metal allergy in knee arthroplasty [8]. Vigilant surveillance following device recalls, including metal ion quantification and targeted imaging, is crucial for early intervention [9].

### Conclusion

Cobalt syndrome is a clinically significant but underrecognized complication of TKA. This case demonstrates the importance of early diagnosis and intervention, particularly in the context of recalled implants. Multidisciplinary care and surgical revision are essential for symptom resolution and functional recovery.

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## **Conflict of Interest**

The author declares no conflict of interest related to this manuscript.

## **Ethical Approval**

This case report was prepared in accordance with ethical standards. Patient consent was obtained for publication.

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