

Delaying ACL reconstruction increases the rate and severity of medial compartment chondral injury

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Introduction

> Am J Sports Med. 2016 Jun;44(6):1502-7. doi: 10.1177/0363546516629944. Epub 2016 Feb 26.

Incidence of Anterior Cruciate Ligament Tears and Reconstruction: A 21-Year Population-Based Study

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Incidence : 68/100.000 (241 if 19-24yo men)¹

WHEN proceed reconstruction ?²



Effect of delaying surgery?

(cartilage, meniscus)

3 months ?23 6 months ? 12 months ?4



 \Rightarrow 1. Evaluate relationship between the <u>rate</u> and <u>severity</u> of chondral injury and <u>timing before ACL reconstruction</u>

 \Rightarrow 2. Evaluate the relationship between chondral injury and

- \Rightarrow Pre-injury Tegner level of activity score (TAS)^{5,6},
- \Rightarrow Age,
- \Rightarrow BMI,
- \Rightarrow Meniscal tears





Methods

Monocentric, retrospective cohort



RICA excluded



Ref.





Classification

Chondral injury: ICRS classification⁷



Nearly normal





Abnormal

Grade 2



Severely abnormal

Grade 3



Grade 4

© ICRS









Results			ACLR 1317
		Age (years), median (IQR))	29 (23-38)
		Age category, n (%)	115 (0.10())
		< 25	445 (34%)
1 Demographic data		25 - 40	580 (44%) 211 (16%)
1. Demographic data		40 - 50	211(10%)
		> 50	840 (649/)
		PMI (kg/m ²) modion (IOP)	227(217250)
\Rightarrow Mean delay before surgery :	11.3months	< 18	23.7(21.7-23.9) 10(0.8%)
		- 18 18-25	827 (63%)
\rightarrow Modian dolay before surgery :	1 5months	25-30	344(26%)
\rightarrow internal indensity before surgery.	4.3	> 30	98 (7.4%)
		Missing	38 (2.9%)
		TAS, median (IQR)	6 (6-7)
		Tegner category, n, (%)	
		1	3 (0.2%)
		2	16 (1.2%)
-Tegner median: 6 [6.7]		3	50 (3.8%)
		4	98 (7.4%)
- Pocrectional coorta		5	138 (10%)
\rightarrow <u>Recreational sports</u>		6	427 (32%)
		7	483 (37%)
		8	32 (2.4%)
		9	59 (4.5%)
		10 Missing	11(0.8%)
Madian agas 20 // Madian BN41 2	7 C	Madial abandral injury = (9/)	33(2.5%)
ivieulan age: 29 // ivieulan Bivii: 2	5./	$\mathbf{I}_{\mathbf{A}} = \mathbf{I}_{\mathbf{A}} = $	224 (17%)
		Modial manisonal toor n (%)	506 (38%)
		Lateral meniscal tear, n (%)	348 (26%)

Results

2. Chondral injury

Lateral chondral injury

n=115 (9%)



Medial chondral injury

n=224 (17%)

Lateral cartilage injury	ICRS stage	Medial cartilage injury
1202 (91%)	0: No lesion	1093 (83%)
56 (4%)	1: Superficial lesion	81 (6%)
38 (3%)	2: < 50% of cartilage depth	75 (6%)
9 (1%)	3: > 50% of cartilage depth	40 (3%)
9 (1%)	4: Full thickness cartilage defect to bone	28 (2%)

Results

3. Primary outcome

Delaying ACLR

Medial compartment

- **Rate** of chondral injury if delaying >12months (OR=1.93; p= 0.002)
- Severity of chondral injury if delaying >12months (OR=1.23; p=0.002)
- Rate / Severity if delaying reconstruction 3-6 or 6-12months (n.s.)
- Rate of chondral injury if delay
 with a "dose-effect" (Ptrend=0.015)
- ✓ Severity of chondral injury if delay ✓ with a "dose-effect" (Ptrend=0.026)
- ↗ Effect in young population

Lateral compartment

Rate / Severity if delaying reconstruction (n.s.)

Results

3. Secondary outcomes



Rate of medial chondral injury (OR=0.88; p= 0.036)
 Severity of medial chondral injury (OR=0.96; p= 0.017)



- Severity of medial and lateral chondral injury (p<0.001)</p>
- **Rate** and **severity** of chondral injury with a **dose-effect**



Rate / Severity in both compartment (n.s.)



Rate of medial chondral injury (OR=1.60; p=0.009)

Conclusion

Injury - Reconstruction delay

- >12months 7 both rate and severity of chondral medial injury
- « <u>Dose-effect</u> » of delaying on rate and severity of medial injury mostly in young population
- High pre-injury TAS <u>decreases</u> medial chondral injury

Timing of ACLR should be optimally reduced mostly in young population

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