

Clinical and PROMs of arthroscopic cruciate ligament repair versus reconstruction in the multiligamentous injured knee

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HSS

DISCLOSURES

- **Rilk S.:** None
- **Goodhart C.G.:** None
- **Van der List J.P.:** None
- **Holuba K.:** None
- **Vermeijden H.D.:** None
- **O'Brien R.J.:** None
- **DiFelice G.S.:** Paid Arthrex consultant

OBJECTIVE

To assess outcomes of arthroscopic primary repair versus reconstruction of cruciate ligament in the MLIK

METHODS

Retrospective cohort study

- Patients with bicruciate knee injury (KD-2, KD-3, KD-4)
- Minimum FU: clinical 6 mo. & PROM 2 y.
- Acute surgery (<6 w.)

Treatment algorithm

- **Proximal tear:** primary repair with SA (n=14)
- **Distal tear:** primary repair (n=7)
- **Midsubstance tear:** anatomic ACLR (n=7)
- Repair of other PLC/PMC structures

METHODS

Repairable proximal ACL tear



Repairable distal PCL tear



RESULTS

Retrospective cohort study

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RESULTS

Patient demographics (n=28)

Mean age, mean $\pm$ SD, y.	32 $\pm$ 13
Sex, n (%)	18 (64%)
Mean follow-up, mean $\pm$ SD, y	3.7 $\pm$ 3
Delay injury-surgery, mean $\pm$ SD, w	4.0 $\pm$ 7
Tegner activity level, mean $\pm$ SD	6.8 $\pm$ 2

Schenck classification

KD I	0 (0%)
KD II	3 (11%)
KD III-M	18 (64%)
KD III-L	7 (25%)
KD IV	0 (0%)
KD V	0 (0%)

Bicruciate repair	14 (50%)
ACLR & PCL repair	7 (25%)
Bicruciate reconstruction	7 (25%)

Additional injuries

Peroneal nerve damage	5 (18%)
Popliteal artery damage requiring bypass	2 (7%)

RESULTS

Patient reported outcome measurements (n=28)

	mean $\pm$ SD
Lysholm Score	91 $\pm$ 12
SANE	83 $\pm$ 13
IKDC Subjective	80 $\pm$ 14
Modified Cincinnati Score	84 $\pm$ 16
Tegner postop	5.1 $\pm$ 1.6
Forgotten Joint Score	70 $\pm$ 27
ACL-RSI	63 $\pm$ 28

Lachman/Posterior drawer Stability (n=28)

	Grade 0	Grade 1	Grade 2/3
ACL repair	83%	0%	17%
ACL reconstruction	71%	0%	29%
PCL repair	24%	57%	19%
PCL reconstruction	57%	29%	14%

CONCLUSION

ACL/PCL repair comparable outcomes to ACL-/PCL-R

- Excellent PROMs
- Comparable stability/failure rates

ACL/PCL repair

- No need for graft harvesting -> **less morbid**
- **No risk of tunnel convergence**

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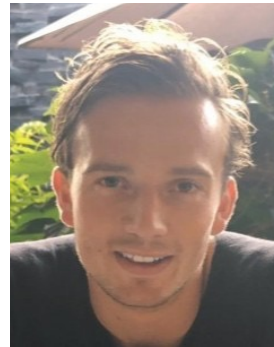
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Thank you

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