

Costal chondrocyte-derived pellet-type scaffold-free autologous chondrocyte implantation for osteochondral defects with up to 10-mm depths

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Disclosure

No conflict of interest

Costal chondrocyte-derived pellet-type scaffold free ACI (CCP-ACI)

Unlike previously applied ACI techniques, in CCP-ACI, chondrocytes are implanted without a scaffold or covering membrane, providing structural support, and simply covered with fibrin glue.

There might be a concern about collapse of the chondrocyte graft because of weak structural support, when CCP-ACI is performed in OCD lesions with weak subchondral bone support.

Purpose

**To evaluate clinical, radiographic, and MR outcomes of CCP-ACI
performed on OCDs up to 10 mm depth
within 5 years of follow-up.**

Material

Retrospective search for CCP-ACI for treating OCD lesions

Number of knees (patients)	10 (10)
Age (years)	36.5 (36.5, 20-55)
Female / Male	7 / 3
Body mass index (kg/m²)	27.6 ± 3.6
Right / Left	5 / 5
Size of osteochondral defect (cm²)	3.83 (4.25, 2-6)
Depth of osteochondral defect (mm)	7.1 (7, 6-9)
MFC / LFC	6 / 4

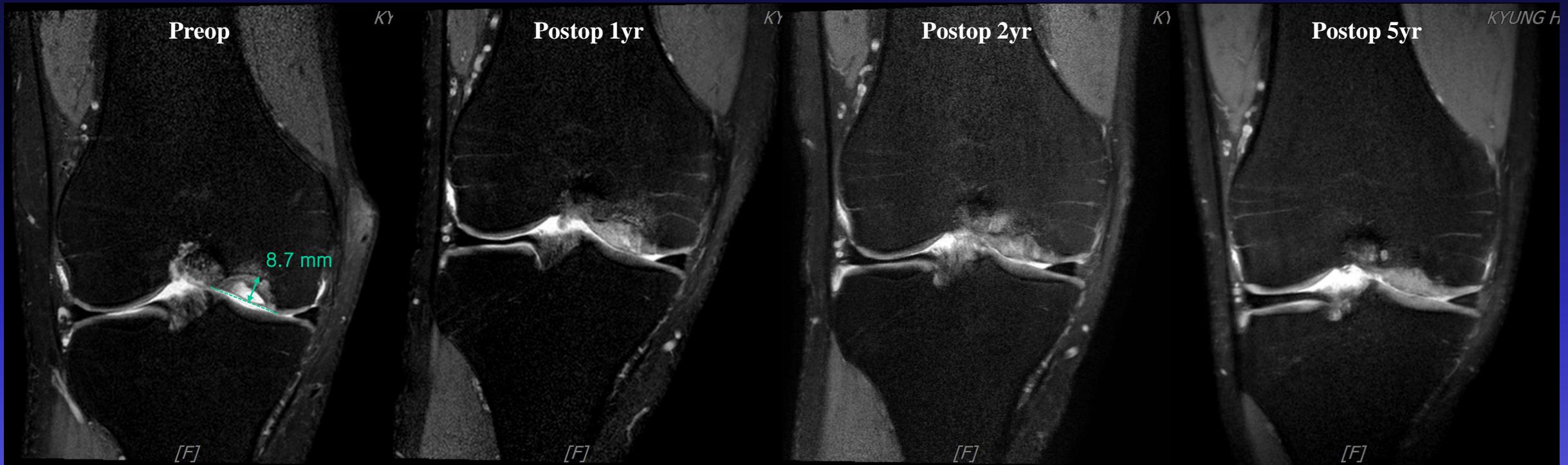
Evaluation

- Clinical evaluation (preop & postop 1y, 2y, and 5y)
IKDC, Lysholm, and VAS score
- Radiographic evaluation (preop & postop 6m, 1y, 2y, & 5y)
HKA angle and K-L grade
- MR evaluation (preop & postop 6m, 1y, 2y, & 5y)
MOCART 2.0 score and Depth of defect

Case M / 20

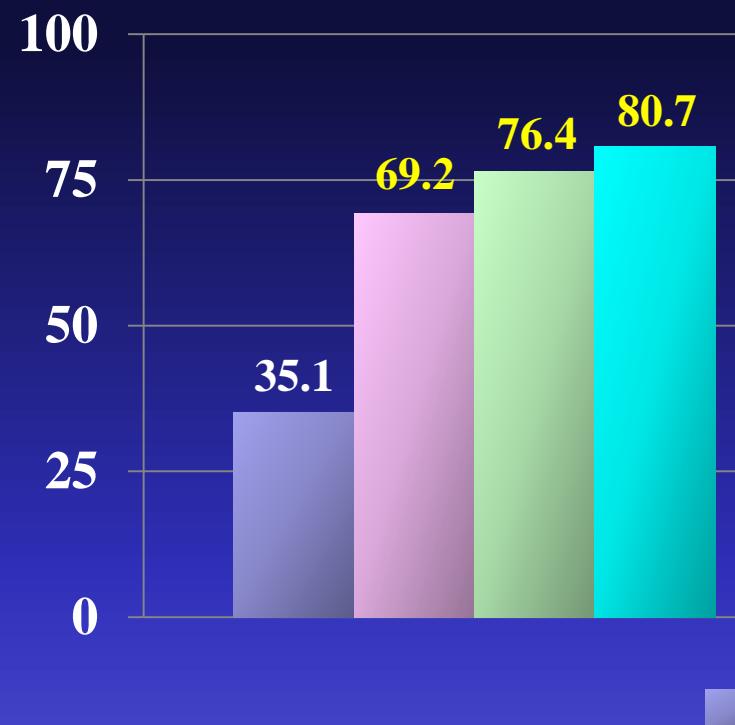
MOCART 2.0 50, 50, 57, and 70

Defect depth 8.7, 9.0, 8.8, and 8.8 mm

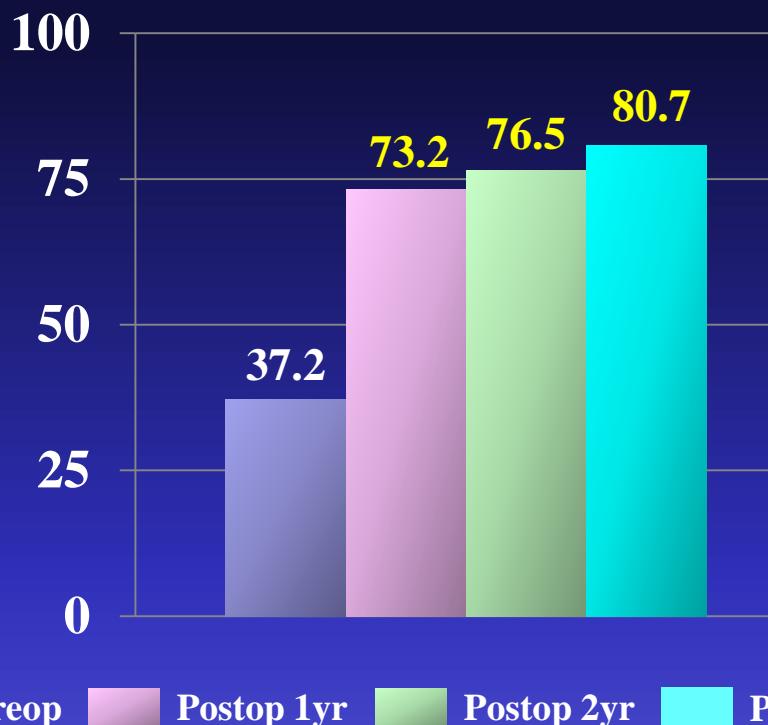


Clinical results

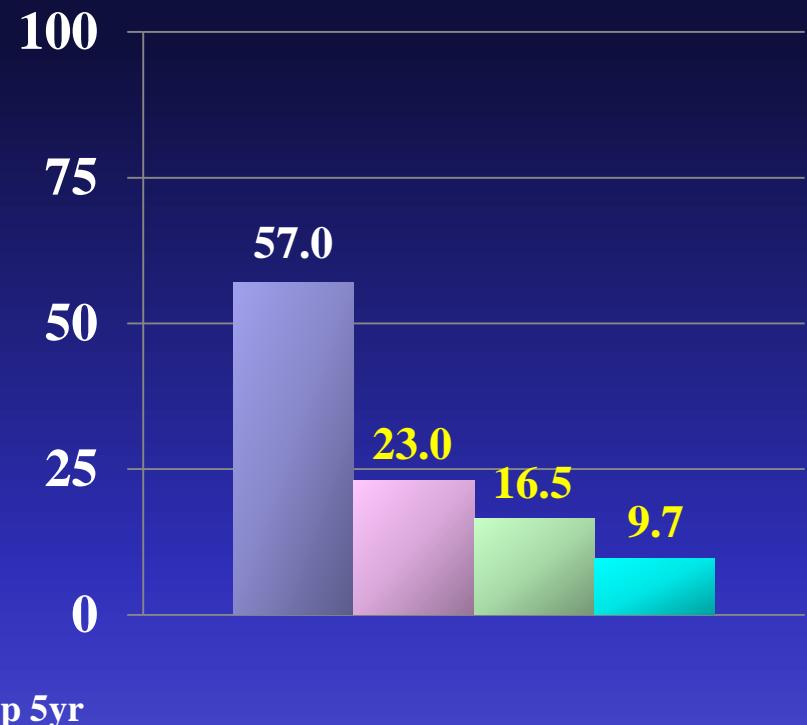
IKDC



Lysholm



VAS



Significant different from preoperative value ($p<0.05$)

Radiographic results

	Preop	Postop 6m	Postop 1y	Postop 2y	Postop 5y
HKA angle (°)	Varus 2.0 ± 1.8	Varus 2.1 ± 0.5	Varus 2.3 ± 0.5	Varus 2.2 ± 0.5	Varus 2.4 ± 0.4
K-L grade (0/1/2/3/4)	2/5/3/0/0	2/5/3/0/0	2/5/3/0/0	1/6/3/0/0	0/6/4/0/0

MOCART 2.0 score

	Postop 6m	Postop 1y	Postop 2y	Postop 5y
Total	50 (48.75-56.25)	50 (48.75-61.25)	57.5 (53.75-66.25)	65 (58.75-70)
Cartilage volume	15 (15-16.25)	15 (15-16.25)	15 (15-16.25)	15 (15-20)
Integration	15 (13.75-15)	15 (13.75-15)	15 (15-15)	15 (15-15)
Surface	0 (0-5)	0 (0-1.25)	0 (0-10)	0 (0-6.25)
Structure	0 (0-0)	0 (0-2.5)	0 (0-10)	0 (0-10)
Signal intensity	10 (10-10)	10 (10-10)	10 (10-15)	10 (10-15)[§]
Bony defect or overgrowth	0 (0-0)	0 (0-0)	0 (0-0)	0 (0-0)
Subchondral changes	10 (10-10)	10 (10-15)	12.5 (7.5-15)	17.5 (11.25-20)

Significant difference compared to 6-month postoperative value (p<0.05)

Depth of defect



Conclusion

The CCP-ACI provided satisfactory mid-term outcomes in OCD up to 10mm depths without bone grafting.

There could be a stable CCP-ACI graft in OCD because of the mechanically supportive environment created by 3D culture and high chondrocyte density in the pellet, resulting in active synthetic activity.

References

1. Bozkurt M, Isik C, Gursoy S, Akkaya M, Algin O, Dogan M (2018) Bilayer Matrix Autologous Chondrocyte Implantation without Bone Graft for Knee Osteochondral Lesion Less than 8 mm Deep. *J Knee Surg* 31 (9):851-857
2. Frerker N, Karlsen TA, Lilledahl MB, Brorson SH, Tibballs JE, Brinckmann JE (2021) Scaffold-Free Engineering of Human Cartilage Implants. *Cartilage* 13 (1_suppl):1237S-1249S
3. Hambly K, Bobic V, Wondrasch B, Van Assche D, Marlovits S (2006) Autologous chondrocyte implantation postoperative care and rehabilitation: science and practice. *Am J Sports Med* 34 (6):1020-1038
4. Hirschmuller A, Baur H, Braun S, Kreuz PC, Sudkamp NP, Niemeyer P (2011) Rehabilitation after autologous chondrocyte implantation for isolated cartilage defects of the knee. *Am J Sports Med* 39 (12):2686-2696
5. Jung M, Karampinos DC, Holwein C, Suchowierski J, Diallo TD, Gersing AS, et al. (2021) Quantitative 3-T Magnetic Resonance Imaging After Matrix-Associated Autologous Chondrocyte Implantation With Autologous Bone Grafting of the Knee: The Importance of Subchondral Bone Parameters. *Am J Sports Med* 49 (2):476-486
6. Minas T, Ogura T, Headrick J, Bryant T (2018) Autologous Chondrocyte Implantation "Sandwich" Technique Compared With Autologous Bone Grafting for Deep Osteochondral Lesions in the Knee. *Am J Sports Med* 46 (2):322-332
7. Nizak R, Bekkers J, de Jong PA, Witkamp T, Luijkx T, Saris D (2017) Osteochondral lesion depth on MRI can help predict the need for a sandwich procedure. *Eur J Radiol* 90 245-249
8. Ogura T, Merkely G, Bryant T, Winalski CS, Minas T (2019) Autologous Chondrocyte Implantation "Segmental-Sandwich" Technique for Deep Osteochondral Defects in the Knee: Clinical Outcomes and Correlation With Magnetic Resonance Imaging Findings. *Orthop J Sports Med* 7 (5):2325967119847173
9. Peterson L, Minas T, Brittberg M, Lindahl A (2003) Treatment of osteochondritis dissecans of the knee with autologous chondrocyte transplantation: results at two to ten years. *J Bone Joint Surg Am* 85-A Suppl 2 17-24
10. Schreiner MM, Raudner M, Marlovits S, Bohndorf K, Weber M, Zalaudek M, et al. (2021) The MOCART (Magnetic Resonance Observation of Cartilage Repair Tissue) 2.0 Knee Score and Atlas. *Cartilage* 13 (1_suppl):571S-587S
11. Shimomura K, Ando W, Fujie H, Hart DA, Yoshikawa H, Nakamura N (2018) Scaffold-free tissue engineering for injured joint surface restoration. *J Exp Orthop* 5 (1):2
12. Tallheden T, Dennis JE, Lennon DP, Sjogren-Jansson E, Caplan AI, Lindahl A (2003) Phenotypic plasticity of human articular chondrocytes. *J Bone Joint Surg Am* 85-A Suppl 2 93-100
13. Trotti A, Colevas AD, Setser A, Rusch V, Jaques D, Budach V, et al. (2003) CTCAE v3.0: development of a comprehensive grading system for the adverse effects of cancer treatment. *Semin Radiat Oncol* 13 (3):176-181
14. Yoon KH, Park JY, Lee E, Lee J, Kim SG (2020) Costal Chondrocyte-Derived Pellet-Type Autologous Chondrocyte Implantation for Treatment of Articular Cartilage Defect. *Am J Sports Med* 48 (5):1236-1245
15. Yoon KH, Yoo JD, Choi CH, Lee J, Lee JY, Kim SG, et al. (2021) Costal Chondrocyte-Derived Pellet-Type Autologous Chondrocyte Implantation versus Microfracture for Repair of Articular Cartilage Defects: A Prospective Randomized Trial. *Cartilage* 13 (1_suppl):1092S-1104S
16. Zellner J, Grechenig S, Pfeifer CG, Krutsch W, Koch M, Welsch G, et al. (2017) Clinical and Radiological Regeneration of Large and Deep Osteochondral Defects of the Knee by Bone Augmentation Combined With Matrix-Guided Autologous Chondrocyte Transplantation. *Am J Sports Med* 45 (13):3069-3080