

# **Surgical Management of Osteochondritis Dissecans of the Patellofemoral Joint**

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# ISAKOS 2023

## COI Disclosure

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**There are no COI with regard to this presentation.**

# Osteochondritis Dissecans (OCD)

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- 9.5 / 100,000 patients

*Kessler, AJSM 2014*

- MFC ; 65 - 85 %
- LFC ; 15 - 33 %
- Patella ; 2 - 10 %
- Trochlea ; 2 %

*Kessler, AJSM 2014*

*Chau, JBJS Am 2021*

# **Surgical indications for OCD**

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- **Failure of conservative treatment in stable lesions**
- **Unstable lesions**

*Wall, JBJS Am 2008*

**There is a paucity of published data regarding  
the surgical treatment of patellofemoral (PF) OCD.**

# Purpose

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**To evaluate the clinical characteristics and  
outcomes of patients who undergo surgery  
for PF-OCD lesions**

# **[Method] Patient Population (2006 - 2020)**

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- PF-OCD
- Surgical treatment
- Follow-up > 1 year

<b>13 knees / 11 patients</b>	
<b>Age</b>	<b>14.5 years (8 - 32)</b>
<b>Sex</b>	<b>Male 11, Female 0</b>
<b>Follow-up</b>	<b>29.9 months (12 - 125)</b>

# Surgical Procedure

## Stable Lesion

- Drilling (transarticular)

*Anderson, Arthroscopy 1997*



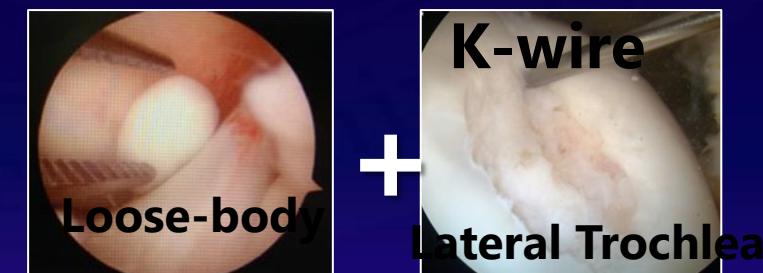
## Unstable Lesion

- Fixation w/ bioabsorbable pins

*Kocher, AJSM 2006*



- Loose-body removal  
+ Marrow stimulation

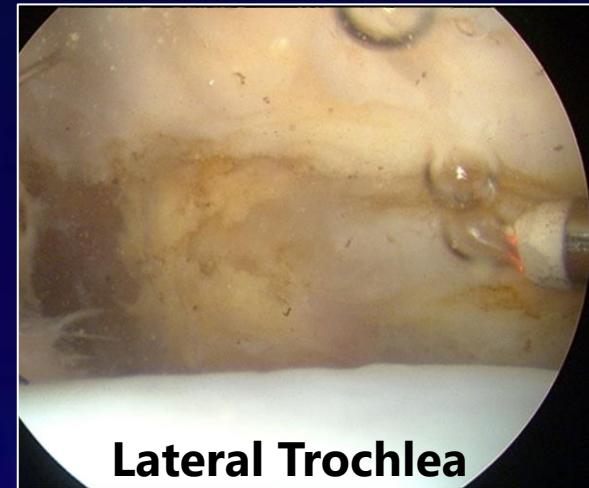
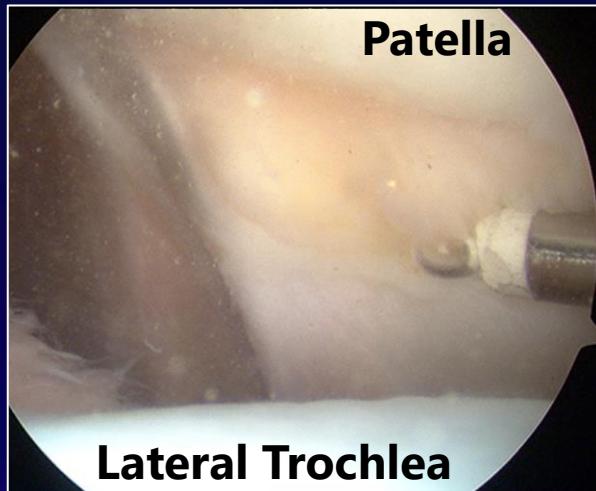


# Additional Procedure

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## Lateral retinacular tightness

- Lateral retinacular release (LR) *Kramer, AJSM 2015*



# Radiographic Assessment

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- Healing rate, duration (drilling, fixation)

## PF alignment

- Congruence angle (CA)

*Suganuma, Arthroscopy 2016*

- Patellar tilting angle (PTA)

*Grelsamer, JBJS Br 1993*

# 【Result】 Clinical Characteristics

	<b>n = 13</b>
<b>Location (Trochlea : Patella)</b>	<b>10 : 3</b>
<b>OCD grade (ICRS, 1 : 2 : 3 : 4)</b>	<b>3 : 2 : 1 : 7</b>
<b>OCD size (mm)</b>	<b>27.0 ± 0.9</b>
<b>Duration of conservative treatment (mo)</b>	<b>5.7 ± 4.2</b>
<b>Tegner activity scale</b>	<b>7 (6 - 8)</b>
<b>Surgical procedure</b>	
<b>Drilling</b>	<b>5 (38.5 %)</b>
<b>Fixation</b>	<b>1 (7.7 %)</b>
<b>Loose-body removal</b>	<b>7 (53.8 %)</b>
<b>+ LR</b>	<b>7 (53.8 %)</b>

# Return to Sports

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- 13 / 13 knees (100 %)
- 4.5 months (range, 1 - 8)

## Drilling, Fixation

- 5.7 months (range, 5 - 8)

## Loose-body removal

- 3.0 months (range, 1 - 6)

# Radiographic Healing (Drilling, Fixation)

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- 6 / 6 knees (100 %)
- 4.9 months (range, 3 - 8)

# Comparison of Pre- and Postoperative Outcomes

	Pre-operative	Post-operative	P value
Lysholm score	<b>74.5 ± 12.0</b>	<b>97.6 ± 3.7</b>	<b>&lt;0.01*</b>
Radiographic parameters			
CA (°)	<b>17.6 ± 8.8</b>	<b>10.3 ± 10.9</b>	<b>&lt;0.01*</b>
PTA (°)	<b>9.7 ± 3.4</b>	<b>9.3 ± 4.0</b>	<b>0.11</b>

Paired t-test (P <0.05\*)

No revision surgery

# **[Discussion] Surgical Treatment of PF-OCD**

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- Post-op Lysholm score, 85 - 93.4  
**97.6 (this study)**
- Return to sports, 85 - 94.1 %  
**100 %, @4.5 mo (this study)**
- Add LR, 66 - 76.5 %  
**54 % (this study)**
- Healing rate, 67 - 100 %  
**100 % (this study)**

*Wall, J Pediatr Orthop 2014*

*Kramer, AJSM 2015*

*Price, J Pediatr Orthop 2020*

*Lee, AJSM 2021*

# Revision Surgery

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- 5 - 14 %
- 0 % (**this study**)

*Wall, J Pediatr Orthop 2014*

*Kramer, AJSM 2015*

## Risk factors for worse outcomes

- Internal fixation
- Female sex

*Kramer, AJSM 2015*

**Male, 100 % / Fixation 7.7% (this study)**

# **Limitation**

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- Retrospective design
- Short term follow-up
- Small sample size

# Conclusion

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**Surgical treatment of PF-OCD produces  
satisfactory clinical and radiological outcomes  
at short-term follow-up.**

# References

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