Large posterolateral cartilage slope is a risk factor for non-contact ACL injury

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#### **COI Disclosure Information**

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I have no financial relationships to disclose.

# Background



Increased posterior tibial slope (PTS)

anterior translation of the tibia



Increased risk of ACL injury

Song et al. AJSM 2018<sup>1)</sup> Zeng et al. KSSTA 2014<sup>2)</sup>

#### Which is the risk factor?

- bone, meniscus, or cartilage?
- medial or lateral?

# Purpose

The purpose of this study is to investigate the relationship between non-contact ACL injury and the morphology of the proximal tibial articular surface.



PTS: the tangent line to the bony articular surface MS: connecting the superior aspects of the anterior and posterior segments of the meniscus

**CS:** connecting the anterior and posterior borders of the inferior aspect of the posterior segment of the meniscus

# Patient selection

#### [Inclusion criteria]

- Patients who have undergone knee MR imaging due to knee pain between 2015 and 2020.
- Age between 16 and 39 years old.

#### [Exclusion criteria]

- Presence of osteoarthritis.
- Cases with difficult measurements due to meniscal injury.
- With a history of knee surgery.



**50** patients with ACL injury (ACL group)**50** patients without ACL injury (Control group)

# Methods

The definitions of three planes (Fig.1)

- Central: midpoint of the intercondylar eminence
- Medial: midpoint of the medial tibial plateau
- Lateral: midpoint of the lateral tibial plateau

The definitions of the tibial axis (TA) and the reference line (R) are shown in Fig.2.

Hashemi et al. AJSM 2010<sup>3)</sup>





#### Parameters

The following six parameters were measured as the posterior tilt angle with respect to line R. Statistical analysis involved the use of a t-test or chi-squared test for comparisons between two groups, and binary logistic regression analysis for multivariate analysis.

#### **Medial plane**





PTS, posterior tibial slope MS, meniscus slope CS, cartilage slope m, medial; l, lateral al, anterolateral pl, posterolateral

# Results

#### **ACL vs Control:**

IPTS, IMS, and pICS were significantly larger in the ACL group. (Table 1)

#### **Risk factor:**

plCS was identified as an independent risk factor for ACL injury. (Table 2)

Table 1. Comparison of ACL group and Control group

	ACL	Control	p
n	50	50	
age	23.8	26.4	0.09
M/F	29/21	29/21	
mPTS	$7.9\pm3.4$	8.7±3.4	0.25
mMS	$5.5\pm3.6$	4.8±3.3	0.37
IPTS	8.3±4.5	$6.5 \pm 3.6$	0.03
IMS	$4.1\pm5.0$	$1.7 \pm 3.5$	0.007
alCS	$-11.8 \pm 7.6$	-12.1±7.3	0.85
plCS	$22.0\pm7.1$	$16.6\pm7.3$	<0.001

Table 2. Multivariate logistic regression analysis of risk factors for ACL injury

	OR	95%CI	р
plCS	1.112	1.043-1.185	0.001

### Discussion

#### **Previous studies:**

• Lateral PTS was associated with an increased risk of ACL tear.

Bojicic et al. OJSM 2017<sup>4)</sup>

• Both PTS and MS were greater in ACL injured group than controls. Hudek et al. CORR 2011 <sup>5)</sup>

#### **Present study:**

- IPTS, IMS, and pICS were all larger in ACL group than in control group.
- **pICS** was identified as a risk factor for non-contact ACL injury.

# Discussion



Bordoni et al. AJSM 2019<sup>6)</sup>

The most common relative bone bruise pattern was observed on only the **lateral side of both the tibia and the femur**. Shi et al. OJSM 2019<sup>7</sup>

Increased LMS was associated with and could be an independent risk factor for lateral **bone bruise** in *Li et al. KSSTA 2018*<sup>8)</sup>

"The significant posterior tilt of the lateral parameters may lead to ACL injury and subsequent bone contusions in the lateral compartment."

### Limitations

- Small sample size
- Insufficient patient information, such as height, weight and BMI
- Exclusion of cases with difficult measurements due to meniscal injury.

# Conclusion

- IPTS, IMS, and pICS were significantly larger in patients with ACL injury.
- Large posterolateral cartilage slope is a risk factor for non-contact ACL injury.

### References

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