

ISAKOS 2023

Prognostic Factors For Repair of Longitudinal Vertical Meniscal Tears.

A prospective cohort study on 78 consecutive cases

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Disclosure

Authors have no financial conflicts.

Factors affecting healing

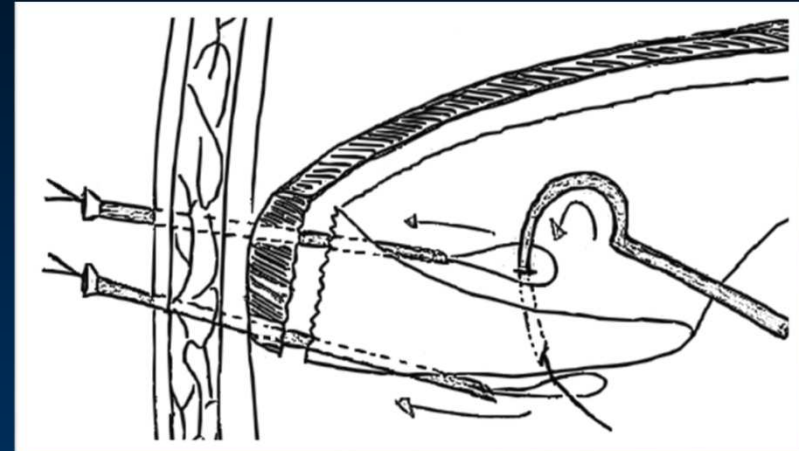
Study design	Year	Authors	Nbre	Healing assessment	AGE	SEX	SMOKERS	MEDIAL SIDE	TEAR EXTENSION	RED-WHITE	TYPE	CONCOMITANT ACLR	SUTURE TYPE	DELAY SURGERY
Case series	1995	Kimura et al	46	secondary arthroscopy						↓		↑		
case series	2008	Pujol et al	53	Arthro-CT				↔				↔		
Systematic review	2011	E.Scott Paxton et al.	NA	NA				↓				↑		
case series	2017	Erdal Uzun et al	80	MRI	↔		↓		↔	↓	↔	↔	↔	↓
Systematic review	2019	Daniel Y.T. Yeo et al.	NA	NA	↔	↔		↔	↔		↑	↑		↔
Meta-analysis	2020	Erik Ronnblad et al.	954	need second surgery	↔			↓		↔		↑	↓	↔
Meta-analysis	2022	L.M. Gerritsen et al	758	2nd look arthroscopy						↓				

Factors affecting healing patient-reported outcome measures (PROM's)

Study design	Year	Authors	Nbre	Healing assessment	AGE	BMI	Varus >5°	osteoarthritis > grade II	CONCOMITANT ACLR	SUTURE TYPE	DELAY SURGERY
Systematic review	2019	Daniel Y.T. Yeo et al.	NA	NA	↔	↔	↓	↓	↔	↔	↓

↔ : no effect
 ↓ : reduced
 ↑ : improve

The Modified Outside-In Suture (MOIS)



Vertical **full thickness** stitch
Maintain more circumferential collagenous fibers
Better control of fragments **reduction**

Purpose: Determining factors affecting healing

Same **surgeon**, same **technique** (MOIS) and same **tear** (longitudinal vertical)

Primary outcome : **objective** : meniscal healing:

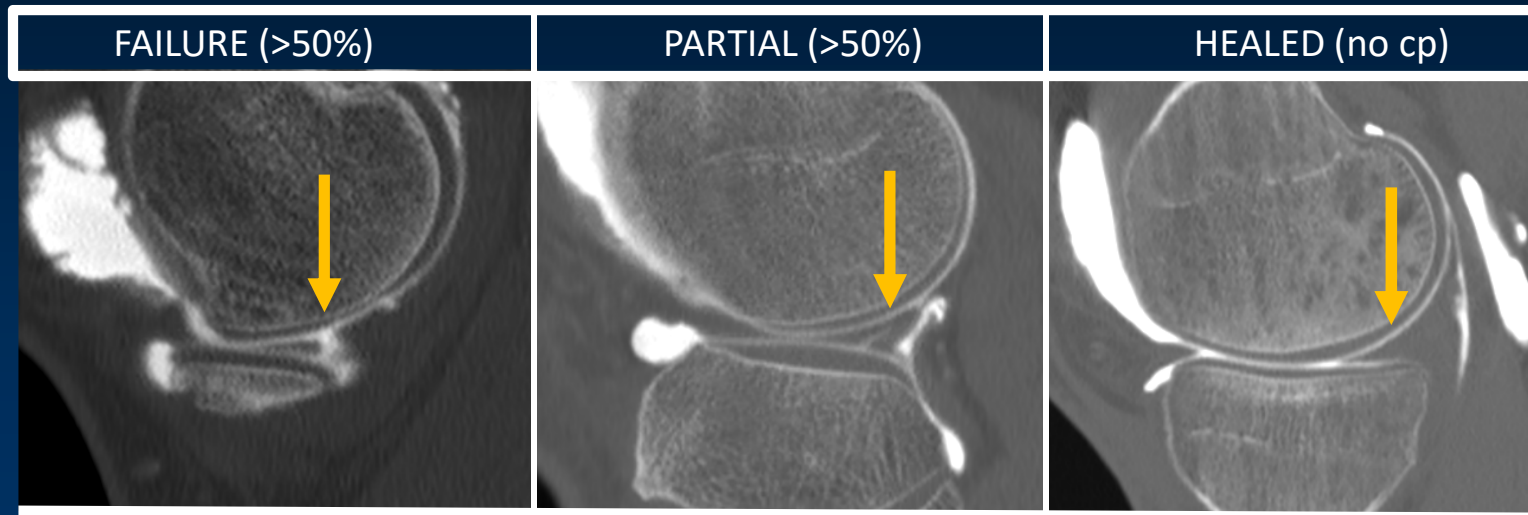
CT arthrography at 6 months with Henning's criteria

Secondary outcome: **subjective**: patient-reported outcome measures:

Clinical scores at 6 - months (IKDC - KOOS)

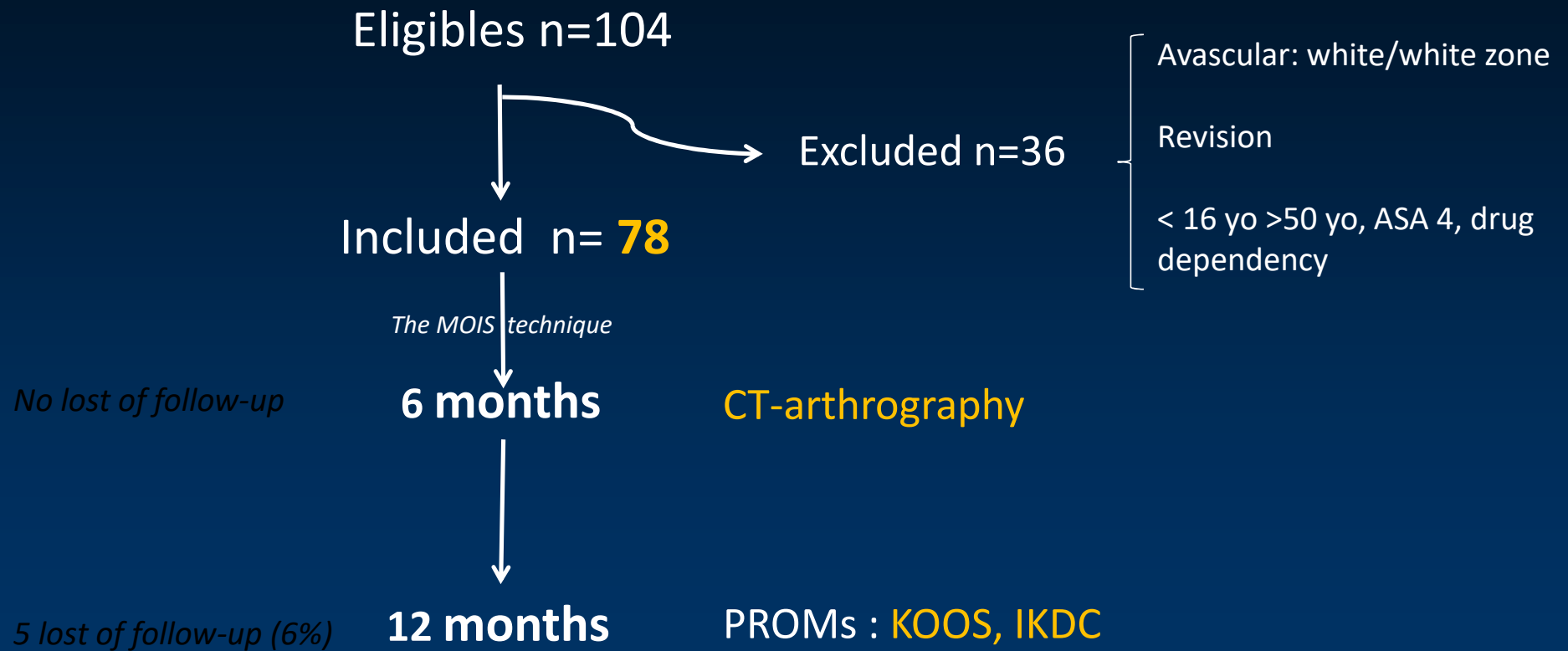
Methods: healing assessment: CT-arthrography

Henning's criteria

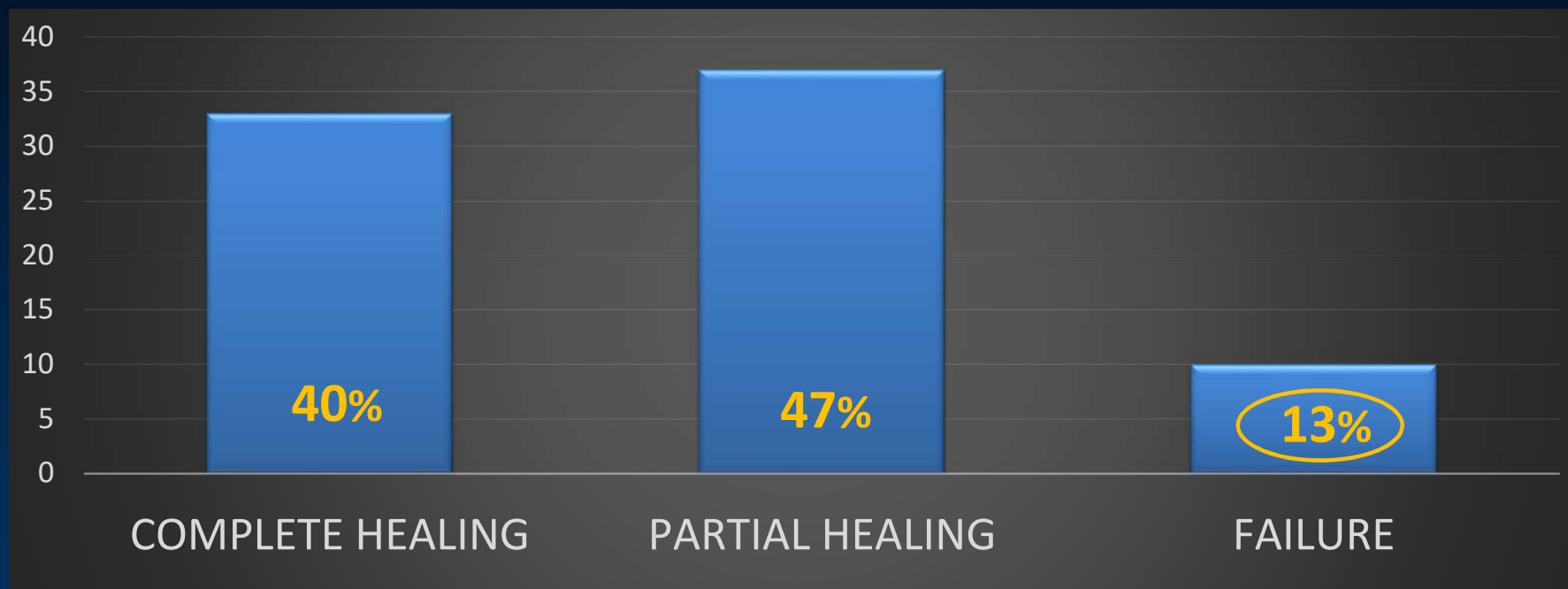


Henning CE, JBJS, 1986
Pujol N, AJSM, 2008

Methods: Prospective open cohort (2015-2018)



Results: Healing on CT-arthrography



Beaufils et, 2003 C:62%

P:31%

F:27%

Pujol et al, 2008 C:53%

P:24%

F:18%

Results: factors and statistical analysis

HOST

Sex ratio (male/female)	3
BMI (kg/m ²)	24.5 ± 4.8
Smoker	33%
Early OA > II Outerbridge	37%
Age (years)	29 ± 8.7
Compartment overload	19%

TEAR

Medial meniscus	77%
Extension all segments	53%
red-white zone	42%

SURGERY

Concomitant ACLR	55%
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Factors reducing healing:

-**Compartment overload** (OR: 3.2; p=0.08)

-**Medial side** (OR: 2.5; p=0.08)

Factors reducing PROM's

-**Compartment overload** with lower KOOS symptoms (OR: 0.35; p=0.022), pain (OR: 0.28; p=0.02), and QOL (OR: 0.44; p=0.05) subscales

-**Medial side** with lower KOOS QOL (OR: 0.55; p=0.02).

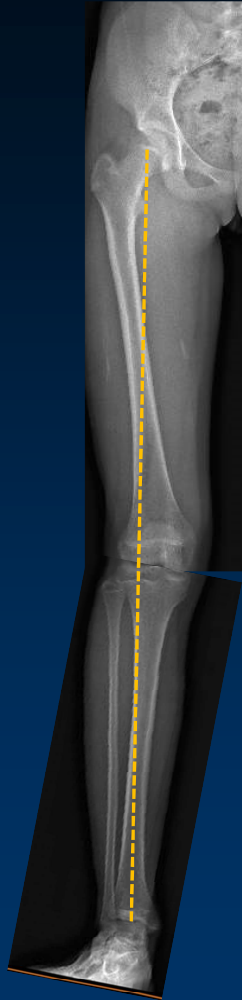
-Aging with lower KOOS pain (OR: 0.73; p=0.04) and sports (OR: 0.65; p=0.011) subscales, and lower IKDC (OR: 0.83; p=0.04)

Angulation: $>1^\circ$ opposite

$<1^\circ$

$>1^\circ$ and $<5^\circ$

$>5^\circ$



Compartment overload:
 >5 degree of frontal
deviation on the side of
the meniscal suture



Unload

Neutral

Overload light

Overload max

An arthroscopic view of a knee joint, showing the femur (shin bone) at the top and the tibia (shin bone) at the bottom. The meniscus is visible in the center, with a distinct tear or lesion. The text is overlaid on the lower half of the image.

In case of **internal meniscal tear** in a **compartment overload**, should we consider **realignment surgery** concomitant to **meniscal repair**?