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June 18–June 21

Arthroscopic Fat Pad Resection Leads To Favorable Outcomes With Low Rates Of Recurrence In Athletes With Infrapatellar Impingement

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Disclosures: None



BACKGROUND

- Anterior knee pain is a common orthopedic complaint
- One commonly overlooked cause is infrapatellar fat pad (IFP) impingement^{1,2}
 - Inflammation and edema → knee pain that worsens with flexion/extension
- Advanced imaging can show IFP hypertrophy, edema, fibrosis, calcification, etc.³
- Refractory to conservative measures → IFP resection is an option



PURPOSE

- Small series have shown benefit to IFP resection in the general population⁴⁻⁷
- Results in athletes remains unknown

The aim of this study was to investigate the outcomes of arthroscopic debridement of the IFP in athletes with IFP impingement who have failed conservative management



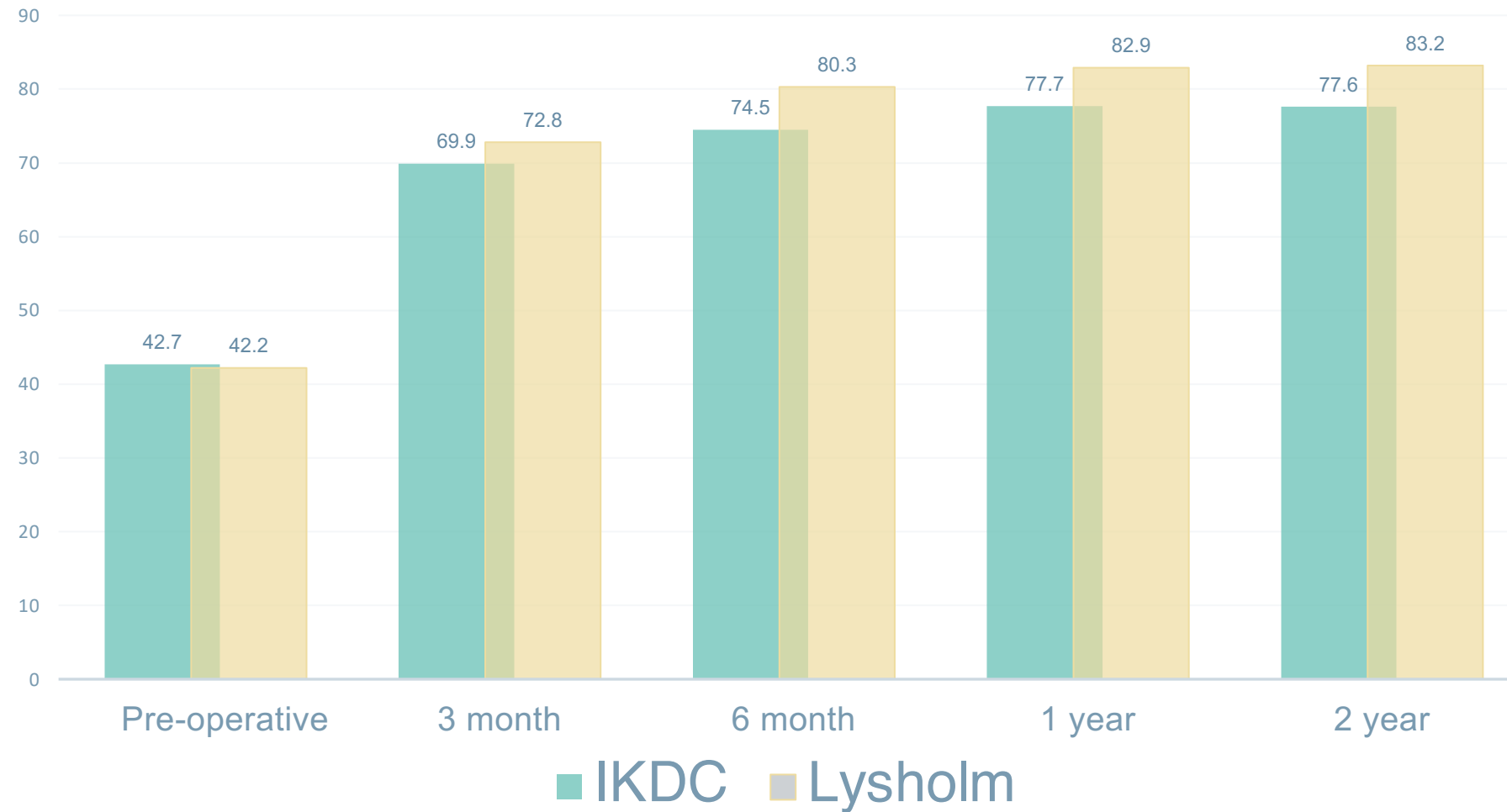
METHODS

- Retrospective analysis of high school and collegiate athletes who underwent IFP resection after failing conservative treatment
- Patient reported outcomes, return to sport, and complications recorded at 3 months, 6 months, 1 year, and 2 years postoperatively



RESULTS

PATIENT REPORTED OUTCOME SCORES



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RESULTS

POSTOPERATIVE CLINICAL OUTCOMES

Pain	N (%)
Recurrence of Pain	2 (7.1%)
Months to Recurrence (months)	10.5 (9-12)
Complications	
Revision Surgery	0 (0%)
Arthrofibrosis	2 (7.1%)
Infection	0 (0%)



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RESULTS

RETURN TO SPORT OUTCOMES

Return to sport	
Return to Sport, n(%)	27 (96.4%)
Return to Sport at Same or Higher Level	23 (82.1%)
Time to Return (weeks)	9.59 (6-16)



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CONCLUSIONS

- Arthroscopic partial resection of the fat pad in athletes with IFP impingement leads to good patient reported outcomes and high return to sport with a low complication rate in early follow-up
- **The procedure appears to be a reliable treatment option for athletes with IFP impingement who do not improve with conservative measures**



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