



Title: No Significant Difference in Signs of Osteoarthrosis after Anterior Cruciate Ligament Injuries comparing Surgical and Conservative Treatment a Systematic review and Meta-Analysis

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Summary:

• The purpose of our study was to analyze the best available evidence, including only studies directly comparing surgical treatment versus conservative management of an ACL tear on short-term follow-up.



Background:

Boston

Anterior cruciate ligament (ACL) tear is one of the most common knee injuries. Regarding the treatment, evidence-based recommendations for the optimal selection of non-operative or surgical management strategies for the acute ACLinjured patient have not been established. Systematic reviews have found similar long-term outcomes (physical activity levels, pain, symptoms, knee osteoarthritis, and quality of life - QOL) following ACL reconstruction and non-operative management of ACL rupture. Although most studies have been found of poor methodological quality, very few randomised controlled trials (RCTs) exist. The clinical benefit of surgery versus conservative treatment is still debated, the possibility of limiting joint degeneration by reconstructing the ACL is even more controversial, with conflicting results regarding the most effective approach to prevent knee osteoarthritis (OA). In this systematic review and meta-analysis we would like to analyze whether there were signs of OA in short term after the injury.

Materials And Methods:

This review was registered on PROSPERO (CRD42021287545). We systematically searched four databases until 2 October, 2021, for comparing ACL reconstruction with conservative treatment. Main outcomes were patient-reported outcomes. Metaanalytical calculations for mean differences (MDs) and odds ratios (ORs) were performed with the commoneffects model and interpreted with 95% confidence intervals (CIs).



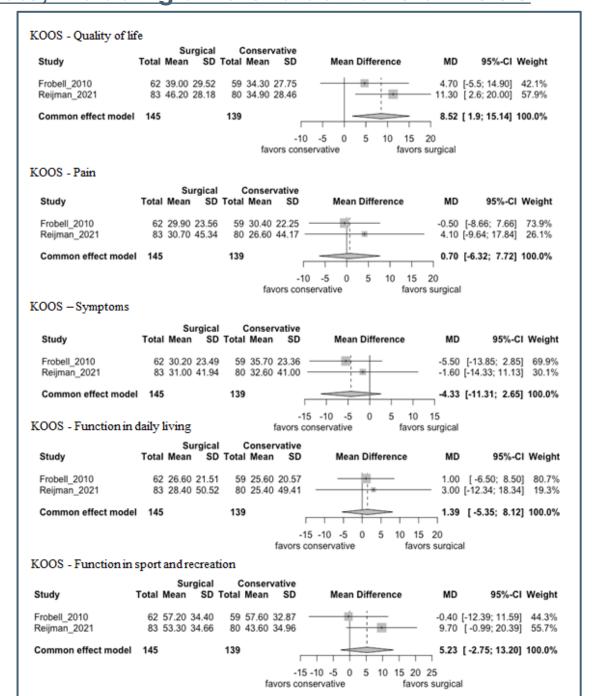
Results:

2 studies were included in the quantitative synthesis. In patient reported outcomes only in quality of life has significant difference between the two groups ((MD=8.52, CI: 1.9; 15.14) which favored reconstruction. In terms of pain, symptoms, function in daily living and function in sport and recreation showed that there is no significant difference between the two interventions. In the qualitative synthesis, we pointed early change in cartilage after the joint injury. Which could reflect adverse long-term outcomes after ACL rupture, and the results support the importance of trauma-related factors for the knee's longer-term structural change.



Forrest-plots of results

Summary of forest plots, including differend domains of KOOS





Conclusions:

 We can conclude that regardless of the therapy that a clinician will choose, surgical or non-surgical, they should advise the patient that the risk of future knee lesions and OA remains relevant, especially when the patient returns to high-risk pivoting activity. According to the studies reviewed in this article, surgically treated individuals had a higher rate of cartilage changes. In addition, patients in both treatment choices improved knee function significantly.



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