

"Medial meniscus allograft transplantation is the bone trough technique a reasonable procedure?"

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Disclosures:

The authors have no disclosures relevant to this abstract to present.



Background

• Restoring knee functionality and decreasing the risk of osteoarthritis are paramount following meniscus allograft transplantation (MAT).

• Three fixation techniques (soft-tissue, bone plug, and the bone trough technique) have been employed for this procedure. For lateral meniscus allograft transplantation (LMAT), the bone trough technique has proven superior.



•The purpose of this surgical technique description was to describe our method of medial meniscus allograft transplantation (MMAT) using the bone trough technique, while simultaneously evaluating patient outcomes before and after the procedure.





Methods

Medial meniscal allograft transplantation MMAT(Through

technique)

Number of patients, 13

•mean age, 34.12 ± 8.86; 8 female and 5 male

•Follow-up, 2001-2020





functional outcomes Evaluation was achieved using three • surveys: Western Ontario and McMaster Osteoarthritis Index (WOMAC), International Knee Documentation Committee (IKDC), and the Tegner Lysholm Knee Scoring Scale (Lysholm) evaluated before MMAT and at final follow-up.





Surgical Technique (Through MMAT)

An assumed provisional tract for the groove identifying the ACL footprint teased up really slightly off of medial tuberosity is made coming anteriorly approximately 6-7 millimeter towards the medial aspect on the cartilage to trim slight amount.





The bridge is moved by 2/3 of the way through the slot by pushing straight forward and pulling the traction suture, which will then be necessary to flex the knee 20° and apply a valgus force so that the posterior horn is also reduced.









• We then cycle the knee through a range of motion to let the bridge settle in a neutral position and then fix it in place at about 10 degrees of flexion using a 15 x 5.5 mm tenodesis screw. We insert it into the medial side of the bridge to displace it straight laterally so that helps prevent any extrusion







improvement in functional outcomes pre to post using the WOMAC, IKDC, and Lysholm surveys (P < 0.001). Functional outcomes based on the WOMAC survey improved from 59.31 ± 14.58 prior to MMAT to 9.77 ± 6.29 at final follow-up.

- Functional outcomes based on the IKDC survey improved from 42.62 ± 7.33 prior to MMAT to 63.54 ± 7.63 at final follow-up.
- Functional outcomes based on the Lysholm survey improved from 27.62 ± 15.38 prior to MMAT to 86.62 ± 13.02 at final follow-up.



Conclusions

• Based on the considerable improvement using three separate clinical surveys for evaluating functional outcomes of the knee after a surgical procedure, the bone trough technique for MMAT is a reasonable procedure. Using the bone trough technique was no associated with any major complication or graft failure.





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