



Impact Of ACLR Graft Choice On Meniscal Repair Outcomes

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Disclosures

- David Flanigan, MD is a consultant for and receives research support from Vericel, Zimmer, and Smith & Nephew; is a consultant for ConMed-MTF and DePuy Mitek; and receives research support from MTF, Histogenics, Aesculap, Cartiheal, Anika Therapeutics, and Moximed
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Current Literature

- Meniscal degradation and removal is well associated with the onset of osteoarthritis^{1,2}
- Failure rates of meniscal repairs continue to be significant, especially in the context of concomitant anterior cruciate ligament reconstruction (ACLR)³⁻⁵
- 2018 Study: Techniques that increased knee stability during concomitant ACLR and meniscal repair was associated with **improved** meniscal success rates⁶
- Minimal literature analyzing the impact ACL graft choice may have on meniscal repair success during concomitant repairs exists



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Purpose

- To evaluate the relationship between anterior cruciate ligament reconstruction (ACLR) graft choice and meniscal repair outcomes during concomitant ACLR and meniscal repairs.
- We hypothesized that
 1. Patients who received a hamstring autograft will have a lower incidence of meniscal repair failure compared to those who received any allograft
 2. Patients who received a hamstring autograft will yield better patient-reported outcome measures (PROMs) compared to those who received any allograft



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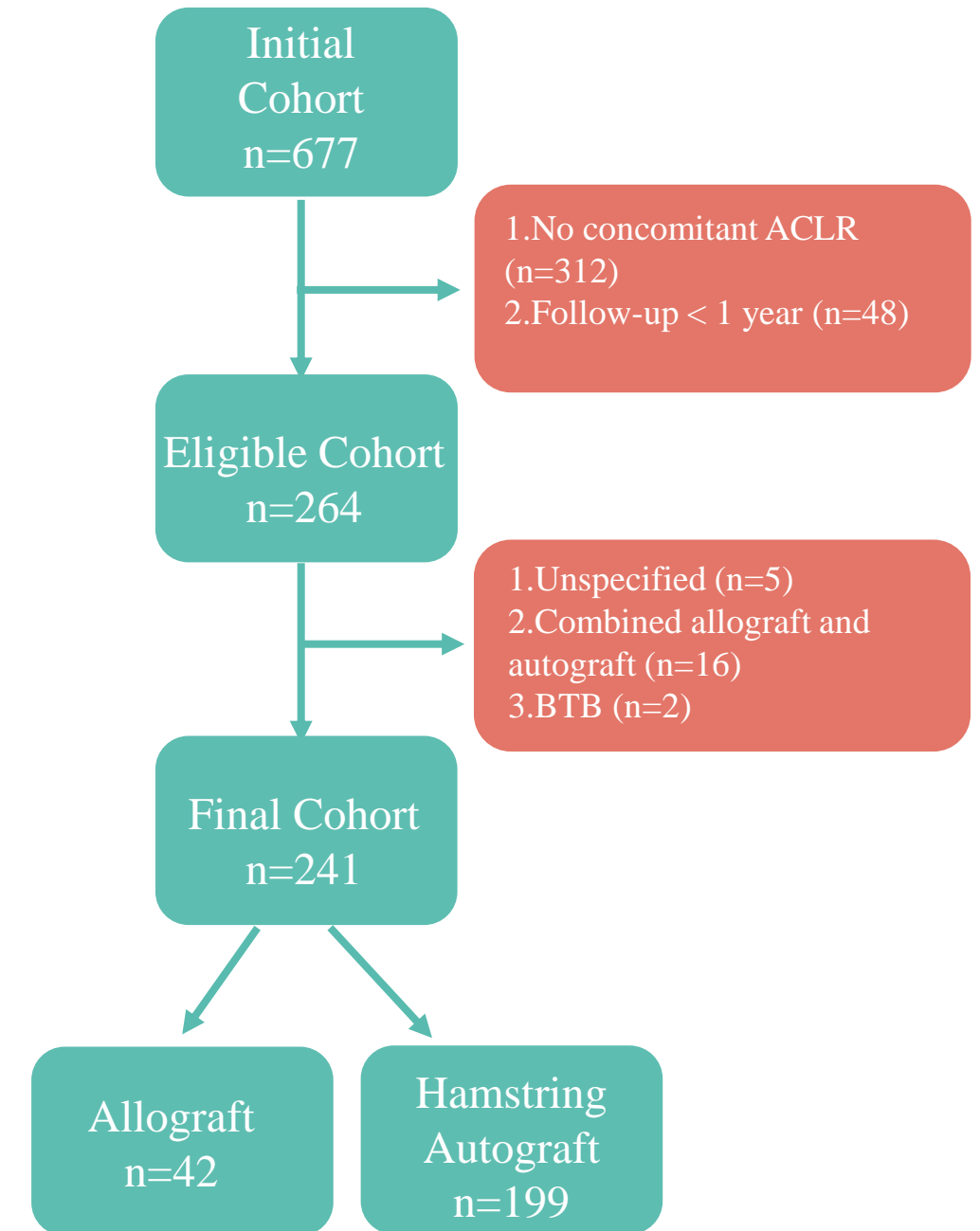
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Materials and Methods

- Retrospective chart review identified 241 patients who underwent concomitant ACLR and meniscal repair during the study period
- Inclusion criteria:
 - Patients who received any allograft or hamstring autograft during the ACLR
 - Minimum of 1 year follow up



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Table 1: Patient Demographics

	Allograft (N = 42)	Hamstring Autografts (N=199)	p-value
Age (Mean ± SD)	35.15 ± 11.92	25.86 ± 9.52	*<0.05
BMI	30.32 ± 7.00	27.01 ± 5.43	*<0.05
<i>Missing</i>	0	15	
Sex (n. %)			
Female	13	86	
Male	29	113	
Meniscal Repair Location			
Medial	32	127	
Lateral	4	44	
Both	6	27	
Smoker			
Never	30	152	
Former	5	12	
Current	7	24	
<i>Missing</i>		11	



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Table 2: Meniscal Repair Outcomes by ACL Graft Group

	Allograft (N = 42)	Hamstring (N=199)	p-value
Side of Repair			
Medial	32	128	
Lateral	1	44	
Both	6	27	
Failed (%)	7 (16.67)	54 (27.14)	0.221
Medial	7 (18.75)	41 (32.03)	
Lateral	0 (0)	10 (22.73)	
Both	0 (0)	3 (11.11)	
Follow Up Length	4.74 ± 3.35	5.03 ± 3.17	0.605
Time to Failure	1.63 ± 1.01	2.52 ± 2.36	0.19
<i>Unknown</i>	3	5	

Table 3: Patient Reported Outcomes by ACL Graft Group

	Allograft (N = 42)	Hamstring (N=199)	p-value
KOOS			
Pain	85.83 ± 16.87	88.78 ± 11.67	0.460
Symptoms	83.42 ± 18.15	82.55 ± 15.79	0.843
ADL	88.01 ± 18.98	93.71 ± 9.941	0.204
Sport	68.75 ± 32.72	76.83 ± 25.53	0.305
QOL	61.01 ± 25.66	67.18 ± 25.70	0.33
<i>Missing</i>	22	87	
Marx Activity			
	4.70 ± 4.27	7.79 ± 5.06	*0.007
<i>Missing</i>	22	87	
IKDC			
	73.28 ± 19.44	79.6 ± 16.11	0.187
<i>Missing</i>	22	87	



Discussion and Conclusions

- ACLR graft choice does not appear to influence the rate of meniscal repair failures
 - These results contraindicate a 2019 study that showed allografts had a 2.34 odds ratio of meniscal repair failure compared to soft tissue autografts and bone-patellar-tendon-bone autografts⁷
- Patients who received Hamstring Autografts reported superior PROM scores after meniscal repair, although not statistically significant
 - Previous studies demonstrating significantly better PROMs among hamstring autografts after ACLR and ACLR revision surgeries support this observed trend^{8,9}



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Limitations

- Large difference in sample size between groups led to reduced power
 - Hamstring Autografts = 199, Allograft = 42
- Poor response to follow-up led to missing PROMs in each group
 - Hamstring Autografts = 87 missing, Allograft = 22 missing
- Statistically significant differences between groups may have led to confounding results
 - Age, BMI

Future Directions

- Larger sample size to:
 - Control for potential confounding variables
 - Increase the power of the study
- Examine meniscal repair outcomes and PROM's within different follow-up windows to determine the long-term association between ACLR graft choice and surgical outcomes



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