

Simultaneous reconstruction of the anterior cruciate ligament & medial collateral ligament using semitendinosus & gracilis autografts:

a minimum 2-year follow-up study.

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Disclosures: None





Introduction

In cases of combined ACL and MCL injuries, non-operative treatment of the MCL lesion may lead to valgus instability, rotatory instability and/or failure of the reconstructed ACL.

Use of gracilis tendon in isolation for MCL reconstruction, has not been described.

Presenting a case series of **14 patients** who underwent simultaneous ACM MCL reconstruction using semitendinosus (ACL) and gracilis (MCL) autografts, with a 2- to 5-year follow-up.





Methods

14 patients - simultaneous ACL-MCL reconstruction - Jan 2017 & June 2020

Both acute (<6 weeks) and chronic injury patterns were addressed with the same surgical procedure and meniscal lesions were treated in the same setting.

Exclusions: Patients with additional ligament injuries, cartilage lesions and limb malalignment.

Procedure: Anatomic single bundle ACL reconstruction using a quadrupled semitendinosus autograft. Anatomic MCL reconstruction was done using a gracilis autograft. Graft fixed on femur and distal tibia with an adjustable loop and on proximitibia with a suture anchor (SMCL) and a bio-interference screw (POL). 2 yr Follow of the suture anchor (SMCL) and a bio-interference screw (POL).



IKDC evaluation form, Lysholm scores, valgus opening on stress radiographs, anterior drawer, and range of motion (ROM) were assessed.



Results

- The postoperative medial knee opening (side-to-side difference) was significantly reduced to 2.7 ± 0.6 mm (range, 2.2 to 4.6 mm) compared with 8.0 ± 0.8 mm (range, 7.1 to 9 mm) preoperatively (p < 0.01).
- Preoperatively, a grade III anterior drawer was seen in all patients.
 patients had a grade II drawer and none had grade III instability at the last follow-up.
- The mean IKDC subjective score improved overall from 48.4 ± 9.0 preoperatively to 85.7 ± 11.2 at the last follow-up (p < 0.01).
- Postoperative ROM (0-128*±6*) was not significantly different from preoperative ROM (0-134*±7*), excluding two patients.



One patient had hyperextension of 10* pre-surgery, which she regained at 2 year follow-up. One had decrease in flexion range after surgery, preoperative ROM 0-125* to postoperative ROM 0-95* at last follow up.



Conclusion

In patients with combined ACL-MCL instability simultaneous reconstruction of the ACL and MCL with hamstring autografts can significantly improve the stability and functional outcomes, without compromising range of motion.



