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HAMSTRING AUTOGRAFT RETAINING MUSCLE TISSUE IN ACL RECONSTRUCTION OUTCOMES: A FUNCTIONAL EVALUATION OVER TWO YEARS FOLLOW-UP

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Faculty disclosure

- Nothing to Disclose



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Purpose



Assess post-surgical outcomes

- Patients undergoing ACL reconstruction
- Hamstring autograft
- Adjacent muscle preservation



Functional recovery over a 24-month follow-up



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Methods

- Prospective cohort with patients from the Sports Medicine and Traumatology Center (CETE-UNIFESP), Sao Paulo, Brazil

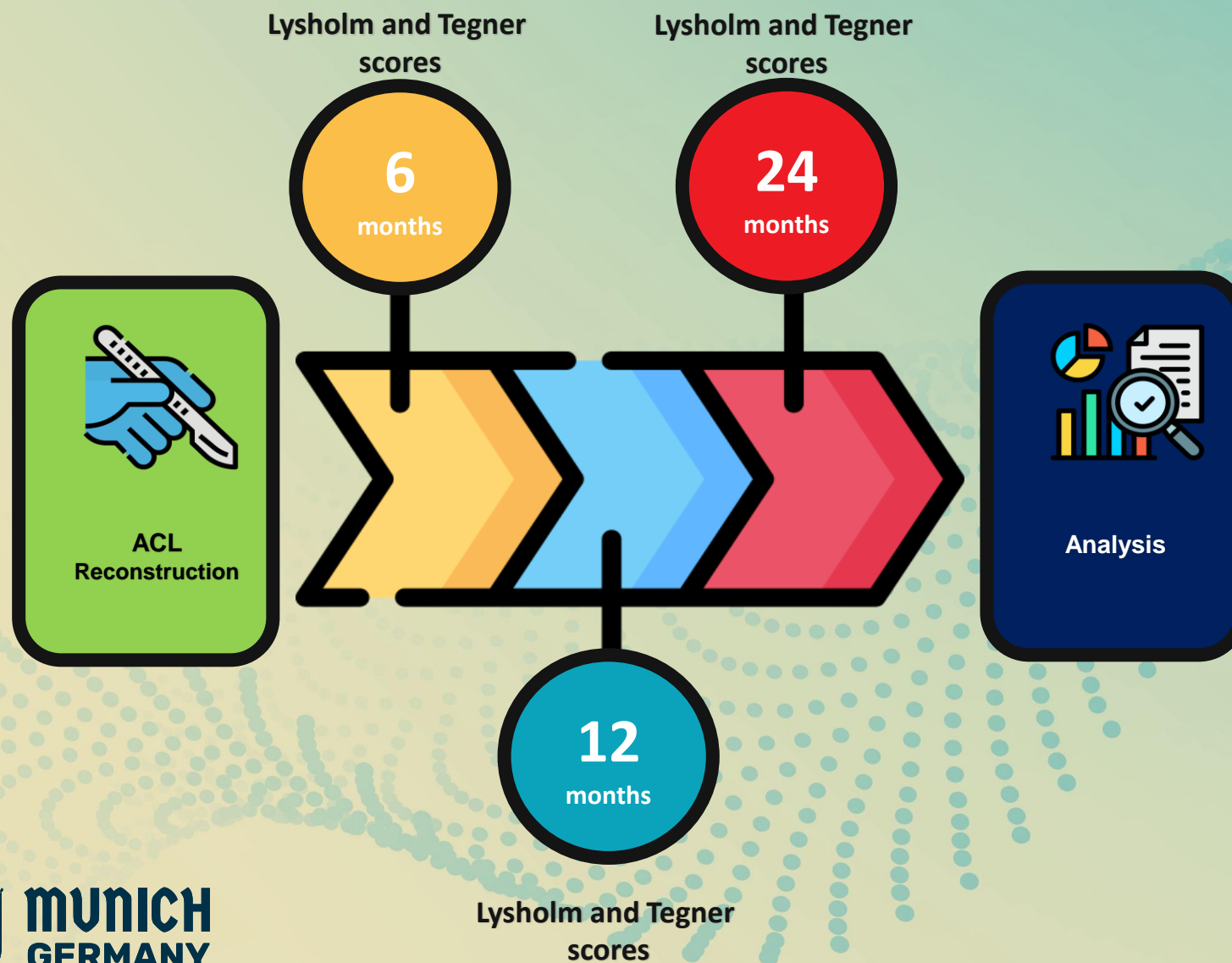


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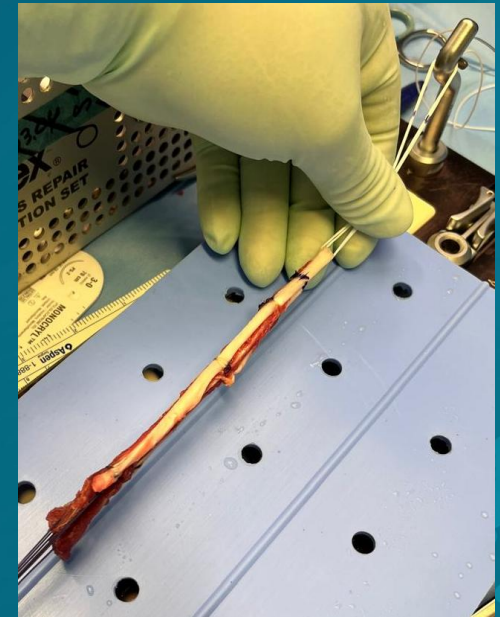
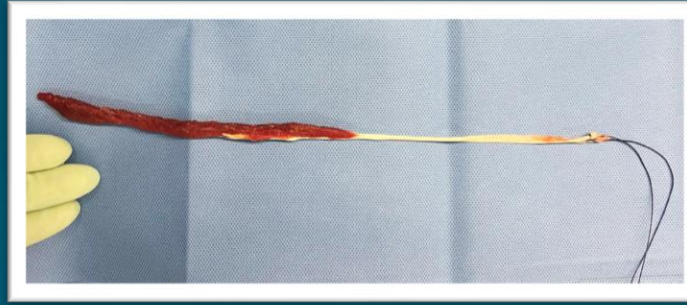
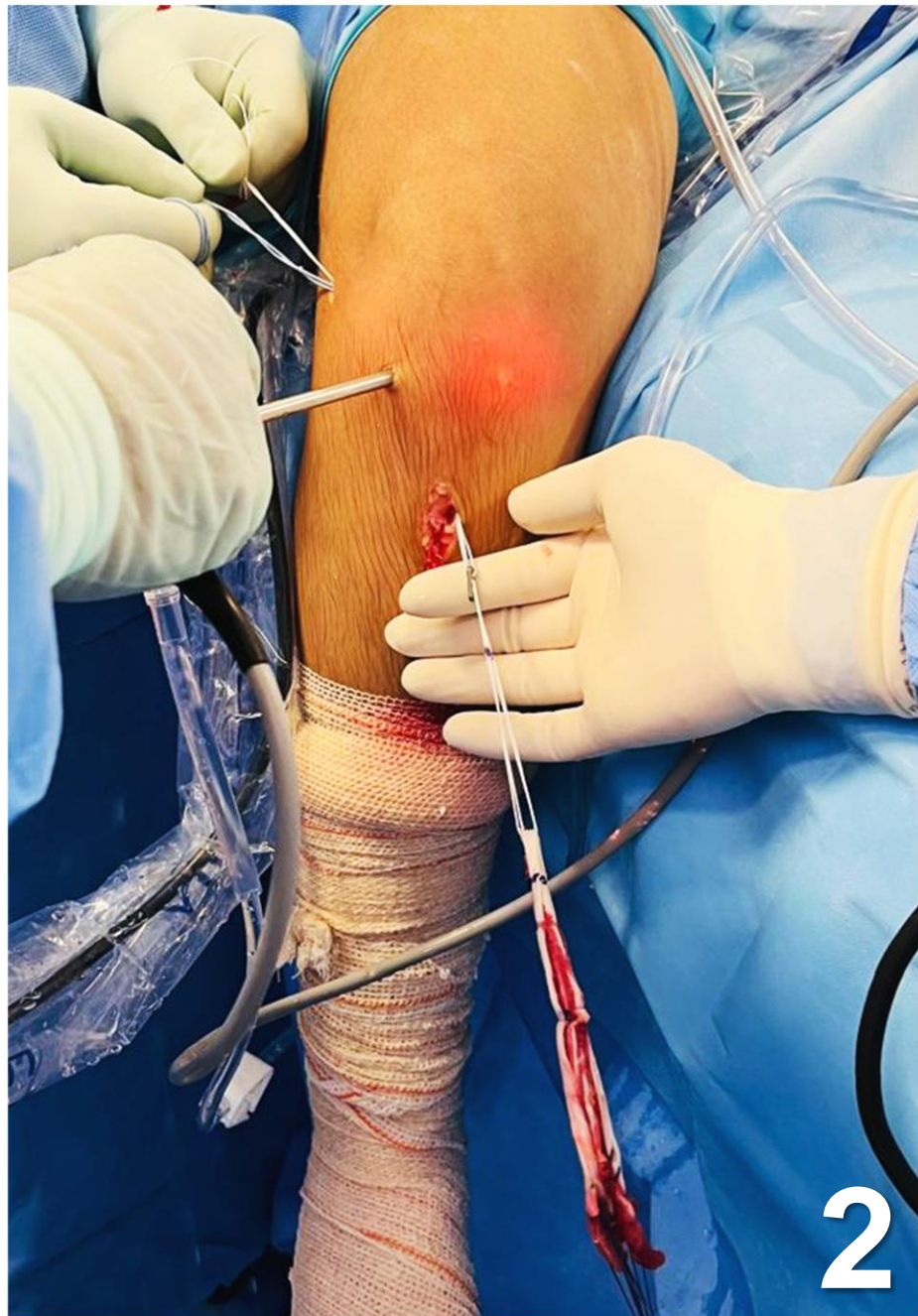
Methods



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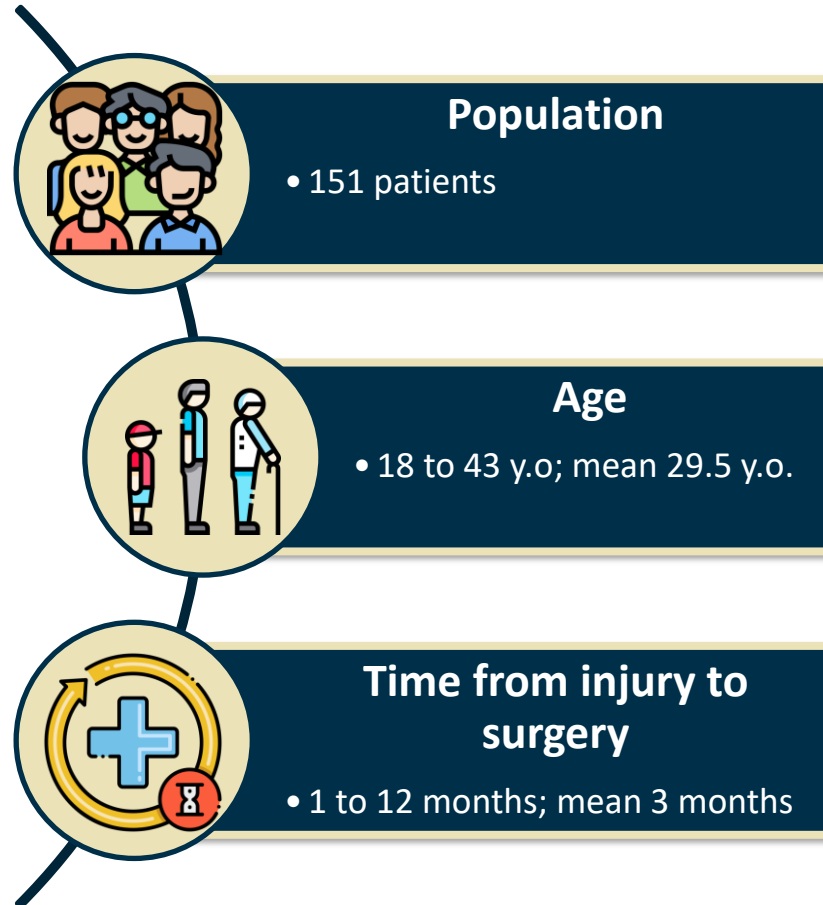
Hamstring autograft with
preservation of adjacent
muscle tissue

1. Autograft

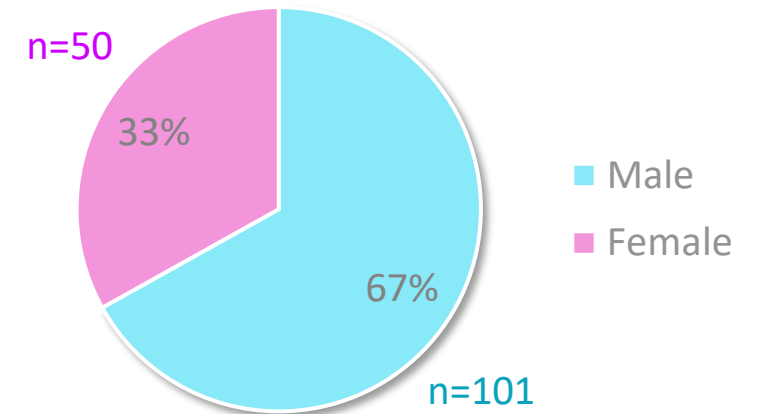
2. External view

3. Arthroscopic view

Results



Gender distribution

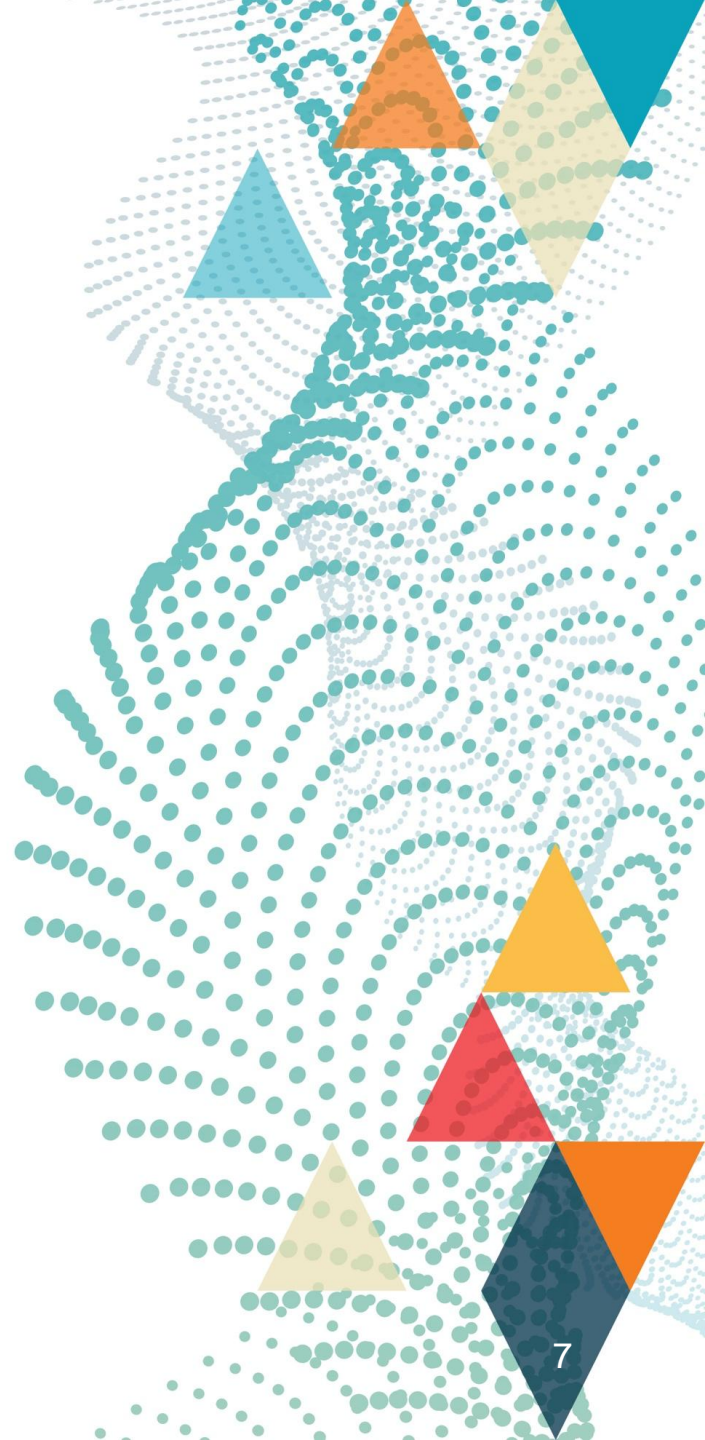
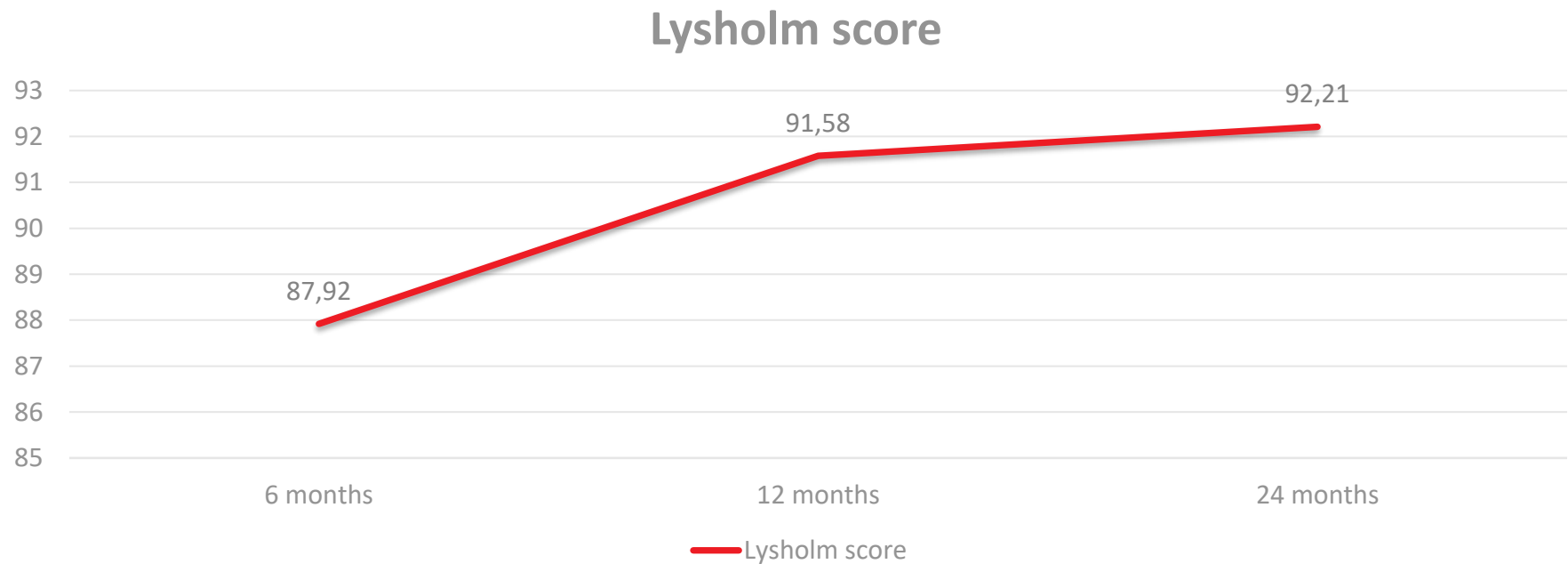


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Results



Discussion

- Functional outcomes were measured using Lysholm and Tegner scales
- Lysholm scores steadily improved over time
- Most patients reached 85–99 points, indicating high recovery levels.
- Tegner scores showed that many patients returned to pre-injury activity levels, although some variability exists depending on individual context.



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Discussion

- Muscle retention during ACL reconstruction may enhance ligamentization and functional recovery.
- This technique is particularly beneficial for:
 - Women
 - Elderly
 - Patients with thin hamstring tendons
- Younger patients showed slightly faster and more complete recovery, possibly due to better overall physical condition.
- No clear gender difference in outcomes was established



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Discussion

- Post-surgical complications, though rare, were associated with lower functional outcomes
- The technique is:
 - Safe
 - Implant-sparing
 - Simple to perform with a manageable learning curve
- The research emphasizes the value of personalized surgical strategies and targeted care based on patient characteristics.



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Conclusions

ACL reconstruction with muscle-preserved hamstring autograft shows promising functional results, especially in patients with thin hamstring tendons

Earlier surgical timing (average 3 months) may favor better recovery.

Results support this approach as a viable alternative technique.

Further research is warranted to compare long-term outcomes with other reconstruction methods.



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