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# *Thicker and Shorter Hamstring Tendon Autograft Can Improve Graft Survival in Double Bundle ACLR*

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# Faculty Disclosure Information

- Nothing to disclosure



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# Background

- DB ACLR could enhance **rotational stability** and improve **functional outcomes**.
- **Higher-than-expected failure rate** of DB ACLR.
  - 31 of 129 (**24%**) patients failed (Onishi et. al. OJSM 2023)
  - 9 of 55 (**16.4%**) patients failed (Yabroudi et. al. OJSM 2016)
- **Insufficient thickness of the hamstring graft** during ACLR can lead to an increased risk of failure
- To increase graft diameter, use **both the semitendinosus and gracilis** tendons together or **fold the hamstring tendon (HT) multiple times**.
- **DB ACLR, the HTs must be used separately for each bundle.**



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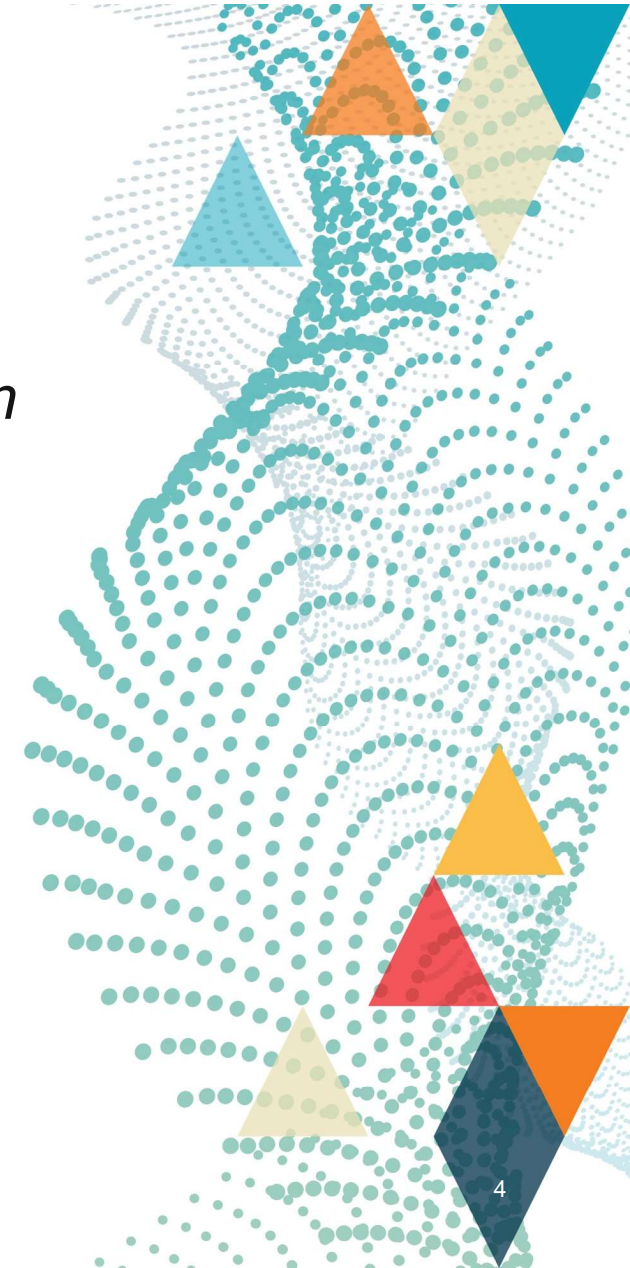


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# Purpose

- To compared **the graft failure rate and clinical outcomes** between two different HT graft preparation methods used in **DB ACLR**



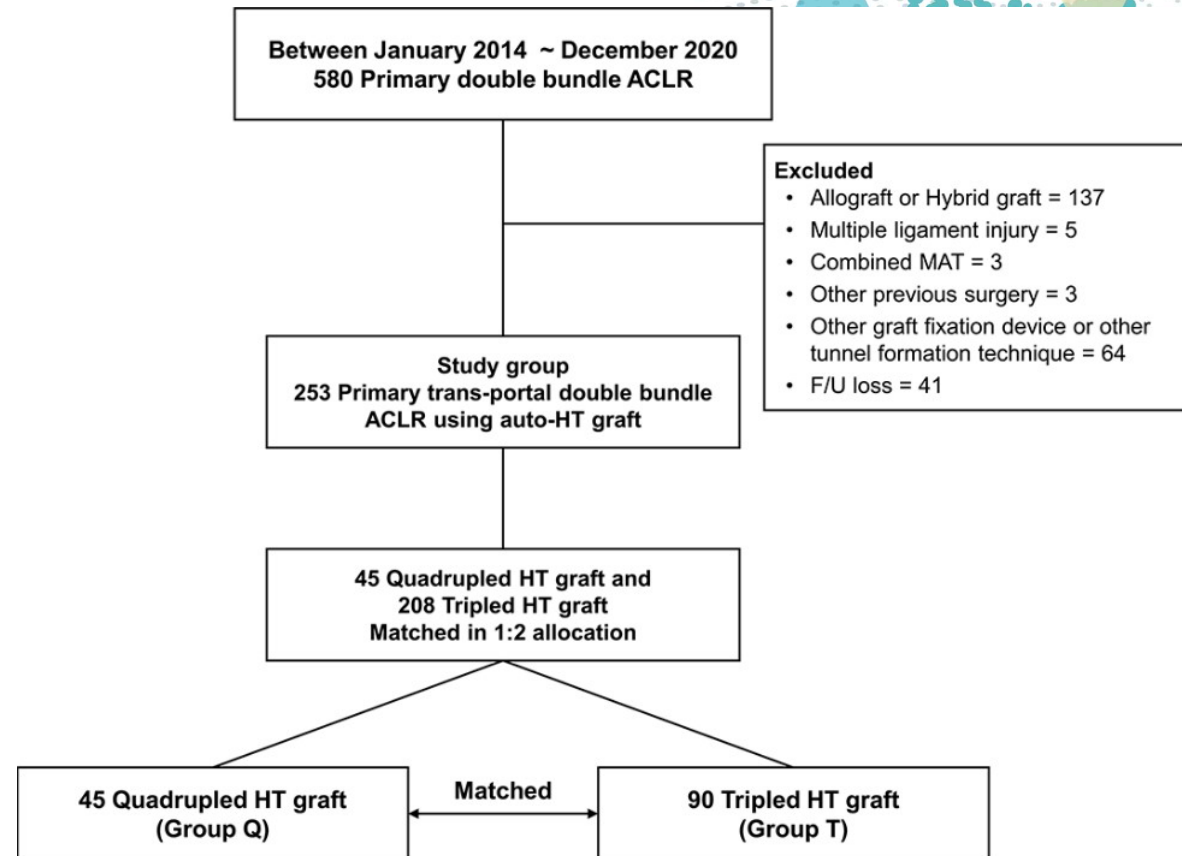
# Methods

## 1:2 Propensity score match

**Group Q (Quadrupled) vs Group T (Tripled)**

*ASMD < 0.25 for appropriate matching*

Age, Sex, BMI, Pre-injury Tegner activity scale, Injury to ACLR interval (3 months)



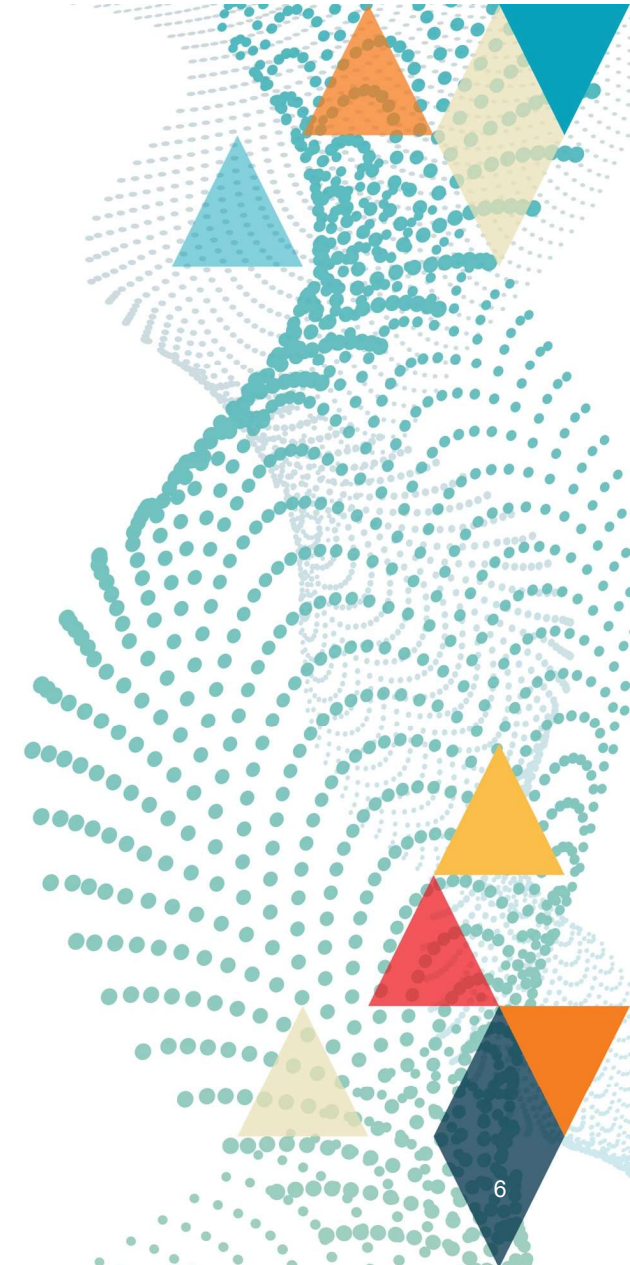
# Methods

## Group Q

- *Quadrupled (4-strand) hamstring graft*
- *$\geq 10\text{mm}$  graft inserted into femur tunnel*

## Group T

- *Tripled (3-strand) hamstring graft*
- *$\geq 15\text{mm}$  graft inserted into femur tunnel*





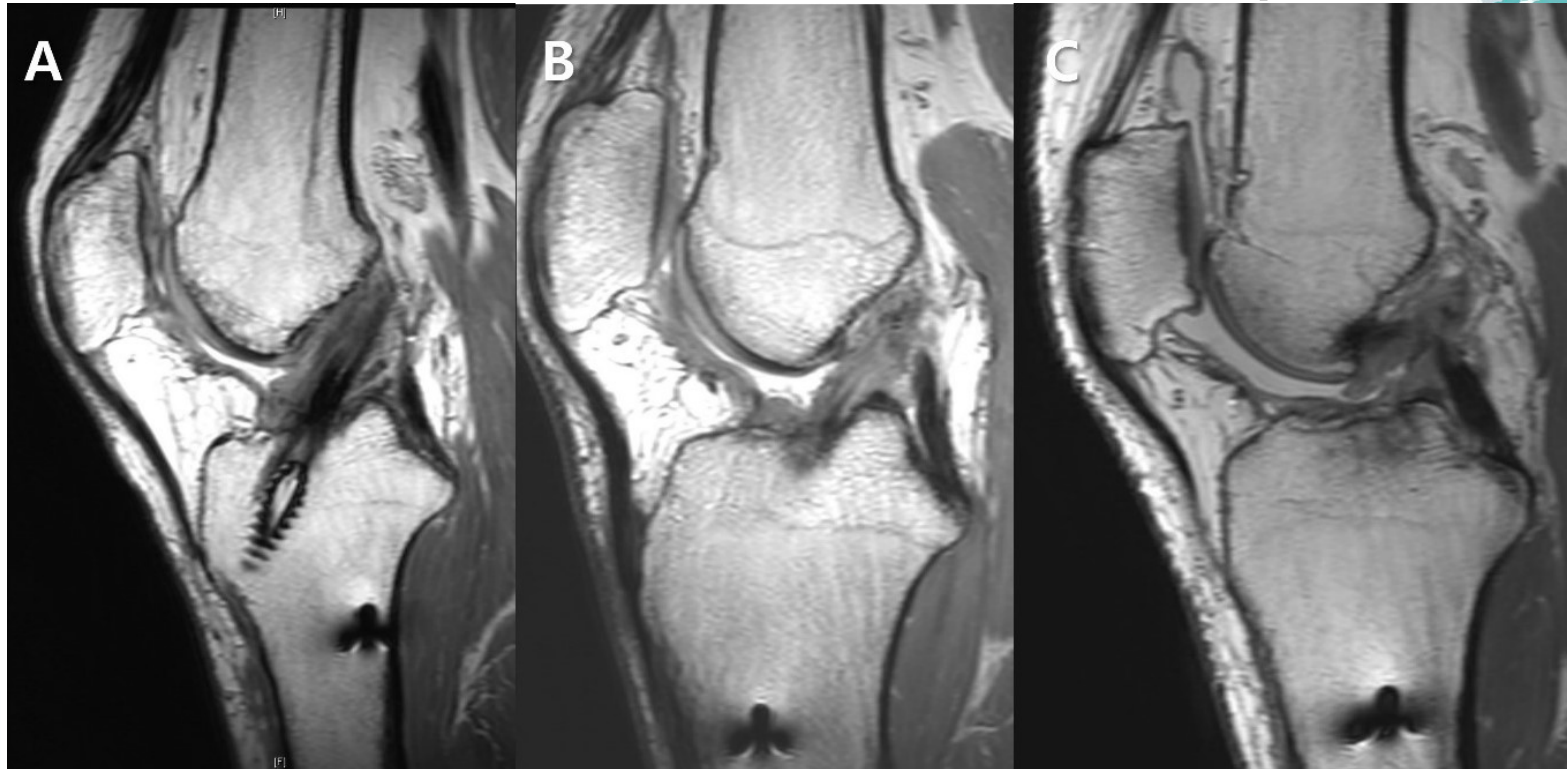
# Methods

## *MRI evaluation of graft continuity*

*Intact*

*Partial tear*

*Complete tear*



# Results

	Group Q	Group T	P Value	ASMD
Number of patients	45	90		
Age (yr)	31.6 ± 11.4	31.5 ± 12.2	.964	.009
Sex			.781	.074
Male	41 (91.1)	80 (88.9)		
Female	4 (8.9)	10 (11.1)		
BMI	25.4 ± 3.0	25.1 ± 3.0	.628	.090
Injured side (%)			.387	
Right	24 (53.3)	55 (61.1)		
Left	21 (46.7)	35 (38.9)		
Interval between injury and surgery, (months)	5.8 ± 10.0	5.6 ± 10.8	.899	
> 3 months (%)	21 (46.7)	40 (44.4)	.807	.045
Follow-up period, (months)	37.3 ± 12.0	39.6 ± 17.6	.261	
Pre-injury Tegner	7.2 ± 1.6	7.3 ± 1.4	.404	.051

**Demographic factors *did not show a significant difference* between the two groups.**





# Results

	Group Q	Group T	P Value
Graft diameter, mm			
AM	8.2 ± 0.6	7.2 ± 0.6	<.001
PL	6.2 ± 0.5	5.6 ± 0.5	<.001
Graft length, mm			
AM	69.3 ± 12.3	84.8 ± 17.1	<.001
PL	69.5 ± 18.7	77.3 ± 16.5	.038
Femur tunnel length, mm			
AM	34.9 ± 4.8	35.9 ± 4.3	.202
PL	36.2 ± 4.1	37.6 ± 4.1	.092

	Group Q	Group T	P Value
Suspensory loop length, mm			
AM	22.4 ± 4.6	16.2 ± 2.7	<.001
PL	24.5 ± 3.8	17.6 ± 3.2	<.001
Length of graft engaged in femur tunnel, mm			
AM	13.4 ± 5.9	18.5 ± 4.0	<.001
PL	13.9 ± 6.9	18.1 ± 3.3	<.001



*In Group Q, both the AM and PL diameters were significantly thicker, while the lengths were shorter.*

*In Group Q, the graft length engaged in the femoral tunnel was shorter.*

# Results

## Group Q (N = 45)

- Total 1 graft failure (2.2%)
- 1 failure d/t re-injury

## Group T (N = 90)

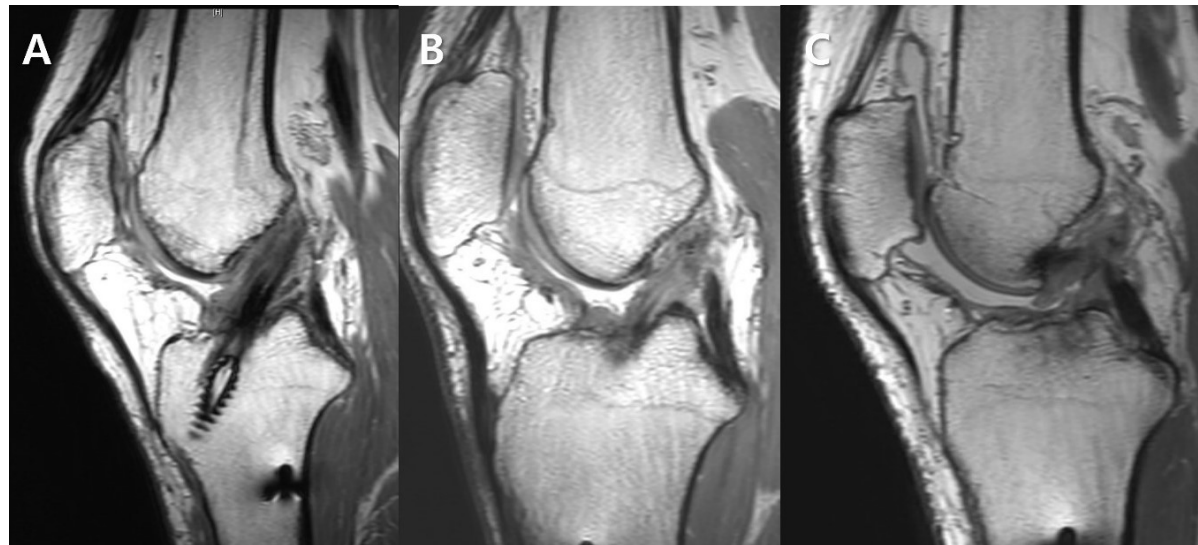
- Total 14 graft failure (15.6%)
- 10 failure d/t re-injury
- 4 failure w/o definite injury

	Group Q	Group T	P Value
Lysholm	92.1 ± 9.3	94.4 ± 6.2	.165
Tegner activity scale	6.6 ± 1.9	6.4 ± 1.4	.616
≥ 6, %	34 (75.6)	61 (67.8)	.351
IKDC subjective score	84.0 ± 14.0	85.7 ± 11.2	.480
KOOS			
Pain	94.5 ± 8.1	95.3 ± 5.7	.620
Symptoms	94.0 ± 6.7	92.4 ± 9.0	.400
Activity in daily living	97.4 ± 5.1	97.3 ± 5.8	.890
Sports and recreation	84.2 ± 16.1	83.5 ± 19.0	.858
Quality of life	80.8 ± 17.9	85.0 ± 18.2	.310

***No significant difference in postoperative PROs between the two groups.***

# Results

	Number, %	Postoperative months	<i>Intact</i>	<i>Partial</i>	<i>Substantial loss</i>
<b>Group Q</b>	41 (91.1)	8.5 ± 6.7	38	3	0
<b>Group T</b>	71 (78.9)	10.2 ± 10.2	<b>53</b>	<b>17</b>	<b>1</b>



**Difference** in graft continuity on MRI between the two groups did not reach statistical significance. ( $P=0.067$ )



# Conclusion

- In DB ACLR using HT autografts, **graft survival was superior with quadrupled HT grafts** than with tripled grafts.
- **Increasing the graft diameter, particularly in the AM bundle,** is expected to positively affect graft survival, even if it results in a reduction in graft length and femoral tunnel engagement length



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