







Differences in Postoperative Clinical Outcomes and MRI Findings Based on the Method of Fixation of Artificial Collagen Membranes in Autologous Chondrocyte Implantation in Middle-Aged and Elderly Patients

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Evolution of Collagen Membrane Fixation Methods in Autologous Chondrocyte Implantation (ACI) in Japan

- ✓ The use of artificial collagen membranes has been permitted since 2019
 - → Reduction of surgical invasiveness Simplification of surgical technique Enables stable cartilage repair.^{1, 2}
- ✓ Various fixation methods have been reported.^{3, 4, 5}

No studies have yet investigated the impact of suture anchor devices on postoperative clinical outcomes or MRI findings.











Purpose

To compare postoperative clinical outcomes and MRI findings in cases of ACI performed using either an all-suture anchor (JuggerKnot Mini®) or a knotless suture anchor (BC PushLock Anchor®).

Materials & Methods

- ✓ Traumatic Knee cartilage injury in patients aged 50 years or older
- ✓ ACI performed in our institution between 2020 and 2023
- ✓ Minimum follow-up period of 6 months
- √ 18 cases 18 knees (male: 12 cases, female: 6 cases)
- ✓ Average age: 58.8 years
- ✓ All suture anchor: AA group, n=11, ~ Oct. 2020 Knotless suture anchor: KA group, n=7, Nov. 2020 ~











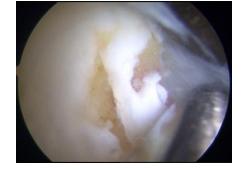
Surgical Technique and Suture Devices

> Arthroscopic cartilage harvesting

After one month of Cell cultivation

> ACI (JACC®)*

✓ Medial parapatellar mini-incision



✓ Cartilage was harvested from a non-weight-bearing area.







Autologous chondrocyte implantation was performed after debridement of the lesion.

*JACC®: J-TEC Autologous Cultured Cartilage

Suture Devices

AA group

All suture anchor:
Zimmer JuggerKnot Mini®
Anchor material: polyester

Anchor diameter: 1.0mm



KA group

Knotless suture anchor:

Arthrex BC PushLock anchor®

Anchor material: PLLA, β-TCP

Anchor diameter: 2.4m















Rehabilitation / Outcome Measures

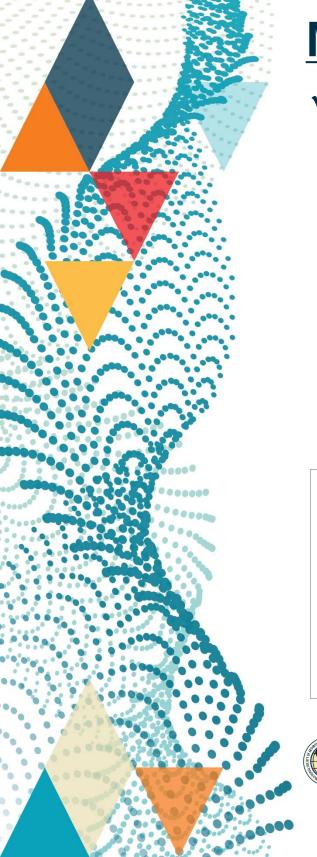
- Postoperative rehabilitation protocol
 - **✓** ROM: From 1 week postoperatively.
 - ✓ Partial weight bearing: From 2 weeks postoperatively.
- Clinical Outcomes
 - ✓ KOOS, IKDC, VAS at rest and during motion were evaluated preoperatively and at 6 months postoperatively.
- > MRI evaluation of Cartilage
 - ✓ Using MOCART 2.0 score.
 - ✓ Measured at 6 months postoperatively.





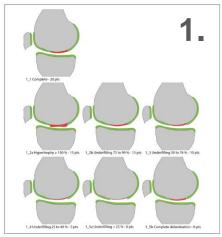


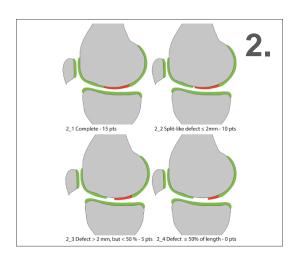


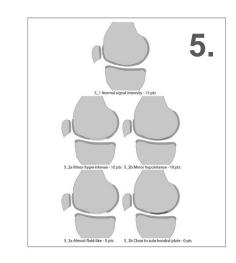


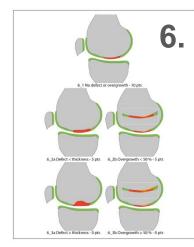
MOCART 2.0 Score

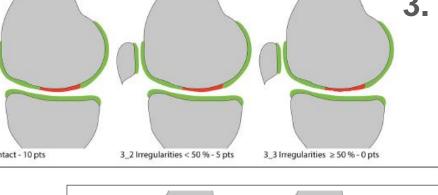
- ✓ Consists of seven evaluation criteria⁶
 - 1. Volume of cartilage
 - 2. Integration into adjacent cartilage
 - 3. Surface
 - 4. Structure
 - 5. Signal intensity
 - 6. Bony defect or bony overgrowth
 - 7. Subchondral changes

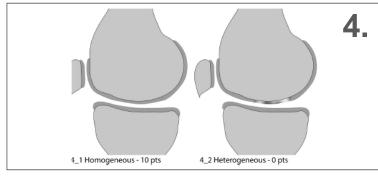


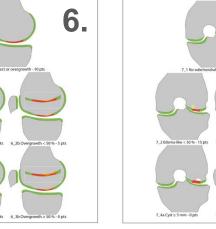






















Demographic data / Pre-operative Clinical score

	AA group	KA group	P value
Age	59.7 ± 7.3	57.3 ± 3.9	0.37
Male / Female	7/4	5/2	n.a.
KOOS score	54.2 ± 14.1	47.6 ± 14.2	0.36
IKDC score	32.3 ± 16.5	35.6 ± 10.9	0.62
VAS (at rest)	40.1 ± 37.1	46.6 ± 19.3	0.63
VAS (during motion)	68.6 ± 28.3	77.1 ± 16.6	0.43



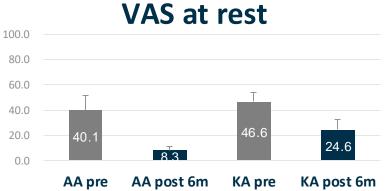


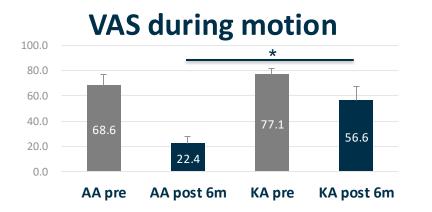


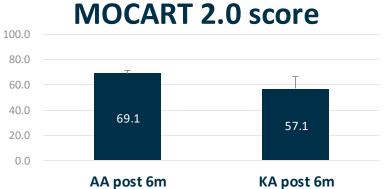


Results [Clinical scores]









- ✓ Post-operative VAS during motion was significantly lower in the AA group.
- ✓ AA group tended to have higher scores in other clinical outcomes and MOCART 2.0 score, although not statistically significant.











Discussion

- Evolution of Membrane Fixation Methods
 - ✓ Initially, pull-out suture were utilized.^{7,8}
 - → Technically demanding.
 - ✓ Fixation using all-suture anchors has been reported⁴
 - → Although the technique is simple, leakage of transplanted cells through the suture sites remains a concern.
 - √ The use of knotless suture anchors was employed to increase the contact area.⁵
- Membrane fixation with Knotless suture anchor
 - ✓ Its use in rotator cuff tears has been widely reported.
 - ✓ While some evidence indicates that bone tunnel enlargement may pose risks, its effect on clinical outcomes is still debated.^{9, 10}

There are still few reports regarding the knee joint











Discussion

- > The relationship between the MOCART score and clinical outcomes
 - ✓ The correlation between the MOCART score and clinical outcomes remains inconclusive, as studies have reported conflicting results.^{11, 12}
- > In this study...
 - ✓ We investigated postoperative clinical outcomes and MOCART scores in ACI procedures utilizing different suture devices.
 - ✓ Post-operative VAS during motion was significantly lower in the AA group.
 - ✓ AA group tended to have higher scores in other outcomes, although not statistically significant.

In middle-aged and older patients, considering factors such as bone fragility, it may be preferable to select devices with smaller anchor diameters.











Limitation

- ✓ Small sample size.
- ✓ Short follow-up period.
- **✓** Assessment of bone fragility has not been conducted.
- ✓ Inter-rater variability has not been assessed.

Conclusion

- ✓ Postoperative VAS during motion was significantly lower in the all-suture anchor group.
- ✓ All-suture anchor group tended to have higher scores in other clinical outcomes and MOCART 2.0 score, although not statistically significant.
- ✓ In middle-aged and elderly patients with knee cartilage injuries, careful selection of suture devices is necessary.











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