

Does ACL Reconstruction Augmented By Remnant Fibers Reinsertion In Addition To Hamstring Graft Improve Outcomes: Results Of A Cohort Of 68 Patients At 3-Year

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CONFLICTS OF INTEREST

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- One of the causes of failed ACL reconstructions :
lack of integration ⁽¹⁾

- Increasing tendency to retain remnant ⁽²⁾

- But many failures with repair techniques ⁽³⁾

- New techniques required
With hamstring augmentations ? ⁽³⁾

> [Knee Surg Relat Res.](#) 2016 Dec 1;28(4):319-324. doi: 10.5792/ksrr.16.007.

Causes of Failure of Anterior Cruciate Ligament Reconstruction and Revision Surgical Strategies

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(1)

Histological features of the ACL remnant in partial tears



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> [Arthroscopy.](#) 2018 Apr;34(4):1085-1093. doi: 10.1016/j.arthro.2017.10.028. Epub 2018 Jan 17.

Clinical Outcomes of Arthroscopic Primary Repair of Proximal Anterior Cruciate Ligament Tears Are Maintained at Mid-term Follow-up

Gregory S DiFelice ¹, Jelle P van der List ²

(3)

Our technique: Augmentation of the ACL at the hamstrings:

- Remnant preservation
- Reinsertion of the ACL on the femur
- By traction on the femoral endobutton

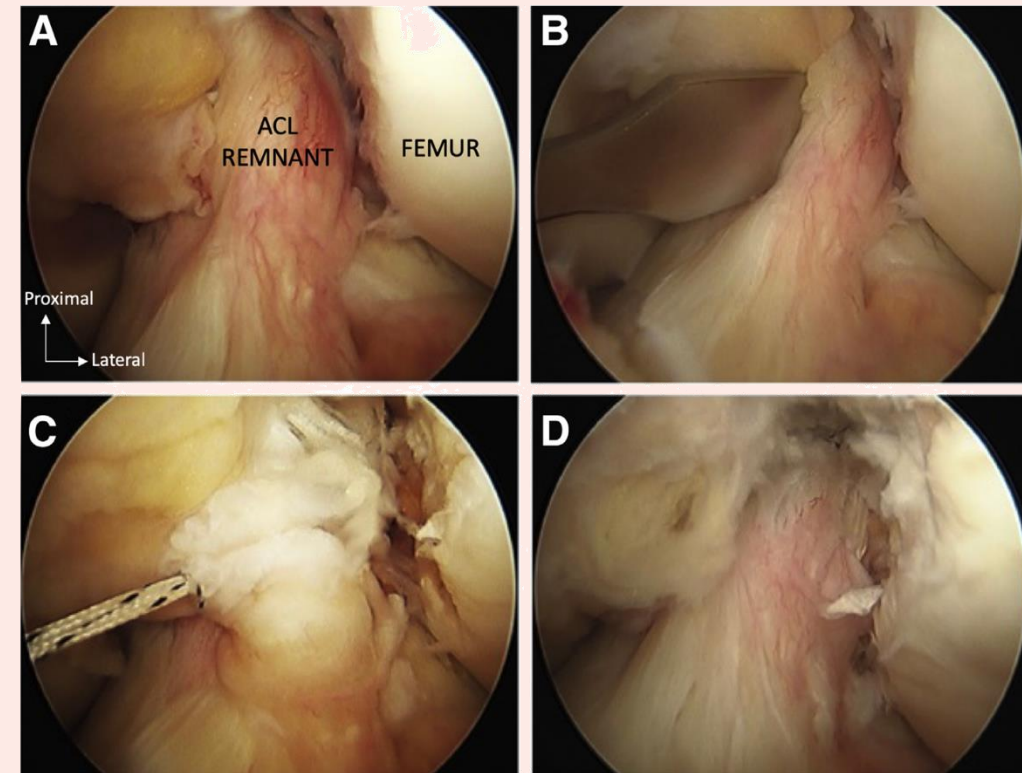
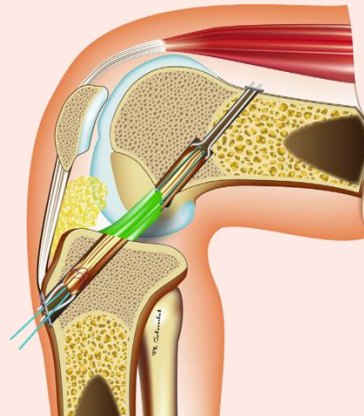
Technical Note

Combined Anterior Cruciate Ligament Primary
Repair With an Autograft Reconstruction

Philippe Colombet, M.D., and Nicolas Bouguennec, M.D.



(4) Arthroscopy technique 2019



Comparison to a group of ACL reconstruction, with Semi-tendinosus graft (5)

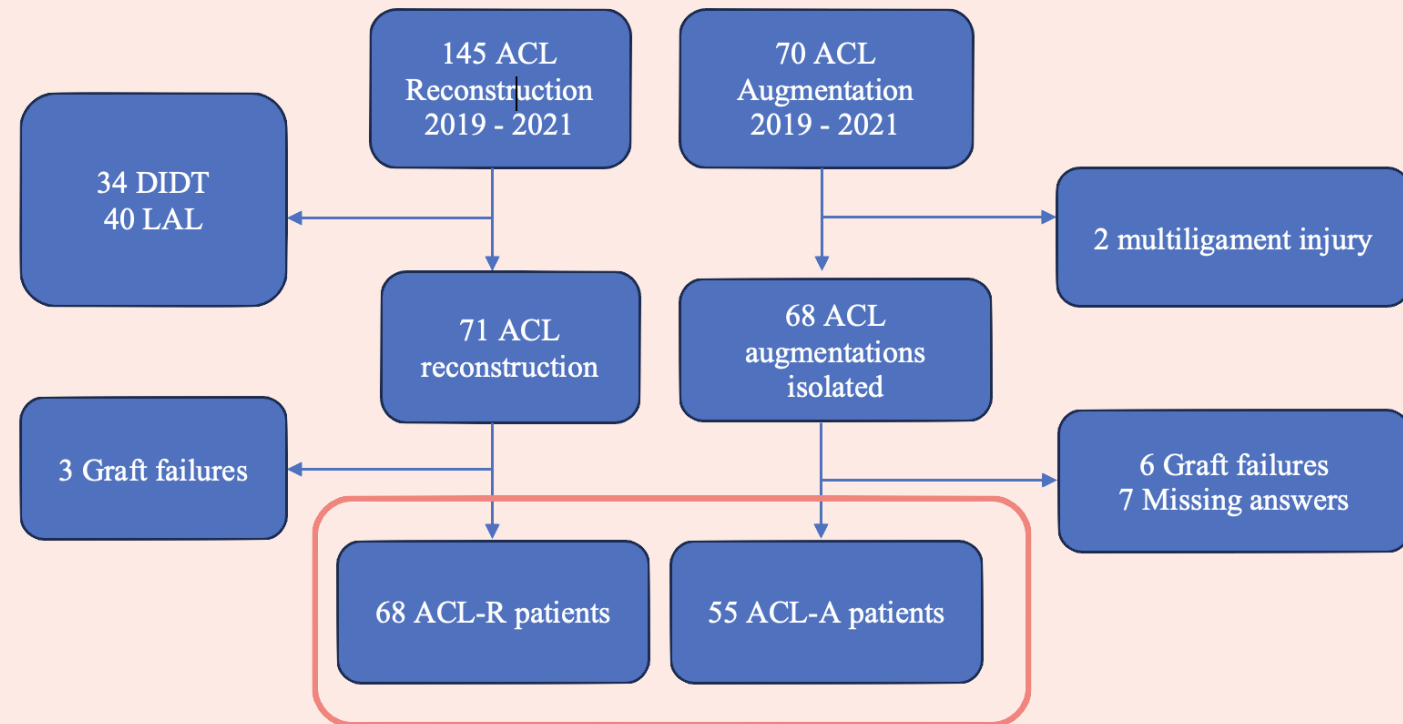
Groupe Augmentation of ACL (ACL-A)

- Patients who have undergone ACL augmentation
- Between 2019 and 2021
- Exclusion: multi-ligament injury

Groupe Reconstruction of ACL (ACL-R)

- Patients who have undergone ACL reconstruction with DT4
- Between 2019 and 2021
- Exclusion: multi-ligament injury
- Antero-lateral reconstruction
- DIDT Graft

Comparative study, single-center, 2 operators



Population	ACL-A	ACL-R	p
Sex: M/F	23/45	39/32	0.1
Age	31.6 (14-68)	27.5 (12 – 59)	0.1
BMI	23.5 (16.3 – 31.6)	24.2 (18.3 – 38.3)	0.6
Tunnel width	8.6 (6 – 10.5)	8,8 (7.5 – 10.5)	0,1
Meniscal lesion	21	32	0, 6

→ 2 groups of population comparable

RESULTS

	ACL-A	ACL-R	p
Surgical revision All causes	10 (6.8%)	7 (9.9%)	0.9
Surgical revision for Graft failure	6 (8.8%)	3 (4.2%)	0.9
Surgery length (min)	43 (31 – 75)	34 (17 – 74)	< 0.05

Etiologies for 2nd Surgery :

*ACL-A: 1 meniscus injury
3 arthrolysis
6 graft failure*

*ACL-R: 2 meniscus injuries
1 infection
1 arthrolysis
3 graft failures*

- No benefit on failure rate
- Longer tourniquet time

Functionnal results at 3 years postoperatively

Functionnal Results	ACL-A	ACL-R	p
ACL-RSI	66 (0 – 100)	71 (13 – 100)	0.5
IKDC	88 (42 – 100)	88 (59 – 100)	0.4
Tegner	6.327 (1 – 10)	6 (0 – 10)	0.5
SKV	82 (20 – 100)	89 (60 – 100)	0.2

➔ No improvement in functional scores at 3 years postoperatively

GRAFT FAILURE RATE :

Robinson et al., ISAKOS 2023 ⁽⁶⁾ : 14% (ACL-A) vs 6% (ACL-R)

Wilson et al, Knee, 2020 ⁽⁷⁾ : 10.4% (ACL-A)

Our study : 9% (ACL-A) vs. 4% (ACL-R)

= GRAFT FAILURE rates close to the littérature



Functionnal results:

Score	ACL-RSI	IKDC	Tegner	SKV
Muller and al. AJSM 2022 (8)	75	85		
Gagliardi and al. AJSM 2019 (9)		91		
Ortmaier et al. (10) Sportverletz.-Sportschaden 2020			5	
Schneider et al. J Clinical med. 2020. (11)		87	6	
Heusdens et al. KSSTA 2020. (12)		85	6	
Vermeijden et al. Arthroscopy 2021. (13)		91	6	
Our study ACL-A groupe:	66	88	6	82



Subjective scores similar to the litterature

No reduction in re-rupture rate...

Improved integration?

- But difficulties linked to analysis methods
- SNQ validity?

→ Interest of an MRI study?



- ➔ ACL augmentation :
No improvement in functional results compared to standard reconstruction
- ➔ No reduction in revision rates
- ➔ Despite a more technically demanding procedure

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