



No Difference In Outcomes Between Coblation And Mechanical Chondroplasty In Patients Undergoing Autologous Chondrocyte Implantation (ACI)

Eric Milliron, MD, Connor Jacob, BS, Parker Cavendish, MD, Tyler Barker, PhD, Jelle P. van der List MD, PhD, Cory Meixner MD, Christopher C. Kaeding MD, Robert Magnussen, MD, David Flanigan, MD

Disclosures

- All disclosures listed in ISAKOS website

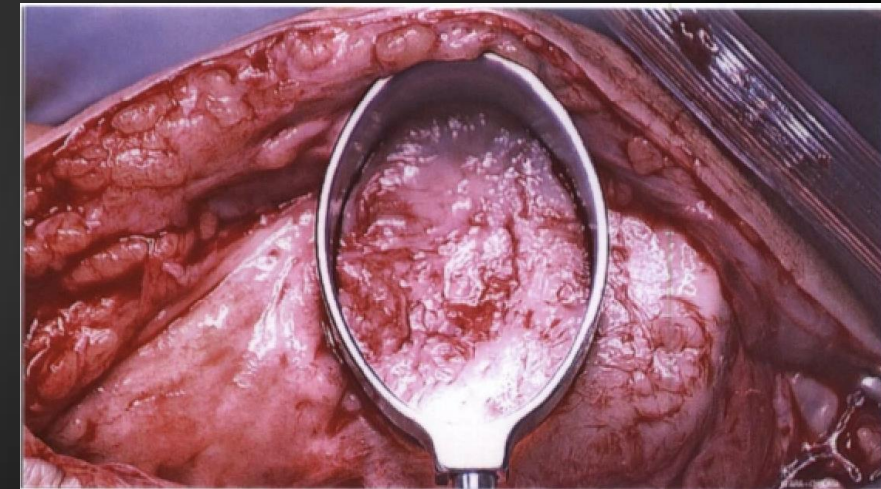
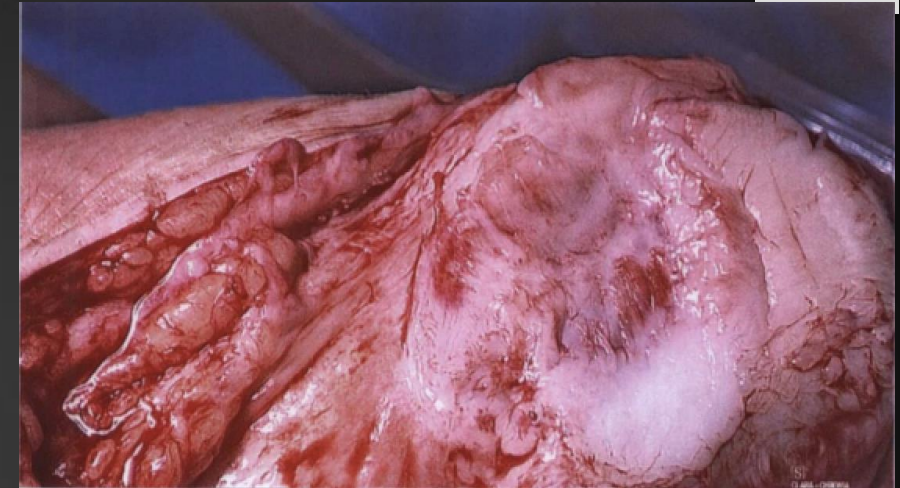


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Background

- Osteochondral injuries are common¹.
- Autologous chondrocyte implantation (ACI) is a common treatment strategy³
 - Younger patients with larger defect size ($> 2\text{cm}^2$)⁴.
 - Excellent outcomes reported⁵
- Often includes chondroplasty
 - Traditionally performed with an arthroscopic shaver.



Background

- Coblation devices have emerged as an option for chondroplasty.
- Tuthill et. al – coblation efficacious and safe in the use of chondroplasty within the knee⁶
- Use concomitantly during ACI has not yet been studied.

Review > [Arthrosc Sports Med Rehabil.](#) 2023 Jul 17;5(4):100749.

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Radiofrequency Chondroplasty of the Knee Yields Excellent Clinical Outcomes and Minimal Complications: A Systematic Review

Trevor Tuthill ¹, Garrett R Jackson ¹, Sabrina F Schundler ¹, Jonathan S Lee ¹, Sachin Allahabadi ¹, Luis M Salazar ¹, Johnathon R McCormick ¹, Harkirat Jawanda ¹, Anjay Batra ¹, Zeeshan A Khan ¹, Enzo S Mameri ^{1,2}, Jorge Chahla ¹, Nikhil N Verma ¹

Affiliations + expand

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Arthroscopy,
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and Rehabilitation



Aim

- To investigate differences between mechanical chondroplasty and coblation during ACL procedure

Reoperation
Rate

Return to
Activity

Failure Rate



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Methods

- Retrospective chart review
- Patients who underwent ACI + chondroplasty
 - 2010 to 2022
- Patient demographics, cartilage defect location and size, and outcome metrics were collected.



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Statistical Analysis

Shapiro-Wilk test

- To assess normality

T-test, Mann-Whitney U test

- To analyze difference between groups

Fisher Exact Test or Chi-Squared Test

- To analyze association between categorical variables

$p < 0.05$ to establish significance

*all statistical analyses were performed with SYSTAT (version 13.1, Chicago, IL).



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Results

- 105 patients met inclusion criteria.
 - 84 patients received mechanical chondroplasty
 - 43 males (50.5%)
 - mean BMI of 27.15 kg/m²
 - 21 received coblation
 - 11 males (52.4%)
 - mean BMI of 29.14 kg/m²
- No statistical differences between groups were found in patient or defect demographic data ($p > 0.05$).



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Lesion Location	Mechanical Chondroplasty	Coblation Chondroplasty
Patella (%)	26 (30.6)	9 (42.9)
Medial Femoral Condyle (%)	36 (42.4)	13 (61.9)
Lateral Femoral Condyle (%)	31 (36.5)	7 (33.3)
Trochlea (%)	37 (43.5)	11 (52.4)
Multiple Lesions (%)	32 (37.6)	13 (61.9)

*No statistical differences between groups were found in defect demographic data

	Mechanical Chondroplasty	Coblation Chondroplasty	p-value
Return to Activity, %	85.9	66.7	0.056
Time to return, days	382	502.9	0.385
Reoperation Rate, %	31.7	33.3	1.00
Delamination at time of Reoperation, %	8.2	19.0	0.22
Failure, %	18.8	28.6	0.37

Discussion

- No significant difference between outcomes of reoperation, failure and return to activity
- Return to activity approached statistical significance with a p value of 0.056
- As the use of coblation becomes more routine, continued study into its safety and efficacy are necessary.
- Further studies needed to evaluate the true impact of its use in ACL.



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Limitations

- Retrospective study
- Small sample size (n = 105)
- Did not separate based on any concomitant procedures (MPFL reconstruction, tibial tubercle osteotomy, etc.)
- Patient Reported Outcomes not assessed



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Conclusion

- No significant difference in return to activity, reoperation, and failure rate was observed between coblation and mechanical chondroplasty in patients undergoing ACL.



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