# Preserving the semitendinosus distal attachment is associated with improved graft remodeling after ACL reconstruction

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## Faculty Disclosure Information

Etienne Cavaignac is paid consultant for Arhtrex, Amplitude, Smith & Nephew and BioBank

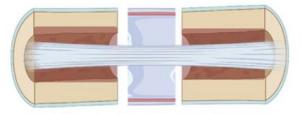








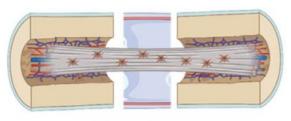
#### **Graft incorporation**



Early healing phase

Host response: inflammation

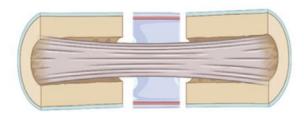
Graft response: cell necrosis



**Proliferation phase** 

Host response: angiogenesis

Graft response: cell repopulation



#### **Maturation phase**

Host response: tunnel closure

Graft response: matrix remodeling

(different in mid substance and in tunnels)

Yao S, Fu BS, Yung PS. **Graft healing after anterior cruciate ligament reconstruction (ACLR)**. Asia Pac J Sports Med Arthrosc Rehabil Technol. 2021

#### **Graft evaluation**

- Clinical exam
  - Lachmann
  - Pivot Shift
- MRI
  - SNQ
  - Howell

Van Dyck et al. Assessment of Anterior Cruciate Ligament Graft Maturity With Conventional Magnetic Resonance Imaging: A Systematic Literature Review. Orthop J Sports Med. 2019



#### Signal to Noise Quotient

$$SNQ = \frac{(Graft\, signal - PCL\, signal)}{Background\, signal}$$

Weiler et al. Biomechanical Properties and Vascularity of an Anterior Cruciate Ligament Graft can be Predicted by Contrast-Enhanced Magnetic Resonance Imaging: A Two-Year Study in Sheep. Am J Sports Med.

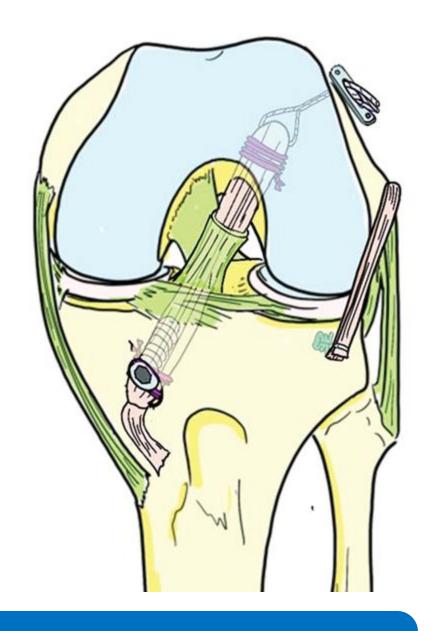


#### Our technique

Attached ST graft

• +/- Lateral tenodesis<sup>1</sup>

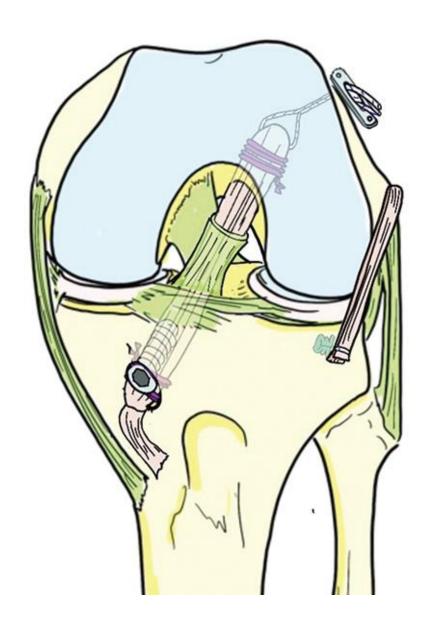
1. Cavaignac et al. **Effect of Lateral Extra-articular Tenodesis on Anterior Cruciate Ligament Graft Incorporation**. Orthop J Sports
Med. 2020



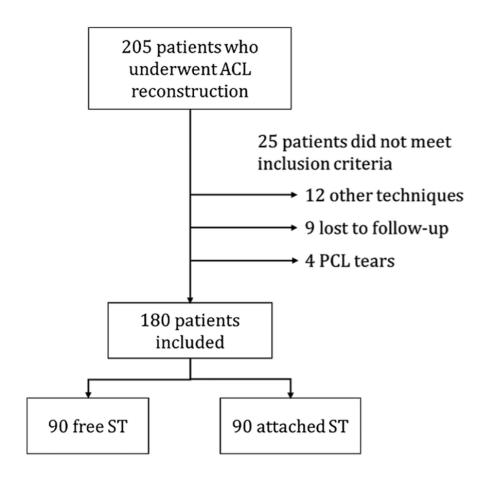
Use of a single pedicular tendon

#### Goals

• To evaluate our pedicled ST technique at 1 year post-operatively



### Comparative study at 1 year



#### Patient characteristics

#### Patient Characteristics<sup>a</sup>

	ST Graft			
	$\overline{\text{Free (n = 90)}}$	Attached (n = 90)	All (N = 180)	P Value
Age at surgery, y	$27.20\pm9.37$	$27.74 \pm 8.86$	$27.47\pm9.10$	.689
Male	52 (57.8)	59 (65.6)	111 (61.7)	.283
Body mass index	$23.75\pm4.15$	$24.08\pm3.54$	$23.91\pm3.85$	.382
Smoker	23 (25.6)	17 (18.9)	40 (22.2)	.282
Time to surgery, wk	$26.24\pm37.85$	$21.40\pm24.40$	$23.82\pm31.85$	.290
Lateral tenodesis	73 (81.1)	46 (51.1)	119 (66.1)	<.0001
Graft diameter, mm	$8.64\pm0.87$	$9.02\pm0.73$	$8.83\pm0.82$	.001
Meniscal lesion				
Medial	13 (14.4)	8 (8.9)	21 (11.7)	.245
Lateral	14 (15.6)	16 (17.8)	30 (16.7)	.689
ALL tear	66 (73.3)	46 (51.1)	112 (62.2)	.002
Preoperative Tegner score $^b$	$7.48\pm2.01$	$7.59\pm1.64$	$7.53\pm1.83$	.684

<sup>&</sup>lt;sup>a</sup>Data are presented as mean ± SD or No. (%). ALL, anterolateral ligament; ST, semitendinosus.

<sup>&</sup>lt;sup>b</sup>Out of 10.

## Results *Primary endpoint*

• aST: 1.18 (95% IC: 0.72 - 1.65)

• fST: 3.88 (95% IC: 3.42 – 4.34)

*p*<0.001

Adjusted SNQ ↓ in the pedicled ST group

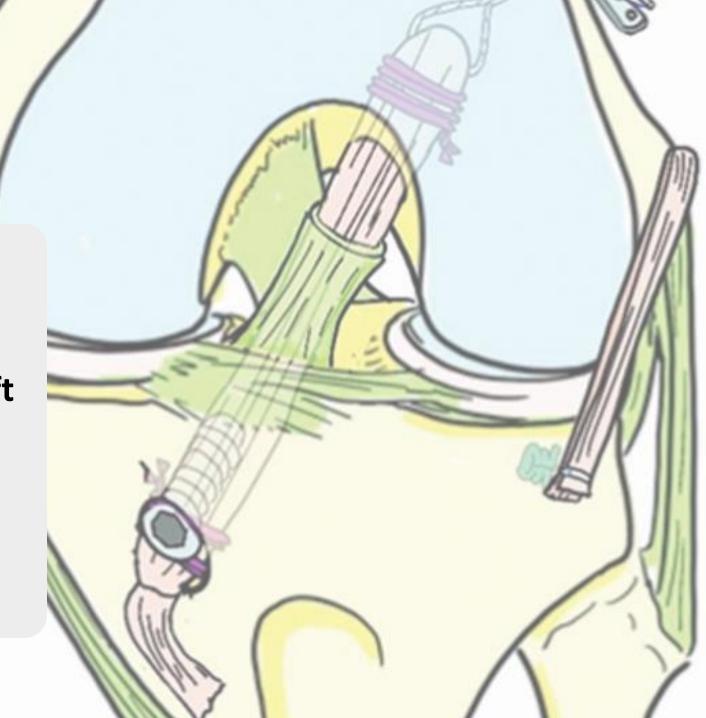
# Results Secondary endpoints

 $\begin{array}{c} {\rm TABLE} \ 2 \\ {\rm Secondary} \ {\rm Endpoints}^a \end{array}$ 

	Free ST	Attached ST	P Value
TTW, %	$73.03\pm40.18$	$68.73 \pm 45.87$	.503
Median Howell grade	2.00	2.00	.149
Retear	1 (1.1)	0 (0.0)	>.999
New surgery	9 (10.0)	2 (2.2)	.029
SKV (0-100)	84 76 + 10 46	97 70 + 11 1 <i>6</i>	061
Median Lysholm, 0-100, IQR (range)	95 (91-99)	99 (95-100)	.004
Tegner postop (U-1U)	$6.32 \pm 2.20$	$6.64 \pm 2.14$	.320
Change in Tegner (preop-postop)	$1.16\pm1.64$	$0.94\pm1.65$	.317
ACL-RSI (0-100)	$71.17\pm18.80$	$75.91\pm19.28$	.097
IKDC (0-100)	$89.36\pm9.86$	$90.09\pm9.96$	.621
Poturn to aporta	82 (02.2)	83 (02.2)	>.000
Time to return to sports, d	$317.23 \pm 144.69$	$248.73\pm141.62$	.002

#### Conclusion

 Remodeling of an ST graft assessed using MRI is better when its distal attachment is left intact





- Yao S, Fu BS, Yung PS. **Graft healing after anterior cruciate <mark>ligament reconstruction (ACLR)</mark>**. Asia Pac J Sports Med Arthrosc Rehabil Technol. 2021
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