Low Failure Rates And Promising Outcomes In Primary Acl Repair: A Retrospective Cohort Study In A Carefully Selected Patient Population

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DISCLOSURE

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The authors declare no conflicts of interest

INTRODUCTION

Contents lists available at ScienceDirect

The Knee

2017

Review

Role of tear location on outcomes of open primary repair of the anterior cruciate ligament: A systematic review of historical studies

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Review Article

Anterior Cruciate Ligament Repair: Historical Perspective, Indications, Techniques, and Outcomes

MAJ Shawn M. Gee, MD
CPT David R. Peterson, MD
MAJ Liang Zhou, MD
Craig R. Bottoni, MD

AAOS 2020

REVIEW

Anterior cruciate ligament repair – past, present and future

Piyush Mahapatra*, Saman Horriat and Bobby S. Anand

2018

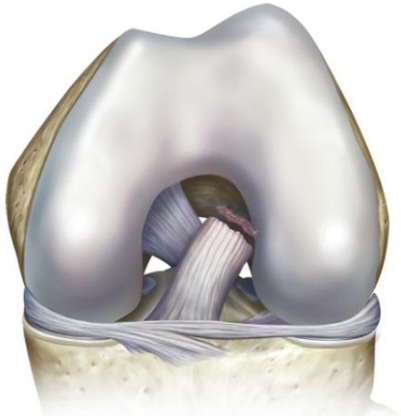
When they compare:

- Proximal repair / mid third / distal → **>50% failure**
- Only proximal lesions → **2% - 15% failure**

GOOD RESULTS when → **PROXIMAL LESIONS**

OBJECTIVE

Main Objetive: To evaluate the **failure rate** of a series of patients operated on for an **ACL repair**



MATERIAL Y METHODS

Retrospective cohort

2018 - 2023 (n=13)

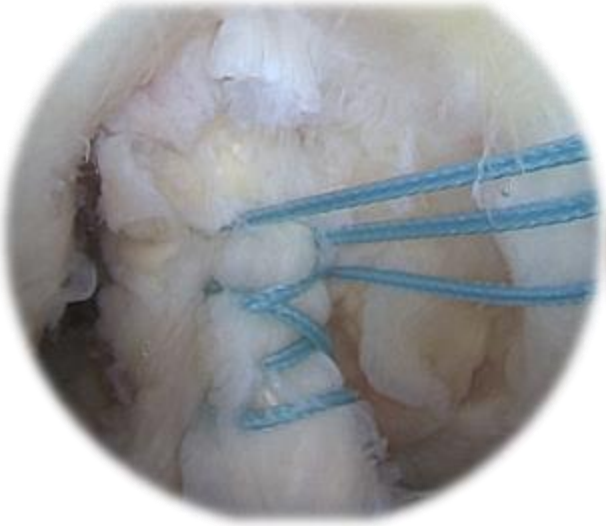
Minimum FU 2 years

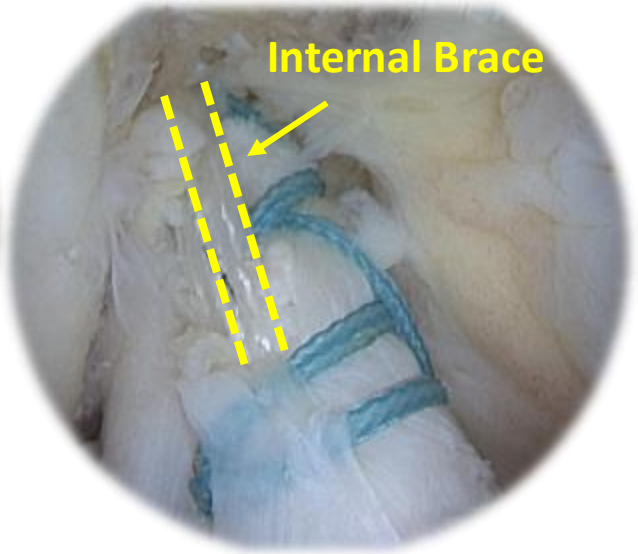
Lesions Type I and II (Sherman)

We evaluated:

- Failure rate
- MRI: preop. & at last FU
- KT1000
- Lysholm & IKDC

SURGICAL TECHNIQUE



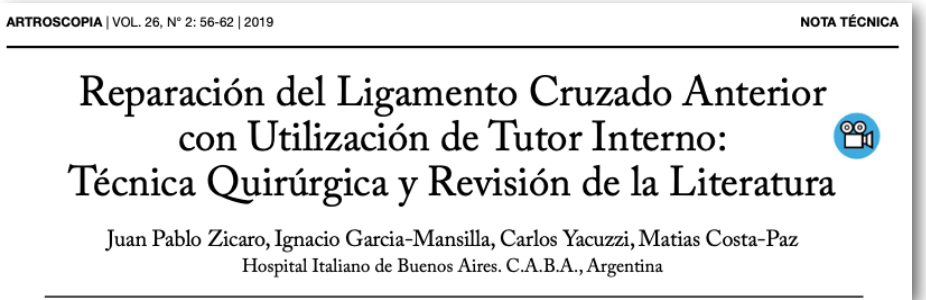


01 Stitches to the AM & PL bundle

02 Femoral & tibial tunel (4.5 mm)

03 Passage and fixation of the ACL button and Internal Brace

04 Final Result



ARTROSCOPIA | VOL. 26, N° 2: 56-62 | 2019 NOTA TÉCNICA

Reparación del Ligamento Cruzado Anterior con Utilización de Tutor Interno: Técnica Quirúrgica y Revisión de la Literatura

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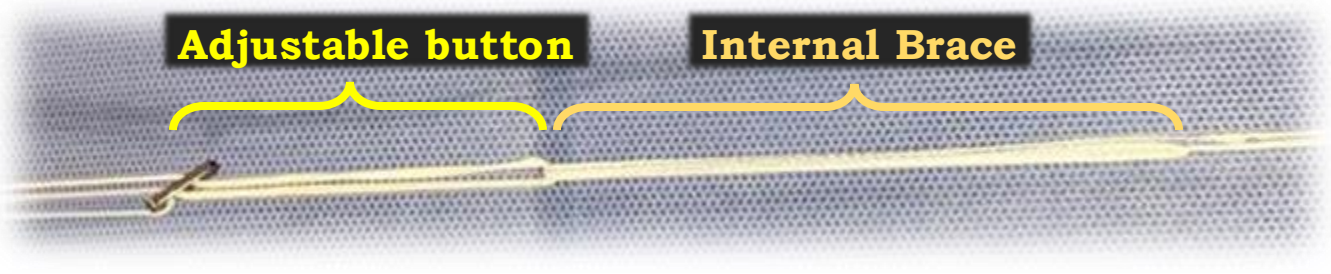


RESULTS

Patients operated on = 13

Mean age: **36 years (IQR 31 – 42)**

> 2 years FU: **11 patients**

Mean FU: **35 months (SD 5.6)**

Time lesion – surgery: **51 days (SD 9.2)**

SPORTS

6 patients: Tegner 5

7 patients: Tegner 7

100% return-to-sports

EVOLUTION

2 Re-rupture (19%)

Time-to-failure: 16 months / 20 months

*Both returned to **their sport (soccer).***

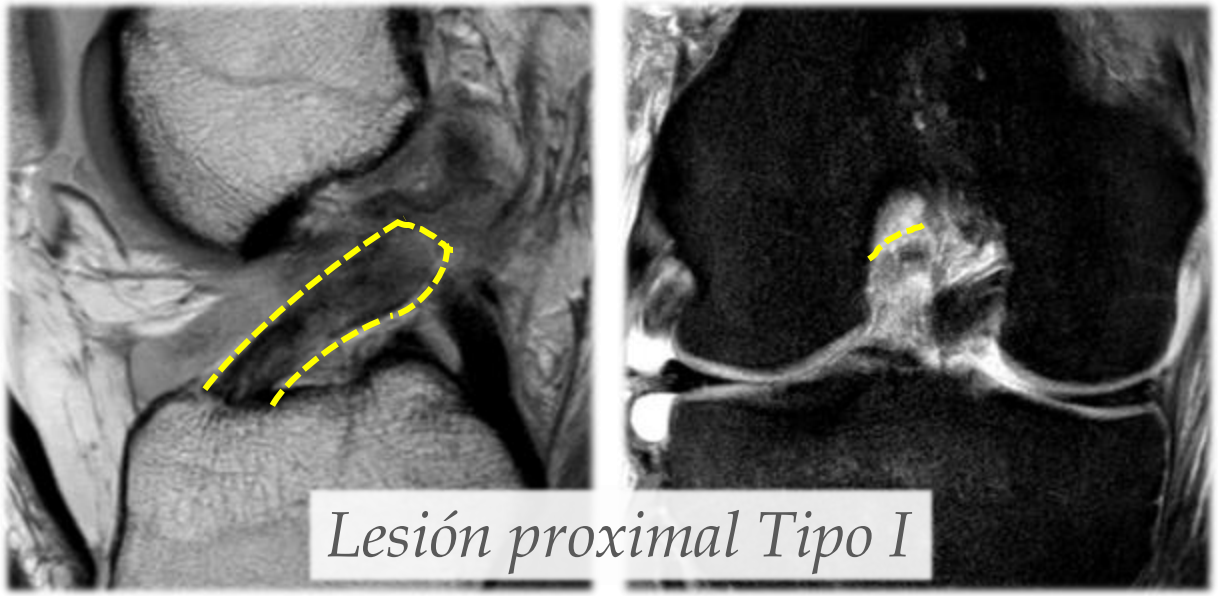
Both had a TRAUMATIC cause

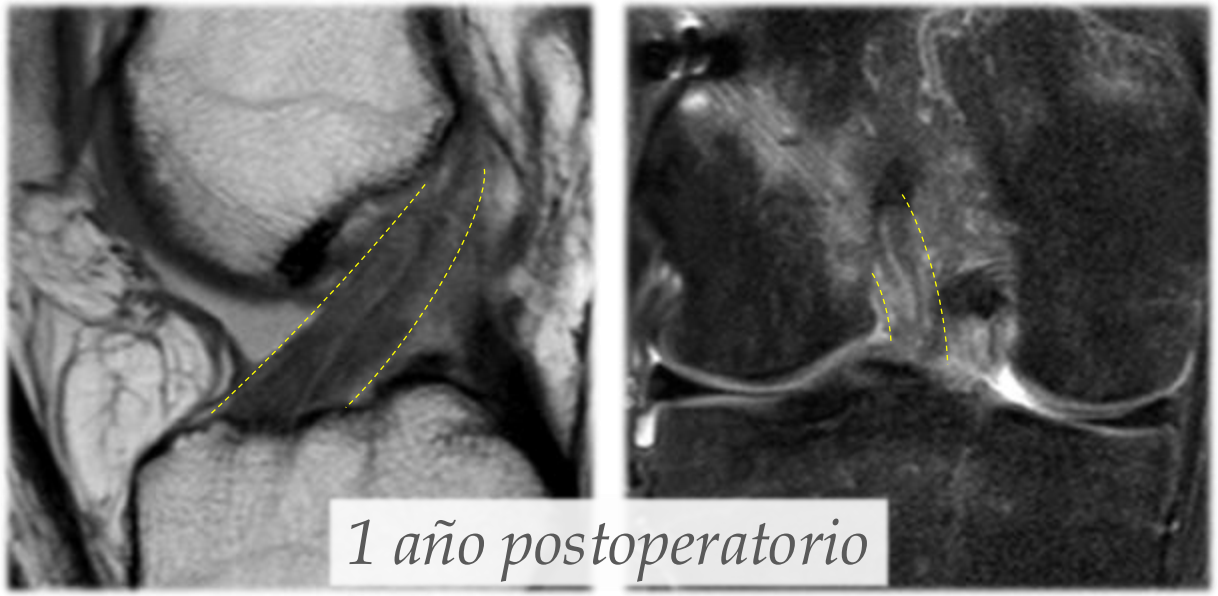
KT-1000

(Evaluation at final FU > 2 años)

Mean PRE: 6 mm

Mean POST: **1 mm**





MRI

80% had an MRI after 1 year FU

78% (IC95% 40-97%) homogeneity of the repaired ACL fibers

FUNCIONAL SCALES

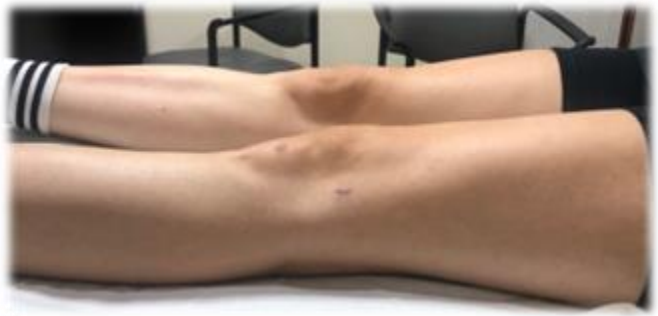
Lysholm	IKDC
Pre: 65 (RIC 63-70)	Pre: 45 (RIC 40-51)
Post: 90 (RIC 87-95)	Post: 90 (RIC 85-93)
P = <0.001	*P = <0.001*

CLINICAL CASE

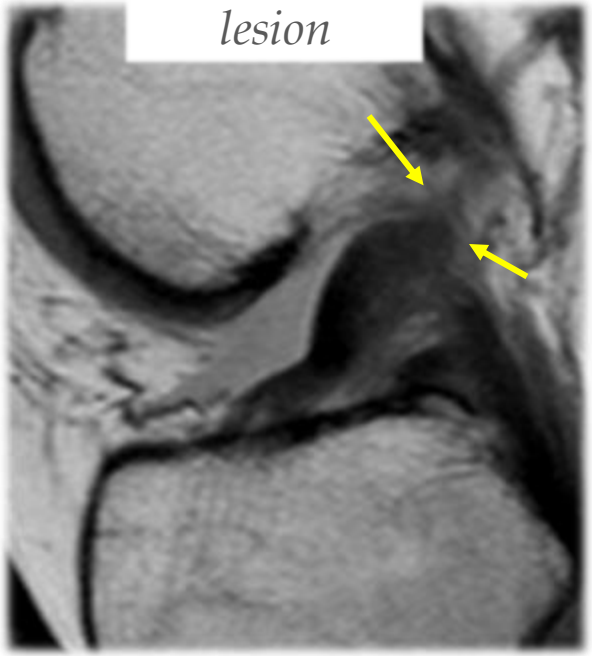
26 years.
Basquet.

Surger: Sep 2021

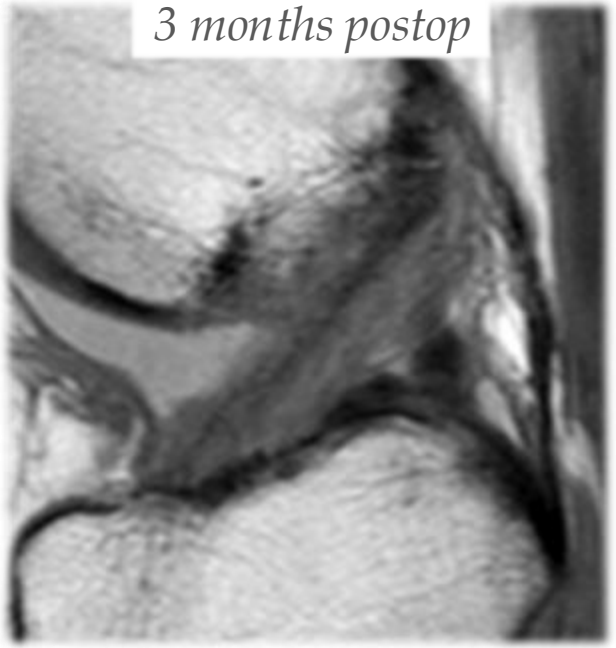
2 months postop.



August 2021
lesion



December 2021
3 months postop



March 2022
6 months postop

CONCLUSION

ACL REPAIR Series

VERY specific indication

ONLY proximal Type I lesions (evaluate typo II)

- Ideal NO pivoting sports
- 81% success (2 traumátic re-ruptures)
- 100% Return-to-sports

IMPORTANT: ***Patient selection***

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