NYU Langone Orthopedics



Contralateral Synovial Fluid Biomarkers Predict 10-Year Patient-Reported Outcomes of Arthroscopic Partial Meniscectomy

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11 June 2025



Faculty Disclosures

Eric Strauss:

- AAOS (Board or committee member)
- American Orthopaedic Association: Board or committee member
- Arthrex, Inc: Paid consultant; Paid presenter or speaker
- Arthroscopy Association of North America: Board or committee member
- · Better PT: Stock or stock Options
- Cartiheal: Research support
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- · Subchondral Solutions: Paid consultant
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Background

- It has been proposed that the knee's inflammatory state after injury may be a driver of posttraumatic joint disease
- Pre-operative synovial fluid inflammatory markers in the operative knee have been shown to predict both intermediate and long-term outcomes after knee surgery
- However, the possible effect of an underlying systemic inflammatory response observable in the contralateral knee has not been explored

Purpose: to determine the ability of synovial fluid biomarkers in the contralateral uninjured knee to predict 10-year patient-reported outcomes (PROs) for the operative knee in those undergoing arthroscopic partial meniscectomy

Methods

- Patients undergoing arthroscopic partial meniscectomy for isolated meniscal injury were prospectively enrolled
- Synovial fluid was aspirated from both the operative and uninjured contralateral knee prior to surgical incision
- The concentrations of 10 biomarkers of interest (RANTES, IL-6, MCP-1, MIP-B, VEGF, TIMP-1, TIMP-2,IL-1RA, MMP-3, and bFGF) were measured by immunoassay
- Patients completed VAS Pain, Lysholm, Tegner, and KOOS-PS patient-reported outcome (PRO) surveys at a mean follow-up of 10 years
- To prevent model overfitting, stepwise linear regression was performed to identify the most significant predictor(s) of each PRO score
 - Possible covariates: log-normalized contralateral biomarker concentration, age, sex,
 BMI

Results: Cohort Demographics

Demographics	N = 17
Age (years)	51.7 ± 9.6
Sex (% male)	7 (41.2%)
Body mass index (kg/m²)	31.6 ± 5.4
Follow-up time (years)	10.0 ± 1.2

Results: 10Y PROs vs. Contralateral Biomarkers

Biomarker	10Y VAS	10Y Lysholm	10Y KOOS-PS	10Y Tegner
RANTES	N/A	P = 0.018* B = (-) 0.510	P = 0.016* B = (-) 0.518	P = 0.040** B = (-) 0.410
IL-6	N/A	N/A	N/A	N/A
MCP-1	N/A	N/A	N/A	N/A
MIP-B	N/A	N/A	N/A	N/A
VEGF	N/A	N/A	N/A	N/A
TIMP-1	P = 0.047* B = (-) 0.438	N/A	N/A	N/A
TIMP-2	N/A	N/A	N/A	N/A
IL-1RA	N/A	N/A	N/A	P = 0.045* B = (-) 0.410
MMP-3	N/A	N/A	N/A	P = 0.049* B = (-) 0.393
YULa ^{bFGF} rtho _l	N/A	N/A	P = 0.049* B = (-) 0.485	N/A

Conclusions

- Synovial fluid biomarker levels in the contralateral uninjured knee at the time of arthroscopic partial meniscectomy were predictive of longterm PROs for the operative knee
- Increased levels of pro-inflammatory biomarkers RANTES and MMP-3 were predictive of worse PROs
- Increased levels of TIMP-1, an anti-inflammatory and chondroprotective cytokine, were predictive of improved VAS pain

Implication: there may be an underlying <u>systemic</u> inflammatory component to <u>unilateral</u> joint injury that influences patient recovery and the outcomes of surgical intervention.

References

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