

## Paper #84

# Outcomes Evaluation of Treatment of Fibular Collateral Ligament Rupture with Cruciate Ligament Injuries

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### Summary:

Outcomes evaluation of treatment of fibular collateral ligament rupture with cruciate ligament injuries

### Abstract:

**Background.** The isolated fibular collateral ligament (FCL) lesion of the knee is uncommon most often associated with posterolateral compartment structures or cruciate ligaments injury. **Problem.** Although the FCL and posterior cruciate ligament (PCL) combined lesions usually results from increased trauma energy than FCL and anterior cruciate ligament (ACL) combined injury, it is not known if the results are proportionally worse. **Objective.** To compare and evaluate the lateral stability and knee function of patients treated for FCL isolated lesion associated with the PCL lesion and those with ACL-associated lesion. **Methods.** prospective cohort study of 17 patients undergoing surgical treatment for the correction of FCL injuries with LCA (9) or LCP (8) combined lesions accompanied by 24 months and evaluated through the Lysholm score and lateral joint opening on varus stress radiographs. Level significance 5% ( $p < 0.05$ ) was adopted. **Results:** There was no difference between the groups in the Lysholm score evaluation before surgery, as well as at postoperative ( $p > 0.05$ ). Improvement was observed in all situations for groups 1 and 2 ( $p < 0.05$ ). Group 2 presented greater lateral joint opening than group 1 before surgery ( $p = 0.04$ ). When assessing the lateral joint opening evolution during postoperative follow-up, there was a difference after 12 and 24 months for both groups ( $p < 0.05$ ).

### Conclusions

Patients diagnosed with FCL and LCP associated lesion present a higher lateral joint opening at the time of injury than patients with FCL and ACL combined injury. However, there was no difference in lateral joint opening after surgery at the evaluated moments. Regarding the Lysholm questionnaire there was no difference between the groups at any time, with a significant score gain up to 12 months of surgery ( $p < 0.05$ ).