



# Biomechanical Changes In Posterior Root Avulsion Of The Lateral Meniscus

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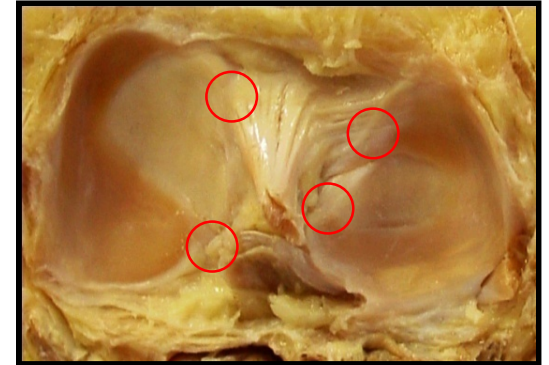


# Disclosures

The authors of this study have no financial conflicts to disclose

# Introduction

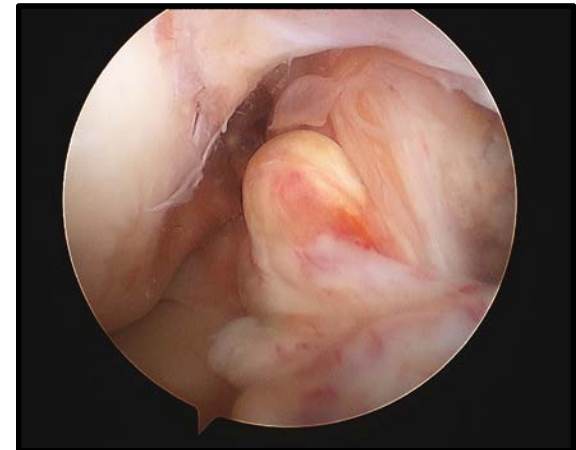
Meniscal roots: direct insertion into the bone  
Main restrictors of meniscal extrusion



Posterior root avulsion (PRA)  
(medial meniscus)

Extrusion  $\geq 3$  mm on MRI  
↑ maximum pressure  
↓ contact area

Lateral meniscus (LM): 12.4% with ACL tears;  
may pass unnoticed



# Purpose

To check changes in pressure and contact area after PRA of LM and after repairing this injury

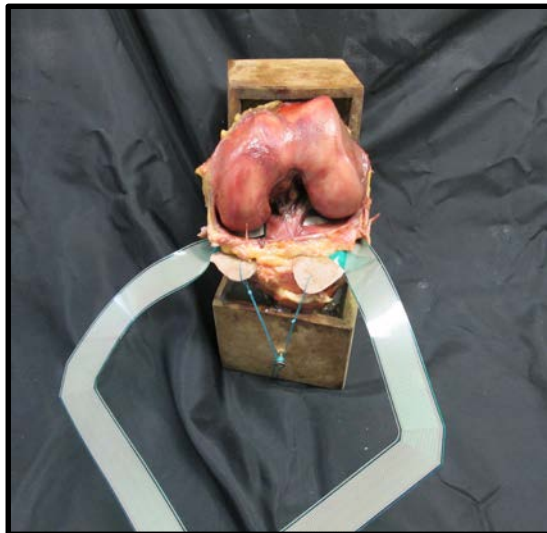


To compare this results with a healthy knee and with a knee after total meniscectomy

# Methods

Eight fresh-frozen healthy cadaveric human knees

Coronary ligament sectioned: pressure sensor between the tibia and the menisci



# Four different situation were tested

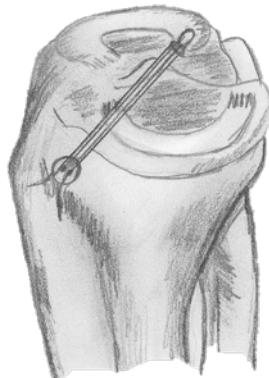
1. Intact meniscus (IM)  
(reference condition)



2. Posterior root avulsion (PRA)



3. Transosseous reinsertion (TR)



4. Total meniscectomy (TM)



# Methods

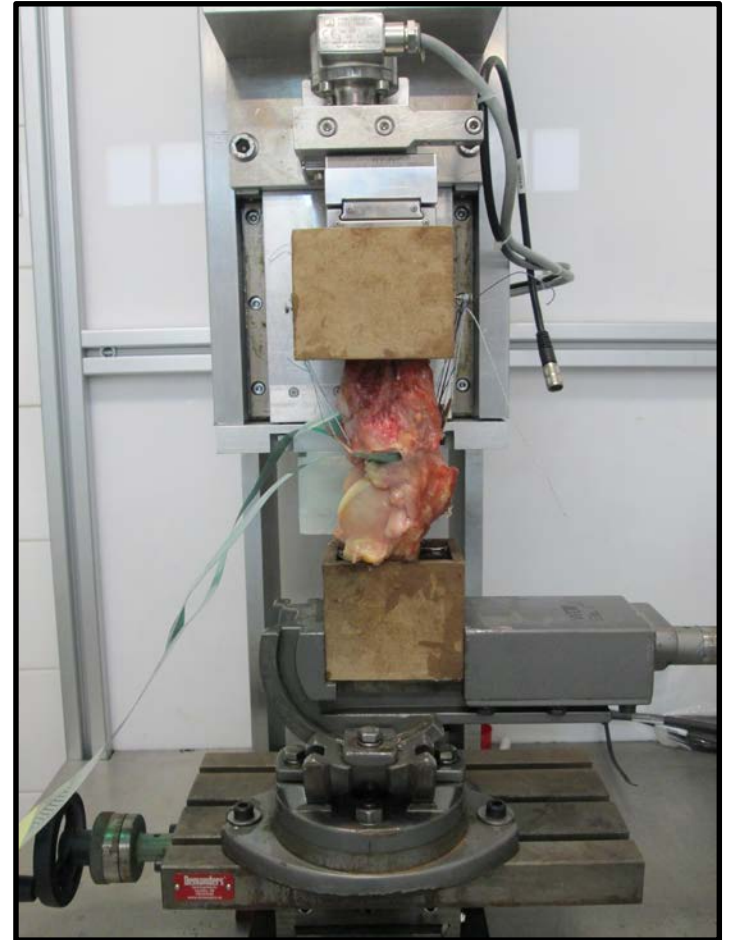
1000 N compressive axial load

Load cell (5 KN)

(HBM, Darmstadt, Germany)

Knee pressure sensors

(K-scan4000, Tekscan Inc, Boston, MA)



# Methods

## Variables measured

(medial and lateral compartments)

Peak pressure (MPa)

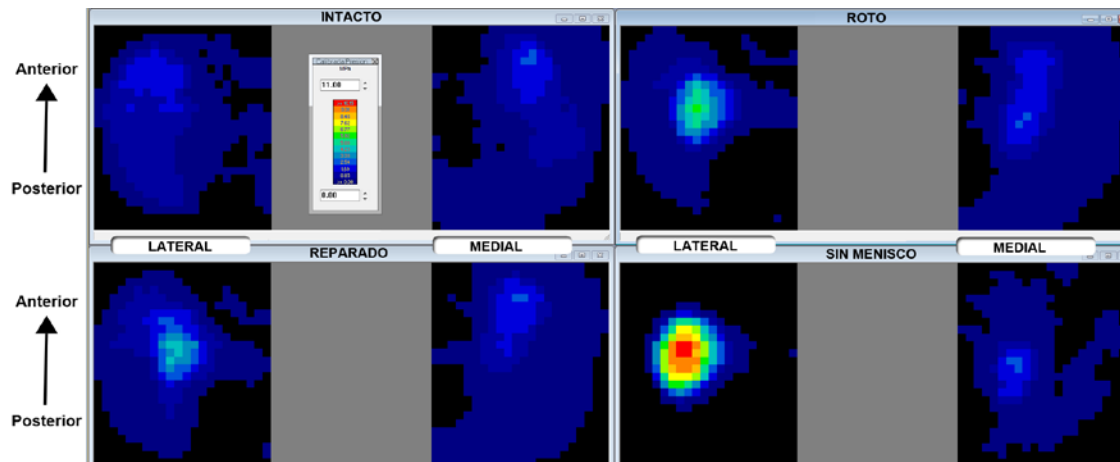
Contact area (mm<sup>2</sup>)

## Statistical analysis

Friedman and Wilcoxon tests

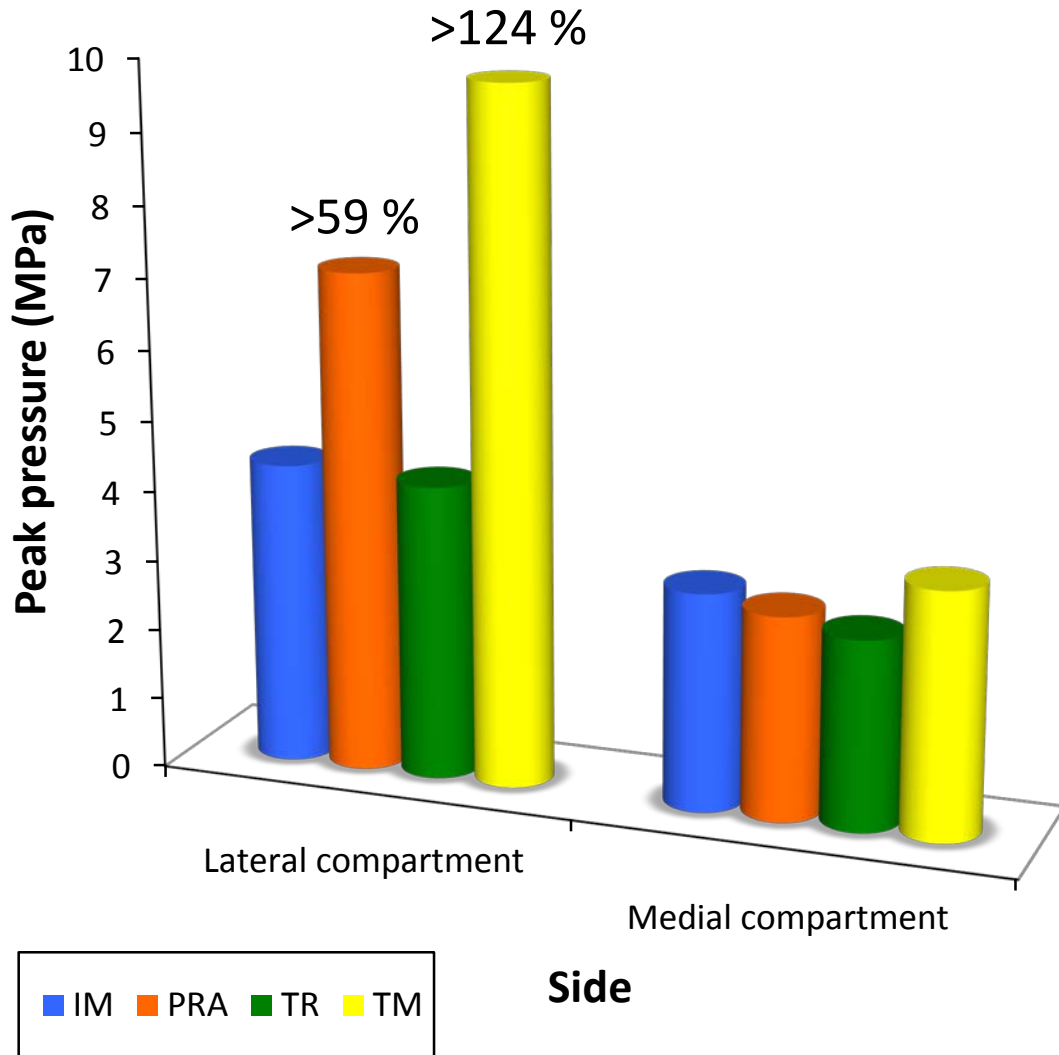
SPSS Statistics v.20, IBM Corp, 2011

Significant p value:  $\leq 0.05$





# Peak pressure



## LATERAL COMPARTMENT

PRA > IM

(p=0,046)

PRA > TR

(p=0,028)

TM > IM

(p=0,046)

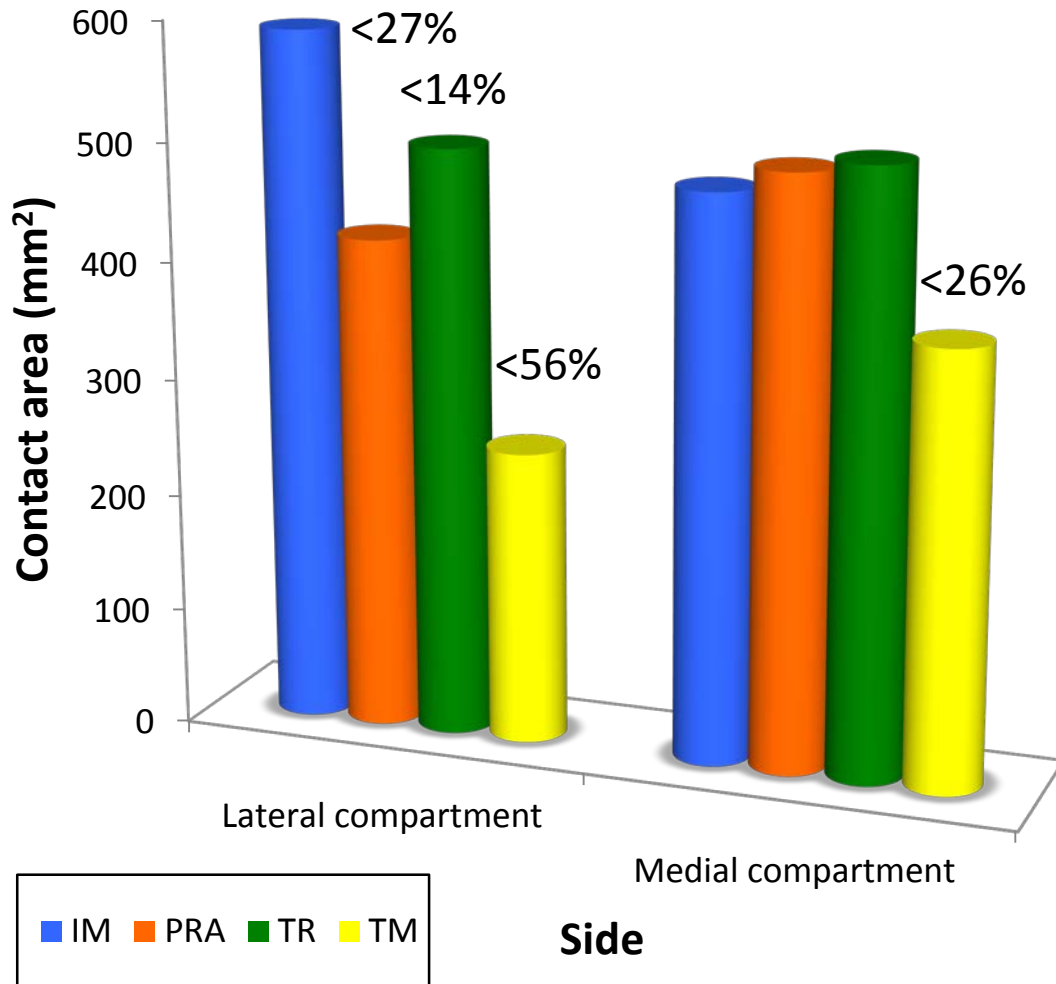
TM > TR

(p=0,028)

## MEDIAL COMPARTMENT

No significant differences

# Contact area



## LATERAL COMPARTMENT

PRA < IM  
(p=0,046)

TM < IM  
(p=0,04)

TM < TR  
(p=0,028)

TM < PRA  
(p=0,028)

## MEDIAL COMPARTMENT

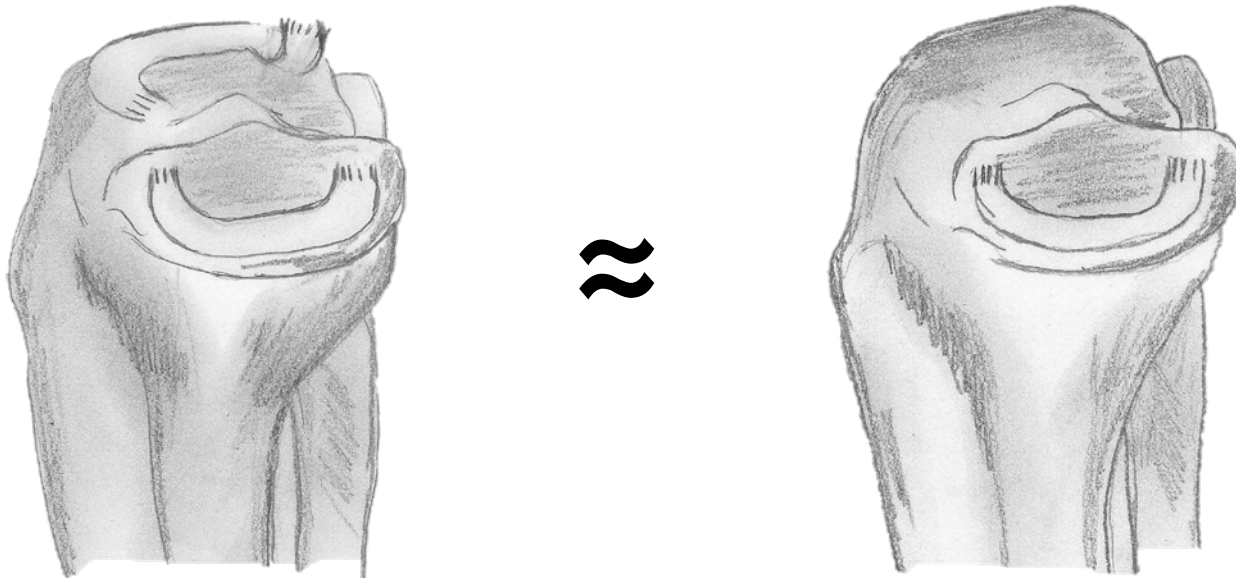
TM < IM (p=0,028)

TM < TR (p=0,028)

TM < PRA (p=0,046)

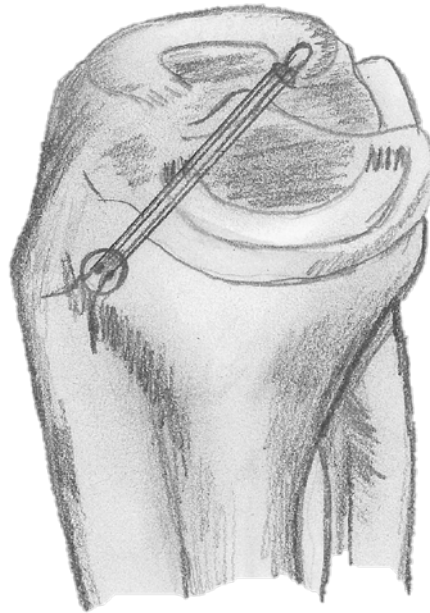
# Conclusions

PRA of the lateral meniscus yields similar biomechanical changes to those that occur in a knee with a TM



# Conclusions

Repairing PRA restores joint biomechanics to a situation similar to the healthy knee with IM



# References

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