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Degenerative Medial Meniscus Tear With a Displaced Flap Into the Meniscotibial Recess and Tibial Peripheral Reactive Bone Edema Presents Good Results With Arthroscopic Surgical Treatment

(2021) *Arthroscopy - Journal of Arthroscopic and Related Surgery*, 37 (11), pp. 3307-3315. Cited 1 time.

DOI: 10.1016/j.arthro.2021.04.033

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Abstract

Purpose: To report the arthroscopic treatment results of a degenerative medial meniscus tear with a displaced flap into the meniscotibial recess, tibial peripheral reactive bone edema, and focal knee medial pain. As a secondary objective, we propose to identify possible factors associated with a good or poor prognosis of the surgical treatment of this lesion. Methods: From 2012 to 2018, patients who had this specific meniscus pathology and underwent arthroscopic surgical treatment were retrospectively evaluated. Patients with Kellgren-Lawrence (KL) classification greater than 2 were excluded. KL classification, the presence of an Outerbridge grade III/V chondral lesion of the medial compartment, limb alignment, body mass index, and smoking were evaluated. The subjective outcomes included the International Knee Documentation Committee score, improvement in the pain reported by patients, and the Global Perceived Effect (GPE) scale score. Results: A total of 69 patients were evaluated. The mean age was 58.6 ± 7.1 years. The follow-up time was 48.7 ± 20.8 months. Fifty-five (79.7%) patients reported pain improvement. The postoperative International Knee Documentation Committee was 62.6 ± 15.4, and the mean GPE was 2.3 ± 2.6. Fourteen patients (20.3%) showed no improvement in pain, and 7 patients (10.2%) presented complications. Groups that improved (GPE > 0) and did not improve (GPE < 0) did not present differences regarding age, sex, follow-up time, chondral lesions, or body mass index. Patients without improvement had a greater incidence of smoking (P = .001), varus alignment (P = .008), and more advanced KL classification (P < .001). In the multivariate analysis based on the GPE score, KL classification (P = .038) and smoking (P = .003) were significant. Conclusions: Arthroscopic surgical treatment of degenerative medial meniscal tears with a meniscal flap displaced into the meniscotibial recess and adjacent focal bone edema in the tibia shows good results in approximately 80% of cases. Smoking and KL grade 2 were factors associated with poor prognosis of surgical treatment. Level of Evidence: Level IV (case series). © 2021 Arthroscopy Association of North America

Index Keywords

adult, arthroscopic surgery, Article, body mass, bone graft, bone marrow, cartilage degeneration, clinical outcome, comparative study, conservative treatment, controlled study, degenerative medial meniscal tear, edema, exercise, female, follow up, global perceived effect, human, international knee documentation committee score, joint degeneration, knee meniscus rupture, major clinical study, male, medial tibial plateau, meniscal flap, middle aged, musculoskeletal disease assessment, prognosis, quadriceps femoris muscle, retrospective study, smoking, total knee arthroplasty, treatment outcome, aged, arthroscopy, edema, knee meniscus, tibia; Aged, Arthroscopy, Edema, Humans, Menisci, Tibial, Middle Aged, Retrospective Studies, Tibia, Tibial Meniscus Injuries

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Publisher: W.B. Saunders

ISSN: 07498063
CODEN: ARTHE
PubMed ID: 33940130
Language of Original Document: English
Abbreviated Source Title: Arthroscopy J. Arthroscopic Relat. Surg.
2-s2.0-85107153741
Document Type: Article
Publication Stage: Final
Source: Scopus