Arthroscopic Bone Marrow Stimulation for Osteochondral Lesions of the Tibial Plafond Yields Satisfactory Outcomes in 77% of Patients

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Summary:
Arthroscopic BMS yields favourable clinical outcomes at mid- to long-term follow-up in 77% of patients with an OLTP. Lesion size may be a predictive factor for unfavourable clinical outcomes in OLTPs. Prospective studies are highly needed to further evaluate clinical outcomes for patients with an OLTP and to identify predictive factors on outcomes.

Data:
Purpose: A paucity of clinical outcomes from osteochondral lesion of the tibial plafond (OLTP) treatment exists in the literature. The primary purpose of this study was to assess the patient-reported outcome measures (PROMs) of patients who underwent arthroscopic bone marrow stimulation (BMS) for an OLTP. The secondary aims were to assess the revision- and complication rates.

Methods: Patients treated with arthroscopic BMS at a minimum follow-up of 12 months were cross-sectionally included. The primary outcome was the Numeric Rating Scale (NRS) during walking. A NRS during walking < 4 was considered a successful treatment. Secondary outcomes included; the Foot and Ankle Outcome Score (FAOS) and the Short Form Health Survey (SF-36) general health questionnaire. Additionally, the revision surgery (i.e., repeat surgery for the OLTP) -and complication rates were examined. A sub-analysis was performed for patients with or without a coexisting talar lesion. Results: PROMs were analysed for 53 patients at a mean 8.5 years follow-up, of which 37 had a solitary OLTP and 16 had a coexisting talar (bipolar) lesion. The mean NRS during walking was 2.1 (SD: 2.5) out of 10 for the total group of OLTP patients, with a treatment success rate of 77%. Anterior-posterior lesion size was observed to be significantly higher rate of males was found to have a bipolar lesion compared to patients with a solitary OLTP (P = 0.002) and were observed to have a significantly larger lesion volume (P = 0.02), though no significant differences in PROMs were found between the groups. From the 54 cross-sectionally available patients 4 patients (7%) underwent revision surgery at a mean 4.1 years post-operatively. No complications were observed. Conclusion: Arthroscopic BMS yields favourable clinical outcomes at mid- to long-term follow-up in 77% of patients with an OLTP. Lesion size may be a predictive factor for unfavourable clinical outcomes in OLTPs. Prospective studies are highly needed to further evaluate clinical outcomes for patients with an OLTP and to identify predictive factors on outcomes.

Satisfying Outcomes in Symptomatic Cartilage Defects of the Knee at a 6-year Follow-Up

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Summary:
Five-year Outcomes Following Implantation of a Scaffold-free Tissue-engineered Construct Generated from Autologous Synovial Mesenchymal Stem Cells for Repair of Knee Chondral Lesions

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