rate was important (36.7%).

Category: Knee - ACL Revision

Outcomes at 3 Years After Slope-Reducing High Tibial Osteotomy with Revision ACL Reconstruction. A Prospective Cohort Study

Abstract ID# 23306
All Authors:
Robin Martin MD SWITZERLAND
Virginie Philippe PhD SWITZERLAND

Summary:
In patients with ACL graft failure and increased tibial slope, anterior closing wedge high tibial osteotomy provides a safe and reliable technique to control ACL graft re-tear and offer good functional outcome on the midterm.

Data:
Background: Increased tibial slope is correlated with increased tibial translation and higher failure rates of ACL reconstruction. Cadaveric studies have shown that slope-reducing high tibial osteotomy (SR HTO) decreases ACL-graft forces and higher failure rates of ACL reconstruction. Cadaveric studies have shown that slope-reducing high tibial osteotomy (SR HTO) decreases ACL-graft forces and that the survival of the ACL graft was shorter in patients with increased PTS. Methods Between January 2021 and March 2022, all patients with an ACL graft insufficiency were included. Exclusion criteria were previous multi-ligament surgery or new multi-ligament injury requiring multi-ligament surgery; previous ipsilateral septic knee arthritis; previous ipsilateral osteotomy; incomplete medical records; previous used ACL graft other than quadriceps, hamstring or patellar tendon autograft, or allograft tendon; previous ACL repair and no true lateral knee radiograph. The PTS was measured as the angle between to the medial tibial plateau and a line perpendicular to the proximal anatomical tibial axis. Patients were divided into groups depending on number of ACL graft insufficiencies: group A, 1 graft insufficiency; group B, 2 graft insufficiencies; group C 3 or more graft insufficiencies. Chi-square, Fisher’s exact test were used to compare the prevalence of increased PTS and absolute PTS between groups.

Comparison of Autologous Vs Allogenic Bone Graft In Two-Staged ACL Revision Surgery with Tunnel Filling. Radiological and First Clinical Results of a Prospective Randomized Controlled Trial

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All Authors:
Jules-Nikolaus Rippke Dr. med. (MD) SWITZERLAND
Christian Eberle MD GERMANY
Andree Ellermann MD GERMANY
Christian Sobau MD GERMANY
Peter Balcarek PhD GERMANY
Natalie Mengis Dr. med. (MD) SWITZERLAND

Summary:
Allogenic bone graft shows comparable results in tunnel filling and clinical outcome compared to the gold standard autologous bone graft in two-staged ACL revision surgery.

Data:
Introduction: With the increasing number of ACL reconstructions, the number of failures also rises. Often a two-staged treatment with tunnel filling and secondary ACL reconstruction is necessary in ACL revision surgery due to tunnel widening or poor tunnel placement. Aim of this study was to investigate if allogeneic bone graft is non inferior to autologous corticocancellous iliac crest graft in terms of radiological bone regeneration. Materials and Methods: The study was designed as a prospective, randomized trial. 41 patients who required 2 staged ACL revision surgery were included. In 17 patients, the void filling was performed using iliac crest corticocancellous autograft and in 24 patients with allogeneic femoral head graft, 3 months postoperatively a CT scan was performed. Tunnel filling was measured in the axial planes dividing the area of the bone graft by the area of the whole tunnel. Additionally, the Hounsfield units of the bone graft were compared to a representative native cancellous bone area of the proximal tibia. Clinical assessments with testing of knee function (ROM), stability (KT 1000) and PROM's