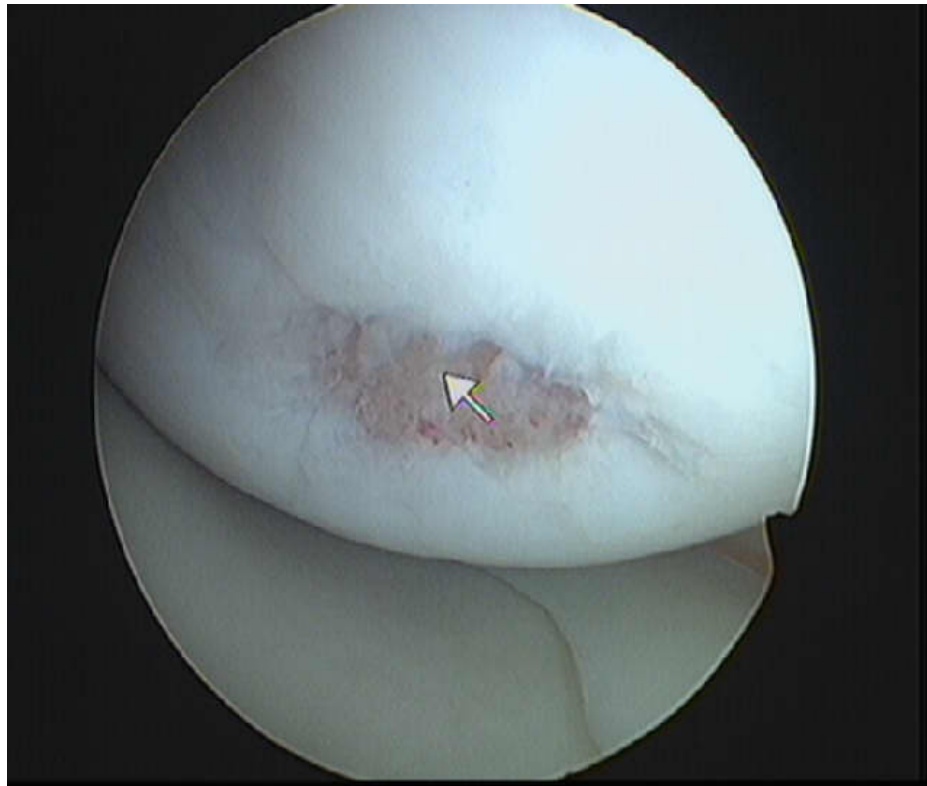


The focal cartilage lesion

Aethiology and symptoms



Focal cartilage lesion aethiology

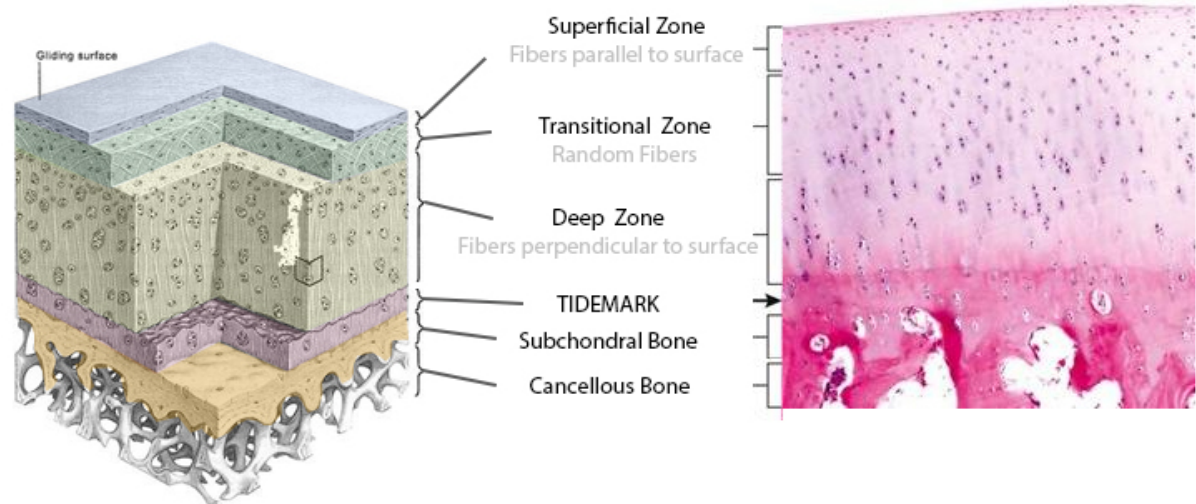
- **Trauma**
 - **Superficial**
 - **Full thickness**
 - **osteocondral**
- **Blunt trauma (Impaction)**
- **Non traumatic**
 - **Altered biomechanical conditions**
 - **Meniscus/ligament lesions**



Superficial cartilage lesion

- **Superfial zone protects against shear forces**

- **Structure**

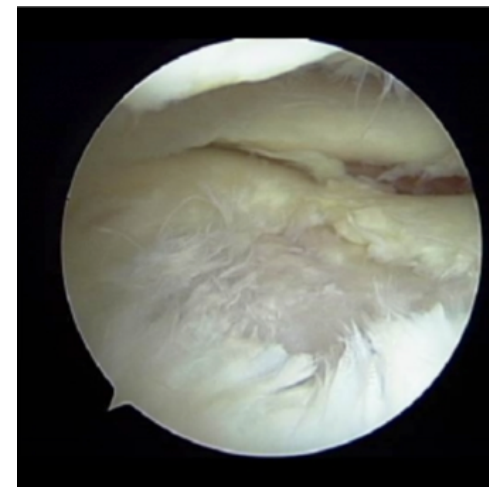
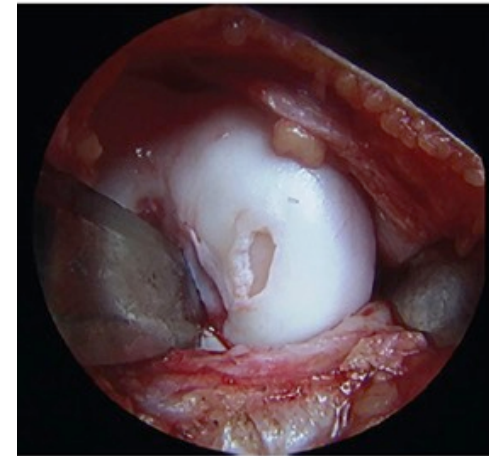


- **Process**

- **Collagen fibrillation**
- **Decrease in proteoglycans**
- **Increased tissue permability**
- **Decrease load absorbance**

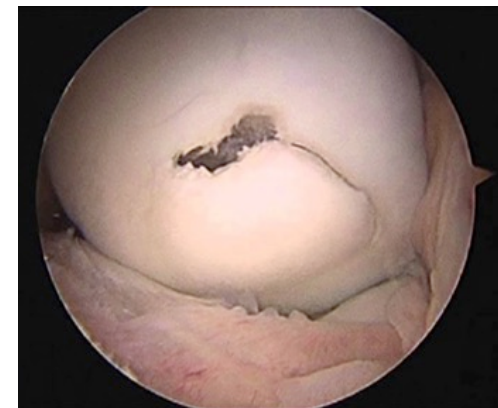
Full thickness lesion (ICRS grade IV)

- **Can be acute**
- **Secondary to instability or**
- **meniscus deficiency**



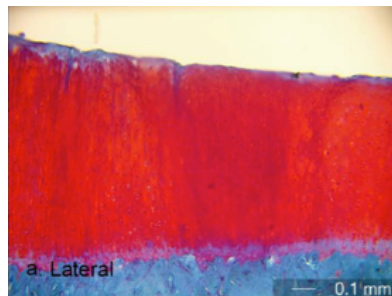
Osteochondral lesion

- **Traumatic**
 - Combined impact and shear mechanism
- **Patella dislocation**
 - Osteochondral fracture
- **Osteochondritis dissicans**

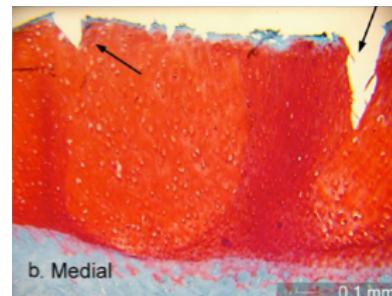


Blunt cartilage lesion

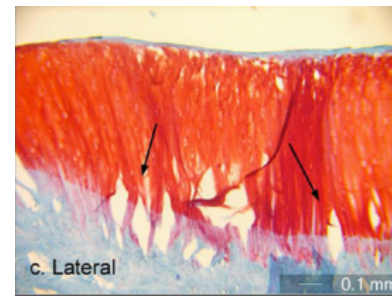
- **Impact affect both subchondral bone layer and collagen fibers**
- **Process**
 - Subchondral thickening
 - Cell loss (apoptosis)
 - Decrease load absorbance



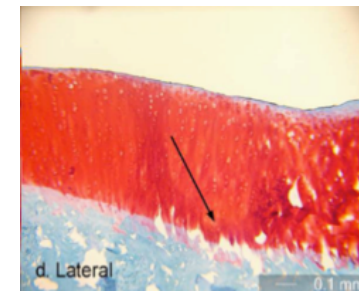
Control



Post trauma



6 months



1 year



Biomechanical cause of local increase cartilage biomechanical load

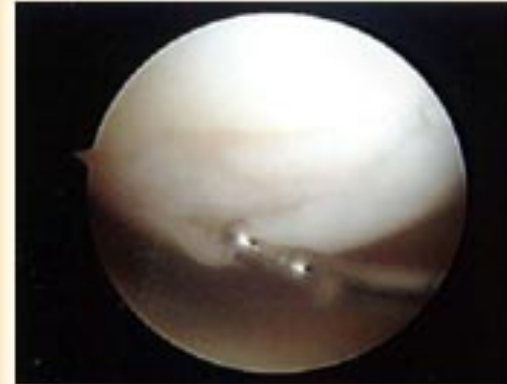
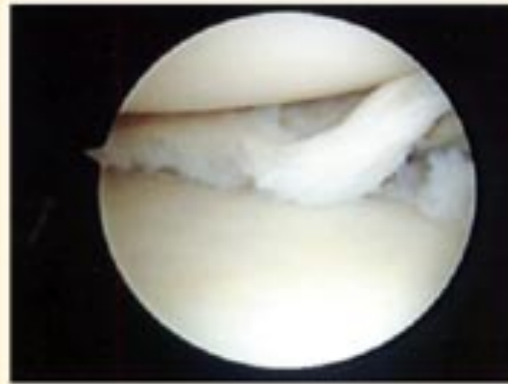
- **Meniscus pathology**
 - **Meniscus lesion**
 - **Partial menisectomy**
 - **Meniscus root lesions**
- **Ligament laxity**
 - **Cruciate ligament injury**
 - **Collateral ligament injury**



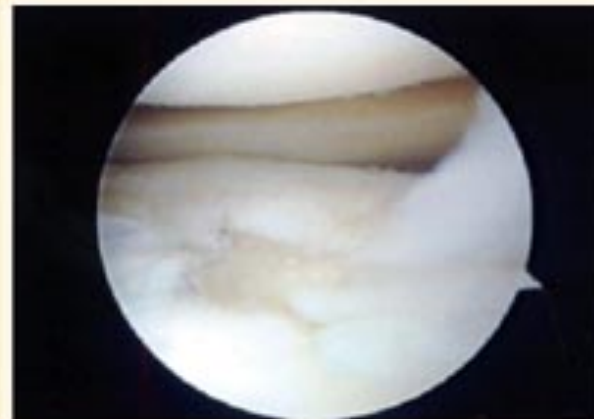
Meniscus lesion

- bil

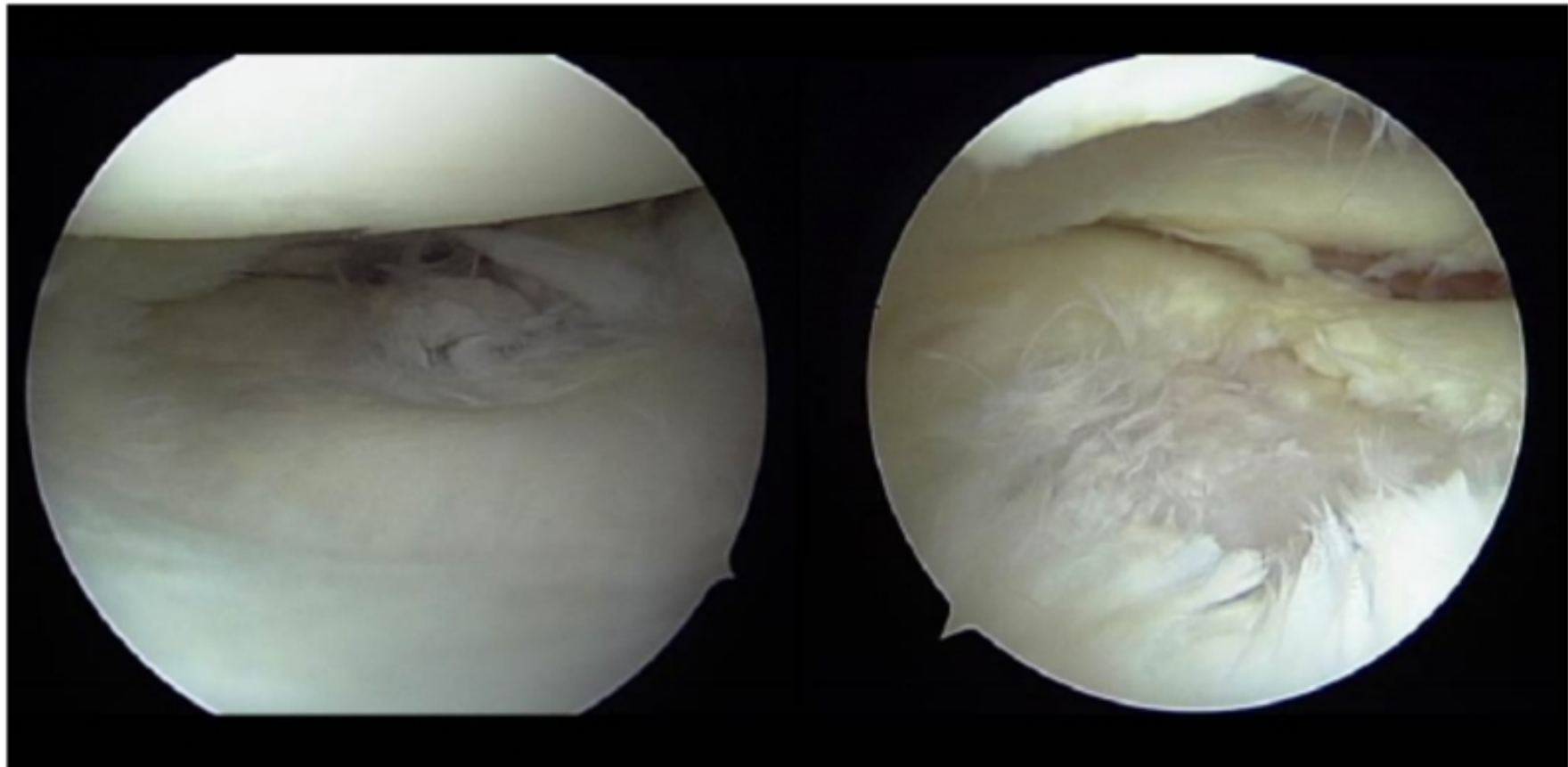
Tear of Posterior Horn of Medial Meniscus Causing Cartilage Wear in Medial Femoral Condyle



Torn Lateral Meniscus Tear Leading to Lateral Tibial Plateau Cartilage Ulcer



Meniscus resection

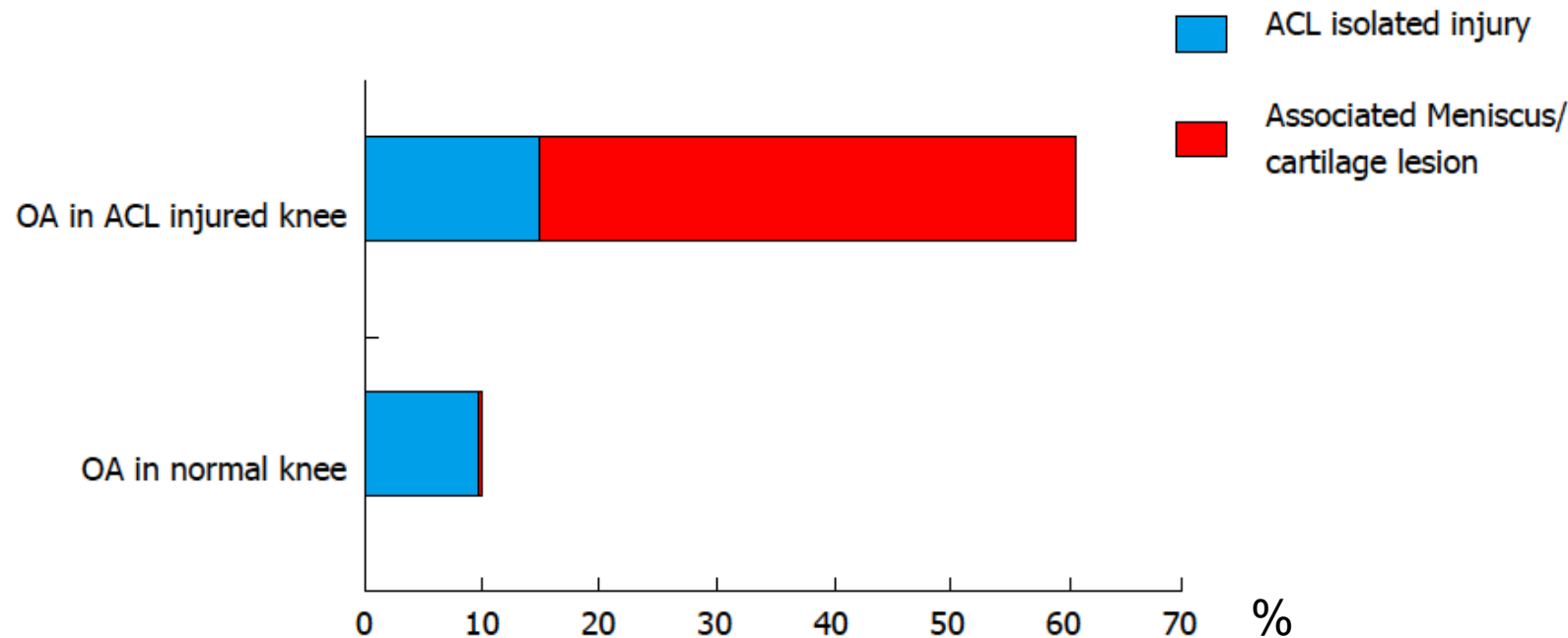


Meniscus root lesion



ACL lesion and cartilage injury

OA changes 20 year after injury



Symptom aethiology (Pain)

Subchondral changes



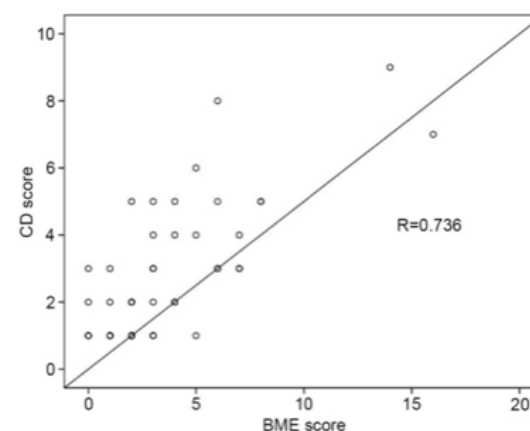
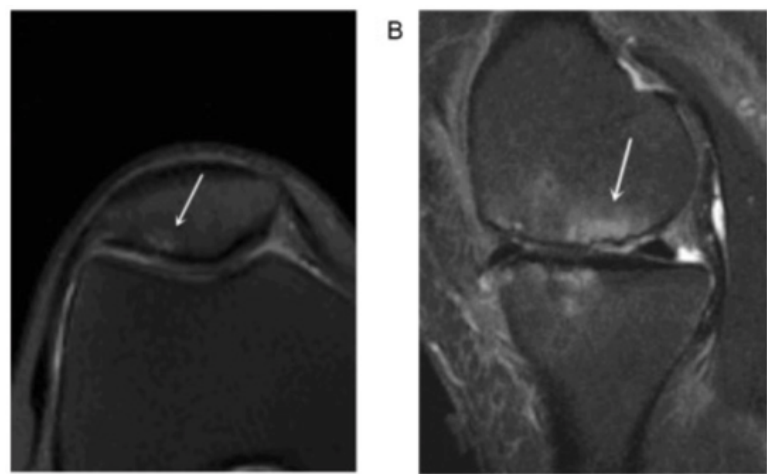
Exp Ther Med. 2017 May; 13(5): 2079–2084.

Published online 2017 Mar 7. doi: [10.3892/etm.2017.4190](https://doi.org/10.3892/etm.2017.4190)

PMCID: PMC5443282

Severity and distribution of cartilage damage and bone marrow edema in the patellofemoral and tibiofemoral joints in knee osteoarthritis determined by MRI

Baoming Dong,¹ Yanliang Kong,² Lei Zhang,³ and Yongqian Qiang¹



Correlation between cartilage lesion size and bone edema

Poor correlation between bone edema and pain level



7th Advanced Course on Knee Surgery
14th to 18th January 2018
Val d'Isère – France

Prevalence of cartilage lesions relevant for repair treatment

- **A single, well-defined ICRS grade III or IV defect with an area of at least 1 cm(2)**
- **< 40 years: 5.3%**
- **< 50years: 7.1%**
- **of all arthroscopies.**
- **Hjelle K et al. Arthroscopy. 2002 Sep;18(7):730-4. Articular cartilage defects in 1,000 knee arthroscopies.**

Indications for cartilage repair

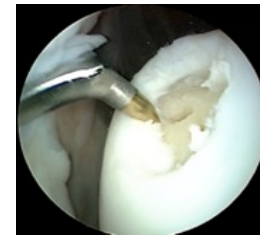
The ideal patient

- **Severe pain resistant to well-conducted exercise and medical treatment.**
- **The lesion must be deep (ICRS grade 3 or 4) on a single surface, and kissing lesions should not be treated surgically.**
- **The lesion's size must greater than 1.0 cm²,**
- **The knee must be stable, with a favorable axis**
- **No morbid obesity (BMI < 30).**

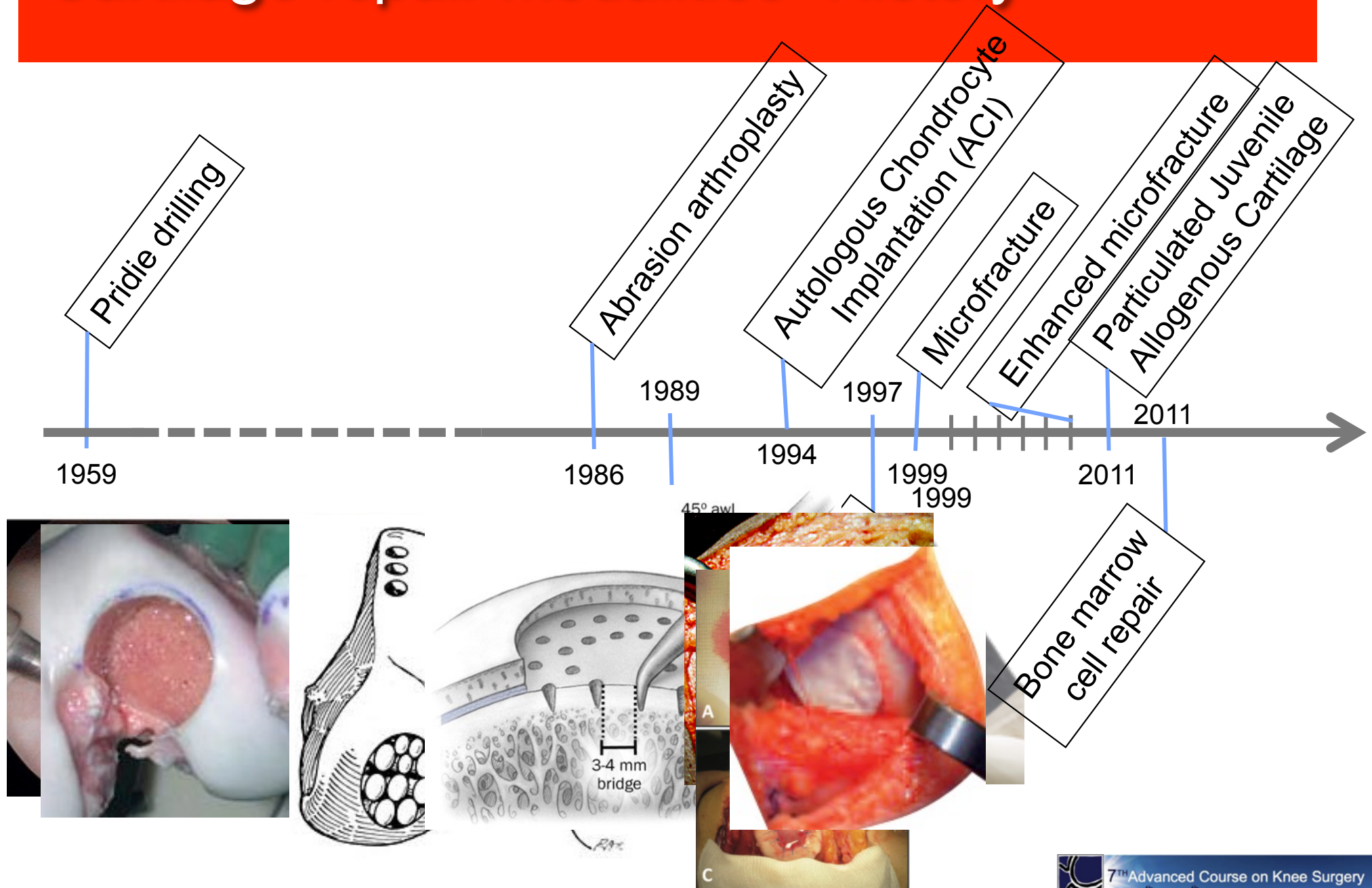


Current surgical cartilage lesion treatment options in the knee

- **Debridement ?**
- **Marrow stimulation**
- **Osteochondral transplantation**
- **Autologous chondrocyte implantation**
- **Allogenic cartilage transplantation**



Cartilage repair modalities “History”



Placebo effect in cartilage injury patients

- Mosely study (2002)**

The New England
Journal of Medicine

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VOLUME 347

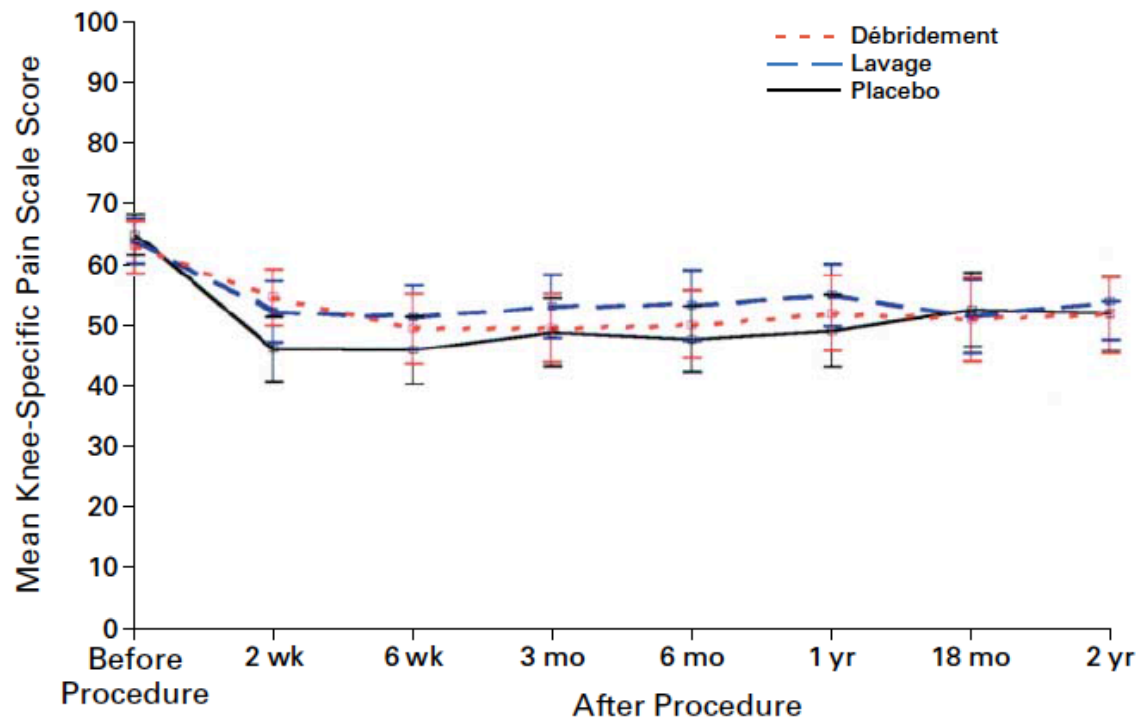
JULY 11, 2002

NUMBER 2



A CONTROLLED TRIAL OF ARTHROSCOPIC SURGERY
FOR OSTEOARTHRITIS OF THE KNEE

J. BRUCE MOSELEY, M.D., KIMBERLY O'MALLEY, Ph.D., NANCY J. PETERSEN, Ph.D., TERRI J. MENKE, Ph.D.,
BARUCH A. BRODY, Ph.D., DAVID H. KUYKENDALL, Ph.D., JOHN C. HOLLINGSWORTH, DR.P.H.,
CAROL M. ASHTON, M.D., M.P.H., AND NELDA P. WRAY, M.D., M.P.H.



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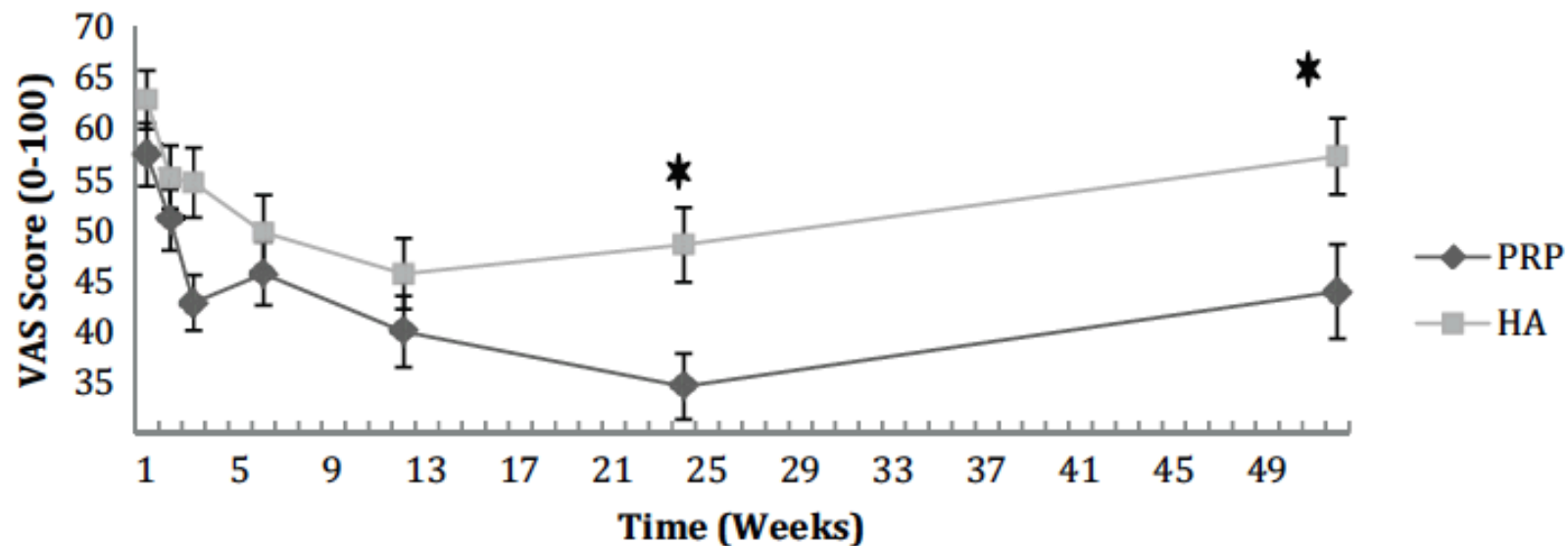
Placebo effect of in cartilage injury patients

- PRP/HA treatment

Hyaluronic Acid Versus Platelet-Rich Plasma

A Prospective, Double-Blind Randomized Controlled Trial Comparing Clinical Outcomes and Effects on Intra-articular Biology for the Treatment of Knee Osteoarthritis

Brian J. Cole,^{††§§¶} MD, MBA, Vasili Karas,[¶] MD, MS, Kristen Hussey,[†] MS, David B. Merkow,[†] BA, Kyle Pilz,^{†¶} MMS, PA-C, and Lisa A. Fortier,^{¶¶} DVM, PhD, DACVS
Investigation performed at the Rush University Medical Center, Chicago, Illinois, USA



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Val d'Isère – France

Placebo effect of in cartilage injury patients

- **Microfraktur/ACI**

A Randomized Trial Comparing
Autologous Chondrocyte
Implantation with Microfracture

Findings at Five Years

By Gunnar Knutsen, MD, Jon Olav Drogset, MD, PhD, Lars Engebretsen, MD, PhD,
Torbjørn Grøntvedt, MD, PhD, Vidar Isaksen, MD, Tom C. Ludvigsen, MD, Sally Roberts, PhD,
Eirik Solheim, MD, PhD, Torbjørn Strand, MD, and Oddmund Johansen, MD, PhD

JBJS 2010

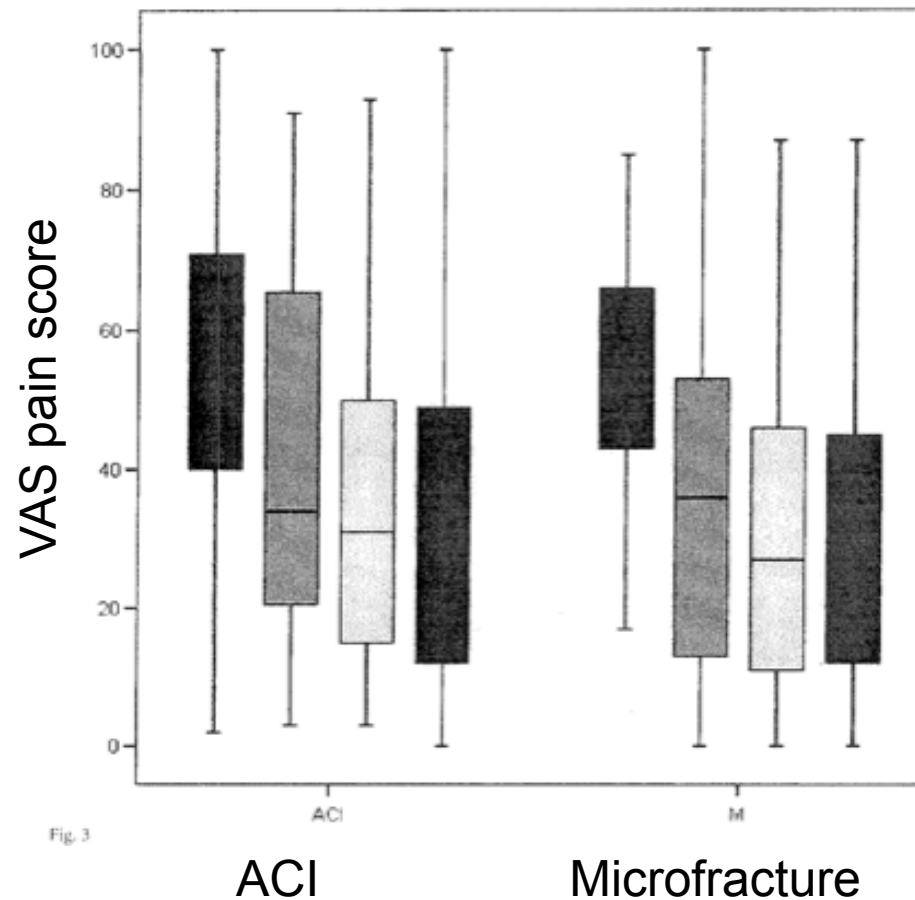


Fig. 3

Today we will hear more on

- **Mesenchymal stem cell cartilage repair**
- **Auto/allo osteochondral transplantations**
- **Scaffold enhanced cartilage repair**
- **The need for cells in cartilage repair**

- **Limitation in age and degenerative states for cartilage repair outcome**

- **Treatment algorithm**

