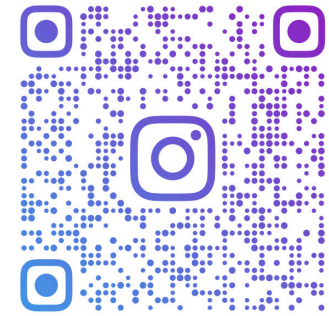


Small and Big knees ?



PR.MATT.OLLIVIER



Institut du Mouvement et de l'appareil Locomoteur



COI

Paid consultant

Newclip

Stryker

Arthrex

Small Knees => nice clinical model depicted here



Small knees : issues ?

Hardware usually designed for »regular« knees

Narrowed notch ?

Shorter metaphysis ?

The evolution in the approach to ACL and meniscal lesions: results of the survey among the U45 ESSKA members

Cerciello S^{1,2,3}, Ollivier M⁴, B. Kocaoglu B⁵, Seil R^{6,7,8} and the ESSKA U45 Committee

Hamstrings and quadrupled semitendinosus are the preferred graft choice in low-demanding patients (92.9%) while quadriceps tendon is gaining popularity in contact sport practitioners (from 4.3% to 10.7%). The rate of surgeons using femoral screws has decreased from 37.9% to 29.3 while the rate of those who used buttons increased from 52.9% to 69.3%. Extra-articular procedures (antero-lateral ligament (ALL) or lateral tenodesis) have become popular since the rare of those who perform an additional peripheral reconstruction rose from 28.5% to 71.5%. The rate of surgeons who perform meniscal repair in more than 50% of patients rose from 14.3% to 27.9%. Similarly, the rate of those who perform a medial meniscus ramp lesion anatomic all-inside repair (hook) has raised from 29.4% to 54.7%. The rate of surgeons who choose to perform a transtibial pull-out repair of lateral meniscus root tears significantly rose from 17.9% to 59.3%.



**Hamstrings or Quad
LET++
Transtibial drilling ----
Meniscus repair ++++++**



Adapt to small knees

- **Double/Triple check patient position**
- **Hamstring will be small too => quad tendon length measured on MRI ?**
- **Inside-out might results in very high button...**
- **Transtibial => beware the medial condyle**
- **Be careful when positioning the tibial guide (Short and Anterior tunnel)**



Adapt to big knees

- **Double/Triple check patient position**
- **Take a nice breakfast**
 - and a muscular PA...



ACL in obese

> Clin J Sport Med. 2019 Jul;29(4):257-261. doi: 10.1097/JSM.0000000000000521.

Outcomes of Anterior Cruciate Ligament Reconstruction in Obese and Overweight Patients: A Systematic Review

Kevin J DiSilvestro¹, Julio J Jauregui¹, Elizabeth Glazier¹, Denis Cherkalin², Craig H Bennett¹, Jonathan D Packer¹, Ralph Frank Henn 3rd¹

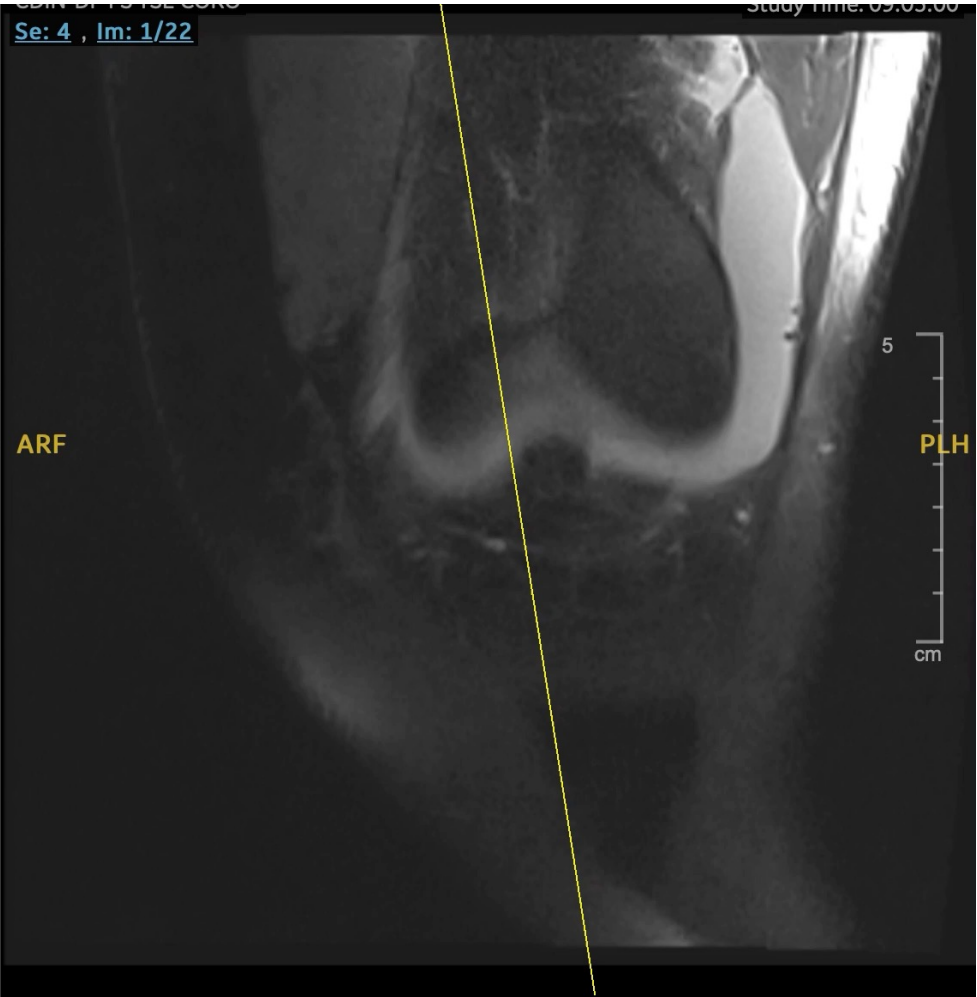
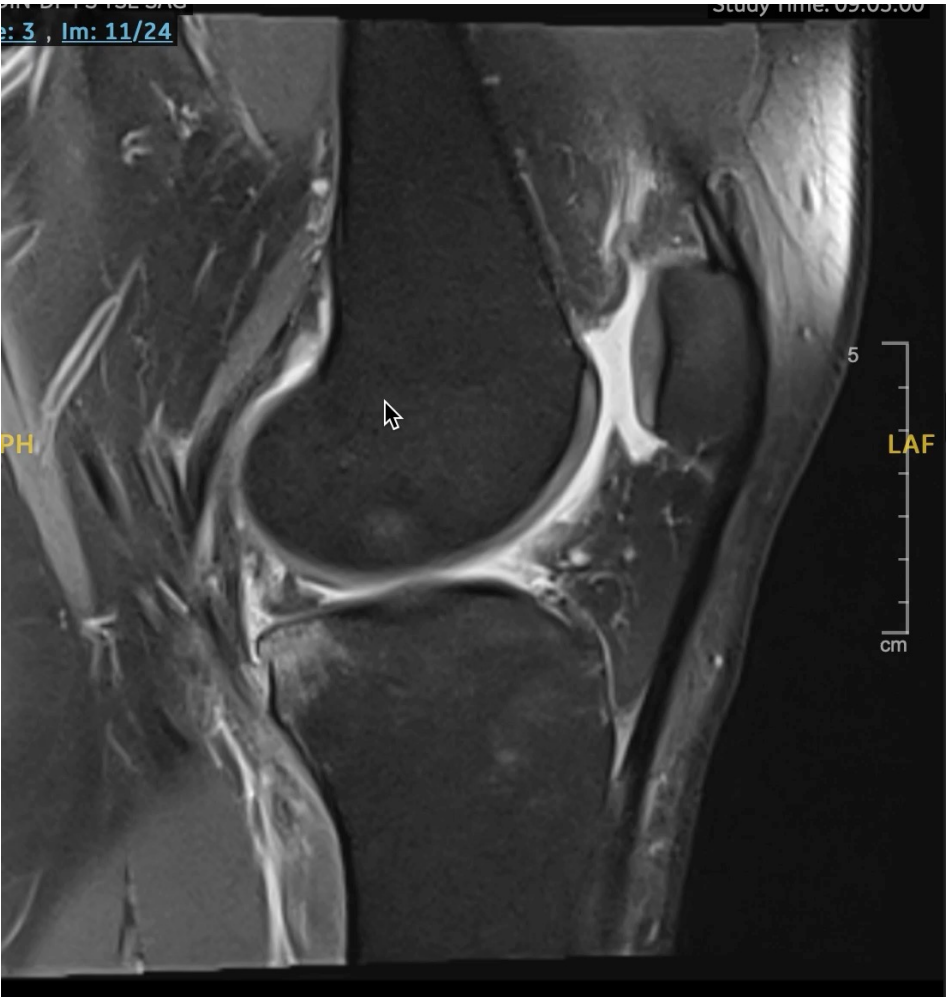


⇒ Specific rupture circumstance /// Hyperflexion

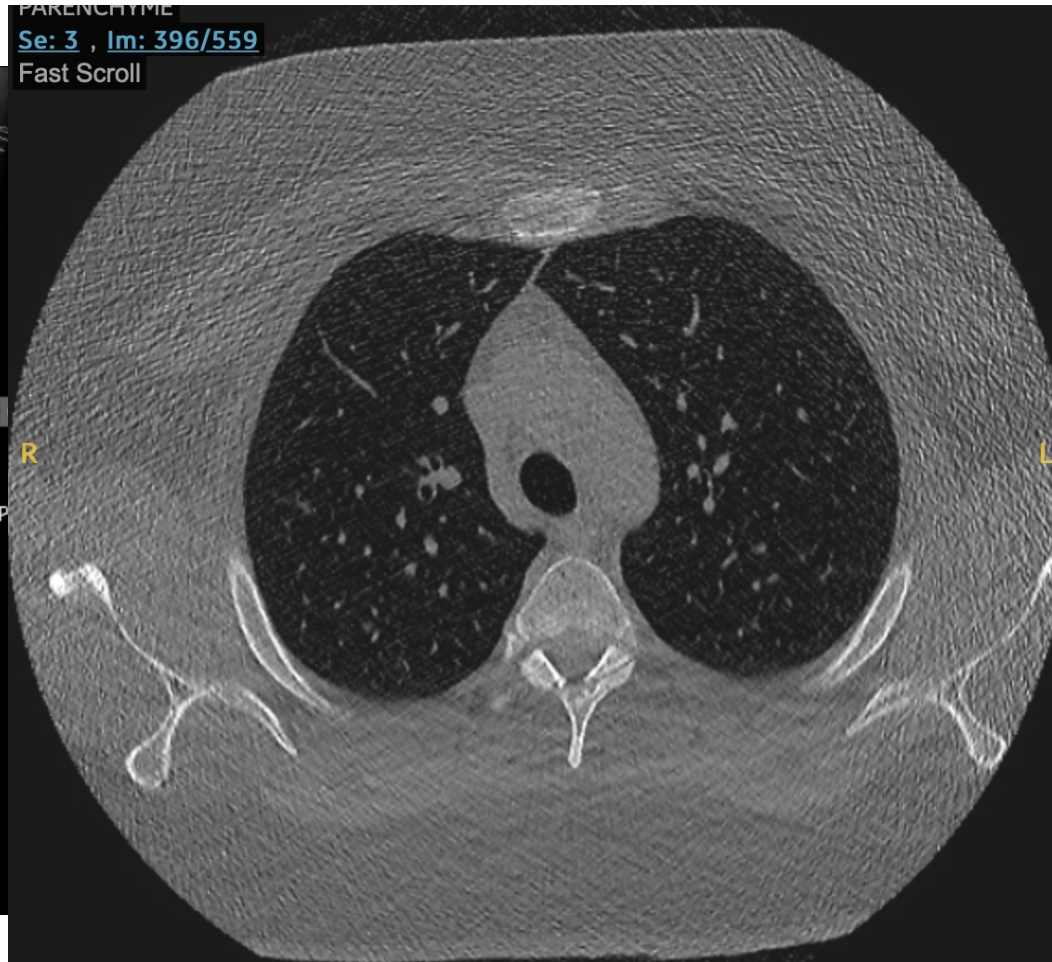
⇒ High rate of DML

⇒ Valgus knees

MR R... BMI 34 , bilateral ACL rupture (hyperflexion)
Butcher (MOF) => felt with some 70Kg of beef in his hands...



Clinical case



MRI 1 year

- Both Roots are re-torn...
- Not really painful to date
- happy in his daily living

- (monthly FU to fill my fridge)

Adapt to big knees

Stronger graft ?

bigger approaches

Fem AM Inside out ?

Meniscus repair ?

Put the tourniquet yourself

Take a nice breakfast

and a muscular PA...



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Conclusion: Patient-reported outcome measures were similar for patients with BMI above and below 25 kg/m, but there is evidence that obese patients have lower IKDC scores. There is a consistent association between overweight status and developing arthritis among patients having an ACL reconstruction. Overweight and obese patients have a lower risk of revision ACL reconstruction and contralateral ACL tear. There is insufficient data to make any conclusions regarding mechanism of injury or complications. More research is needed to better understand what is the appropriate counsel and treatment for overweight or obese patients with ACL tears.

THM

- Adapt (individualize and plan !!)
- Learn (at least two different ways)
- Share decision making
- Ask for some help



#RE-ALIGN

IML | 
Institut du Mouvement et de l'appareil Locomoteur
Soins
Enseignement
Recherche
Innovation

THANKS ! Matthieu.ollivier@ap-hm.fr

