

Is meniscectomy still valid?

LIMITS of MENISCAL REPAIR





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Meniscectomy

One of the most frequent orthopædic operation Remove the injuried part and no more

Meniscal repair



12% in <u>stable</u> knee in France

L'arthroscopie 2015 SFA Ed

Avoid cartilage damages Protect degeneration

depend on surgeon's skills and experience

! Save the meniscus !

- Worldwide trend supported by KOL
- Based on long term FU > meniscectomy
 - systematic review minimal FU 8y
 <u>·5 studies = radiographic OA</u> @ 8-16y

Petty & Lubowitz Arthroscopy 2011

ESSKA consensus
 Onset worse > arthroscopic resection
 Repair ASAP

Kopf & al KSSTA 2018

Whatever the type of meniscal tear

Ishibashi ISAKOS 2021

- Lateral discoid (meniscoplasty)
- Traumatic
- Concomitant with ligament injury
- Degenerative meniscal tear

Meniscal repair raises questions

Do we really prevent degeneration?
 Rockborn KSSTA 2000
 Paxton Arthrocopy 2011

 Iatrogenicity risks of repair?

Tear pattern
Vascularization
Combined lesion

Lasting of the tear
Patient's age
Activities (level & type)



Meniscal Tear

Pattern
Location (extend, root, ramp)
Quality of tissue itself ++





Pattern

Longitudinal tears Horizontal tears Oblique tears Radial tears









From trauma to degenerative From simple to complex



Structure of the Meniscus





Circumferential fibers spread compressive load

Radial & oblique fibers enhance rigidity, prevent longitudinal splitting = Ties

Healing capability

3 zones of blood supply





Is the healing effective?

•Synovial, Red-Red, Red-white zones •eg roots

•White-White zone? Noyes JBJS 2010



Biological enhancement
Clot, trephination, GF,
Bleeding from another area
(eg ACL, Tibial fracture)





•Cost, benefit ?

Degenerative Meniscal Tear

- Middle aged patient
- Start with oblique



- Tissue damages within the meniscus
- Long lasting onset

Degenerative Meniscal Tear

Resection @ 20 years > OA needing TKR Aprato Arthroscopy 2021

Repair meta analysis : less OA and TKA *Krivicih AJSM 2021* Better long term results but more re surgery.....<u>unclear</u> *Feeley JAAOS 2018*

Symptomatic for acute RR zone tear *Weler Isakos 2021* but it is degeneration! by keeping intact the stable peripheral circonferencial fibers which resists hoop stress

LM Resection is not detrimental

- Cyst
- Popliteus wall
- · DMT
- Meniscoplasty for discoid lesion



Lee, Adalen Am J Sport Med 2006

Patients

- Age? El Kousy Sport Med Arthr Rev 2002
- Morphotype *Eg* varus & ML
- Activities
 Difficult to convice
 Deny
 Explain risk of OA



Patients

Activities
 ADL or sport
 None or many
 Special event





Difficult to convice
Explain risk of OA

•Repair increases, long term FU for athletes but direct comparison impossible

Karia EJOST 2019

Risks of repair to assess

- Technically challenging
- Iatrogenic lesion
- Detrimental role of

suture material?





Meniscal tear with associated lesion

- Preserve menisci as much as possible
- The time of healing process of the procedure overlaps the meniscus one



Radial ML tear in w-w zone ?

No doubt Lateral compartment,Young age Combined pathology



We know

Consequences of meniscectomy -Amount of resection -Indications

> *eg* traumatic mm tears 10% / Inside out 25% / All inside

We don't know yet Consequences of repair <u>at the same FU</u> Complications Failure Recurrence

Meniscectomy

•Is still largely valid



Partial meniscectomy (as conservative as possible)

Leaf resection (minimal resection)

Avoid cartilage damages

Combined with repair



Fig.1 Lines of resection (broken line) and amount of remove (shaded area) in conventional partial menisectomy (A) and "conservative" partial menisectomy (B)