Surgically Repaired Knees Do Not Decrease Risk Of Osteoarthritis

Arthroscopic surgical repair of torn anterior cruciate ligaments (ACL) or meniscal cartilage injuries in the knee does not decrease the chances of developing osteoarthritis, according to a new study published online and in the August print issue of the journal *Radiology*.

A decade after the initial injuries were diagnosed using MRI, localized knee osteoarthritis was evident in patients, regardless of whether or not the injuries had been surgically repaired. “This study proves that meniscal and cruciate ligament lesions increase the risk of developing specific types of knee osteoarthritis,” said Kasper Huétink, M.D., the study's lead author and resident radiologist at Leiden University Medical Center in the Netherlands. “Surgical therapy does not decrease that risk.”

According to the American Academy of Orthopaedic Surgeons, the ACL is the most commonly injured ligament. Approximately half of ACL injuries will cause damage to other areas of the knee, including the meniscus. Surgical treatment is usually advised to repair these injuries.

Knee osteoarthritis is a common public health problem affecting more than nine million Americans. It typically develops gradually over several years. Knee osteoarthritis symptoms can include pain, stiffness, swelling and reduction in knee mobility.

For the study, researchers gathered information from the database of a previous multi-center study of 855 patients. The earlier study was conducted from 1996 to 1997 to evaluate the diagnostic value of knee MRI relative to arthroscopy in patients with knee pain.

In the current study, Dr. Huétink and colleagues followed up with 326 of the original 855 patients. All 326 patients had experienced knee pain for four weeks or more prior to the initial MRI and treatment. Initial findings and differences in treatment were compared with current follow-up x-rays and MRI exams. The results showed that patients with ACL and meniscus tears are at a greater risk for developing osteoarthritis.

Meniscectomy, which is the surgical removal of all or part of a torn meniscus, did not reduce that risk. According to Dr. Huétink, the long-term and short-term clinical benefits of partial meniscectomy versus meniscal repair procedures need to be further investigated. “There is a higher risk of developing knee osteoarthritis at specific sites after tearing a meniscus or cruciate ligament,” Dr. Huétink said. “We showed a direct relationship between injury and long-term consequences, and

showed that surgery has no impact on long-term outcomes."

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