Arthroscopic repair of meniscus tears extending into the avascular zone with or without anterior cruciate ligament reconstruction in patients 40 years of age and older


Abstract: PURPOSE: The purpose of this study was to prospectively determine the outcome of meniscal repairs for tears that extended into the central one-third zone of the meniscus, or had a rim width of 4 mm or greater, in a case series of patients 40 years of age and older. Type of Study: Prospective case series. Materials and Methods: Thirty meniscal repairs in 29 patients were evaluated by a comprehensive examination (28 repairs) a mean of 34 months postoperatively, by follow-up arthroscopy (6 repairs) a mean of 24 months postoperatively, or both. The mean age of the patients at the time of the meniscal repair was 45 years (range, 40 to 58 years). Twenty-one patients (72%) also had ruptures of the anterior cruciate ligament, which were reconstructed at the time of the meniscal repair with bone-patellar tendon-bone autografts (16 patients) or allografts (5 patients). The Cincinnati Knee Rating System was used to rate symptoms, functional limitations with sports and daily activities, patient perception of the knee condition, and sports and occupational rating levels. RESULTS: At a mean of 33 months postoperatively, 26 meniscal repairs (87%) were asymptomatic for tibiofemoral joint symptoms and had not required subsequent surgery. Three repairs failed to heal, requiring partial meniscectomy, and 1 knee with tibiofemoral symptoms related to the repair was treated conservatively. There was no significant effect of the side of the meniscal repair, chronicity of injury, or condition of the articular cartilage on the presence of tibiofemoral symptoms or meniscal resection. Concomitant anterior cruciate ligament reconstruction appeared to increase the rate of asymptomatic meniscal repairs. The patient rating of overall knee condition was normal/very good in 76%, good in 12%, and fair/poor in 12%. CONCLUSIONS: In athletically active patients, we recommend the preservation of meniscal tissue wherever possible regardless of age, basing indications for the procedure on current and future activity levels.