



Outcomes of Repair of Radial Meniscus Tears

Poster #88

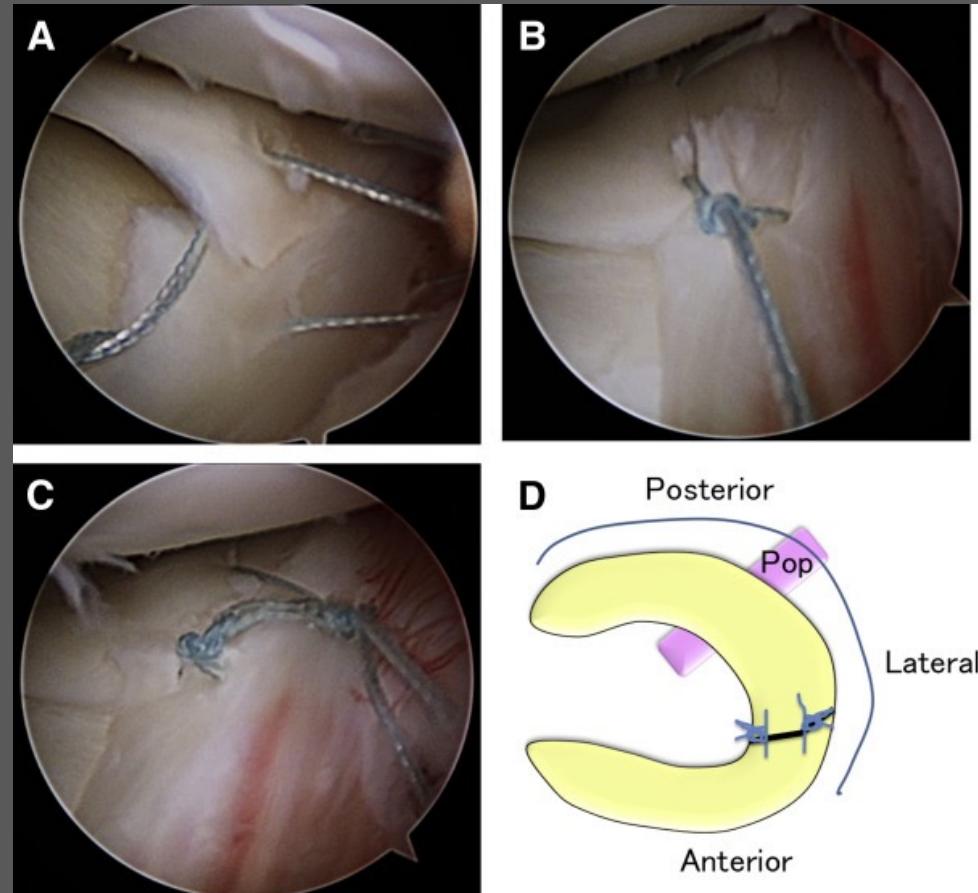
Zachary Burnett, M.D., Grace Monroe, B.S., Parker Cavendish, M.D., Eric Milliron, M.D., Tyler Barker, Ph.D., Christopher Kaeding, M.D., Robert Magnussen, M.D., David Flanigan, M.D.

Disclosures

- Dr. Flanigan has been a consultant for Moximed, ConMed, Smith & Nephew, Depuy Synthes, Vericel, Hyalex, and Nanochan
- The other authors have no disclosures

Introduction

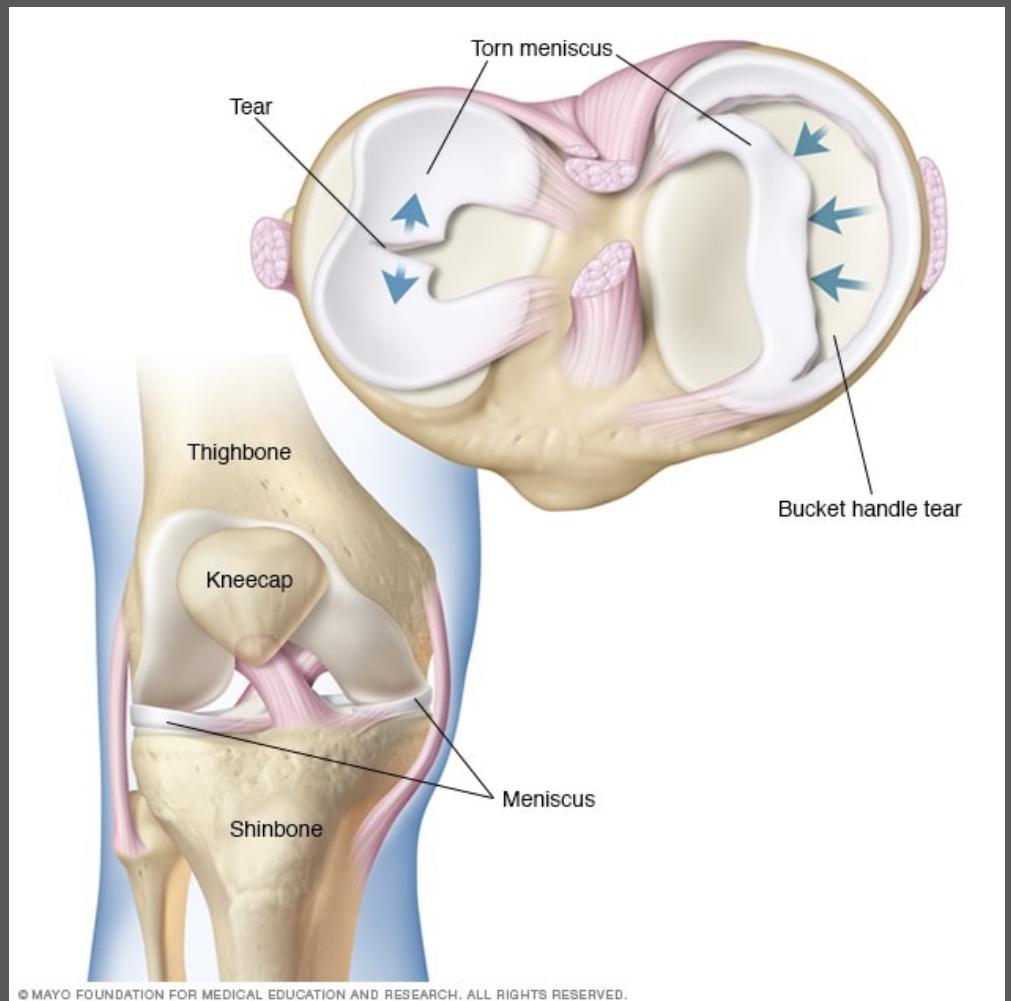
- Preserving the meniscus through repair as opposed to meniscectomy is a priority in managing meniscal tears
 - Reduces risk of development and progression of osteoarthritis¹
- Advances in surgical techniques and biologic augmentation of repairs have facilitated repair of radial tears²⁻⁵
 - However, data on outcomes is needed



Arthroscopic images of an all-inside suture repair of a radial meniscus tear⁹

Introduction

- Radial tears⁶⁻⁷
 - Traditionally treated with partial **meniscectomy**
 - Traditionally **poor** long-term prognosis



Depiction of radial and bucket-handle meniscus tears⁸

Aim

- To evaluate outcomes following repair of radial meniscus tears:
 - Complications
 - Recurrent swelling, stiffness, persistent pain, and repeat injury
 - Repeat surgery
 - E.g., cyclops lesion, synovectomy, new meniscus tear
 - Meniscus repair failure

Materials and Methods

- Retrospective chart review
 - Radial meniscus tear repair patients at our institution from 2011 to 2019
- Collected data regarding:
 - Demographics
 - Type of meniscus tear
 - Concomitant ACL reconstruction
 - Postoperative complications
 - Rate of repair failure

Tear Type	Sex	Age (years)	BMI (kg/m ²)	Tear Laterality	Concomitant ACL reconstruction
Radial	21.2% female	24.5±9.8	28.1±4.4	63.6% lateral	51.5%

Table 1: Summary of the demographics and characteristics of the radial meniscus repair patients

Results - Radial Repairs

- 51 radial tear repair patients identified
 - Age: 31.5 ± 15.2 years
 - BMI: $30.3 \pm 6.4 \text{ kg/m}^2$
- 24 (47.1%) of patients underwent concomitant ACL reconstruction

Results - Radial Repairs

- Complications in 15 patients (30.0%)
 - e.g., swelling, stiffness, persistent pain, and repeat injury
- Repeat surgery in 6 patients (12.0%)
 - 4 of these 6 patients initially underwent concomitant ACL reconstruction
 - And then underwent repeat surgery for a reason unrelated to the radial tear repair (e.g. cyclops lesion, synovectomy, new meniscus tear)
- Radial tear repair failure that required surgical revision in 2 patients (4.0%)

Results

- Radial repair with vs without concomitant ACL reconstruction
 - Concomitant ACL patients were significantly younger
 - ACL group, 26.0 ± 10.9 y; non-ACL group, 36.6 ± 16.7 y; $p = 0.03$
 - Outcomes did not differ significantly
 - But zero retears of radial meniscus repairs in patients with concomitant ACL reconstruction

Conclusions

- Radial meniscal tear repair results in low rates of repair failure, especially in the setting of concomitant ACL reconstruction
- Radial tear repair future directions
 - Patient-reported outcome measures
 - Long-term outcomes (e.g., development of osteoarthritis)
 - Comparative trials of repair versus partial meniscectomy

Significance of Findings

- Radial meniscus tear repair results in overall good outcomes utilizing modern repair techniques
 - Consideration should be given to repair of radial tears, especially in the setting of concomitant ACL reconstruction, to preserve meniscus tissue

References

1. Messner K and Gao, Jizong. The menisci of the knee joint. Anatomical and functional characteristics, and a rationale for clinical treatment. *Journal of Anatomy*. 1998;193(2):161-178. doi:10.1046/j.1469-7580.1998.19320161.x
2. Milliron EM, Magnussen RA, A Cavendish P, P Quinn J, DiBartola AC, Flanigan DC. Repair of Radial Meniscus Tears Results in Improved Patient-Reported Outcome Scores: A Systematic Review. *Arthrosc Sports Med Rehabil*. 2021;3(3):e967-e980. Published 2021 May 6. doi:10.1016/j.asmr.2021.03.002
3. Oosten J, Yoder R, DiBartola A, et al. Several Techniques Exist With Favorable Biomechanical Outcomes in Radial Meniscus Tear Repair-A Systematic Review. *Arthroscopy*. 2022;38(8):2557-2578.e4. doi:10.1016/j.arthro.2022.02.010
4. Vint H, Quartley M, Robinson JR. All-inside versus inside-out meniscal repair: A systematic review and meta-analysis. *Knee*. 2021;28:326-337. doi:10.1016/j.knee.2020.12.005
5. Calafiore DA, Magnussen RA, Everhart JS, et al. Smaller Iatrogenic Defects Created by Inside-Out Compared With All-Inside Meniscus Repair Devices in Human Cadaveric Model. *Arthroscopy*. 2022;38(11):3070-3079.e3. doi:10.1016/j.arthro.2022.05.009
6. Karia M, Ghaly Y, Al-Hadithy N, Mordecai S, Gupte C. Current concepts in the techniques, indications and outcomes of meniscal repairs. *Eur J Orthop Surg Traumatol*. 2019;29(3):509-520. doi:10.1007/s00590-018-2317-5
7. Abrams GD, Frank RM, Gupta AK, Harris JD, McCormick FM, Cole BJ. Trends in meniscus repair and meniscectomy in the United States, 2005-2011. *Am J Sports Med*. 2013;41(10):2333-2339. doi:10.1177/0363546513495641
8. Mayo Clinic Staff. Torn meniscus. Mayo Clinic. January 6, 2022. www.mayoclinic.org/diseases-conditions/torn-meniscus/symptoms-causes/syc-20354818.
9. Uchida R, Horibe S, Shiozaki Y, Shino K. All-inside suture repair for isolated radial tears at the midbody of the lateral meniscus. *Arthroscopy Techniques*. 2019;8(12). doi:10.1016/j.eats.2019.07.032