

البحث السادس: بحث مشترك منشور

عنوان البحث: Ipsilateral bone-patellar tendon-bone reharvest autograft in revision

ACL reconstruction

الملخص الانجليزي:

There is no consensus concerning the ideal graft in revision ACL reconstruction. Ipsilateral bone-patellar tendon-bone (BPTB) reharvest autograft will not create a symptomatic problem in the contralateral knee. In this study we evaluate the results of ipsilateral BPTB autograft reharvest in revision ACL reconstruction.

Nine out of 13 patients whose graft choice was a reharvest of the ipsilateral BPTB for ACL revisions between 2010 and 2014, form this study group. Intra-articular reconstruction was done arthroscopically using a double incision technique. In eight cases, an extra articular reconstruction was added. History of previous surgery, fulfilled International Knee Documentation Committee (IKDC) forms, radiographs and clinical examination were all necessary for assessment.

The mean patients' age was 26.18 years. The mean follow up period was 18.7 months. Both clinical Lachman and pivot shift examination were improved in eight patients, with (p 0.013) and (p 0.33) respectively. The differential postoperative anterior tibial translation on stress Lachman was also improved. There was no average gain in laxity control on lateral X-ray in monopodal stance (-0.5 ± 3.5 mm), however it was 2.8 ± 6.5 mm on the stress Lachman views. No significant decrease in range of motion postoperatively. Harvest site pathology had shown temporary moderate pain in one case. Mean Patellar height was 0.93. Overall IKDC score improved in all patients, to be 55.8 ± 15.7 .

Ipsilateral BPTB reharvest autograft is a good alternative in revision ACL reconstruction. No patient complained of instability or limitation of activities after the revision surgery.