

also depend upon the experienced and skillful arthroscopic technique.

Tissue Loss at Meniscectomy Correlates with Clinical Symptoms, Function and Activity Levels (SS-31). *William G. Rodkey, DVM, Karen Briggs, MPH, J. Richard Steadman, MD*

Summary: The purpose of this study was to determine, prospectively, the amount of tissue loss at time of partial medial meniscectomy and then correlate extent of meniscus loss with clinical symptoms, function, and activity levels 2 years following the index meniscectomy. There is a significant correlation between the amount of meniscus tissue removed at meniscectomy and symptoms, function, and activity 2 years after surgery. This study confirms the importance of preserving as much meniscus tissue as possible at the time of meniscus repair or meniscectomy as well as the potential positive benefits of regrowing or replacing lost meniscus tissue.

Purpose: Loss of meniscus tissue frequently leads to decreased clinical function and activity levels. However, no report has quantified the amount of meniscus tissue removed at meniscectomy and correlated the meniscus tissue loss with clinical symptoms, function, and activity. The purpose of this study was to determine, prospectively, the amount of tissue loss at time of partial medial meniscectomy and then correlate extent of meniscus loss with clinical symptoms, function, and activity levels 2 years following the index meniscectomy.

Methods: In a randomized controlled investigational device clinical trial (Level of Evidence I), 149 patients 18 to 60 years old underwent partial medial meniscectomy and served as controls. There were 81 acute (no prior meniscus surgery) and 68 chronic (1 to 3 prior partial meniscectomies on the involved meniscus) patients. At index surgery, size of the meniscus defect was measured using specially designed instruments, and percent of meniscus loss was calculated based on actual measurements. Patients were followed clinically for a minimum of 2 years following meniscectomy. At each follow-up, every patient completed questionnaires including Lysholm and Tegner scores to assess function and activity. Amount of meniscus tissue at index surgery was correlated with the individual domains of the Lysholm scale. Tegner index was calculated to determine the amount of lost activity regained 2 years after surgical intervention.

Results: Two-year data were available for 127 patients (85% follow-up). There was a significant correlation between the amount of meniscus tissue remaining following the index meniscectomy and 2-year Lysholm

domains of squatting ($r=0.281$, $p=0.001$), stair-climbing ($r=0.251$, $p=0.004$), and swelling ($r=0.261$, $p=0.003$). In particular, it is noteworthy that patients who had >50% of their meniscus remaining had significantly better function than patients who had 50% meniscus remaining averaged 52% ($p=0.017$); hence, a greater amount of meniscus tissue remaining allowed patients to regain significantly more of their lost activity.

Conclusions: There is a significant correlation between the amount of meniscus tissue removed at meniscectomy and symptoms, function, and activity 2 years after surgery. This study confirms the importance of preserving as much meniscus tissue as possible at the time of meniscus repair or meniscectomy as well as the potential positive benefits of regrowing or replacing lost meniscus tissue in order to minimize clinical symptoms that may be suggestive of early degenerative changes.

Arthroscopic Partial Meniscectomy with Repair of the Peripheral Tear for Symptomatic Discoid Lateral Meniscus in Children: Results of Minimum 2 Years Follow-up (SS-32). *Jin Hwan Ahn, MD, Sang Hak Lee, MD, Jae Chul Yoo, MD, Hae Chan Ha, MD*

Summary: The purpose of this study is to report the clinical results and the technical aspects of arthroscopic partial meniscectomy in conjunction with the repair of the peripheral tear for symptomatic discoid lateral meniscus in children. We retrospectively studied 24 patients (25 knees) had a peripheral tear that underwent partial central meniscectomy in conjunction with suture repair. All patients showed good clinical results with no reoperation after an average follow-up time of 59 months. We believe that the our technical guide in arthroscopic meniscal repair techniques, arthroscopic partial meniscectomy in conjunction with the repair of the peripheral tear can be effective method in patients with a symptomatic discoid lateral meniscus in children.

Purpose: A discoid lateral meniscus causes symptoms mainly in children and adolescents, usually as a result of a tear of the anterior or posterior segments. If the tears of a discoid meniscus at peripheral rim were not treated, the remnant meniscus can be unstable. The purpose of this study is to report the clinical results and the technical aspects of arthroscopic partial meniscectomy in conjunction with the repair of the peripheral tear for symptomatic discoid lateral meniscus in children.

Methods: From March 1997 to July 2004, the senior author performed arthroscopic surgery for patients with a symptomatic discoid lateral meniscus on 70 patients (74 knees) in children. Of these patients, 25 knees were observed a peripheral tear in the vascular zone of a