

rates. The non-revision reoperation rate following primary ACLR was 12.0%; the 5-year reoperation rate was 8.5%. The non-revision reoperation rate was lower for primary cases reconstructed with allograft versus autograft (9% vs 13%) ($P = 0.004$). Four-hundred twenty-four patients (19%) underwent concomitant meniscal repair and, among these, 13% required revision meniscal surgery. The rate of contralateral ACLR was 5.3%, predominantly in patients under 25.

Conclusion: This information is useful in the informed consent process, for perioperative decision making regarding graft choice, and for identifying patients who are at risk for injuring the uninvolved knee. Allograft ACLR can produce sustainable results with low complication rates in appropriately selected patients.

Arthroscopic Primary Repair of Proximal Anterior Cruciate Ligament Tears: No Deterioration at Mid-Term Follow-Up

SS-15

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Introduction: Open primary repair of the anterior cruciate ligament (ACL) was a popular surgical treatment for ACL injuries in the 1970s and 1980s. Although the short-term outcomes were excellent, the results deteriorated at mid-term follow-up, which ultimately led to the abandonment of open primary repair. Recently, however, excellent short-term outcomes of primary repair using arthroscopy in 11 patients with only proximal ACL tears have been reported with one failure (9%) and good clinical outcomes. Goal of this study was to assess the mid-term outcomes of these patients.

Methods: The first 11 consecutive patients with proximal avulsion tears and excellent tissue quality treated with arthroscopic primary repair were evaluated at mid-term follow-up. Physical examination and laxity examination were performed and patients completed several outcome questionnaires.

Results: Eleven patients were seen at mean follow-up of 5.6 years (range: 4.2–8.4 years). No patients had failure of the repair besides the earlier failure at short-term follow-up (9%). One additional patient (9%) underwent reoperation for a medial meniscus tear. The other ten patients had full range of motion, negative Lachman test, eight patients had a negative pivot shift and two patients +1 pivot shift. IKDC objective score was A in 8 patients and B in 2. Lysholm was 97 (range 92–100), modified Cincinnati 97 (range 87–100), mean SANE score 96 (range 90–100), preinjury Tegner 7.2 (range 5–9), and postoperative Tegner 6.8, (range 3–9) and IKDC subjective score 95 (range 82–100). Seven patients had a MRI that showed ligament continuity.

Conclusion: Historically, studies showed that the results of open primary repair deteriorated at mid-term follow-up. With appropriate patient selection (only treating patients

with proximal tears and excellent tissue quality) and arthroscopy, results in this study did not deteriorate at mid-term follow-up. Arthroscopic primary repair of proximal ACL tears is an excellent, minimally invasive treatment option in these patients.

Outcomes Following Single-Stage versus Two-Stage Revision Anterior Cruciate Ligament Reconstruction

SS-16

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Introduction: Revision anterior cruciate ligament reconstruction (ACLR) is becoming increasingly common as the number of primary ACLR cases continues to rise. Despite this, there is limited data discussing the outcomes of revision ACLR, and even less information addressing the differences in single stage revision reconstructions versus those performed in a two stage fashion.

Methods: Patients undergoing revision ACLR between 2010 and 2014 by a single surgeon were collected. Skeletally mature individuals over the age of 17 were included. Patients were excluded if they were skeletally immature, had a previous intraarticular infection in the ipsilateral knee, had prior alignment correction, cartilage repair or transplant procedure, meniscal allograft transplantation, or intraarticular fracture. Patients completed a questionnaire preoperatively and at a minimum two years postoperatively, which included the Lysholm score, Tegner activity scale, Western Ontario and McMaster Universities Arthritis Index (WOMAC), 12 item Short Form Health Survey (SF-12) Physical and Mental Component Summary (PCS/MCS), and patient satisfaction. Patient satisfaction was rated on a ten-point scale, with 1 equal to highly unsatisfied and 10 equal to highly satisfied.

Results: 88 patients were included: 39 patients in the single-stage revision surgery group (19 males, 20 females), and 49 patients in the staged revision surgery group (27 males, 22 females). In both groups, the SF-12 PCS, WOMAC score, Lysholm score, and Tegner activity scale significantly improved preoperatively to postoperatively. There was no significant difference in the SF-12 MCS score before and after surgery in either group, and no differences in outcome scores at any time point. Furthermore, there was no significant difference in failure rates or other demographic data between groups.

Conclusion: Overall, objective outcomes and subjective patient scores and satisfaction were not significantly different between one-stage and two-stage ACL revision surgeries. Both procedures resulted in significantly improved outcomes and patient subjective outcomes without notable differences in failure rates.