

ACL repair patients have better outcomes than patients who undergo ACL reconstruction

July 17 2022

A comparison of matched patient cases involving ACL repair with ACL reconstruction found that patients who undergo ACL repair have better outcomes than those who have ACL reconstruction, according to research presented today at the American Orthopaedic Society of Sports Medicine 2022 Annual Meeting.

Anterior cruciate ligament reconstruction is a surgical tissue graft replacement of the anterior cruciate ligament, located in the [knee](#), to restore its function after an injury. An ACL repair is a minimally invasive procedure to reattach the torn ligament. Currently, there is a scarcity of data directly comparing the effectiveness of ACL reconstruction with ACL repair.

Adnan Saithna, MD, from FRCS, AZBSC Orthopedic, Phoenix, and colleagues designed a [retrospective analysis](#) to compare the clinical and functional outcomes of ACL repair with ACL reconstruction, at a minimum follow-up of two years.

Dr. Saithna compared 75 matched (based on variables including age, gender, BMI, the time between injury and surgery, knee laxity parameters, the presence of meniscal lesions, pre-operative activity level, and [sports participation](#)) who underwent ACL repair to those who underwent ACL reconstruction during the same period. Isokinetic testing was used to evaluate strength deficits compared to the contralateral limb

at 6 months postoperatively. At the final follow-up, knee laxity parameters, return to sport, and outcome measures including Lysholm, Tegner, IKDC, ACL-RSI and the Forgotten Joint Score-12 (FJS) were recorded.

According to Dr. Saithna's analysis, the ACL repair group had significantly better mean hamstring muscle strength ($+1.7\% \pm 12.8$, compared to contralateral limb) when compared to their counterparts who underwent ACL reconstruction ($-10.0\% \pm 12.8$, compared to contralateral limb) (p22, failure rates: ACL repair 2.8%; ACL reconstruction 0%, $p=0.157$)

"ACL repair was associated with significantly better isokinetic strength tests at 6 months, better FJS at final follow-up, and non-inferior IKDC, Lysholm, Tegner, ACL-RSI, and knee laxity parameters," said Dr. Saithna. "However, the rate of re-rupture was significantly higher when compared to ACL reconstruction and younger patients were particularly at risk."

Provided by American Orthopaedic Society for Sports Medicine

Citation: ACL repair patients have better outcomes than patients who undergo ACL reconstruction (2022, July 17) retrieved 7 May 2024 from <https://medicalxpress.com/news/2022-07-acl-patients-outcomes-reconstruction.html>

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