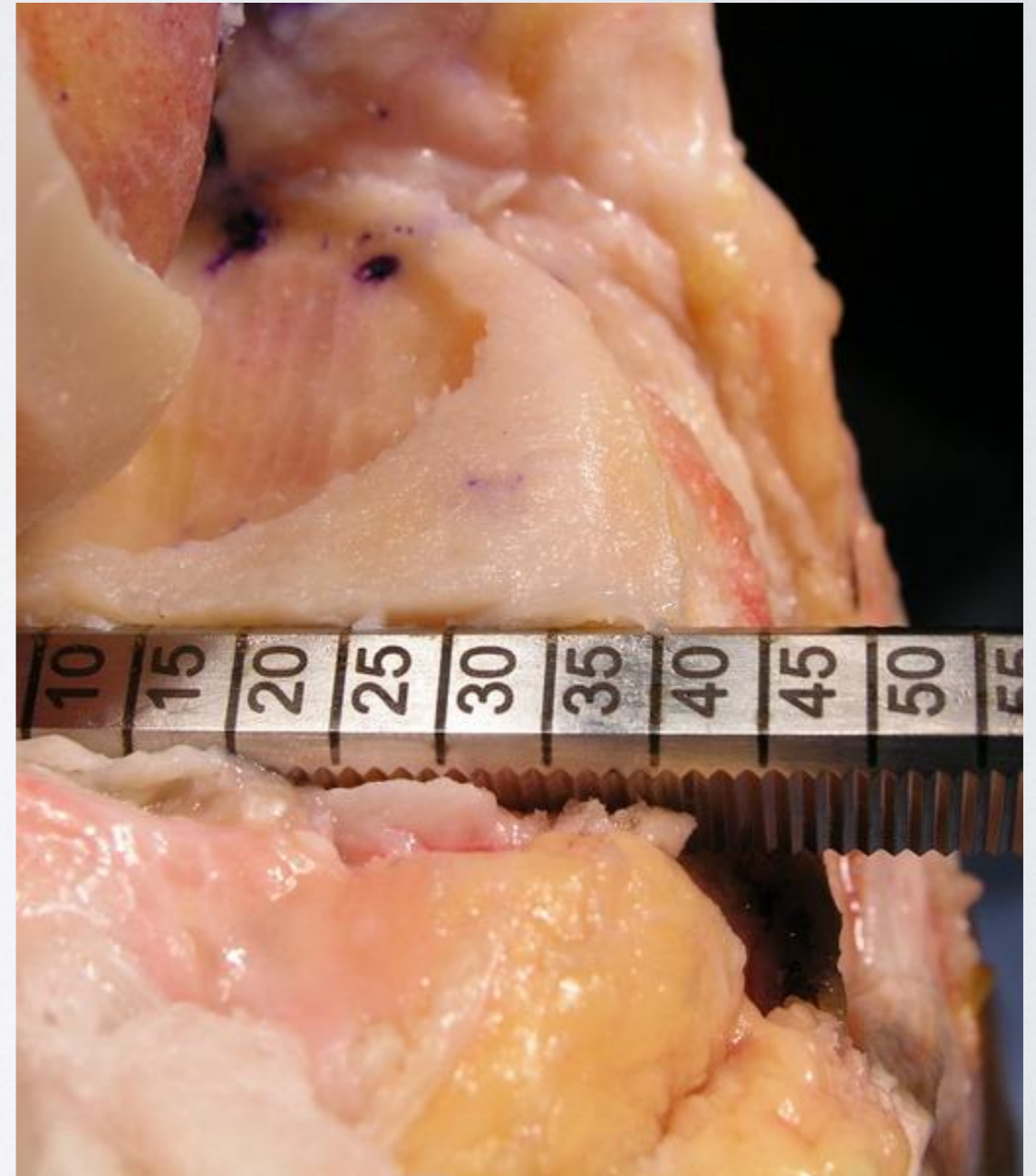


OUTCOMES OF MENISCAL ALLOGRAFT TRANSPLANTATION (MAT) IN PEDIATRIC ATHLETES

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POST-MENISCECTOMY SYNDROME IS SUCCESSFULLY TREATED WITH MAT IN ADULTS

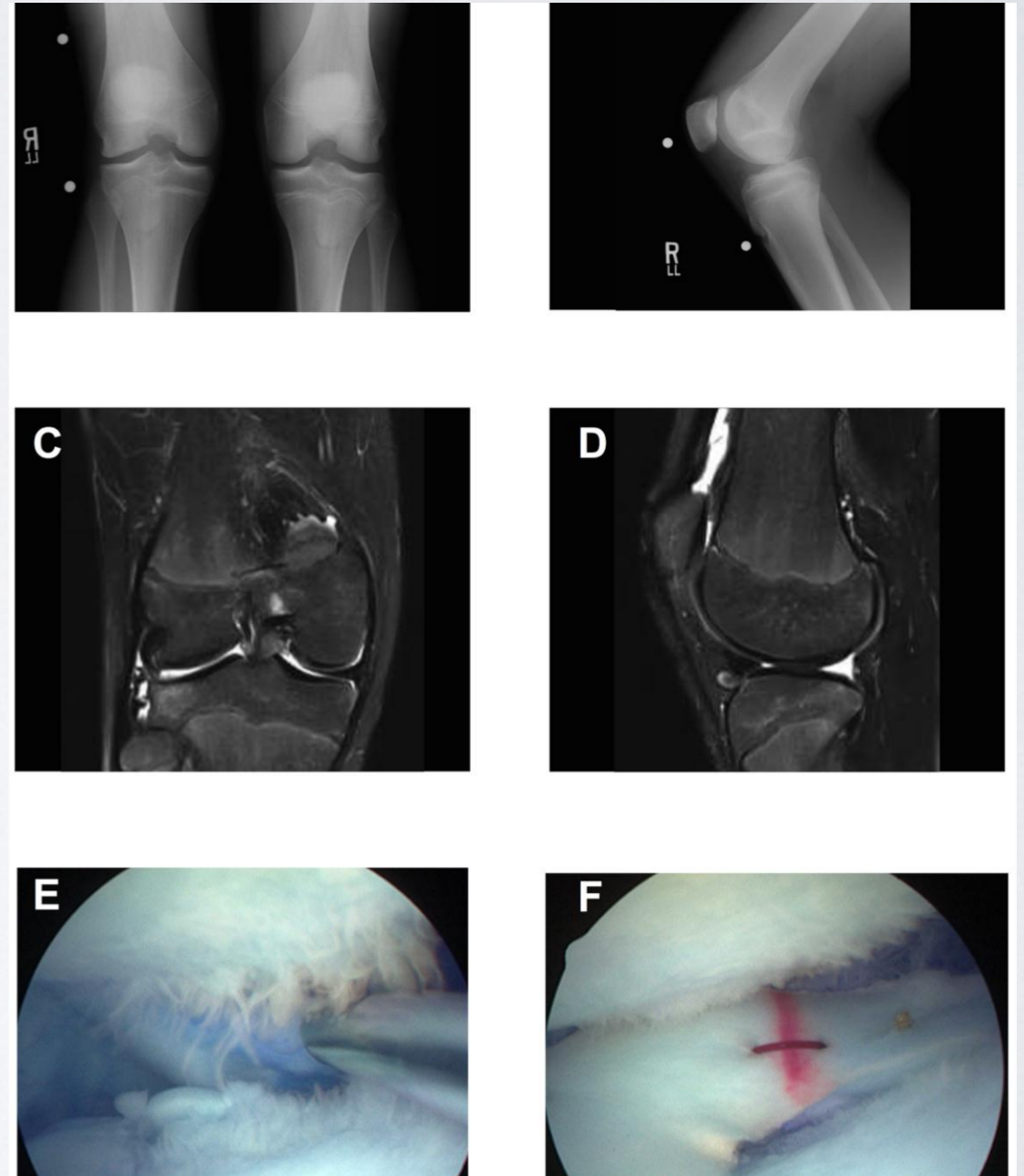
- Prior total or subtotal meniscectomy
- Persistent pain in the meniscectomized compartment
- Can lead to rapidly progressive degenerative changes in compartment



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PHYSEAL-SPARING MAT CAN BE PERFORMED

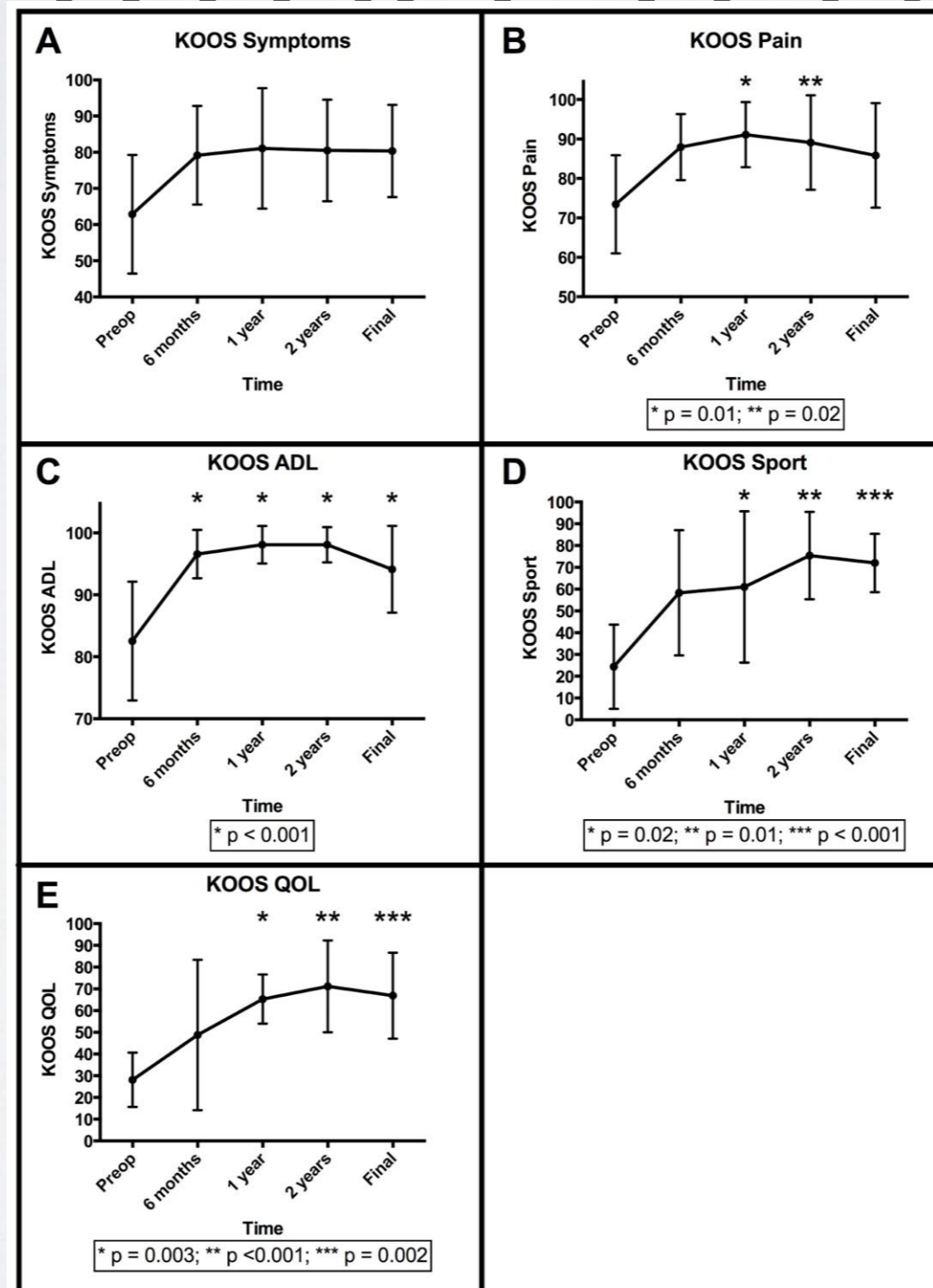
- Bridge in slot technique
- Fluoroscopy to ensure that proximal tibial physis is not violated
- Interference screw bony fixation
- Inside out meniscal repair



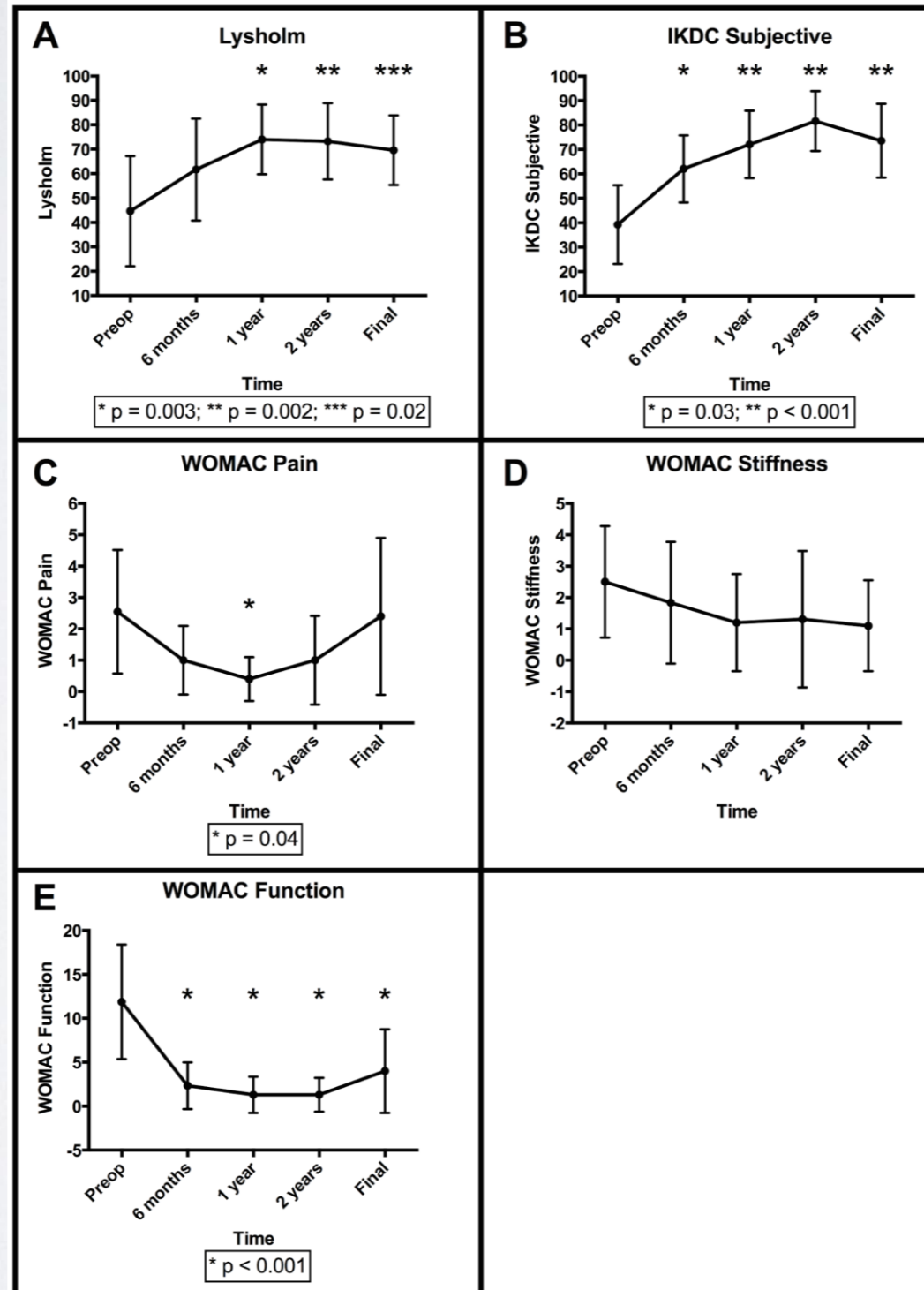
METHODS

- Level 4: Retrospective Case series
- Prospectively collected data
- 17 patients
- Age 11 - 16
- 29% with open proximal tibial physis
- 23% medial meniscal allograft / 77% lateral meniscal allograft
- Minimum 2 year follow up
- Mean follow - up: 38 +/- 30 months

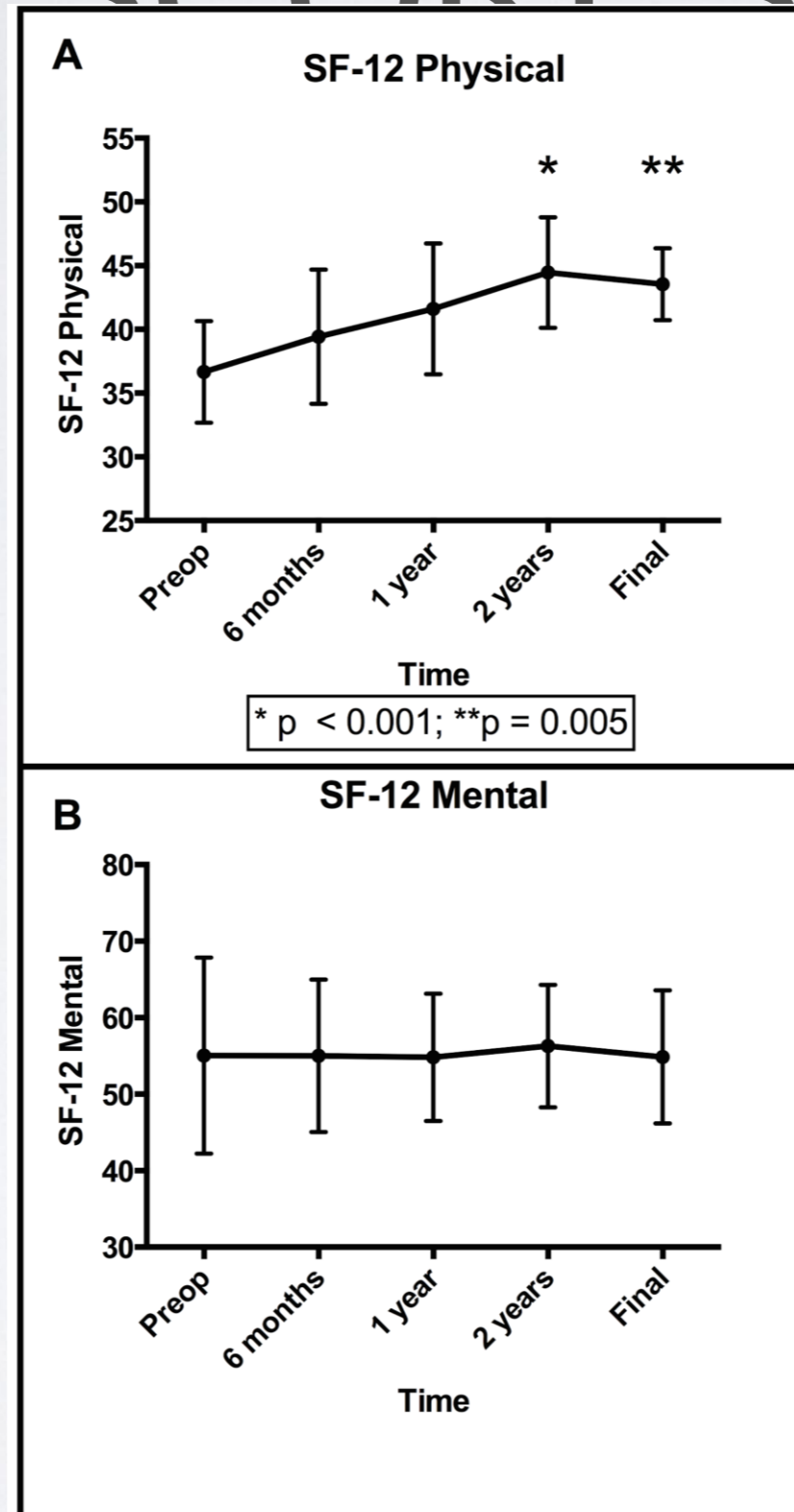
MAT IMPROVES KOOS SCORES IN YOUNG ATHLETES



MAT IMPROVES LYSHOLM, IKDC SUBJECTIVE AND WOMAC SCORES



MAT IMPROVES SF-12 SCORES



MAT HAS A LOW RE- OPERATION RATE IN CHILDREN

- 1/17 had partial medial meniscectomy of graft (6% meniscal re-operation rate)
- 2/17 had non-meniscal surgery:
 - 1 plica excision
 - 1 LFC ACI
- No complications reported

CONCLUSION

- MAT is a safe and effective treatment for post-meniscectomy syndrome in children
- Bridge-in-slot technique can be performed even with open physes
- Functional outcomes of MAT are well preserved at minimum 2-year follow-up