

ACL: REVISIONS

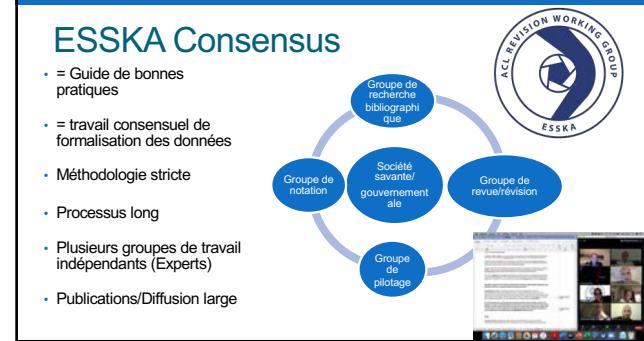
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ESSKA Consensus

- = Guide de bonnes pratiques
- = travail consensuel de formalisation des données
- Méthodologie stricte
- Processus long
- Plusieurs groupes de travail indépendants (Experts)
- Publications/Diffusion large

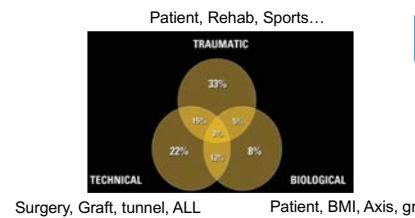


Steps towards a proper ACL revision

- 1 analyze
- 2 Repair
- 3 Reconstruct



Reasons of failure



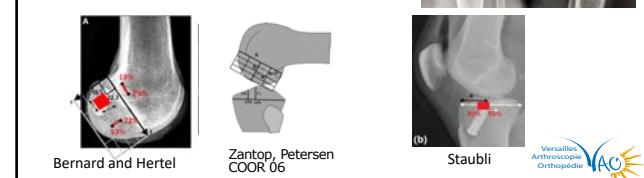
Clinical examination, History

- AP laxity
- Hyperextension
- Pivot shift
- M/L laxity
- Alignment
- Muscle
- Donor site morbidity



Additional imaging

- AP, lat, Schuss, Skyline
- Long leg standing radiographs



Additional imaging

- MRI
- (+CT scan if needed)
- Tunnel widening and position
- Graft signal
- Associated lesions



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Orthopédie
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Additional imaging

- Lat view
- Tibial slope
- >12° ... Discuss correction



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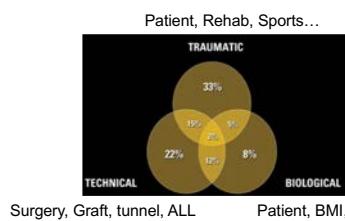
Additional imaging

- Long-leg standing radiographs
- Malalignment
- >5° ... Discuss correction, especially if medial meniscectomy and/or chondral degeneration
- Grade B



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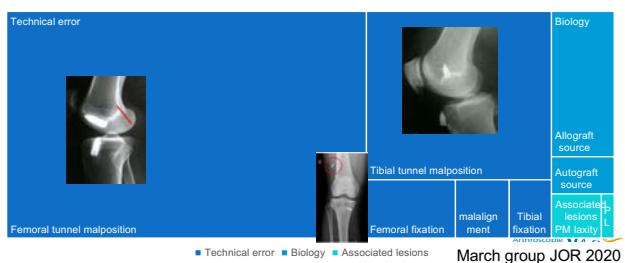
Reasons of failure



Incidence
> 5%

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Reasons of failure: understand in order to make corrections



Predictors of outcomes

- Meniscus
- Previous meniscectomy
- Chronic lesion
- Cartilage

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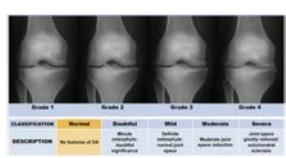
Surgical techniques



- Associated lesions
- Meniscus
- Repair++

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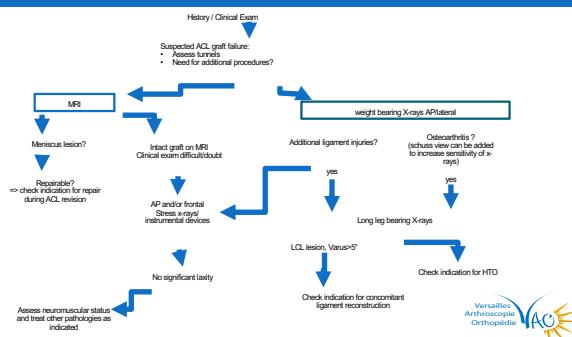
Surgical techniques / Repair



Classification	Grade 1	Grade 2	Grade 3	Grade 4
Description	Normal	Mild	Definite	Severe
	No visible degenerative changes	Mild degenerative changes	Definite degenerative changes	Severe degenerative changes

- Associated lesions
- Cartilage
- Axis
- HTO?

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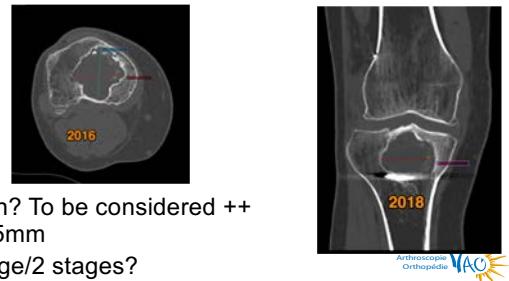


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graph TD
    HC[History / Clinical Exam] --> MRI[MR]
    HC --> Xray[weight bearing X-rays AP/lateral]
    MRI --> Meniscus[Meniscus lesion?]
    Meniscus --> Reparable[Reparable?]
    Reparable --> Check[Check indication for repair during ACL revision]
    Meniscus --> Inact[Inact graft on MRI]
    Inact --> Clinical[Clinical exam difficult/doubt]
    Clinical --> AP[AP and/or frontal Stress x-ray/Instrumental devices]
    AP --> NoSign[No significant laxity]
    NoSign --> Assess[Assess neuromuscular status and treat other pathologies as indicated]
    Assess --> End[End]
    Clinical --> Additional[Additional ligament injuries?]
    Additional --> Yes[yes]
    Yes --> Osteo[Osteoarthritis?]
    Osteo --> Schuss[Schuss view can be added to increase sensitivity of X-rays]
    Schuss --> Long[Long leg bearing X-rays]
    Long --> LCL[LCL lesion, Varus>5°]
    LCL --> CheckHTO[Check indication for HTO]
    CheckHTO --> End
    Xray --> Additional
    Xray --> CheckHTO
  
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Surgical techniques / Bone grafting



- When? To be considered ++ if >15mm
- 1 stage/2 stages?

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Surgical techniques / Bone grafting



- Autograft
- Or
- Allograft
- 1 or 2 stages
- Grade B

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Surgical techniques / Bone grafting



- If 2 stages
- CT-Scan after 3-4 months
- Surgery 3-6 months
- Grade C

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Which tunnel?

- Example: 28y
- 3 failures
- Lateral laxity (missed)
- AP laxity

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Anterolateral tunnel?

Surgical techniques

- Graft Choice: Autograft
 - PAT/Quadriceps
 - Hamstrings
- Allografts +/-
- Grade C
- Other side?
- Re harvesting

Indication for lateral extraarticular tenodesis

- If:
 - Pivot shift +++
 - Lachman +++
 - Pivoting sports
 - Hypelaxity
 - Grade B

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Address Associated injuries+++

- Collateral ligaments++
- MCL ++, PLC
- Clinical exam, Stress X-Rays

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Conclusions

- Revision ACL
- Address All reasons of failure
- Radiographs, MRI, CT scan
- Difficult surgery
- « Average » results

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