

CARTILAGE DEFECTS ON KNEE AND ANKLE : WHAT IS THE APPROPRIATE THERAPY ?

A survey at the German congress for Trauma Surgery 1999

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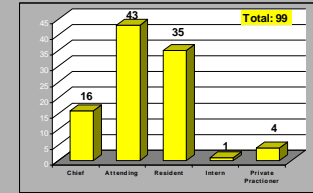


Introduction

Operative treatment of cartilage defects is discussed controversially among specialists. To evaluate the different opinions on four cases of cartilage defects on knee and ankle, we asked 99 participants at the German congress for trauma surgery held in Berlin from 17th to 20th of November 1999 (DGU). For each case there was a choice of different therapies :

1. No operative therapy 2. Cartilage picking 3. Autologous chondrocyte transplantation (ACT) 4. Osteo-chondral transplantation 5. Pridie-hole-drilling 6. Microfracturing 7. Abrasion arthroplasty. Each participant was asked for his favourite therapy including free comments on alternative therapy strategies other than suggested. We also asked for the status and the region of the hospital the participant worked at and the therapy that is offered to the

SURVEY RESULTS

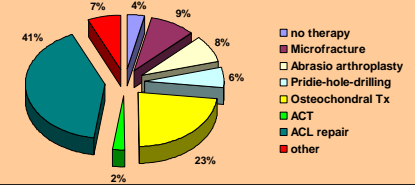


1

History:
34 year old male, post ACL-Repair 1986, Now re-trauma with torsion of transplanted ACL, lateral meniscal lesion,

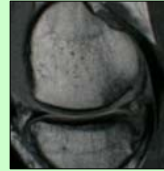


Diagnosis:
Arthrofibrosis, CM III° at medial femur condyle, anterior / central zone, Size : 2 x 3 cm III° anterior instability

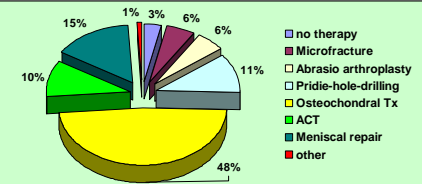


2

History:
23 year old male, Blunt Trauma to right knee-joint 1998, persistend pain, No ligamental instability



Diagnosis:
CM VI° at lateral femur condyle, posterior / central zone Size : 1 x 1 cm medial meniscal tear at posterior horn

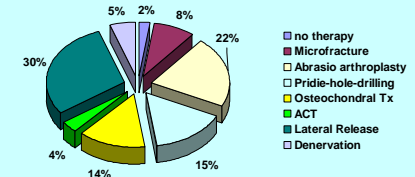


3

History:
20 year old male soldier, Trauma to right knee-joint 1998, persistent pain,retropatellar crepitation

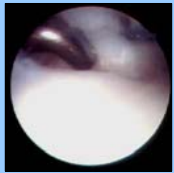


Diagnosis:
CM III-VI° retropatellar Size : 2,2 x 1,2 cm no other pathology

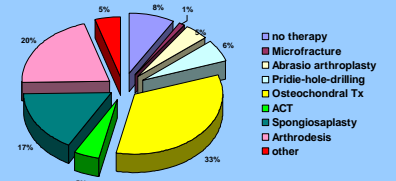


4

History:
30 year old male parachute soldier, multiple trauma to right ankle, p.o. pridie-hole-drilling, p.o. spongiosa-plasty, continuous pain when exercising



Diagnosis:
Osteochondrosis dissecans grade III medial talus Size : 1,5 x 2 cm



Conclusion

The survey showed a very heterogenous choice of therapy of a variety of German Surgeons concerning the treatment of cartilage lesions. Autologous chondrocyte transplantation is not the preferred therapy and only 5 % of the hospitals involved in the survey are offering it to their patients. If cartilage has to be replaced a majority decided to perform osteochondral transplantation. More data has to be presented in the future to find the indication for ACT and the technique has to be standardized.