

ARGENTINA
A2004



ARGENTINA
A2004



*Treatment
of knee arthritis in
young patients*

*Paulo Roberto Pires Rockett
Porto Alegre - Brazil*



Injured articular surface has limited repairment potential.

Up till now no method has obtained the regeneration of the articular hyaline cartilage.

Modern technical advances have made
TOTAL KNEE REPLACEMENT
a predictable and durable procedure in
the elderly (↑ 60 years).

*What is the best choice for **active patients**
with osteoarthritis?*



ACTIVE

Practice a physical activity with impact
(running, cutting and pivoting)

- Soccer
- Single tennis
- Volleyball
- Basketball

ACTIVE

Perform a functions that demands
physical effort of lower limbs:

- Electrician
- Gardener
- Military
- Builder

INACTIVE

Those that with hard pain on their knees only stroll to perform normal daily life activities, already aggrieved on professional activities.

ACTIVE



Arthroscopic treatment with articular debridement

Arthroscopic debridement

indications

Osteoarthritic knee pain
treated unsuccessfully with
conservative measures.

Arthroscopic debridement

predictors of success

Mechanical Symptoms

- Meniscal flap tears

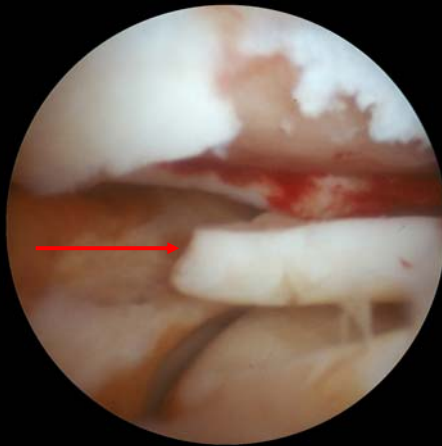


Arthroscopic debridement

predictors of success

Mechanical Symptoms

- Loose bodies

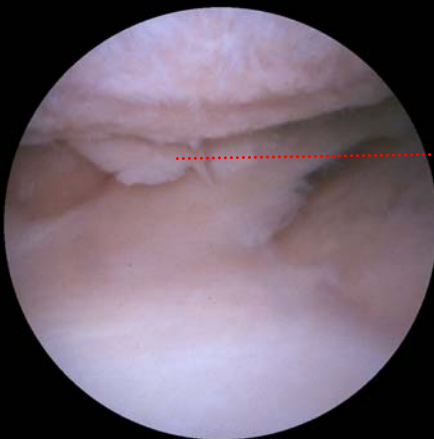


Arthroscopic debridement

predictors of success

Mechanical Symptoms

- Chondral flaps



Arthroscopic debridement
surgical techniques

■ Chondrectomy – III grade



Arthroscopic debridement
surgical techniques

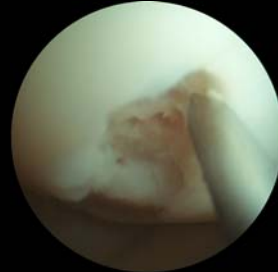
■ Chondrectomy – III grade



Arthroscopic debridement

reparative techniques

- *Microfracture* -
Drilling of sclerotic
subchondral exposed
bone
Steadman, 1992



- *Abrasion* - Superficial
subchondral bone
Johnson, 1982



Arthroscopic debridement

reparative techniques

It facilitates the release of mesenchymal stem cells allowing the formation of fibrin clot that promotes the reparative cicatrization of the osteochondral defect.

Arthroscopic debridement

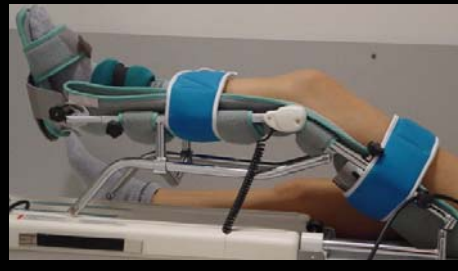
reparative techniques

■ *Protection of the repair:*

Nonweight-bearing crutch ambulation for 2 months.

■ *Repair stimulus:*

- Active motion
- Continuous passive motion



“It is necessary that we improve the articular mechanism so that the regenerated tissue may be an adequate substitute for an injured articular cartilage”.

Arnoczky, Buenos Aires, 1994.

Arthroscopic debridement

material and method

Patients reviewed in 1994

Chondrectomies for treatment of grade III cartilage lesion	270
Abrasion for treatment of grade IV cartilage lesion	79
Total knees	349

2 - 8 years Follow up

Arthroscopic debridement

complementary surgeries

79 Knees underwent abrasion

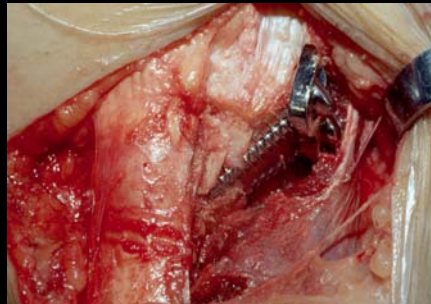
ACL reconstruction	4
Realignment of the extensor mechanism	7
Osteotomies { 13 HTO 2 DFO	15 (19 indications)

Arthroscopic debridement

complementary surgeries

To reduce the stress

- Malalignment correction (mild/moderate)



Arthroscopic debridement

complementary surgeries

To reduce the stress

- Ligament Instability - reconstruction



Arthroscopic debridement

complementary surgeries

To reduce the stress

- Extensor mechanism reconstruction



Arthroscopic debridement

results

79 Knees underwent abrasion

Better	70	88.8 %
Same	6	7.5 %
Worse	3	3.7 %

Average 55 months Follow up

