



Section B

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Meniscal allografts successful in younger patients

Allograft meniscus transplantation is most often successful in patients younger than 55 years of age who have a stable knee joint, undamaged cartilage and localized symptoms of pain and swelling in the affected knee, Brian J. Cole, MD, will explain during a media briefing later today. Dr. Cole, who is Medical Director, Rush Cartilage Restoration Center, Division of Sports Medicine, Rush-Presbyterian-St. Luke's Medical Center, Chicago, covered the indications and surgical techniques used in meniscus replacement surgery.

"Transplanting an allograft or donor meniscus, the crescent-shaped cartilage cushion in the knee joint that helps the joint bear weight, glide, and turn, may be indicated in a patient with a defective meniscus or in one who has undergone the removal of the meniscus because of a tear or other injury," explained Dr. Cole. "The patient usually has symptoms of joint overload, such as pain and swelling."

Cole and his researchers recommend doing only toe-touch weightbearing exercises with the knee in full extension for the first four weeks following the procedure. After four weeks, the patient can progress to full weight-bearing exercises. A light running program may begin at three to four months, and the patient may return to light recreational activities by five to six months after the procedure. Squatting and hyperflexion are discouraged for the first six months following transplantation. "High-load, repetitive impact activities are generally discouraged," explained Dr. Cole, "although as transplants are performed earlier, patients are successfully returning to these higher load activities."

Cole and his colleagues found that allograft meniscus transplantation is most often successful in patients who are younger than 55 years and have a stable knee joint, undamaged cartilage and symptoms of pain and swelling localized in the affected knee. Magnetic resonance imaging (MRI) with high-resolution cartilage pulse-sequences, weightbearing radiographs and long-leg films are often the best way to

evaluate and select patients for the transplant procedure.

"As with any allograft transplantation, appropriate donor screening and careful implant sterilization and preservation are vital to a successful outcome," stated Dr. Cole. "The tissue has to be transplanted within 24 hours. The risk of viral contamination associated with allograft meniscus is one in 1.6 million to one in 1.2 billion. The risk of contracting HIV is one in 1,667,000."

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