

### **LONG-TERM ASSESSMENT OF ARTHROSCOPIC MENISCUS REPAIR : A 13-YEAR FOLLOW-UP STUD**

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**PURPOSE:** A prospective study was set up to evaluate meniscal sutures using an inside-out technique.

**METHOD:** 13 of an initial group of 20 patients who underwent closed meniscus repair between 1985 and 1988 using an inside-out technique were studied. All patients underwent a clinical exam and an MRI investigation. These were compared with the MRI of their previous follow-up exam (1994). We used the Hospital for Special Surgery Sports Medicine Service knee injuries discharge summary follow-up score sheet (R.G. Stone et al., Arthroscopy, vol. 6, n°2, 1990). The study included 7 males and 6 females. Their age averaged from 29yrs. to 50yrs.2mos (mean age : 35yrs.6mos.). Their mean follow-up was 13yrs.2mos. (11yrs.11mos.-15yrs.4mos). There were 6 left and 7 right knees involved. Seven patients also had an ACL injury of which one was repaired 6 years post meniscal repair.

**RESULTS:** All patients had a score of more than 75% on HSS. One patient underwent arthroscopic repair of his chronic ACL lesion.

**MRI findings :** in all patients the site of the previous suture could still be detected, mainly by small metal artefacts in the meniscus. In 1 patient a new or recurrent tear was found. In 1994, a new tear was found in a patient. This tear was not repaired. In 1999 there were no longer signs of this tear.

**CONCLUSION:** Meniscal suturing gives good long-term clinical results. MRI proves to be a good tool for evaluating meniscal sutures. Although MRI may suggest a problem knee, the clinical results were good to excellent.

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