



# Correction to: Arthroscopic primary repair of proximal anterior cruciate ligament tears seems safe but higher level of evidence is needed: a systematic review and meta-analysis of recent literature

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Published online: 4 September 2020

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## Correction to:

**Knee Surgery, Sports Traumatology, Arthroscopy  
(2020) 28:1946–1957**  
<https://doi.org/10.1007/s00167-019-05697-8>

Authors would like to correct few errors in their publication.

In the original article, the numbers and percentages of overall failures of the different primary repair techniques were incorrectly reported. This occurred due to the exclusion of abstracts that were originally included in the study [3, 4, 6, 9]. All other data and statistical analyses were correctly

reported, and this correction had no influence on any statistical analyses or conclusions drawn from this data.

The correct numbers of failures were as follows: 10 out of 74 failures following primary repair without augmentation (13.5%), 4 out of 69 failures following primary repair with augmentation (5.8%) and 106 out of 958 failures following primary repair with dynamic augmentation (11.1%).

We have added a new Table 2 to this correction.

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The original article can be found online at <https://doi.org/10.1007/s00167-019-05697-8>.

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**Table 2** Study characteristics with failure and reoperation rates of studies/abstracts reporting outcomes of arthroscopic primary ACL repair of proximal tears

Authors	Year	No. pts	FU (years)		Age (years)		Delay (weeks)		Male (%)	Prox (%)	Fail. (%)	Reop. (%)	ROH (%)	Lachman		Pivot shift	
			Mn	Range	Mn	Range	Mn	Range						Neg. (%)	Pos. (%)	Neg. (%)	Pos. (%)
<i>Primary repair without augmentation</i>																	
Achtnich et al. [1]	2016	20	2.3	2.0–2.6	30		< 6 <sup>a</sup>			100	15	5	0	85	15	80	20
Hoffmann et al. [11]	2017	12	6.6	5.0–8.2	43	19–67	1	0–3	25	100	25	0	0	75	25	75	25
Jonkergouw et al. [13]	2018	29	4.0	2.0–9.2	37	15–57	5	1–574	62	100	14	7	0				
Mukhopadhyay et al. [17]	2018	13	2.6	2.2–3.2	31	21–40	1	0–2	100	100	0	0	0	85	15	100	0
<i>Primary repair with static augmentation</i>																	
Heusdens et al. [10]	2018	42	2.0		33	14–60	< 13 <sup>a</sup>		57	100	5	0	0				
Jonkergouw et al. [13]	2018	27	2.4	2.0–4.4	30	14–44	4	1–22	56	100	7	0	7				
<i>Primary repair with dynamic augmentation</i>																	
Ateschrang et al. [2]	2017	47	1.0		28		2		57	100	11	17					
Büchler et al. [5]	2016	45	1.0		26	18–54	2	0–3	72	73	7	0					
Häberli et al. [7]	2018	446	2.3	1.8–5.3	33		< 9 <sup>a</sup>		56	73 <sup>b</sup>	9	12	27				
Hoogeslag et al. [12]	2019	23	2.0		21	10–27	2	2–2	79	83	9	21	0	100	0	90	10
Kohl et al. [14]	2016	50	2.0		30	18–50	2	0–3	68	80	10	18	60				
Krismer et al. [15]	2017	264	> 2.0		31		2		59	77	14	2	35				
Meister et al. [16]	2017	26	1.0	1.0–1.2	28	18–50	2	1–4	65	62	15	20	8	73	27		
Osti et al. [18]	2019	57	1.0		28	15–54	2	0–4	65	84	18	23	18				
Total primary repair		<b>74</b>	<b>3.7</b>	<b>2.0–9.2</b>	<b>35</b>	<b>15–67</b>	<b>3</b>	<b>0–547</b>	<b>63</b>	<b>100</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>82</b>	<b>18</b>	<b>84</b>	<b>16</b>
Total repair with SA		<b>69</b>	<b>2.2</b>	<b>2.0–4.4</b>	<b>32</b>	<b>14–60</b>	<b>4</b>	<b>1–22</b>	<b>57</b>	<b>100</b>	<b>6</b>	<b>0</b>	<b>3</b>				
Total repair with DIS		<b>958</b>	<b>2.0</b>	<b>1.0–5.3</b>	<b>31</b>	<b>10–54</b>	<b>2</b>	<b>1–29</b>	<b>60</b>	<b>77</b>	<b>11</b>	<b>10</b>	<b>29</b>	<b>86</b>	<b>14</b>	<b>90</b>	<b>10</b>
Total		<b>1101</b>	<b>2.1</b>	<b>1.0–9.2</b>	<b>31</b>	<b>10–67</b>	<b>2</b>	<b>0–547</b>	<b>60</b>	<b>79</b>	<b>11</b>	<b>9</b>	<b>25</b>	<b>84</b>	<b>16</b>	<b>87</b>	<b>13</b>

No studies reported on the return to sport rate following primary repair at follow-up except

No. pts number of patients, FU follow-up in years, Mn mean, prox. percentage of patients with proximal tears, reop. reoperation, ROH removal of hardware, RTS return to sports, Comp complications, Neg. negative, Pos positive, SA suture augmentation

<sup>a</sup>These studies only reported criteria such as operation within certain number of weeks

<sup>b</sup>Data collected from another study with same cohort of patients [8]

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