

Osteochondral lesion of the talus: is there a critical defect size for poor outcome

Choie WJ, et al.

Am J Sports Med (2009) 37:974–1980

The purpose of the study was to determine the optimal measures of defect size in osteochondral lesions of the talus and their prognostic significance for treatment by arthroscopy. 120 ankles made up the study group. Talar osteochondral lesions were arthroscopically treated by marrow stimulation. Eight lesions required transplantation and 22 were considered failures. Linear regression analysis showed prognostic significance at a cut off defect size of 150 mm². Only 10 of 95 lesions less than 150 mm² size failed. Size was measured on MR images and is an easily obtained prognostic factor.

Femoral torsion in patients with Blount's disease. A previously unrecognized component

Aird JJ, et al.

JBJS (Br)(2009) 91-B:1388–1393

In 1937 Blount described 28 patients with tibia vara. Since then a number of femoral and tibial abnormalities have been described in association with Blount's disease. In this report, 14 children with Blount's disease who were part of a cross sectional study with a mean age of 19 (2–18) were clinically assessed for rotation of their legs and anteversion of the hips by CT (femoral version). The authors found a statistically significant increase in femoral anteversion, 26° more anteverted than in previously published controls. This previously unrecognized finding in addition to internal tibial torsion likely accounts for the marked intoeing seen in these patients.

Geographic mapping of meniscus and cartilage lesions associated with anterior cruciate ligament injuries

Slauterbeck JR, et al.

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The authors state that detailed descriptions of meniscus and articular cartilage ligament (ACL) injury have not previously been documented. The objective of this study was to determine the associations between patient gender, age and

surgical delay with the frequency and location of meniscus and articular cartilage lesions seen at the time of ACL reconstruction. 1,104 patients were included in the study. 722 (65%) of 1,104 patients had meniscus injuries. Female/male prevalence was 56–71% respectively. Combined medial and lateral meniscus injuries were 20% male compared to 11% female. A surgical delay of 3 months found an increase in medial meniscus injury—19% to 8%. Femoral articular cartilage lesions were identified in 472 patients (43%). Patients 25 years or older were likely to have multiple cartilage lesions (7.7%) and also have more isolated medial femoral condyle lesions (24.2%) compared to 13.3%. Surgical delay of more than a year resulted in large and grade 3 lesions of the lateral femoral condyle. In patients 35 years and older medial meniscal and femoral articular cartilage lesions were more frequent.

Outcome of percutaneous rupture of lumbar synovial cysts: a case series of 101 patients

Martha JF, et al.

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101 patients with lumbar facet joint synovial cysts were treated with fluoroscopy guided corticosteroid facet joint injection and cyst rupture. The outcome was assessed by the Oswestry disability index and numeric rating scale for back and leg pain. 81% of cysts were ruptured. 55 patients (54%) required subsequent surgery at an average of 8.4 months because of inadequate symptom relief. All patients reported significant pain and disability relief at 3.2 years post injection regardless of subsequent treatment course. At final evaluation there was no difference in pain between patients who received injections only and those who underwent subsequent surgery. The authors state that this is the largest clinical series of nonsurgical treatment for lumbar facet synovial cysts. In 50% of patients, the treatment permitted avoidance of an operation. Long term outcomes are similar regardless of subsequent surgery. Cyst rupture provided no benefit and was associated with worse disability at 3 years post injection.

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