

The prevalence and clinical significance of sonographic tendon abnormalities in asymptomatic ballet dancers: a 24 month longitudinal study.

Comin J, et al.

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A cohort study was undertaken to determine what abnormal sonographic features of the Achilles and patellar tendons were adaptive as a result of ballet training and which findings may be predictive of future development of disabling tendon symptoms. 35 male and 44 female dancers of the English Royal Ballet were examined with ultrasound measuring proximal and distal tendon diameters and assessing for hypoechoic change, intra tendon defects, calcification and neovascularity. All subjects were followed for 24 months for tendon related pain or injury severe enough to require time off from dancing. Disabling tendon-related symptoms developed in 10 dancers and 14 tendons. The presence of moderate or severe hypoechoic defects was weakly predictive of future disabling symptoms ($p=0.0381$). There was no correlation between any of the other sonographic abnormalities and symptoms. The finding of hypoechoic changes in the screening of tendons of asymptomatic ballet dancers may permit targeted modifications of training or other preventive regimens.

The ACL in the arthritic knee: how often is it present and can preoperative tests predict its presence?

Johnson AJ, et al.

CORR (2013) Vol 471:181–188.

200 patients were evaluated for ACL integrity at the time of total knee Arthroplasty (TKA). All patients underwent a Lachman test under anesthesia. In 100 patients MRIs were performed. The specific issues addressed were sensitivity and specificity of the Lachman test, correlation between MRI ACL integrity and intra-operative observations, correlation between MRI tibial wear patterns and the influence of age and gender on ACL status. The Lachman test alone had poor diagnostic sensitivity. When combined with MRI they together provided a sensitivity of 93.3 % and specificity of 99 %. All knees ($n=8$) with posterior wear on the medial tibial condyle had a disrupted ACL.

Malignant proximal fibular tumors; surgical management of 112 cases.

Abdel MP, et al.

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Between 1910 and 2007, 112 histologically confirmed malignant tumors of the fibula were analyzed. Osteosarcoma (44 %) was the most common diagnosis. The gender ratio was nearly equal (fifty-four male, fifty-eight female). The average patient age was 27.6 years. Pain (86 %) palpable mass (51 %) and peroneal nerve symptoms (12 %) were the most common presenting symptoms. No long term knee instability was seen in 53 patients who underwent resection with lateral collateral ligament reconstruction.

First-generation autologous chondrocyte implantation in patients with cartilage defects of the knee; 7 to 14 years clinical and magnetic resonance imaging follow-up evaluation

Moradi B, et al.

Arthroscopy (2012) 28; 1581–1861

The study evaluated the long term effects of autologous chondrocyte implantation (ACI) in terms of patient satisfaction, clinical assessment and MRI findings. The impact of independent variables was also assessed. The study group comprised 23 patients (MEAN AGE 30.5 ± 8.2 years) operated on between 1997 and 2004. 73 % of patients stated they would undergo the operation again. Younger patients with a short duration of pre-operative symptoms and small defect sizes benefitted the most. MRI was performed to evaluate the cartilage pre-operatively and at final follow-up by use of the magnetic resonance observation of cartilage repair tissue (MOCART) score. MRI confirmed complete defect filling in 52.3 % of the patients at follow-up.

Any full thickness cartilage lesion (2 to 12 cm²) detected by MRI, confirmed by arthroscopy localized at the medial or lateral femoral condyle was considered suitable for ACI. Cartilage lesions greater than grade 2 (Outerbridge), extensive meniscus defects or resection greater than one third, untreated cruciate and collateral ligament laxity and BMI > 35Kg/m² were contra-indications for surgery.