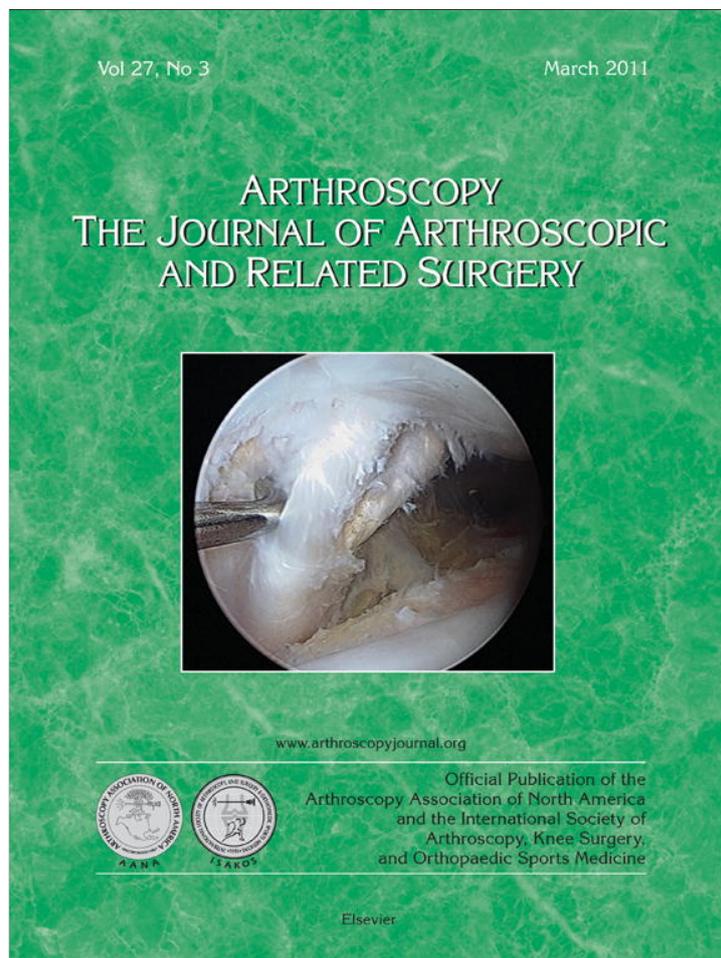


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Editorial

Save the Meniscus

In last month's editorial, we argued that prompt operative intervention reduces long-term osteoarthritis after knee anterior cruciate ligament tear.¹ While the surgical focus of that editorial was early ACL reconstruction, the obvious subtext was preventing osteoarthritis by preserving the meniscus. One doesn't need to be a detective to read between the lines of the February editorial: Save the meniscus. Patients with nonoperatively treated ACL tears develop meniscal tears, and "meniscectomy is an adverse event."¹

Of course, in the 21st century, when we use the term "meniscectomy," we refer to arthroscopic partial meniscectomy. We have known since the time of Fairbank² that total meniscectomy results in knee degenerative arthritis over time. Today, the very idea of total meniscectomy seems barbaric and, as arthroscopic surgeons, a core belief is that by removing only the torn portion of the meniscus while sparing healthy meniscal tissue, using minimally invasive arthroscopic intervention, we preserve knee joint function while minimizing the progression of arthritis.

In the current issue, two articles add evidence in support of our arthroscopic surgical exhortation: Save the meniscus.

Kim et al. of Seoul, Korea, evaluate "Medial Meniscus Root Tear Refixation: Comparison of Clinical, Radiologic, and Arthroscopic Findings With Medial Meniscectomy."³ With advances in arthroscopic technique, meniscal root tear refixation has been technically simplified.⁴⁻⁶ However, just because we have the technology does not mean that we understand the outcome. Technical notes represent expert opinion, the lowest level of evidence. In contrast to a technical note, Kim et al.³ present evidence-based outcomes, and receive our compliments for the inclusion of a control group (patients with medial meniscus root tear having partial medial meniscectomy). Meniscal root

avulsion is not the most common meniscal tear pattern, and the authors' research methods indicate retrospective identification of 68 patients with this pathology over a period of 4 years. Their results: Patients having meniscal root avulsion repair had significantly better clinical and radiologic outcome than patients having partial meniscectomy.

Save the meniscus.

Petty and Lubowitz raise the question, "Does Arthroscopic Partial Meniscectomy Result in Knee Osteoarthritis?"⁷ We are reluctant to focus on our own work in an editorial, but we are proud of Dr. Petty who was awarded AANA's 2010 J. Whit Ewing Resident/Fellow Clinical Research Prize for her investigation. As above, our core belief is that minimally invasive arthroscopic partial meniscectomy preserves knee joint function and minimizes progression of arthritis. In support, Petty and Lubowitz show that, at a range of 8 to 16 year follow-up, clinical symptoms of osteoarthritis were not observed after arthroscopic partial meniscectomy. However, clinical outcomes did not correlate with radiographic findings, and radiographic signs of osteoarthritis were significant, as 77% of knees had some evidence of Fairbank's radiographic changes 8 to 16 years after arthroscopic partial meniscectomy, compared with 30% evidence of Fairbank's changes in those same patients' contralateral knee (where only patients whose contralateral knee did not have surgery were included).

Arthroscopic partial meniscectomy results in better outcomes than total meniscectomy.⁸⁻²⁰ However osteoarthritis is still a risk.

Save the meniscus.

Now the bad news. Our rallying cry is "Save the Meniscus," but the bad news is that arthroscopic partial meniscectomy is the most common orthopaedic procedure performed in the United States of America.²¹ Are American orthopaedic surgeons criminal? Of course not! The vital point is that while orthopaedic surgeons treat pathology, we surgeons are clearly not responsible for causing the pathology, and meniscal pathology seems epidemic.²² Furthermore, when it comes to meniscal

pathology, we orthopaedic surgeons do our very best to prevent meniscal tears.¹

We hope you enjoy this March 2011 issue of *Arthroscopy*, and when you put down the journal and go back to work, whether surgeon or scientist, remember our motto:

Save the meniscus.

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