

dysplasia defined as sulcus angle $>145^\circ$ with 74% having high-grade dysplasia (Dejour B-D) and 26% having low grade dysplasia (Dejour A). There were 236 (56.2%) patients with Wiberg 2 patella, 100 (23.8%) patients with Wiberg 3 patellas and 84 (35.6%) patients with Wiberg 1 patella.

The sulcus angle measured at the patella equator was 33% greater than the angle measured at the Roman arch. Subjects with Wiberg type 3 patellas were 34% more likely than type 1/2 to have a sulcus angle $>160^\circ$ and more likely to have high-grade trochlea dysplasia (Dejour B-D). The sulcus angle had minimal correlation with the posterior condylar and anterior trochlea angles. Lastly, the sulcus angle had a 37% reduction post-trochleoplasty and 94% of post-operative patients had a post-operative sulcus angle of $<145^\circ$.

In conclusion, the sulcus angle classically measured at the Roman arch is significantly smaller than that measured at the equator and this underestimates the true incidence of trochlea dysplasia. Also, Wiberg classification of the patella predicts likelihood and severity of trochlea dysplasia and should be employed in radiographic assessments of patellofemoral instability.

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Arthroscopic meniscoplasty for discoid lateral meniscus in children and adolescents – Long term results

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Background: The discoid meniscus is an uncommon condition mostly seen in adolescents, and they usually affect the lateral meniscus. Multiple studies have demonstrated a greater prevalence of discoid meniscus in the Asian population. The optimal mode of treatment of discoid lateral meniscus (DLM) is currently still not well established.

Materials and Methods: All consecutive patients less than 21 years old who underwent arthroscopic treatment for symptomatic DLM over a 10-year period, from 2002 to 2012, were retrospectively reviewed.

Results: A total of 29 patients were reviewed (35 DLMs), made up of 17 males and 12 females. There were 16 right-sided, 7 left-sided DLMs, with 6 patients presenting with bilateral DLMs. The mean age at diagnosis was 15.9 years old and the mean duration of follow-up was 84.8

months. The most common presenting complaints were mechanical knee pain (91.7%), knee clicking or snapping (50.0%) and locking the knee (45.8%). The incomplete type DLM (Watanabe type II) was the most common arthroscopic subtype of DLM. All patients were treated arthroscopically by (i) meniscoplasty alone, (ii) meniscal repair and meniscoplasty, (iii) partial meniscectomy and meniscoplasty, or (iv) total meniscectomy. Excellent outcome scores were reported in 21 out of 22 patients at 2 years, and there was significant improvement in Lysholm scores at all follow-up timepoints for patients in all 4 treatment groups. However, there was no significant difference in functional outcome scores between the 4 treatment groups, and the functional outcome scores of the patients were maintained to the time of final follow-up.

Conclusions: Our study demonstrated that arthroscopic meniscoplasty is an effective treatment modality for symptomatic DLM and yields excellent functional outcomes when performed alone or in conjunction with partial meniscectomy and meniscal repairs.

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Rotational comparison between double bundle ACL reconstruction and single bundle ACL reconstruction combine with antero lateral ligament (ALL) reconstruction

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Purpose: The purpose of this study was to compare the knee rotation of the ACL reconstructed knee between double bundle ACL reconstruction and Single bundle ACL reconstruction combine with ALL reconstruction.

Methods: Ten single bundle ACL reconstructions combine with ALL reconstructions and ten double bundle ACL reconstructions were performed randomized. Magnetic Resonance Imaging TTTG was measured in all cases before surgery and three months after surgery.

Results: On average changes in TTTG before and after surgery were 3.8 mm in single bundle ACL reconstruction with ALL reconstruction group and 3.3 mm in double bundle ACL reconstruction group, there was no significantly statistic difference.

Conclusions: Double bundle ACL reconstruction might be superior to prevent internal rotation of the knee. Improved quality of future study would allow better outcome.

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