LETTER TO THE EDITOR


I read with great interest the article by Gregory and Landreau entitled “Meniscus and cartilaginous lesions. Influence of the delay between ACL injury and ligament reconstruction in 40-year-old patients”.

Examining the results in terms of sports activity as illustrated in Fig. 3, one can see that reconstructing the anterior cruciate ligament rapidly after injury is in fact an effective means of putting off some patients from pursuing a high-level sports activity, whereas performing anterior cruciate ligament (ACL) reconstruction later after rupture encourages patients to resume a sports activity, sometimes more intensely than before the initial accident. This apparent paradox is only the illustration of the two entirely different populations studied. The patients for whom conservative treatment was not satisfactory, and who consulted the surgeon for anterior cruciate ligament reconstruction, have a very different motivation compared to patients who, immediately after ACL rupture, were given the sole choice of ACL reconstruction if they wished to continue their sports activity at the same level as before.

In addition, it is clear that the risk of more frequently observing meniscus or cartilage lesions in patients who were not satisfied with conservative treatment is greater than in patients who are assessed immediately after the initial accident. Some patients are satisfied with conservative treatment and no longer consult the surgeon. Those who are not satisfied and in whom the ACL is reconstructed make up a selected population of the most complicated cases that is naturally different from the initial population.

The study shows that after failure of conservative treatment, ACL reconstruction provides good results and allows the patient to return to sports activity that has sometimes been left aside for several years, which is clearly indicated in the last section of the conclusion. However, this study, as it has been conducted, cannot make the claim that appears in the abstract: “preservation of the meniscal and cartilaginous capital of the knee requires early repair of the ACL, even after 40 years”. This type of statement can only reinforce in our youngest colleagues the idea that a ruptured ACL must be reconstructed as quickly as possible in any patient who expresses, however slight, a motivation for sports, in order to prevent further meniscal or cartilaginous lesions. No clinical research study today has confirmed that early repair of the ACL can slow down or prevent the supposedly unavoidable progression toward osteoarthritis. Only two studies, one conducted by Lerat et al., published in the 1998 Revue de chirurgie orthopédique, 84:712–27 and the more recent one by Lebel et al., published in the American Journal of Sports Medicine, 2008, 36:1275–82, report a frequency of appearance of new meniscal lesions after ACL reconstruction that is less than that observed in the same population during the period between the initial accident and surgical reconstruction. However, the level of sports activity is not detailed and could be different during the two periods, both before and after reconstruction of the ACL.

It should be remembered that no surgical ACL reconstruction succeeds in providing normal kinematics to the knee. The main indication for surgical reconstruction of the ACL is therefore to satisfy the patient complaining of rotatory instability confirmed by the physical examination to be due to functional insufficiency of the ACL. To state, immediately following the initial accident, that surgical reconstruction of the ACL is the only therapeutic option allowing resumption of sports activities, or that this reconstruction will reduce the risk of evolving toward osteoarthritis, is surgical arrogance. Possibly even already at the age of 30, modification of sports activities is a therapeutic approach perhaps more acceptable for some patients, if not the majority, keeping in mind that some authors report that 10–20% of ACL reconstructions will need to be revised (abstract 188, p S295, RCO 94 (Suppl 7) presented at the 83rd annual SOFCOT Congress).

In conclusion, the following title “More frequent resumption of sports activities after later reconstruction of the anterior cruciate ligament after 40 years of age” seems more appropriate.
Figure 1  Evolución of sports level. Arpège score. (C: competitive; L: leisure, regular sports practice; A: active, sports activity irregular but enough to exercise the knee; S: sedentary: no sports activity).

Disclosure of interest

The author declares that he has no conflicts of interest concerning this article.

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