



Full Arthroscopic Autologous Matrix-Induced Chondrogenesis for Talus Cartilage Defect

Tomasz Piontek

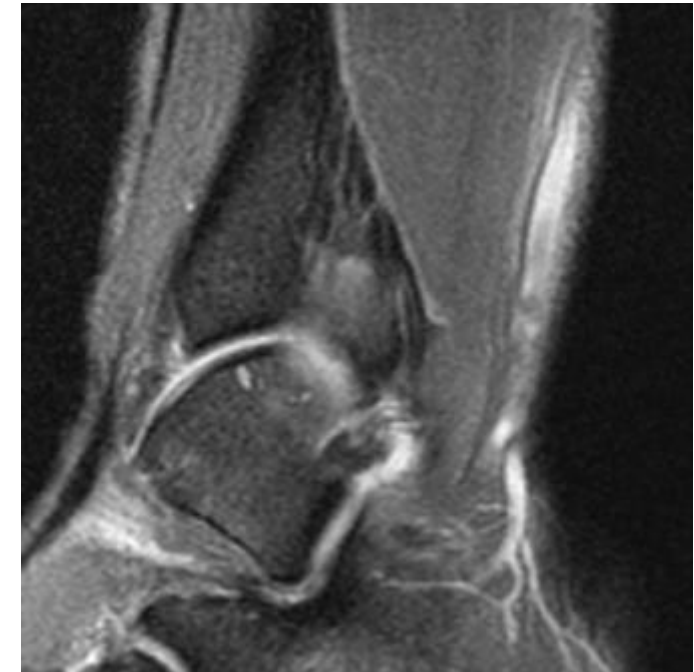
Paweł Bąkowski

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FIFA MEDICAL CENTRE OF EXCELLENCE

PIERWSZY I JEDYNY AKREDYTOWANY OŚRODEK W POLSCE





Preoperative planning

clinical examination of both ankles (range of motion, point tenderness, and alignment of the hindfoot)

Preoperative imaging

weight-bearing radiograph of the foot and ankle

MRI

USG

CT



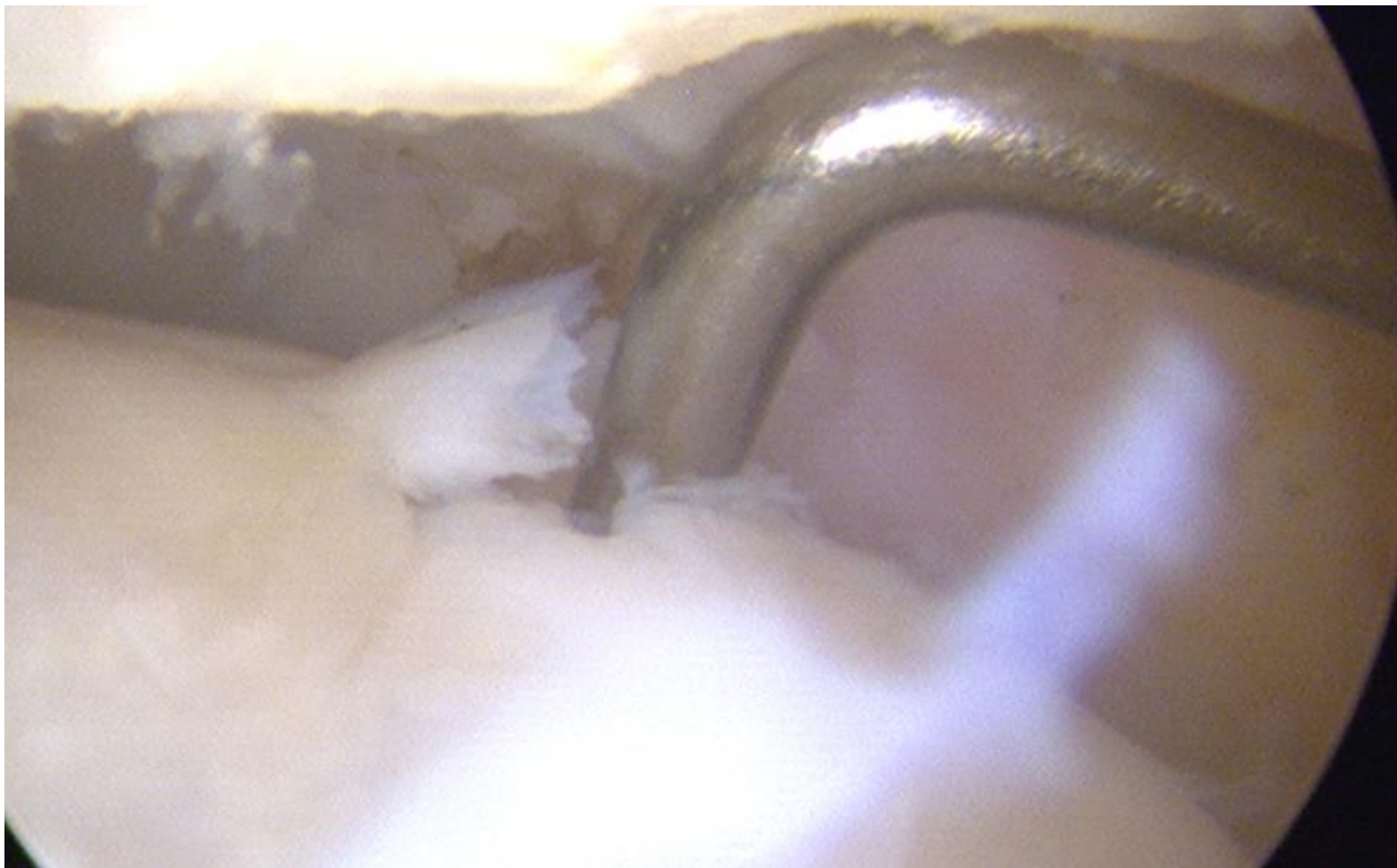
No-surgical

Surgical

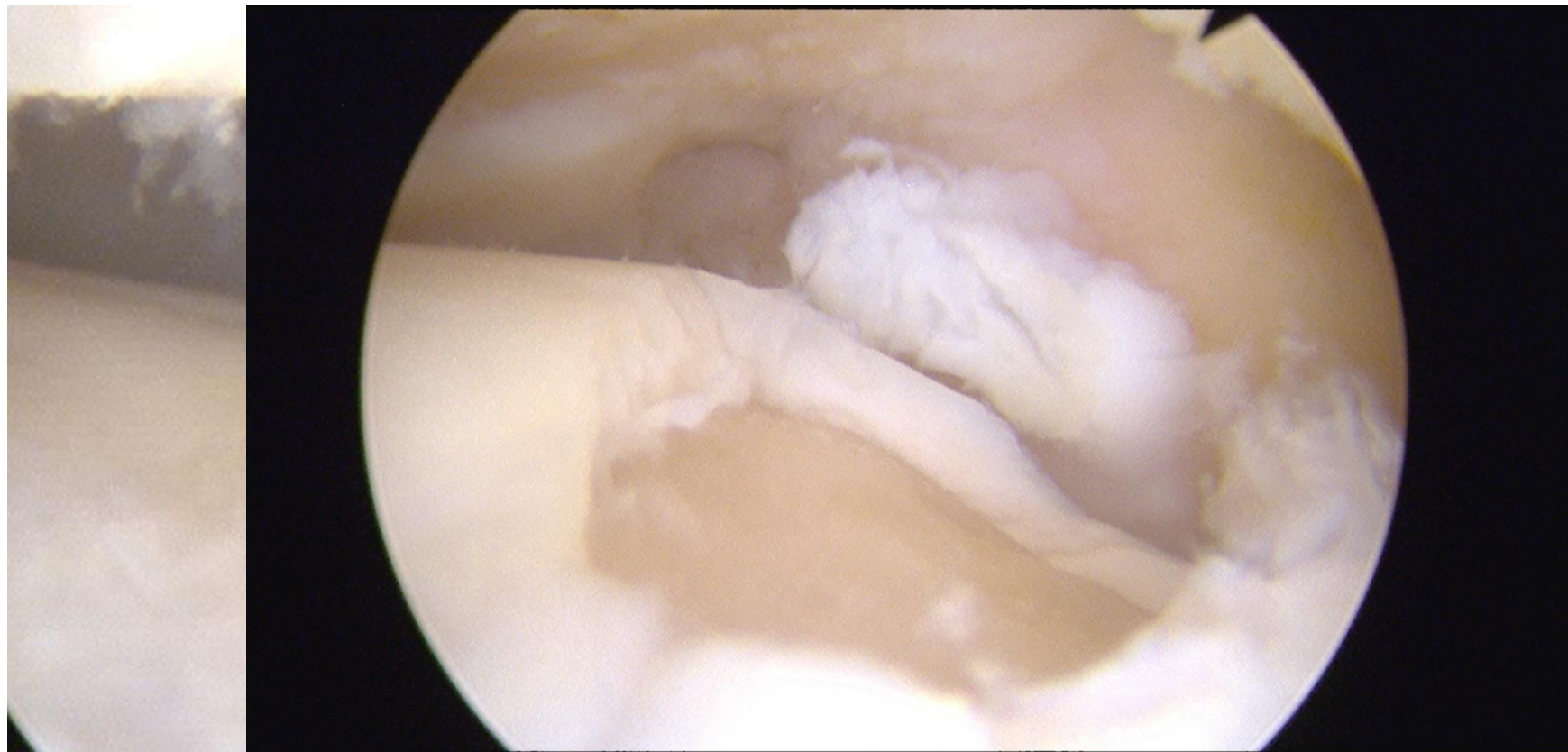
- Debridement
- Microfractures
- Osteochondral transplantation of autologous graft
- Allografts
- ACI & MACI
- **AMIC**



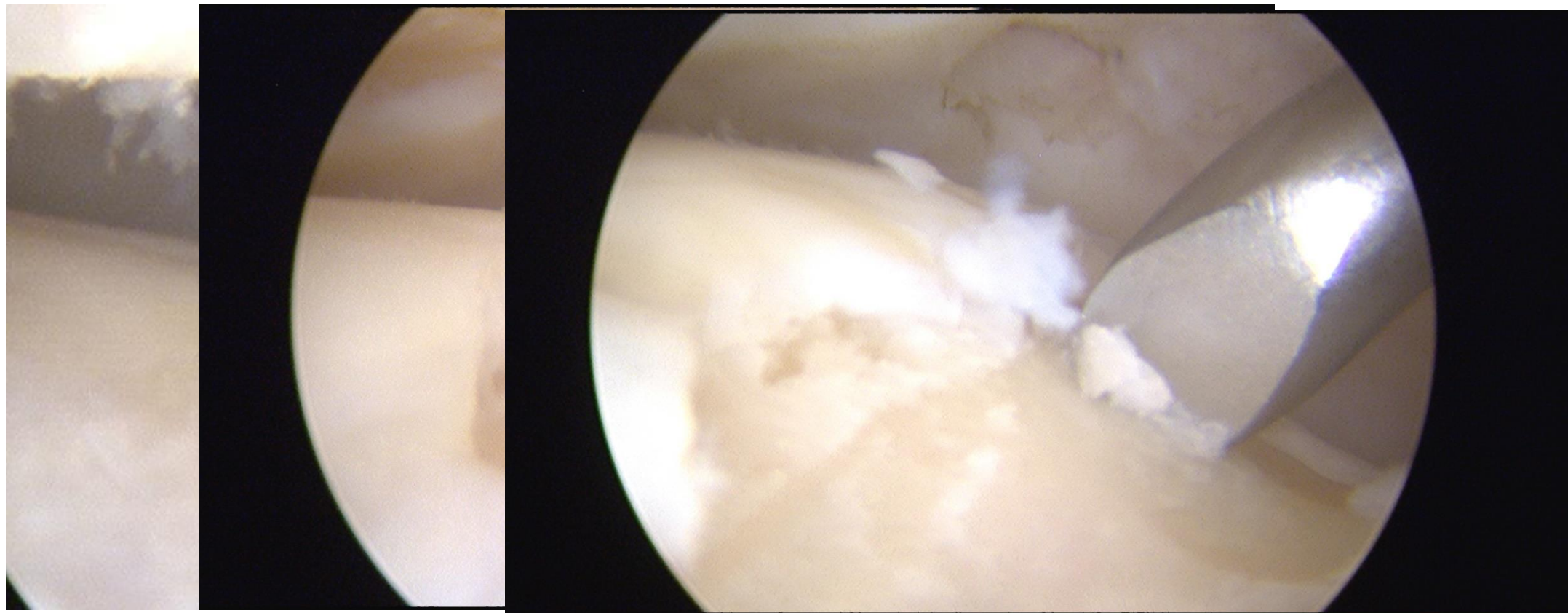
Identification of lesion



Debridement and shaving of lesion



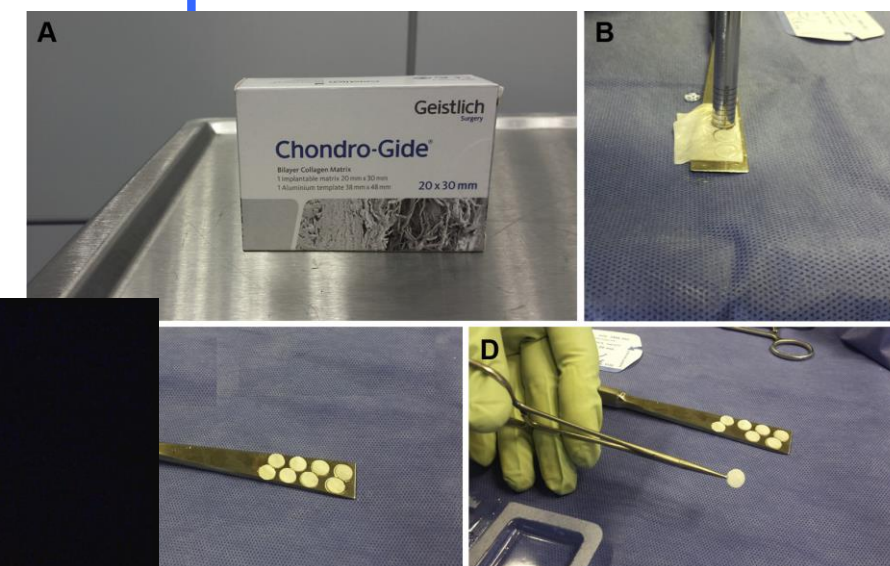
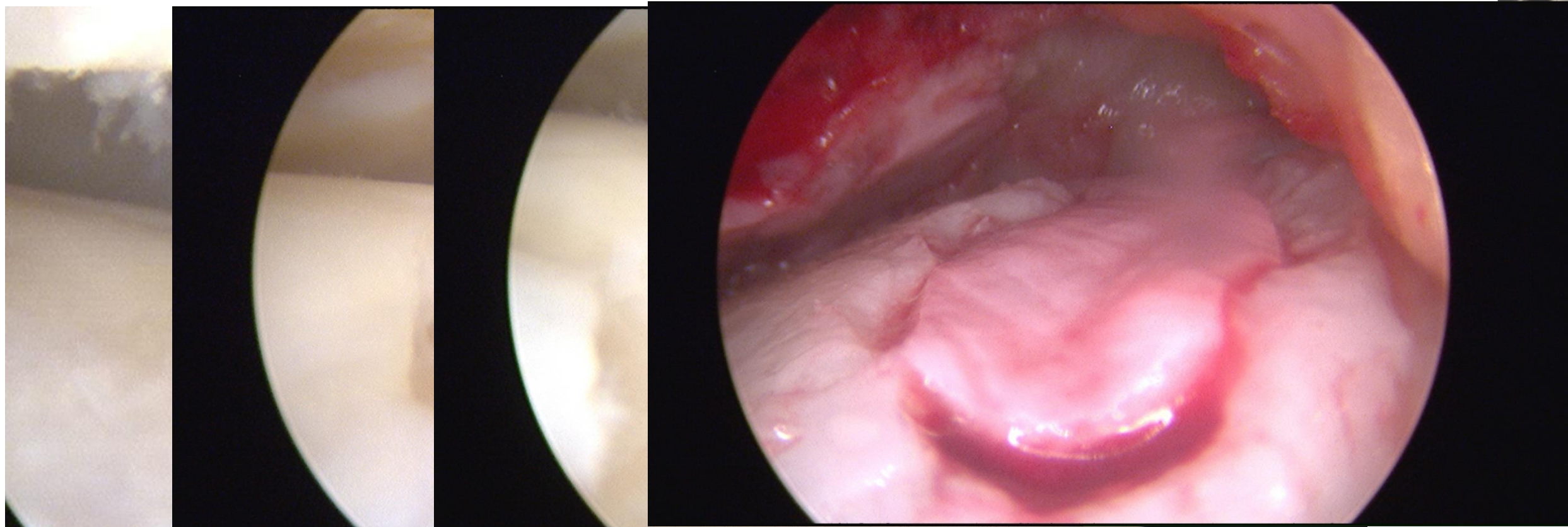
Microfracture



Removal of water and drying of joint space

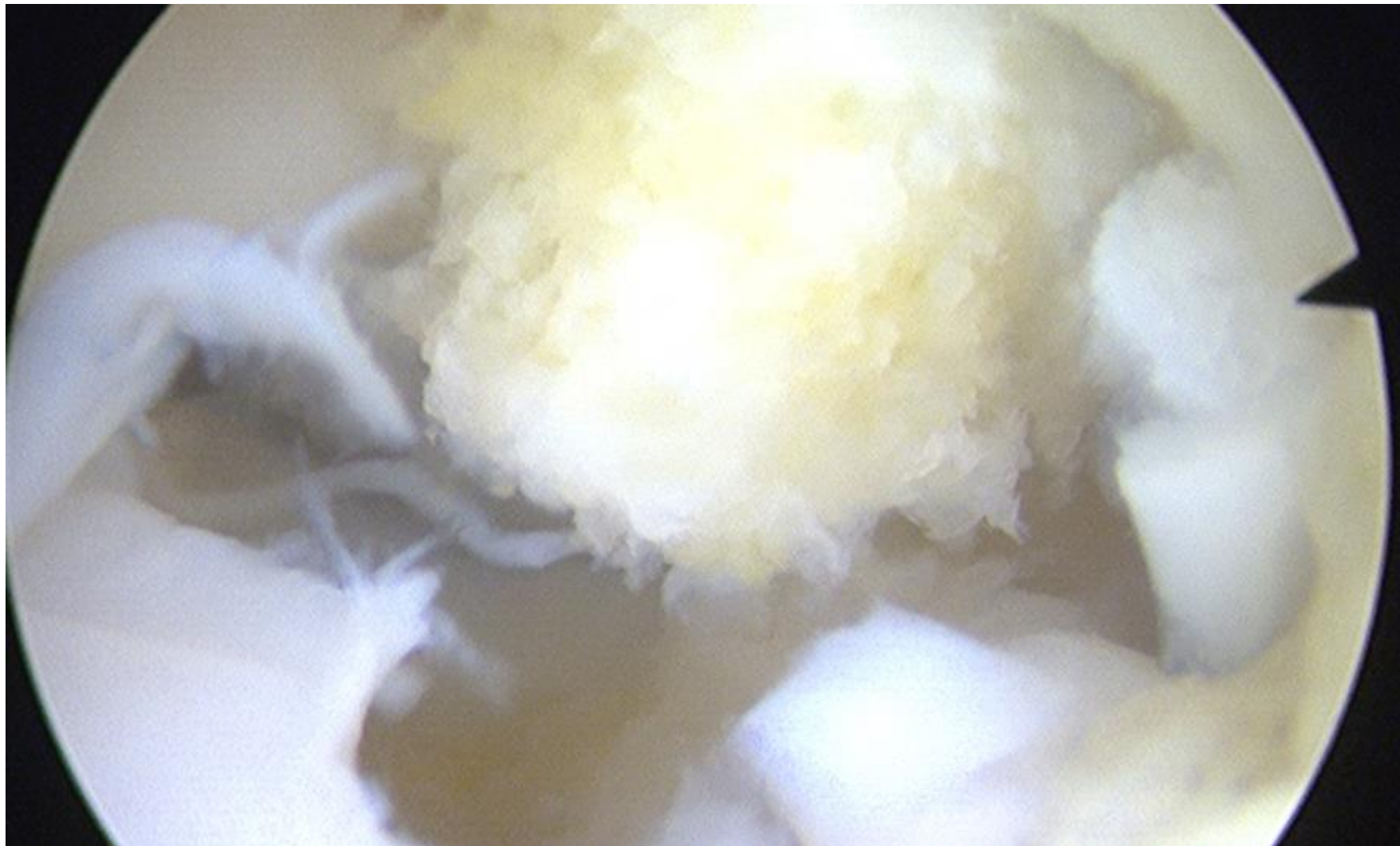
Preparation of Chondro-Gide matrix using circle shaped knife

Matrix insertion and fixation by fibrin glue

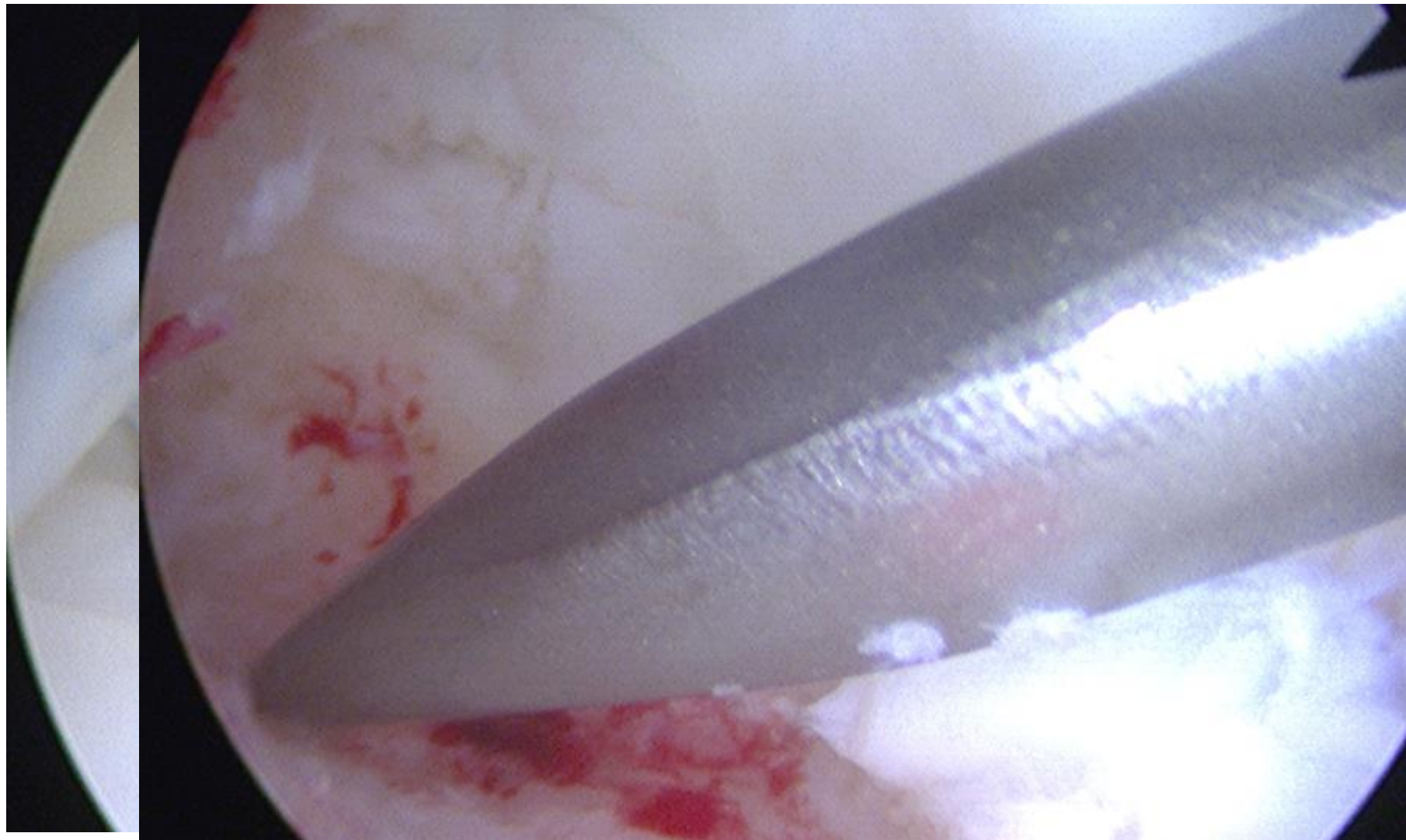


Checking of stability of matrix within normal ankle range of motion

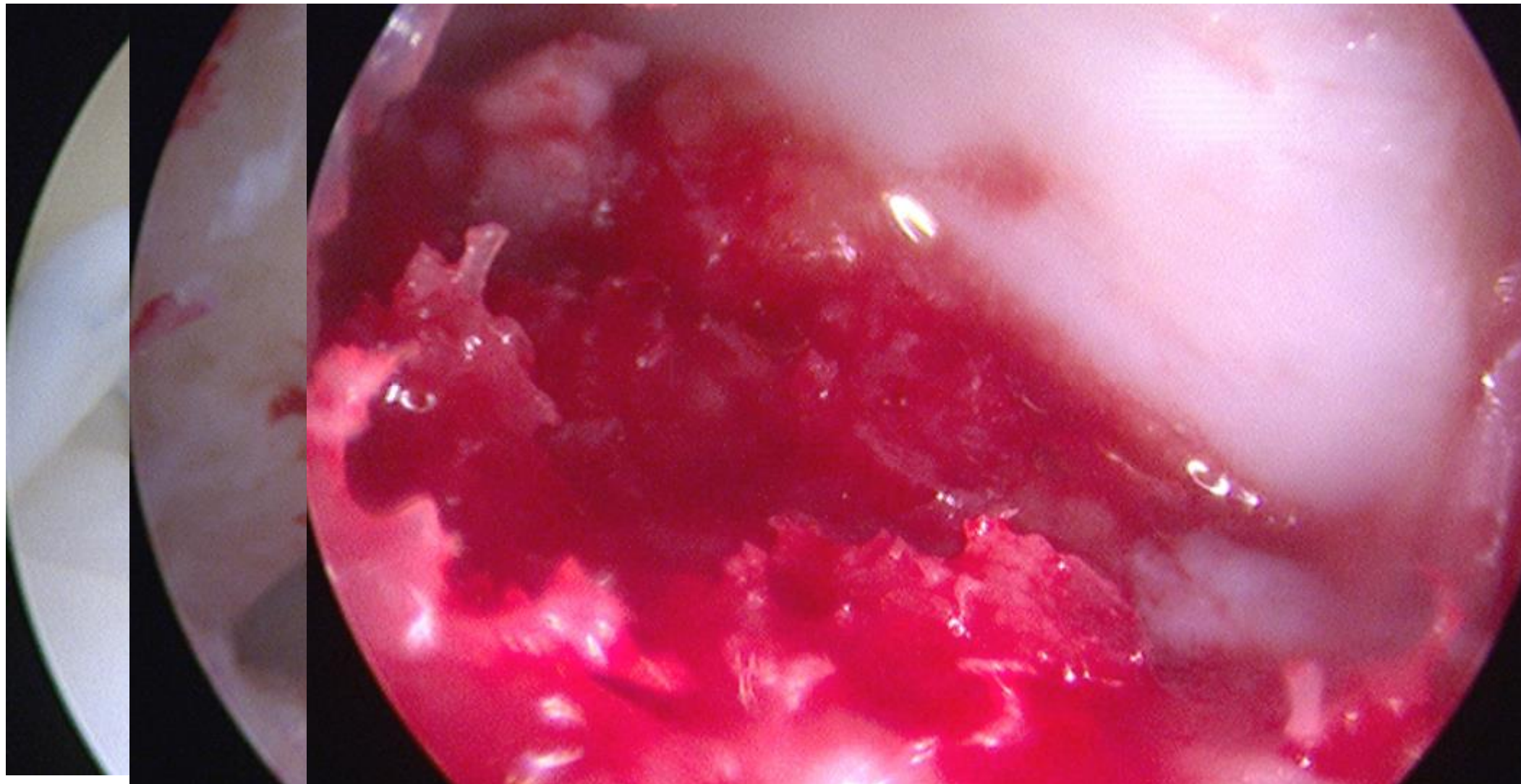
Identification and debridement of lesion



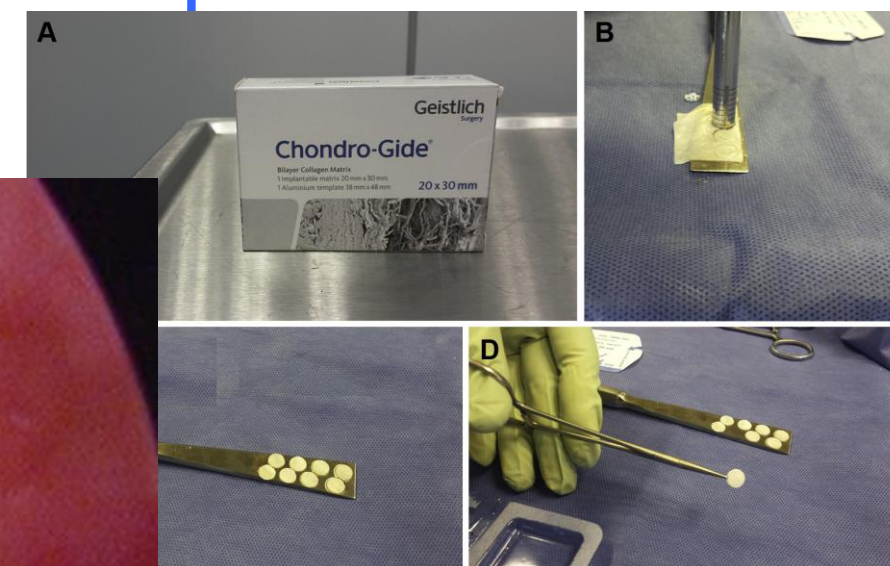
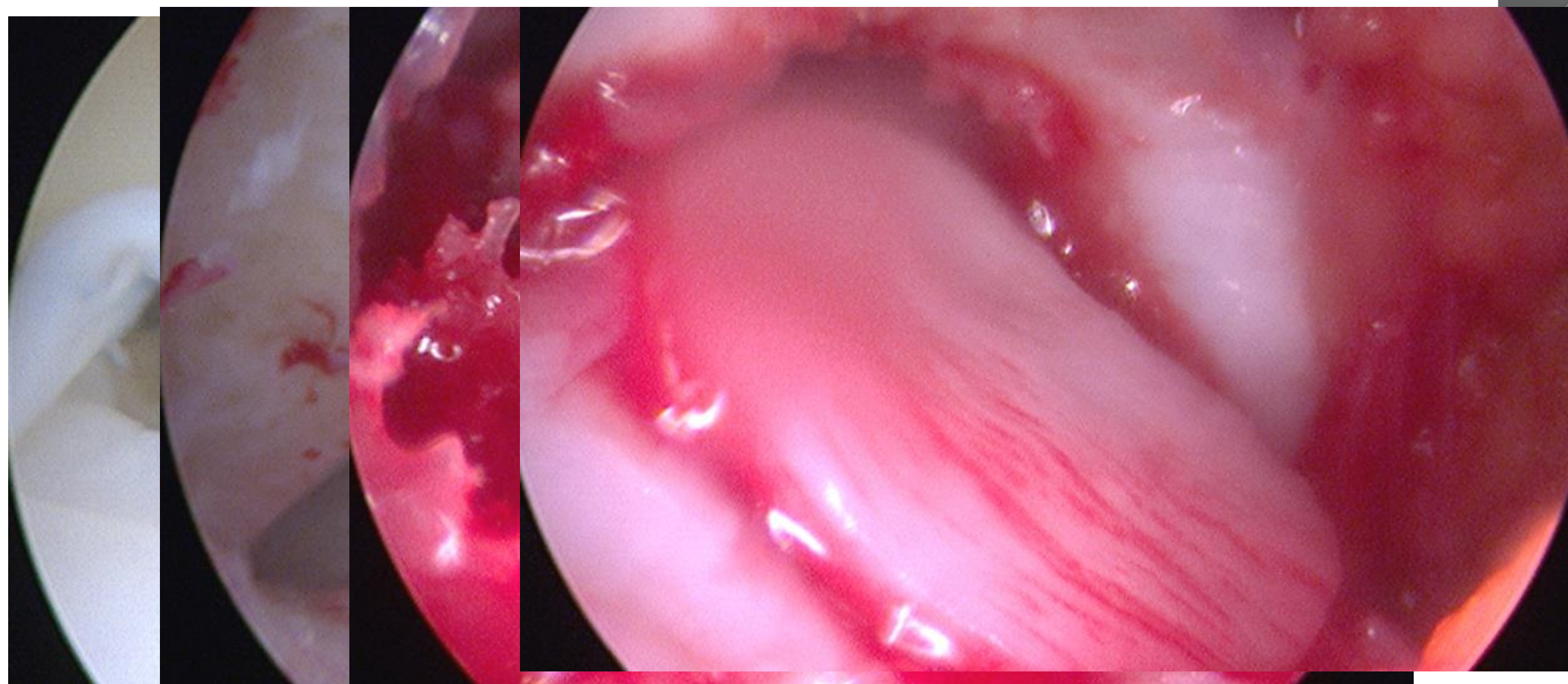
Microfracture



Impaction of bone substitute into bony defect



Preparation of Chondro-Gide matrix using circle shaped knife Matrix insertion and fixation by fibrin glue

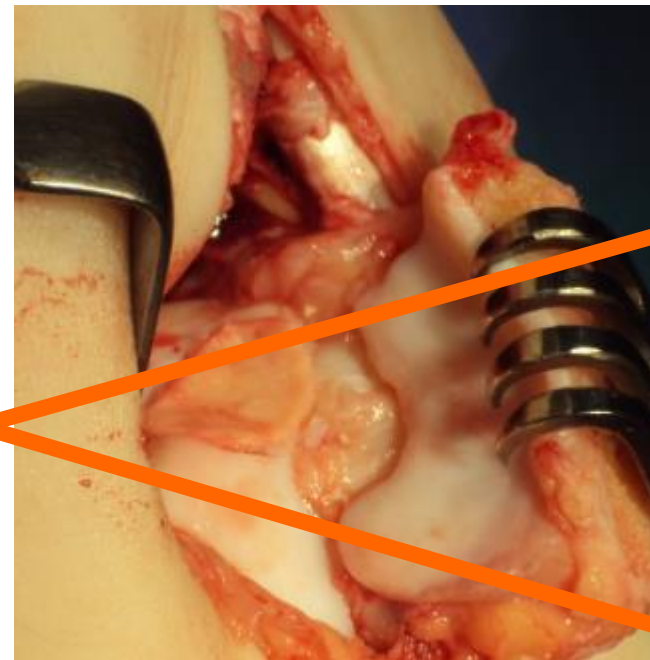
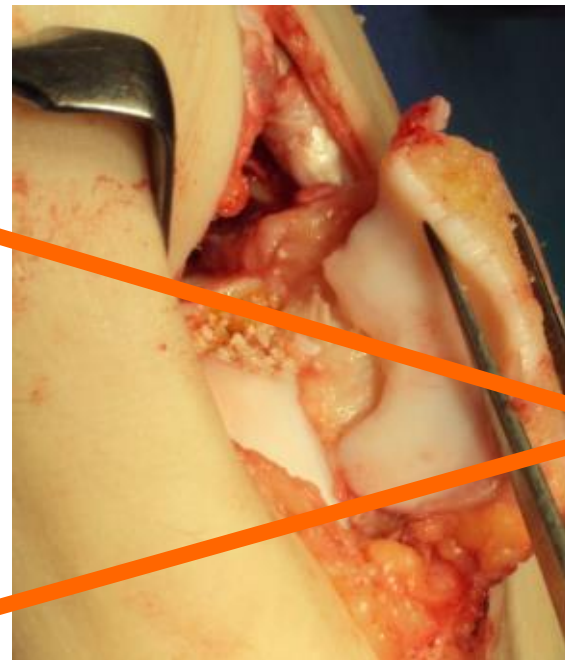


Checking of stability of matrix within normal ankle range of motion

Postoperative Treatment:

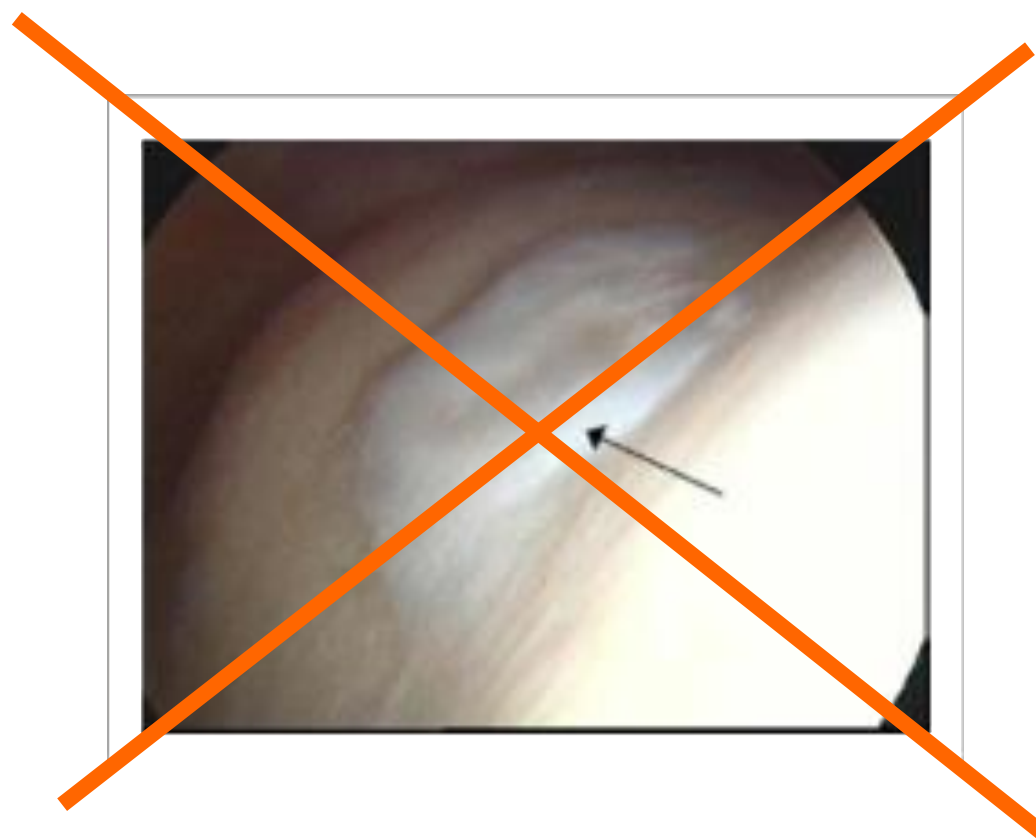
	Post-op to 6 weeks *	6 weeks to 3 months	3 to 6 months	After 6 months
Load bearing	Max. 20 kg	Progressive increase in load bearing to 100%	Full	Full
Mobilisation	Orthosis with 20° restriction Passive → Assistive → Active	No restriction Full range of movement Cartilage therapy	No restriction	No restriction
Physio-therapy & Sport	No Sport Immobilisation Manual lymphatic drainage Electrotherapy	No Sport Physiotherapy	Light sporting activities (e.g. Swimming, cycling)	Full return to sports

We avoid:



Prolonged rehabilitation after standard anteromedial approach with malleolar osteotomy

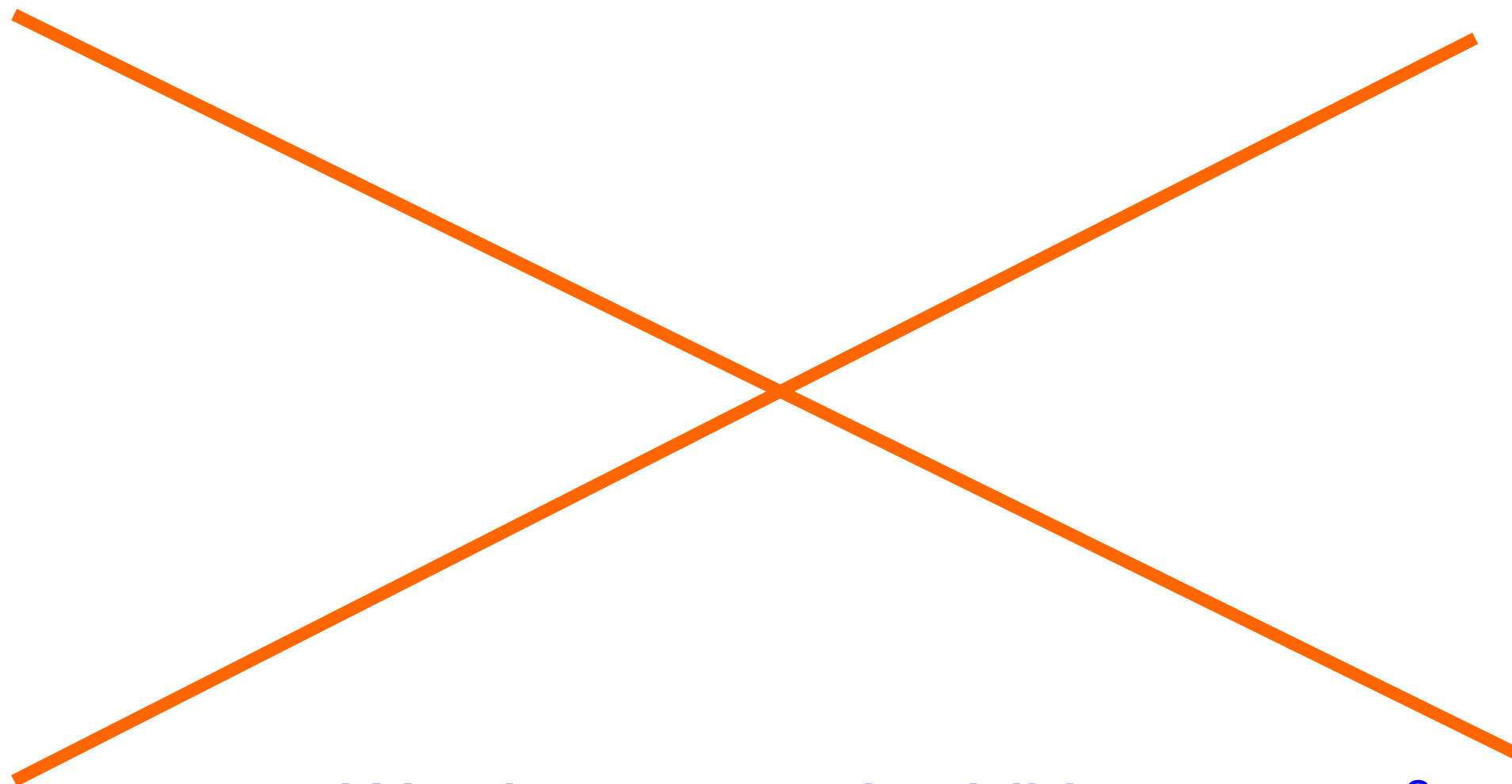
We avoid:



Donor site in a patient's knee
- autologous chondrocyte implantation (ACI)

1. *McCarthy et al.* Evaluating Joint Morbidity after Chondral Harvest for Autologous Chondrocyte Implantation (ACI): A Study of ACI-Treated Ankles and Hips with a Knee Chondral Harvest. *Cartilage OnlineFirst*, published on November 6, 2015 as doi:10.1177/1947603515607963

We avoid:



We do not need additional tools²

2. *Usuelli FG, et al. All-Arthroscopic Autologous Matrix-Induced Chondrogenesis for the Treatment of Osteochondral Lesions of the Talus. Arthrosc Tech. 2015 Jun 8;4(3):e255-9. doi: 10.1016/j.eats.2015.02.010. eCollection 2015*

Disadvantage:

The arthroscopic AMIC technique **is not a simple one**, yet after proper training, it is possible to perform this technique in a few minutes.

We have operated 20 patients with all arthroscopic AMIC technique.

Follow-up – 2 years

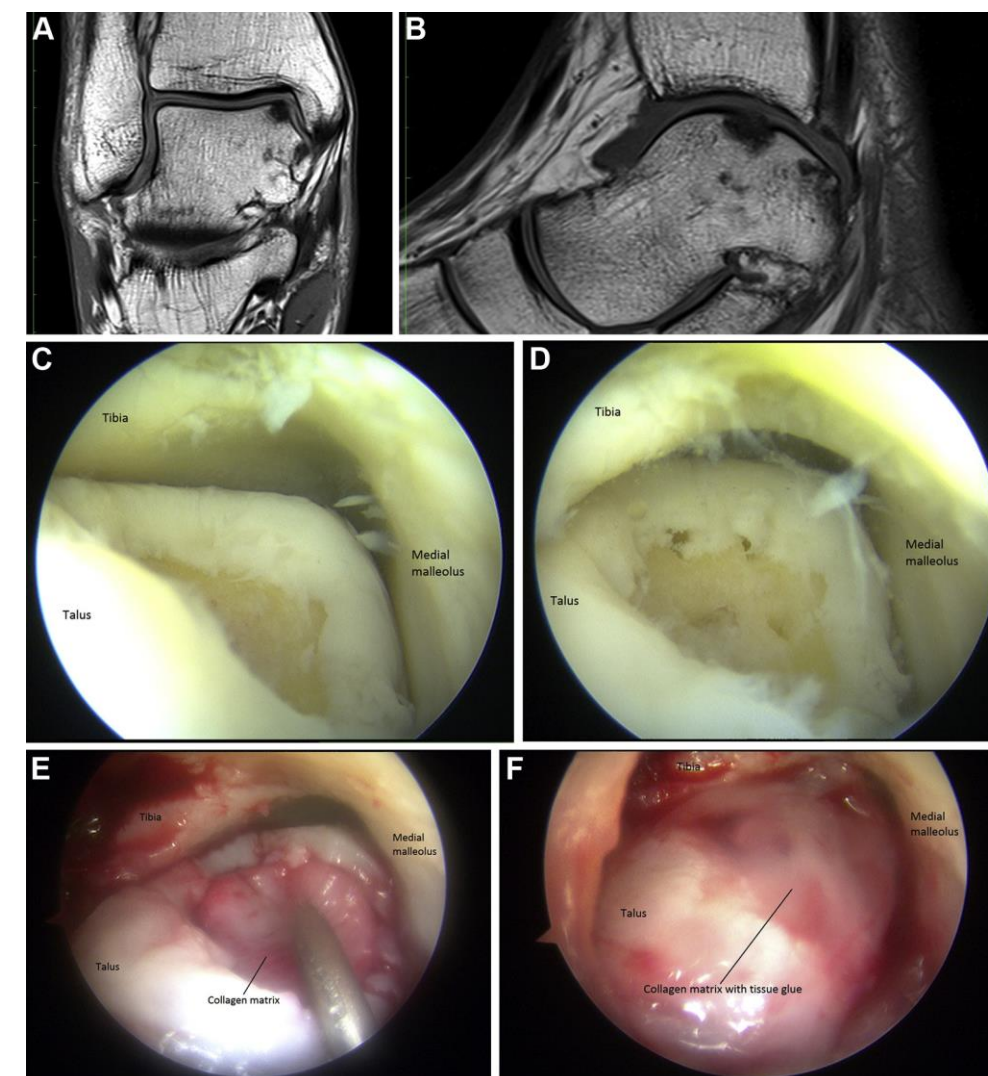
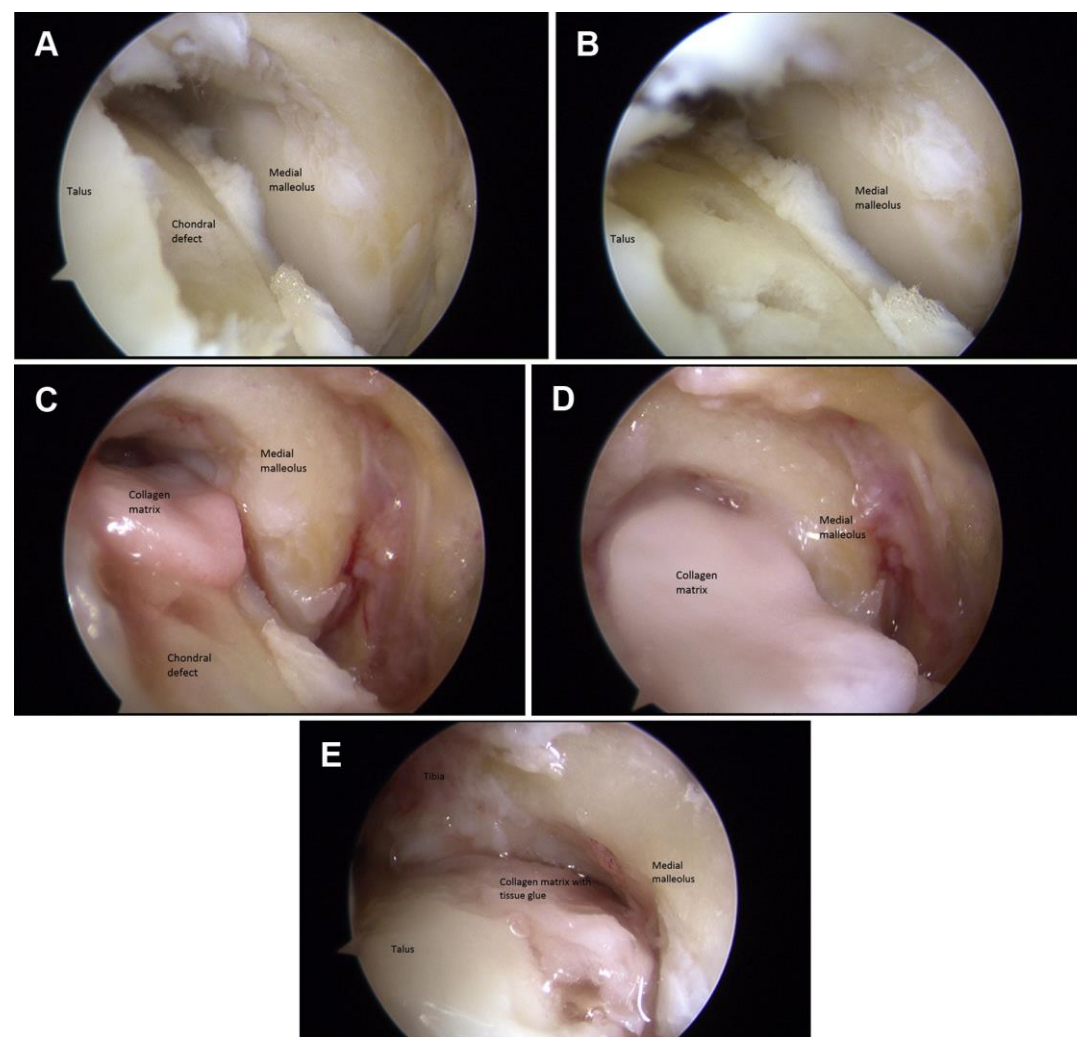
Indications:

Grade III and IV chondral defects (ICRS grading)

Defect size >15 mm in diameter

Age <60 yr

Talus and/or tibial lesions



Piontek T, et al. Arthroscopic Treatment of Chondral and Osteochondral Defects in the Ankle Using the Autologous Matrix-Induced Chondrogenesis Technique. Arthroscopy Techniques, Vol,No(Month), 2015: pp e1-e7

AMIC Procedure in Ankle

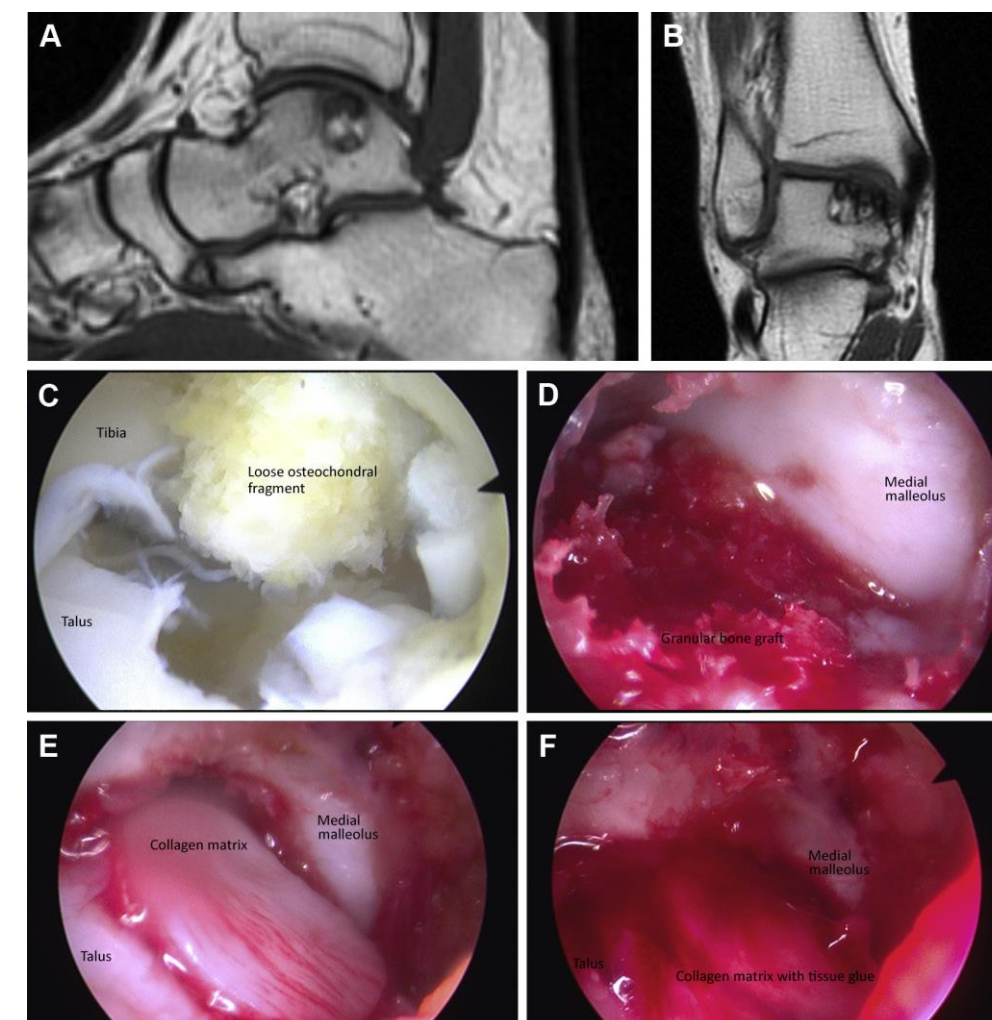
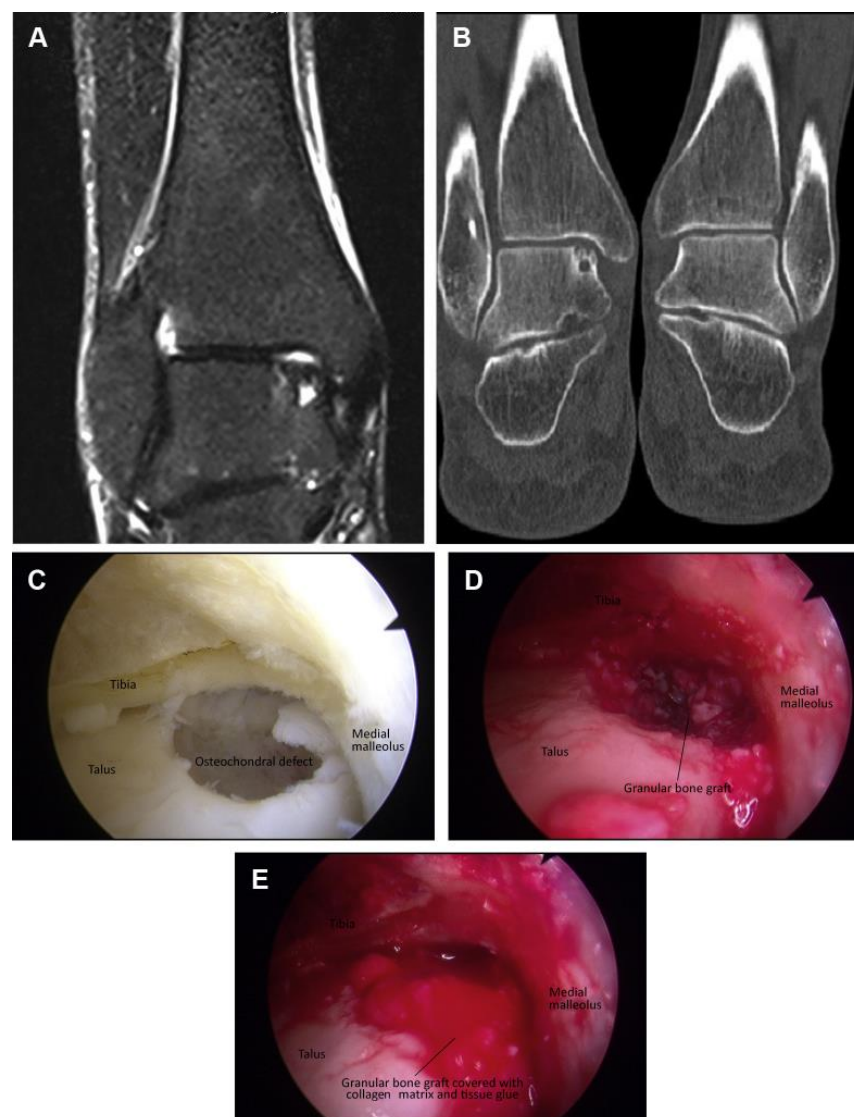
Indications:

Osteochondral defects

Defect size >15 mm in diameter

Age <60 yr

Talus and/or tibial lesions



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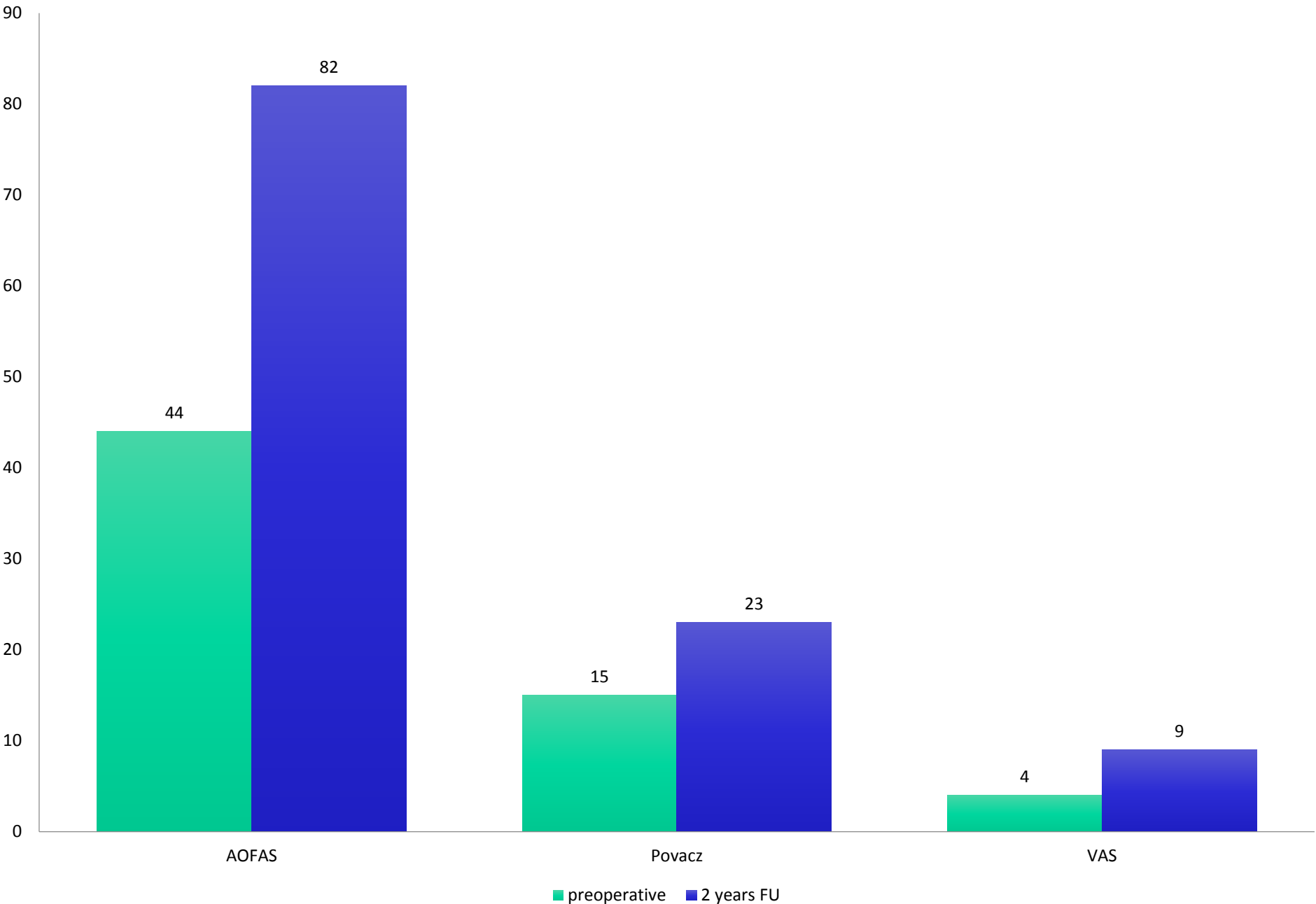
Exclusion criteria

Metabolic arthropathies

Infections

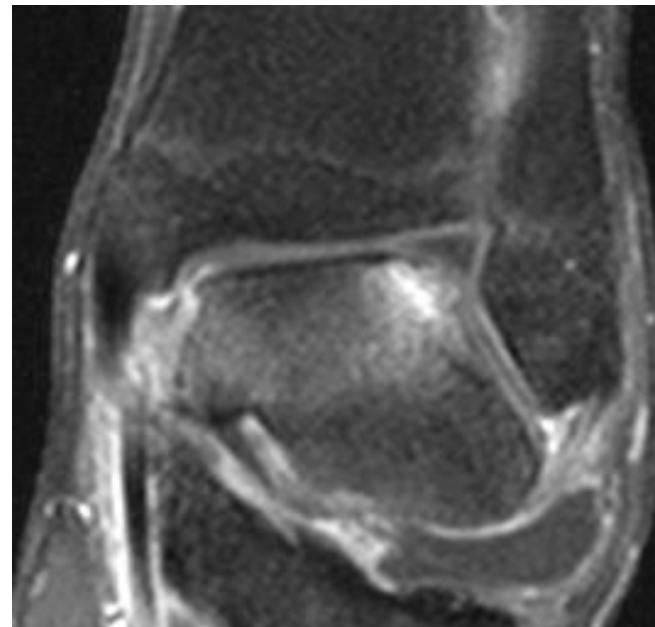
Arthrosis

RESULTS:
Clinical

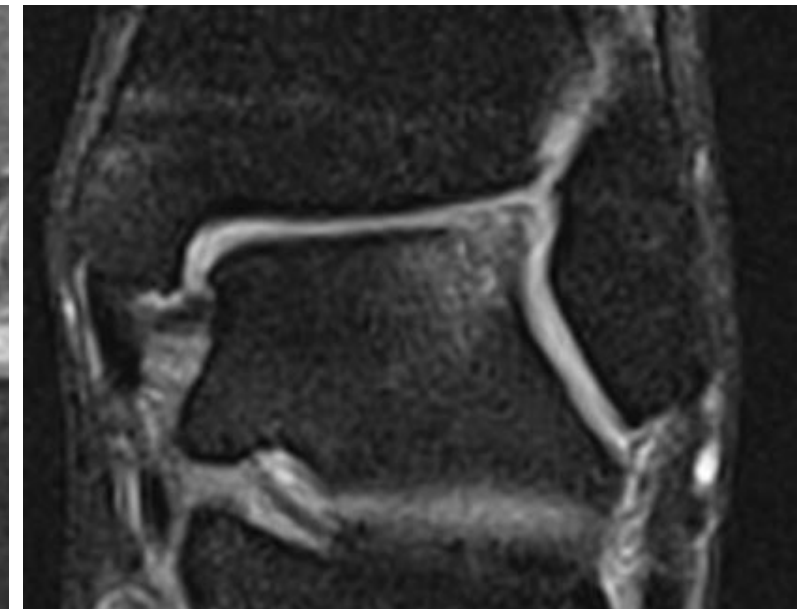
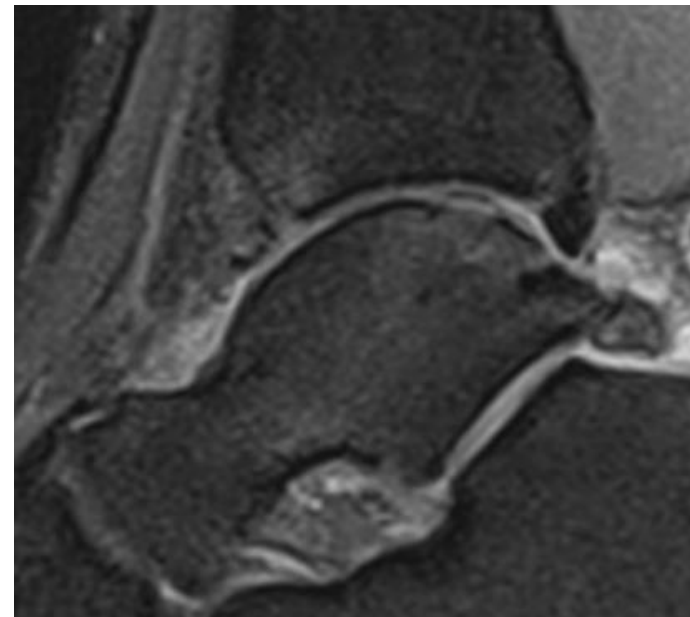


RESULTS: MRI

preoperative



6 m follow up



CONCLUSION:

We have presented the simplest from existing, entirely arthroscopic technique for reconstructing extensive cartilage lesions with and without bone defects.

The results of treatment are good and promising for future investigations.



Thank you for your attention

Autor: Kinga Ciemniewska-Gorzela

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