The True Incidence of Anterior Knee Pain and Kneeling Pain following Anterior Cruciate Ligament Reconstruction with Bone-Patellar Tendon-Bone Autograft: A Systematic Review of Level I Studies

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INTRODUCTION:

Bone-patellar tendon-bone (BPTB) is a common autograft source used for anterior cruciate ligament reconstruction (ACLR). Although BPTB autografts carry the postoperative risk of donor site morbidity and anterior knee pain, there remains a lack of consensus on the true incidence of such complications. The purpose of this study was to 1) perform a systematic review of level I randomized controlled trials detailing the incidence of anterior knee pain and kneeling pain following ACLR with BPTB autograft and 2) investigate the effect of bone grafting the patella harvest site on anterior knee and kneeling pain.

METHODS: A systematic review of the level I studies from 1980 to 2023 was performed according to PRISMA guidelines. The primary outcome evaluated was the presence of donor site morbidity in the form of anterior knee pain or kneeling pain. Chi-squared testing was performed to assess for differences in the incidence of postoperative pain between patient groups undergoing ACLR with BPTB receiving harvest-site bone grafting versus those in which the defect was left untreated.

RESULTS:

Following full-text review, 23 studies reporting on a total of 1,231 patients met final inclusion criteria. Patients were followed for an average of 4.2 years (range, 0.33 to 15.3 years) and the mean age ranged from 21.8-38 years old. The incidence of anterior knee pain, calculated from 672 patients across 15 studies, was 26.0% (188/723) and the incidence of postoperative kneeling pain was 38.4% (223/581) in 581 patients from 11 studies. Patients receiving donor-site bone grafting reported a significantly higher incidence of postoperative pain (129/221, 58.4%) compared to those that did not (93/284, 24.2%) (p < 0.0001) and were four-times more likely to report pain at final follow up (OR = 4.4, RR = 2.4). DISCUSSION AND CONCLUSION:

Based on the current level 1 randomized control trial data, the incidence of anterior knee pain and kneeling pain following ACLR with BPTB autograft are 26.0% and 38.4%, respectively. Although BPTB autograft remains the gold standard graft choice for ACLR, the information from this study will allow surgeons to more accurately explain to patients what to expect in terms of postoperative knee and kneeling pain.

	terms of		POSTOPERATIVE Table 1. Study demographics. NR. not reported.				knee	9		and		kneeling	
								Table 2. Incidence of anterior knee pain and pain with kneeling by study.					
_	Identification of studies via da	labases and registers	Authors, Year	Jadad Score	Follow-Up (yrs.)	n (Male, Female)	Mean Age (vrs.)	Authors, Year	N, Patients Analyzed	N, Anterior Knee Pain	Incidence Anterior Knee Pain	N, Kneeling Pain	Incidence Kneeling Pain 61.7%
	Records identified from: Databases PubMed (n = 165) Ovid MEDLINE (n = 142) Embase (n = 200) Registers Cochrane Central Register of		Aelietti et al. 20041	4	2.00	60 (46, 14)	25.0	Aune et al, 2001	29	6	20.7%		
5		Records removed hefore	Agreen et al, 2001	-	2.00	25 (10, 10)	200	Barmius et al, 20104	78			59	75.6%
L		Screening: Duplicate records removed (n = 388)	Aune et al, 2001	,	2.00	35 (19, 16)	25.0	Brandsson et al, 1998°	50	9	18.0%		-
L			Barenius et al, 20104	3	8.40	78 (38, 14)	33.0	Drogsat et al, 2010 ¹¹	50	12	24.0%	2	4.0%
L			Brandsson et al, 19986	4	2.00	60 (40, 20)	28.0	Eriksson et al, 200112	50	3	6.0%		-
L			Drogset et al, 201011	4	2.00	50 (NR)	26.0	Feller et al, 2001 ¹⁴	26	11	42.3%	17	45.4%
J	Controlled Thats (n = 151)		Eriksson et al. 200112	3	0.51	50 (NR)	27.0	Feller et al, 2003 ¹¹ Geoliefmetti et al, 2021 ¹⁶	31	25	80.6%	28	90.3%
			Eallar at al. 2001H		0.33	21 (22. 9)	26.2	Gupts et al. 2020 ⁷⁷	80			12	15.0%
	•		Peller et al, 2001	*	0.55	31 (23, 8)	20.2	Inshim et al., 200579	40	10	25.0%		
	Records screened	Records excluded, non-English (n = 13)	Feller et al, 2003 ¹⁵	3	3.00	31 (23, 8)	25.8	Kantener et al, 2015 ²³	75	15	20.0%		
L	(n = 357)		Guglielmetti et al, 202115	3	2.00	31 (23, 8)	25.2	Matsumeto et al., 200670	37	2	5.4%	4	10.8%
L			Gupta et al, 202017	4	2.00	80 (79, 1)	25.0	Mohtadi et al, 2016 ¹²	98			17	17.3%
L	Ļ		Ibrahim et al. 2005 ³⁶	3	6.75	40 (40, 0)	22.3	Mohtadi et al, 2019 ¹³	103			10	9.7%
L	Reports sought for retrieval	Reports not retrieved	Kautmar et al. 2015 ²⁵	1	1.00	75 (0.75)	26.0	Sajovic et al, 2006" Folguia et al, 20037	26	12	46.2%		
L			Kautzner et al, 2013	3	1.00	73 (0, 73)	28.0	Suppose et al, 2011" Successo et al. 2014"	136	3	20.0%		
L	(n = 340)	(n = 0)	Matsumoto et al, 2006"	3	7.25	37 (21, 16)	23.7	Sheich et al. 2007	11		41.9%		
L			Mohtadi et al. 201632	3	2.00	110 (63, 47)	28.7	Taylor et al, 2009"	21			8	38.1%
L	+		Mohtadi et al, 201933	4	5.00	103 (60, 43)	33.8	Webster et al, 2016 ⁴⁴	22	8	36.4%	11	50.0%
L	Reports assessed for eligibility (n = 340)	Reports excluded:	Saiovic et al. 200640	3	5.00	26 (14, 12)	27.0	Zaffagráni et al, 2006 ⁴⁸	25	14	56.0%		
L			Saiovic et al. 201129	1	11.00	25 (16.9)	38.0	Zaffagnini et al, 2011°	39	9	23.1%	18	72.0%
L		Title review (n = 282) Abstract review (n = 32)	Sarmann et al. 2014 ¹¹	1	100	158 (131, 27)	20.8	Tetal	1163	188	26.0% (188/723)	223	38.4% (223/581)
L		Full-text review (n = 3)	Survivel et al. 2014		1.00	150(151,27)	27.0						
			Shateb et al, 2002 ⁴²	3	2.75	33 (26, 7)	32.0						
J			Taylor et al, 2009 ⁴⁵	4	2.70	32 (25, 7)	21.7						
-	+		Webster et al, 201646	3	15.30	22 (16, 6)	26.6						
	Studios included in muleur		Zaffagnini et al, 200648	3	5.00	25 (16, 9)	30.5						
2	in = 23)		Zaffagnini et al, 201147	4	8.60	39 (20, 19)	26.0						