Biomechanical Properties of Meniscal Repair versus Meniscectomy for Horizontal Meniscal Tears

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Scant evidence exists describing the biomechanical effects of a meniscectomy or repair following a horizontal meniscus tear (HMT). The purpose of this study is to evaluate the contact mechanics of HMTs following meniscal repair and meniscectomy.

METHODS:

A PubMed, EMBASE, and CINAHL systematic review was performed on January 16, 2023, including biomechanical studies assessing meniscal tears using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Inclusion criteria were all biomechanical cadaveric studies of HMTs. Studies that did not examine meniscal repairs or meniscectomies, did not report contact area or pressure, involved concomitant injuries (e.g., anterior cruciate ligament tear), were non-biomechanical studies (e.g., review, technique, clinical), and non-English language articles were excluded. Endpoints were peak contact pressure (PCP) and contact area (CA).

RESULTS:

Out of 1,526 initial results, 6 studies were included for final review. PCP and CA were measured in 59 intact menisci, 59 HMTs, 59 partial meniscectomies (PM), 59 complete meniscectomies (CM), and 33 meniscal repairs. Among all HMTs versus the intact state, pooled PCP increased 14.2%, and pooled CA decreased 7.1%. Among all PMs versus the intact state, 4 studies (67%) found significantly increased PCP (27.1%) and 4 (67%) found significantly reduced CA (22.1%). Among all CMs versus the intact state, 6 studies (100%) found significantly increased PCP (54.5%) and 5 (83%) found significantly reduced CA (33.0%). Three studies directly compared PM to CM, and PM was found to have significantly reduced PCP (27.1% vs. 54.5%) and significantly smaller CA deviation (22.1% vs. 33.0%) from the intact state in 2 studies (67%). Among the three studies evaluating meniscus repair versus the intact state, all found no significant difference in either PCP or CA.

DISCUSSION AND CONCLUSION:

Meniscal repair is superior to meniscectomy in mitigating alterations in tibiofemoral loading mechanics following a HMT, as the repair group restored contact mechanics to the intact state and demonstrated the smallest deviations from the intact state in pooled PCP and CA among all groups. Direct comparative studies are needed to further evaluate the differences between these treatment strategies.

