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**Comparison of Partial Meniscectomy Versus Meniscus Repair for Bucket-Handle Lateral Meniscus Tears in ACL-Reconstructed Knees.** Shelbourne KD, Dersam MD: Am J Sports Med Vol 20, No6 (July-August), 2004: pp 581-585

**Objective:** For patients who underwent ACL reconstructions and had an unstable bucket handle tear and no other meniscus lesions or articular damage, we sought to determine if repair of the lateral meniscus was superior to partial meniscectomy with regard to subjective and objective results.

**Methods:** Between 1982 and 1995, 91 patients met the inclusion criteria of having an ACL tear and an isolated unstable, bucket handle meniscus tears. Patients were excluded if they had medial meniscus tears or chondral lesions. All patients underwent ACL reconstructions using patellar tendon autografts. Sixty-seven lateral menisci underwent repair using an inside-outside technique while 24 lateral menisci were partially excised. Subjective follow-up was obtained with a modified Noyes questionnaire. Patients were objectively evaluated according to IKDC knee evaluation criteria.

**Results:** The mean subjective total score for the repair group was  $92.5 \pm 9.4$  (mean time,  $7.0 \pm 2.6$  years post-operatively), and the mean score for the removal group was  $88.7 \pm 13.2$  (mean time  $11.1 \pm 4.0$  years;  $P=0.2014$ ). The mean pain scores were  $16.8 \pm 3.1$  points for the repair group and  $14.0 \pm 4.0$  for the partial excision group, which was statistically significant ( $P=0.0478$ ). The distribution of IKDC overall grades was not statistically significantly different between groups ( $p=0.0947$ ). Two of 67 meniscus repairs failed, requiring subsequent removal.

**Conclusion:** Results showed that patients in the partial meniscectomy group had more pain than the repair group, but there was no statistically significant difference between groups for overall subjective score or IKDC grade. Further follow-up is needed before definitive treatment can be recommended.