ARTHROSCOPIC DRILLING OF OSTEochondral LESIONS OF THE KNEE

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Osteochondral lesions are drilled with the aim of stimulating the growth of new cartilage to cover the defect (Pridie 1959). This may be performed at arthrotomy or arthroscopically, but arthroscopic drilling is far from standard practice. Performed percutaneously, arthroscopic drilling by Kirschner wire can be hindered by difficulty with accurate placement, skidding off sclerotic bone and entanglement with soft tissues. A needleoscope sheath (Guhl 1982), an instrument cannula or the operating arthroscope's instrument channel curetted with a small Volkmann's spoon to remove fibrous tissue and loose bone. The drill guide is then inserted and precisely positioned under arthroscopic control. Through it, a drill-mounted 2 mm Kirschner wire is introduced and accurately directed by the surgeon (Fig. 2). Several drill holes can be made in the subchondral bone by simply re-positioning the guide. Immediate mobilisation is encouraged post-operatively, and full weight-bearing is allowed if the defect is small.

Results. In all 14 patients treated by this technique the symptoms have been improved significantly. There have been no complications. All the patients have been able to mobilise the knee immediately and have gone home, on average, within eight hours.

Discussion. We believe that in treating osteochondritis dissecans, arthrotomy is still widely used. The advantages of arthroscopic surgery are obvious and when drilling is indicated, we strongly recommend it. The drill guide described overcomes the difficulties experienced with earlier arthroscopic methods, so that the operation can be performed easily and rapidly.

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REFERENCES