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Title: Risk Factors for Radiographic Progression of Osteoarthritis after Partial Meniscectomy of Discoid Lateral Meniscus Tear

Author: J.H. Ahn D.M. Kang K.J. Choi



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1 **Original article**

2 **Risk Factors for Radiographic Progression of Osteoarthritis after Partial Meniscectomy of Discoid**  
3 **Lateral Meniscus Tear**

4 J.H. Ahn, D.M. Kang, K.J. Choi.

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6 Department of Orthopedic Surgery, Dongguk University Ilsan Hospital, 814 Siksadong, Ilsandonggu, Goyangsi,  
7 Gyeonggido, South Korea

8

9 Please address all correspondence to:

10

11 Ji Hyun Ahn, M.D.

12 Email: drsky71@duih.org

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14 **ABSTRACT**

15 **Introduction:** Partial meniscectomy has been preferred in the treatment of discoid lateral meniscus (DLM) with  
16 tear, rather than total or subtotal meniscectomy, which could lead to late radiographic degenerative changes.

17 **Hypothesis:** One or more risk factors contribute to radiographic progression of osteoarthritis after partial  
18 meniscectomy of DLM tear.

19 **Material and methods:** Inclusion criteria were consecutive patients who underwent arthroscopic surgeries for  
20 DLM tear from January 2005 to December 2010 by one surgeon. Exclusion criteria were pre-operative  
21 osteoarthritis with KL grade 3 or more, Osteochondritis dissecans, minimal width of meniscal remnant less than  
22 6 mm after meniscectomy, meniscal repair of an unstable discoid meniscus, age over 60 years, loss to follow-up  
23 for a minimum of 5 years and simultaneous surgery on articular cartilage or anterior cruciate ligament.  
24 According to the KL grade at the last follow-up, all enrolled knees were sorted into no progression to knee  
25 osteoarthritis (KL grade 1 or 2 - NOA) and progression to osteoarthritis (KL grade 3 or 4 - POA) groups.  
26 Multivariate logistic regression was used to analyze the risk factors of high grade osteoarthritis.

27 **Results:** In comparison with NOA group (n = 135) and POA group (n = 67), prolonged symptom duration,  
28 increased relative percentage of DLM thickness (RPDT) and the presence of horizontal tear were significant risk  
29 factors. The presence of horizontal tear (p = 0.048, adjusted OR = 19.364) was the strongest predictor, compared  
30 with prolonged symptom duration (p = 0.030, adjusted OR = 1.150) and increased RPDT (p = 0.003, adjusted

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