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



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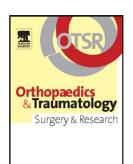
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ACCEPTED MANUSCRIPT

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