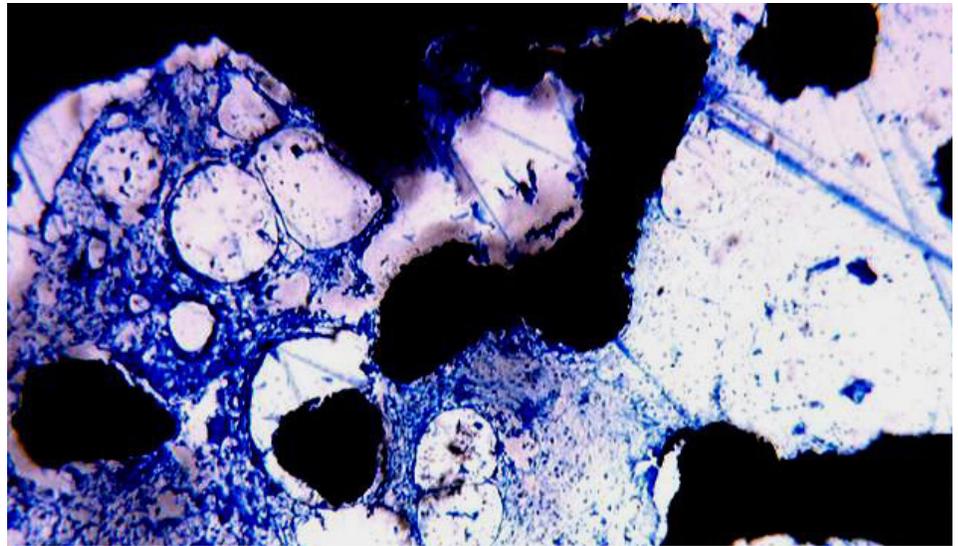


# New Study: 95% Meniscal Allograft Survival Rate! // ACDF Non-Fusion Rate Higher Than Expected // Are Antibiotic-Containing Balls the Future of Infection Prevention?

BY ELIZABETH HOFHEINZ, M.P.H., M.ED.

**New Study: 95% Meniscal Allograft Survival Rate!** Failure is far from a given for those who undergo meniscal allograft transplantation (MAT). In what is the largest series in the literature, Brian Cole, M.D. and colleagues have just this week published information indicating positive results for those undergoing meniscal allograft transplantation. Dr. Cole, Professor in the Departments of Orthopaedic Surgery and Anatomy & Cell Biology at Rush University Medical Center, told OTW, “We looked at 200 patients who underwent MAT, 172 of whom were evaluated at 59 months with a minimum two year follow-up. Sixty-percent of these patients had a combined MAT with a concomitant articular cartilage procedure such as an osteochondral allograft. Our goal was to determine the indications for a second surgery after a meniscal transplant, as well as what would be likely to happen if people required a second surgery. Thirty-two percent required a second operation (due to scar tissue and/or persistent symptoms).”

“There was a 95% allograft survival rate at five years; even those who had to undergo a second surgery fared well with an 88% survival rate (however they were at a slight increased risk of failure). This news helps us as far as educating people in this complicated patient group. These are typically individuals who have undergone multiple operations; our study helps us to better understand what the future looks like for these patients. We can now



Courtesy of the University of Texas Health Science Center

say to patients, ‘Even if you undergo a meniscal allograft transplant—with or without a subsequent arthroscopic surgery—it doesn’t mean it is going to fail.’

**ACDF Non-Fusion Rate Higher Than Expected** That bone is fused, right? Look again, says Dan Riew, M.D. Dr. Riew is the Mildred B. Simon Professor of Orthopedic Surgery, Professor of Neurological Surgery, and the Chief of the Cervical Spine Service for Washington University Orthopedics and Director of the Orthopedic Cervical Spine Institute. He told OTW, “While non-unions following ACDFs are rare, because of the sheer volume of such procedures done in the U.S., many patients return post-operatively, saying that they are still experiencing pain. ‘Impossible,’ says the surgeon. You are fused.’ But the surgeon is not looking carefully enough.”

“Along with my colleague, Dr. K.S. Song, I recently published a paper on this topic, where we found that in order to properly diagnose a fusion on a CT scan following arthrodesis with a cage, you must look for bridging bone formation **outside** of the cage. If you just look inside, you will often see what appears to be bridging bone in patients who are not fused. This is the largest study in the literature with intra-operative confirmation of fusion status and conclusively shows that ‘bridging bone’ inside the cage is an unreliable sign of fusion. Doctors should learn how to diagnosis this because it is so easy to surgically fix non-unions and patients are so happy afterwards.”

**Revolutionary, Infection-Fighting Balls** Little balls packed with antibiotics just might be the wave of the future for infection prevention, say research-