

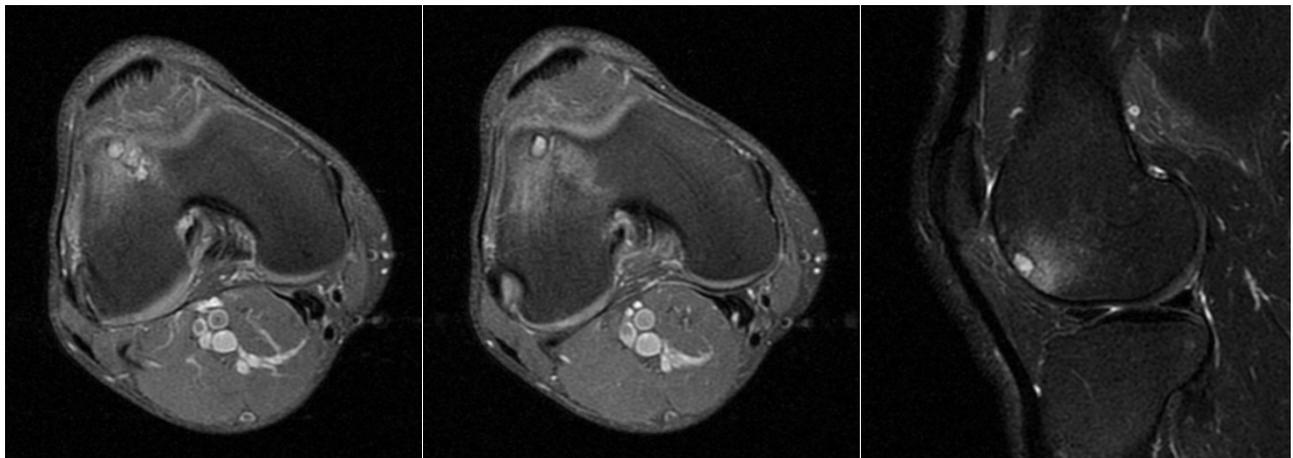
Case Study: Trochlear Cartilage Restoration Using Fresh OCA Cores
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BACKGROUND

A 36-year-old patient reported persistent right knee crepitation and pain two years after falling directly onto their knee. Prior conservative management and arthroscopic chondroplasty was undergone without any resolution. Imaging and arthroscopy demonstrated a full-thickness cartilage defect in the lateral trochlea.

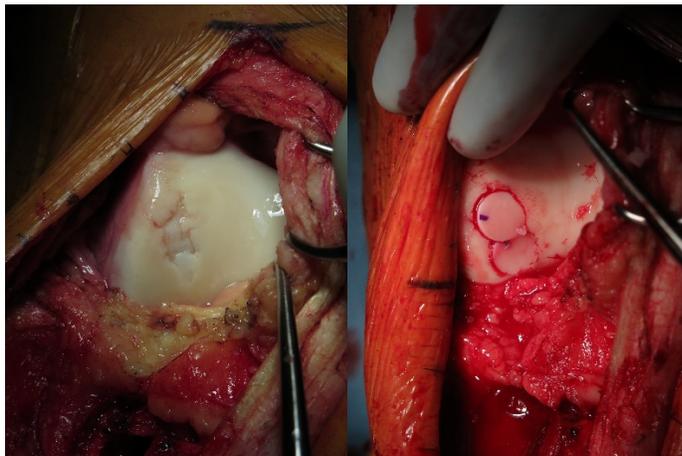
PROGNOSIS

The defect was approximately 20x10 mm in size. In addition to the defect, the MRI scan also showed subchondral edema and cysts. Options discussed with the patient included microfracture/drilling, ACI, osteochondral autograft as well as an allograft. Due to the patellofemoral location, age of the patient, MRI findings and the larger size of the defect, an allograft was decided as the best option.



PROCEDURE

Fresh allograft cores were ordered because of their immediate availability. In surgery, the recipient slot was created with a 10 mm reamer and the cores were seated with minimal use of a tamp. An anteromedialization tibial tubercle osteotomy was performed at the same time.



RESULTS

Three months post-operation, the patient has regained full range of motion. The pain and crepitation that they had been experiencing has also been resolved.



SUMMARY

The use of a fresh OCA core presented many advantages in this situation. Microfracture was not optimal due to the patellofemoral location of the defect and age of the patient. ACI was ruled out as a result of the MRI findings. The size of the defect required two 10 mm plugs; therefore an allograft was decided as the best option to minimize donor site morbidity associated with an autograft procedure. The patient is experiencing positive results through the use of a fresh, viable OCA core.

ABOUT DR. ANDREAS H. GOMOLL, M.D.

Dr. Gomoll's clinical interests include, but are not limited to, sports medicine, arthroscopic surgery, cartilage repair, cartilage transplantation as well as knee arthroscopy. He completed medical school at Ludwig Maximilians Universitat Munchen in Germany. He then finished a residency at the Harvard Combined Orthopedic Residency Program and a fellowship at Rush University Medical Center. He is currently practicing at the Cartilage Repair Center at the Harvard Medical School's Brigham and Women's Hospital.

ABOUT JRF ORTHO

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