Acta Orthop. Traumatol Turc. 25, 330-331, 1991

Five year results of perarthroscopic debridement and wash-out in articular degeneration of the knee

M. J. S. Hubbart[1]

Diz eklemi dejenerasyonunda artroskopik debridman ve yıkamanın beş yıllık sonuçları

Ülkemizdeki perartroskopik diz debridmanı epidemik denilebilecek boyutlara ulaştı. Kriterler sıkıca belirlenmiş vakalarımızı değerlendirdiğimizde yıkama ve debridman arasında Grade I ve II lezyonlarda fark gözlenmezken Grade III ve IV lezyonlarda debridamın belirgin üstünlüğü söz konusuydu.

Zamana göre değerlendirdiğimizde yıkamanın çok az faydalı olduğunu ve debridmanın dizlerin yarısında 4 yıl boyunca çok iyi sonuç verip sonradan veriminin düştüğünü görüyoruz. Debridam iyi seçilmiş, uygun vakalarda iyi, duraklatıcı bir ara işlemdir. Ancak osteoartrozun yerleştiği, stabilitesini yitirmiş ve açısal deformite geliştirmiş dizlerin tedavisinde yeri yoktur.

Anahtar kelimeler: *Artroskopik debridman, gonartroz*

Perarthroscopic debridement of the knee in our country has reached epidemic proportions. Evaluating our cases whose entrance qualifications were strict there was found no difference between debridement and wash-out in Grades I and II, but in Grades III and IV debridement clearly showed its superiority

When we look against time, it shows that wash-out really is of little use and debridement kept half the knees very well for four years, there afterwards tails off markedly. Debridement is a good stop-gap procedure in patients which are properly selected. It has no place in the treatment of patients with osteoarthrosis with unstable knees and angular deformity.

Key words: *Artroscopic debridment, gouarthritis*

Greetings from North Wales and from our national animal the red Dragon. As you can see at the north Wales Coast we live for a long time. Special thanks to my Turkish hosts, particularly for their faultless command of the English Language. As they have managed English so well I think it is only fair that I should try and teach them Welsh. Here is the first lesion:

"Croeso i Gymru"-"Greetings from Wales"

When you have been in practice for ten years or so it is best to have a hard look to see how much time vou have wasted in the past and how much time you are likely to waste in the future, and how much time your Residents are likely to waste on your behalf. Perarthroscopic debridement of the knee in our country has reached epidemic proportions. So much that for private patients who constitute no more than 10 % of the work load and the private insurance companies have placed this operation in a special category for which the surgery must be justified and I think this is fair enough because otherwise you would feel that the indications were controlled by some virus. For this reason, long before the insurance companies became interested we designed a trial on the basis of random numbers and the selection at arthroscopy of wash-out/debridement in articular degeneration of the knee. As you see the entrance qualifications were strict. We are not talking about the so called radical debridement of Burt and Maska when the meniscus and/or the synovial plica and/or local synovitis and/or a loose body were removed because, not unreasonably, I thing in words of the multiple choice paper the results good or otherwise could be attributed to one of these, some of these or in fact all of these. In addition to this there were exclusions. Patients without joint space, unstable knees with angular deformity were not suitable. There are good operations such as tibial osteotomy or total knee replacements for these patients. We tried to take a reasonably large quantity of patients over the five year span and look at the results in the long-term. Also with regard to grading we used the outer bridge grading, one was a blister, two was soft fibrillation, there was flaps with defect not down to bone and four a defect down to bone with marginal flaps.

Now a word about sports. Whether you regard these people as national heroes or ageing psychopaths depends on your point of view. What is not a point of view is what they do to their knees. This man you see has no articular cartilage on his tibial condyle

(1) Glan Clwyd Hospital North Wales

at all and the femoral condyle has got a Grade III lesions. Now a word about technique. The basic work horse was a 4.5 right angle punch, the only instrument that lasted througn out the five year trial and is still going strong. It is not cheap, but with proper sharpening it lasts. Larger lesions are used, the electro chondrotome which has the advantage of spore, across a knee hill. The 2. 5 suction punch which we have had more recently has precision, but has tended not to last very well. Now this is how I feel a lesion should be left at the end of debridement. I honestly feel anything less will not do. Here is the same lesions four years later when I went in to deal with a meniscal tear on the opposite side of the knee. Fibrous cartilage no doubt, but well healed.

Results

There is no difference between debridement and wash-out in Grades I and II. It is quicker than the other way and in these areas debridement is a waste of time, but in Grades III and IV debridement clearly showed its superiority.

Now lets look against time. First of all, shows that wash-out really is of little use. Secondly, debridement kept half the knees very well for four years, there afterwards tails off markedly. It is possible that this dotted line is a bit overpessimistic, but I will merely quote from a great man Winston Churchill describing the life of the great British states "The morning was gold and the noon day was silver, the evening was lead". Nonetheless, as I am sure you all know our patients want gold now rather than lead in five years time. May I just say a word in closing about abrasion arthroplasty and the use of carbon fibre which is an adjunct to this. If we had kept carbon fibre to those patients in whom the debridement had failed the results are not nearly as good. Oh surprise, surprise, than those in whom carbon fibre has been used as a primary procedure. We found that in fact only a quarter of these patients have been helped. There is no evidence at present that carbon fibre improves the results of abrasion arthroplasty, that is, taking the patient down to bone in the hope that fibre cartilage appears in the gap.

So at the end of all this what can I say. Debridement is a good stop-gap procedure in patients who are properly selected. It has no place in the treatment of patients with osteoarthrosis with unstable knees and angular deformity, but if you practice it conscientiously you will have a lot of grateful patients who will be allowed to carry on their relatively minor sporting activities for shall we say another five years.