

FOLLOW-UP RESULTS OF MENISCECTOMY WITH REGARD TO THE WORKING CAPACITY

By

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Meniscectomy at meniscus ruptures has produced good results, and in numerous follow-up studies the results have been satisfactory in 60 to 90 % of the cases. It is further known that extirpation of the medial meniscus gives better results than extirpation of the lateral one. Due to these studies the indications have widened. It is especially from Anglo-American quarters, maintained, that repeated exudates and lockings give rise to arthrosis why active treatment is recommended. Young athletes are often subjected to meniscus injuries and the surgeon is repeatedly faced with the question "can I go on competing"? It is known that a youth who has been operated on, can very well compete for 10 years without being troubled by the knee, but in the long run will his knee be damaged by continuing the sport?

To get an answer to this question, I made a follow-up study on men operated at the Karolinska Army Hospital and at the Department of Surgery, Serafimer Hospital during the years 1930 to 1934. There were a total of 68 men. Of these I found 35 (2 were dead). Most of them were doing their military service at the time, and it was difficult to locate them afterwards. They are living in different parts of the country. They were handed a detailed questionnaire. The men were at the time of operation between 18 and 42 years of age; 27 were between 18 and 25 years old.

From the hospital records it appeared that the anamnesis showed no known trauma in 5 cases, 2 had been hit directly on the knee, and 7 had stepped amiss during work. The remaining 19 were accidents during athletics (gymnastics 7, jumping 6, ball games 2, running, fencing, wrestling and skiing 1 each).

It is of importance for the follow-up results to know how long the patient had had his damaged meniscus. Of these cases, 11 were operated on immediately following the accident and an additional 8 were operated on within 6 months of the first symptoms. Only cases with ruptures of the medial meniscus have been included here; the ones with ruptures of the lateral meniscus were too few to be useful as proof.

Of the 33 follow-up cases, 23 replied that they were quite well and neither had, nor have had, any trouble from the operated knee. Out of these, 15 have engaged in athletics since the operation. Three are still taking part in competitions (slalom, fencing, football). Four still do exercises and 8 competed for a long time after the operation. One played handball for 11 years, 1 became district champion in decathlon 12 years after the operation and, still 4 years later, was one of a troupe of élite gymnasts. He still wins athletic medals every year, among other things for good jumping results. Two competed in skiing for 13 and 18 years, respectively, after the operation, 2 competed on the track for 15 years, and 1 played league football for 26 years after the operation. Of the remaining 10, five are considered well, although they suffer some trouble from the operated knee. Three officers belong to this group, all of whom are, without any difficulty, in active service. Aside from their work, they also actively take part in athletics, but one of them says his "operated knee acts up" after exertion; the other 2 easily get exudations after small accidents. The fourth one is a director by occupation. He still goes skiing. He gets a slight pain after exertion but writes that he is "strictly speaking, well". The last one in this group is an engine stoker and has never taken part in athletics. He feels weaker and his knee hurts slightly.

Of the remaining 5, who are considered weak, all have been capable of doing their work. A longshoreman played league football for 8 years, after which he got worse with the appearance of a recurrent hydrops, for which ailment he was not considered fully fit for military service. A shoemaker took part in general athletics for 2 years, after which he got such pain in the knees that he had to stop. He now has pain in both knees after work and walks. There is clinical indication of double-sided arthrosis. A station master has participated in no sports since the operation. At the operation there was found a sixpenny-sized cartilage destruction on the femoral condyle, which shows that there were other changes in the joint beside the meniscus rupture that delayed the prognosis. The fourth patient is a sundry worker who was operated

for rather diffuse troubles without a known trauma. At the operation, a rupture of the meniscus was found. He still gets swelling and pain after exertion and often lockings. The last patient in this group is a director, who participated in sports for 5 years after the operation. He now has pain after physical work and longer walks. The other knee was operated on 9 years after the first one. This has swollen so much several times that it has had to be tapped.

It is interesting to find that 70 % are in excellent condition and 85 % well after a period of close to 30 years, in spite of several who went in for athletics for a long time after the operation. The group examined is not very large, but all men were picked from the hospital records for the years 1930 to 1934, and the same care was taken in finding them all. It is not possible to interpret the occurrence of arthrosis after meniscectomy from such a small material, and still more difficult to evaluate the importance of the time interval between the accident and the operation.

From this investigation it can be concluded that the results are good, even in the long run, and that there is no reason to dissuade the meniscus-operated patients from partaking in athletics or competitions.

SUMMARY

33 patients, operated on for ruptured medial meniscus 30 years ago, have been reexamined. The main emphasis was put on finding out the working capacity of these patients after operation. Result: 70 % excellent, 15 % good. Conclusion: Patients can very well carry out hard work or participate in sporting, competitions after meniscectomy, without risking further complications.

RESUME

33 malades opérés pour rupture médiane du ménisque il y a 30 ans ont été réexaminés. On s'est principalement attaché à établir la capacité de travail de ces malades après l'opération. Resultats: 70% excellents, 15 % bons. Conclusion: Les malades peuvent parfaitement exécuter de durs travaux ou participer à des compétitions sportives après la méniscectomie sans risquer d'autres complication.

ZUSAMMENFASSUNG

33 Patienten, die wegen geschädigtem medialen Meniskus vor 30 Jahren operiert worden waren, wurden nachuntersucht. Das Hauptgewicht wurde darauf gelegt die Arbeitsfähigkeit dieser Patienten nach der Operation festzustellen. Ergebnisse: 70 % sehr gut, 15 % gut. Schlussfolgerung: Die Patienten können nach Entfernung des Meniskus sehr gut schwere Arbeit verrichten oder an Sportwettbewerben teilnehmen ohne durch weitere Komplikationen gefährdet zu sein.