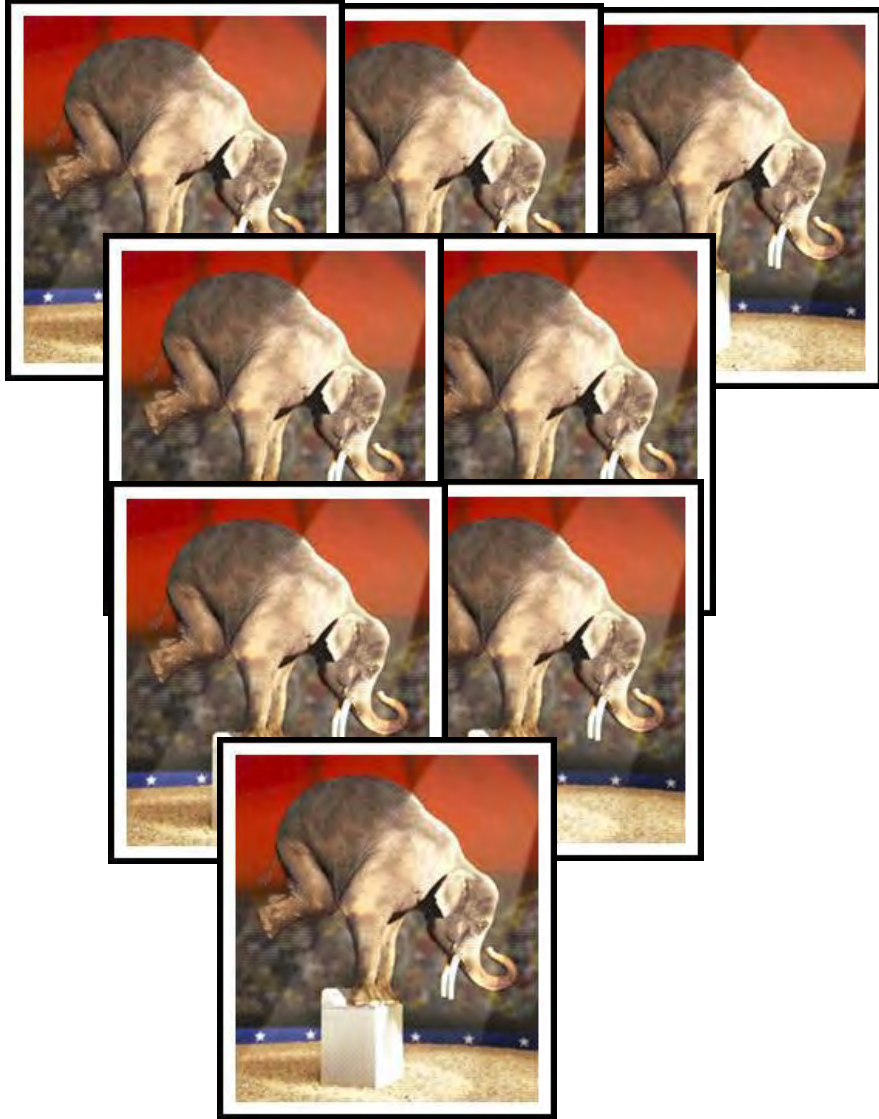


Kraakbeen

Pieter Emans

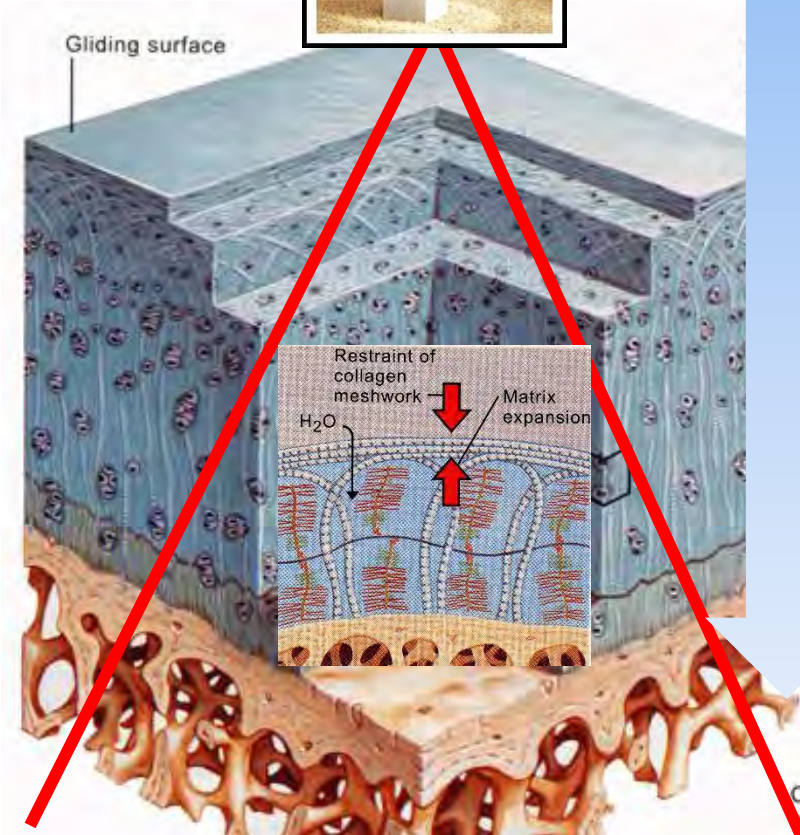




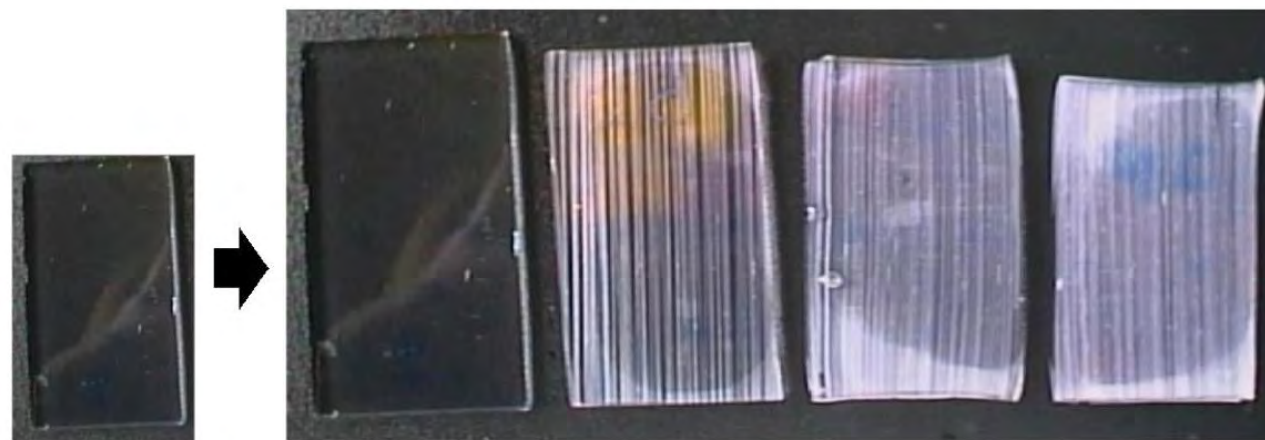
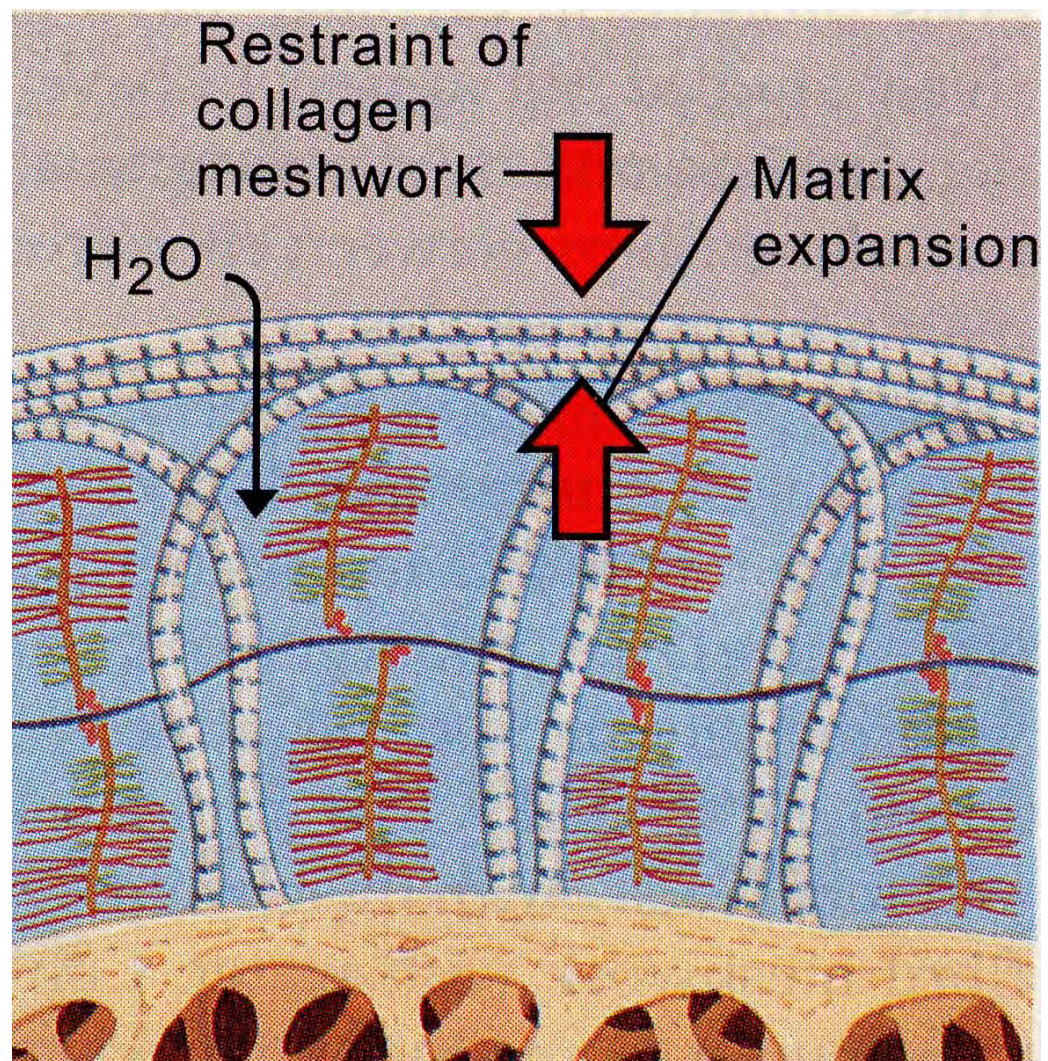
Water
content

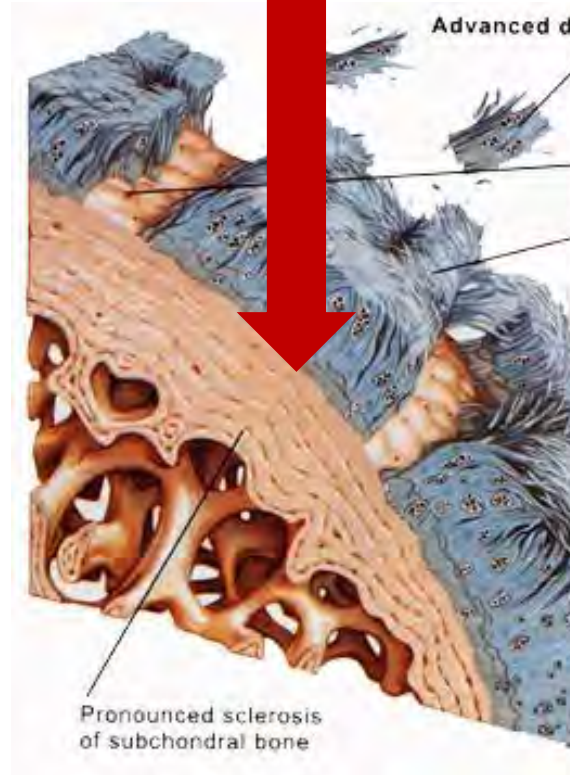


Stiffness

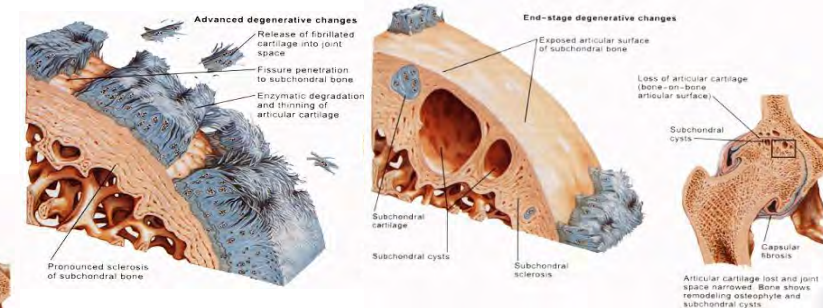
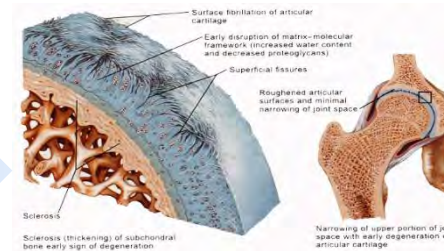
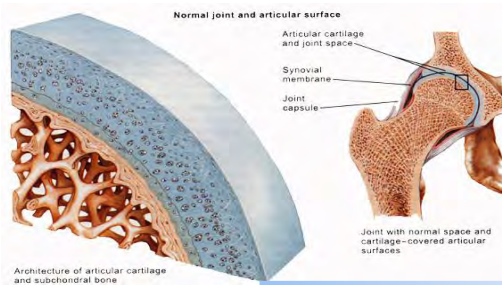


Load distribution





Cartilage disorders and osteoarthritis.



Biologie:

- Hereditary (poly)arthritis
- Inflammation(disease)
- Race and sex
- Age



Biomechanica:

Meniscus/ligaments

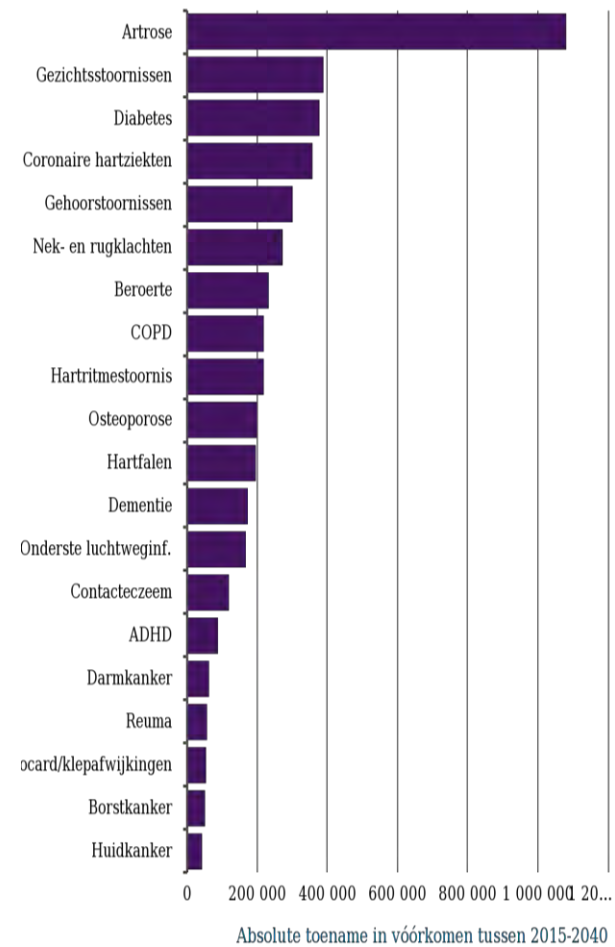
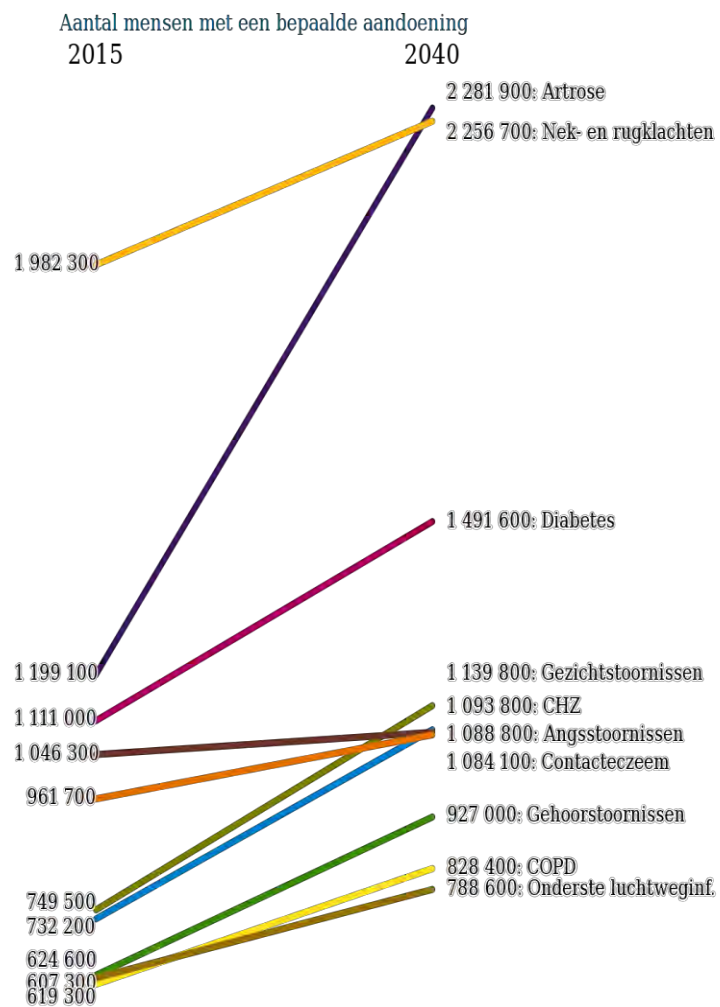
Overweight/ level use

Genetic shape

Alignment

Cartilage defect

Age



Bron: NIVEL en andere bronnen, RIVM

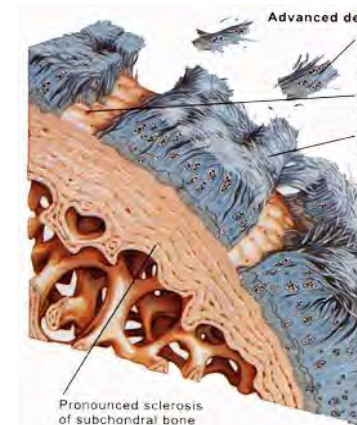
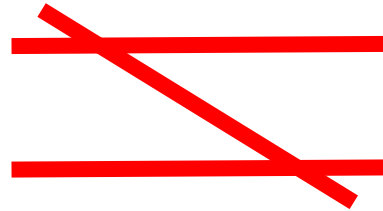
The 4 R's; The affected joint can be:

Resected = Arthrodesis

Relieved = Osteotomy

Replaced = Prosthesis

Restored = Cartilage Repair



Goal short term: delay total joint prosthesis



50 years



65 years



80 years

History and available treatments

Microfracture +:

- Scaffolds:

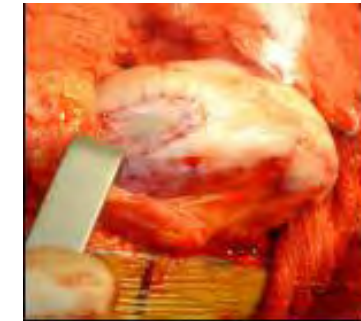
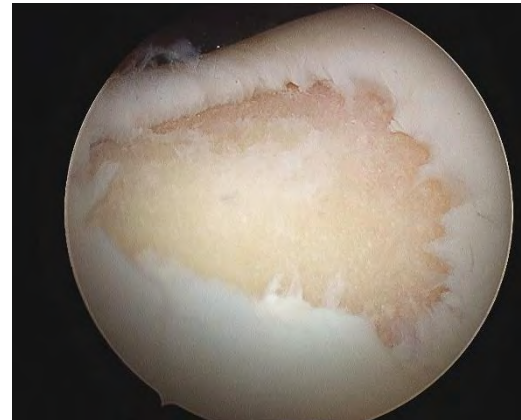
collagen
hyaluronan

- Gels

Fibrogen/PEG
Chitosan/blood

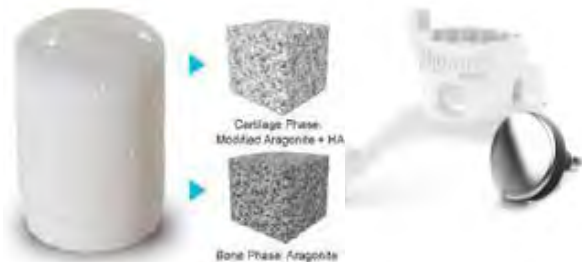
Subchondral stimulation:

- Microfracture
- Drilling



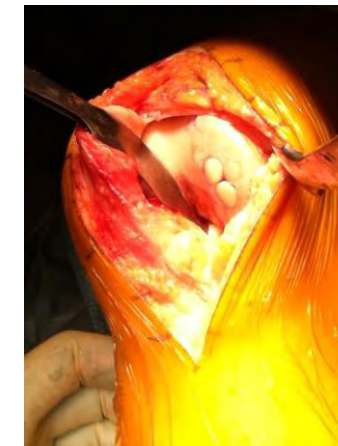
Cells:

- (M)ACT
- Micronized allogenic cartilage
- Mix stemcells with cartilage (cells)

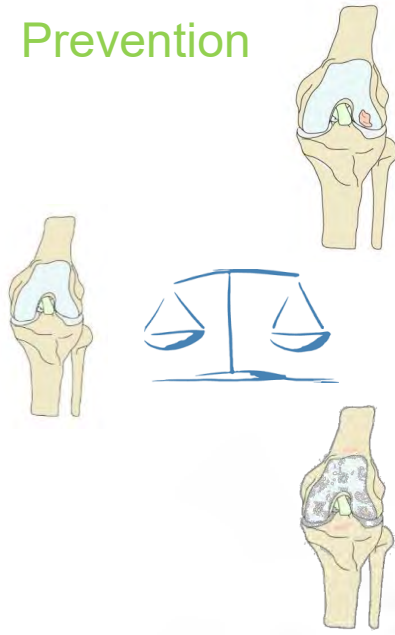


Osteochondral:

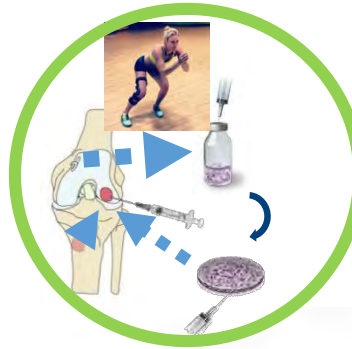
- Autografts
- Allografts
- Implants:
 - ❖ Biomatrix
 - ❖ Agilli-C
 - ❖ Mayoregen
 - ❖ Metallic implant



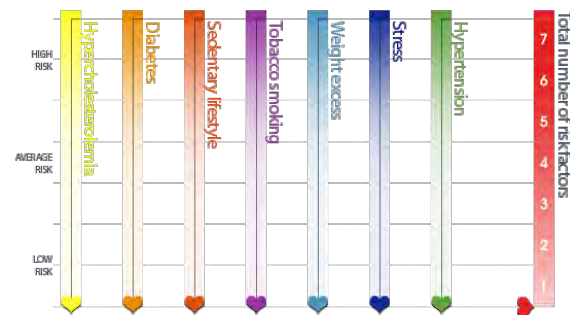
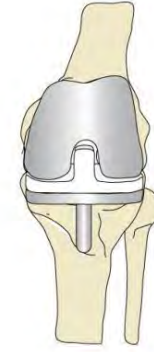
Prevention



Repair



Replace



Risk profile

Preventive measures

Injection therapies:

- blocking/slow down OA
- regenerate cartilage

Restore biomechanics:

- weightloss
- osteotomy
- sports/occupation advise
- patient specific small implants

Circle 1: defect characteristics



- Type of lesion; chondral, osteochondral, contained, uncontained, shouldered, unshouldered, acute, chronic, failed previous treatment
- Location of lesion; condyles, trochlea, patella, tibia
- Size of lesion
- Age of the lesion

All different and no such thing as “a cartilage lesion”

Circle 2: the knee joint



- Concomitant injuries:
- Instability (e.g. MCL ACL, etc.)
- Meniscus lesion(s)
- Cartilage status adjacent and opposing cartilage
- Inflammatory diseases

Circle 3: the lower limb



Leg alignment: varus, valgus

Patella tracking: TTD TTG, baja, alta, femoral rotation, leg alignment

Circle 4: patient



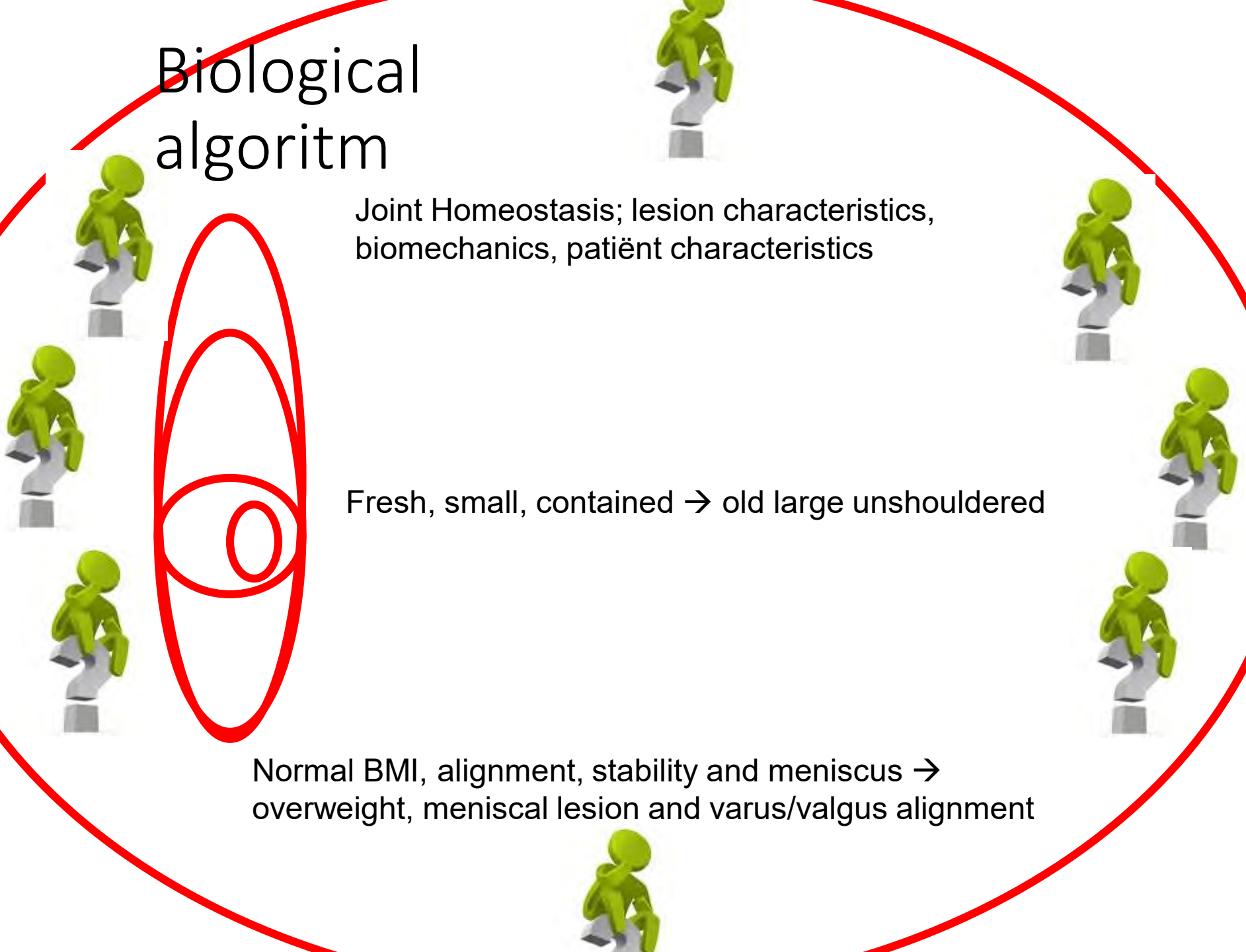
Age
Previous surgeries
Sports
BMI
Occupation
Commitment to physiotherapy

Biological algorithm

Joint Homeostasis; lesion characteristics,
biomechanics, patient characteristics

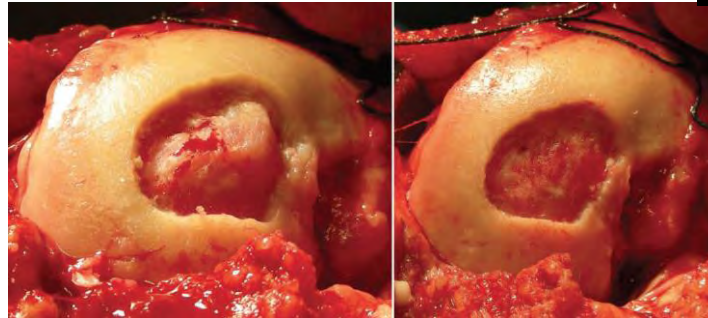
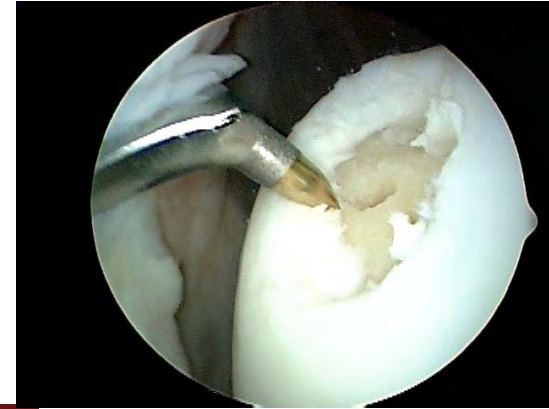
Fresh, small, contained → old large unshouldered

Normal BMI, alignment, stability and meniscus →
overweight, meniscal lesion and varus/valgus alignment

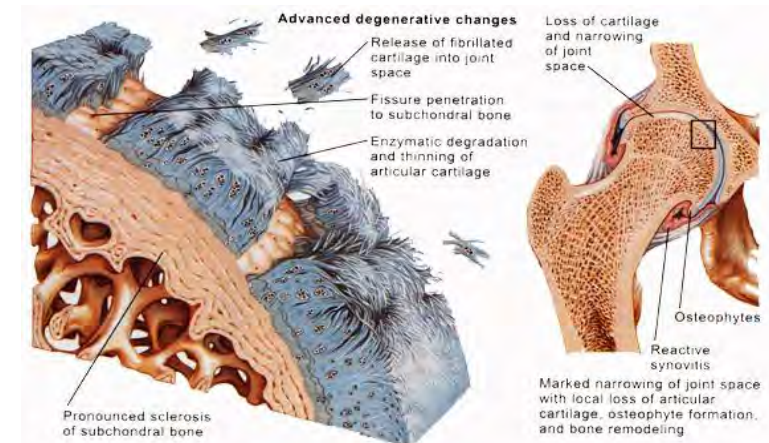


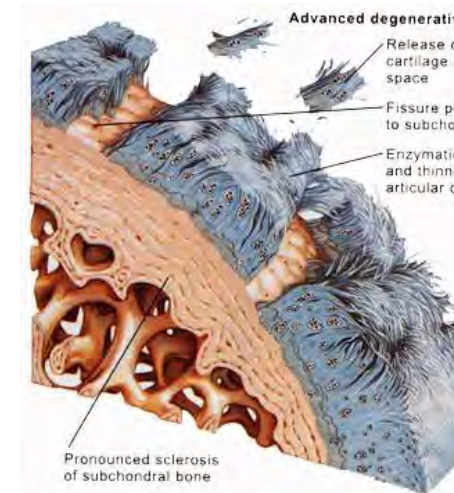
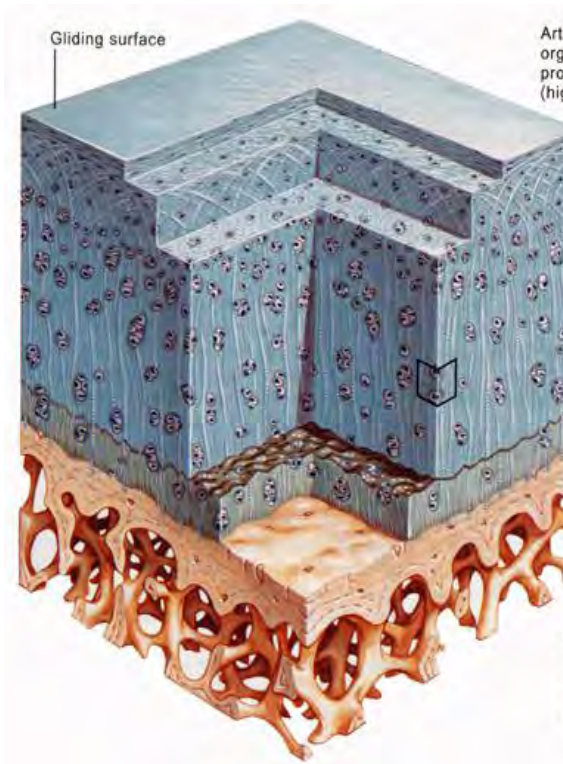
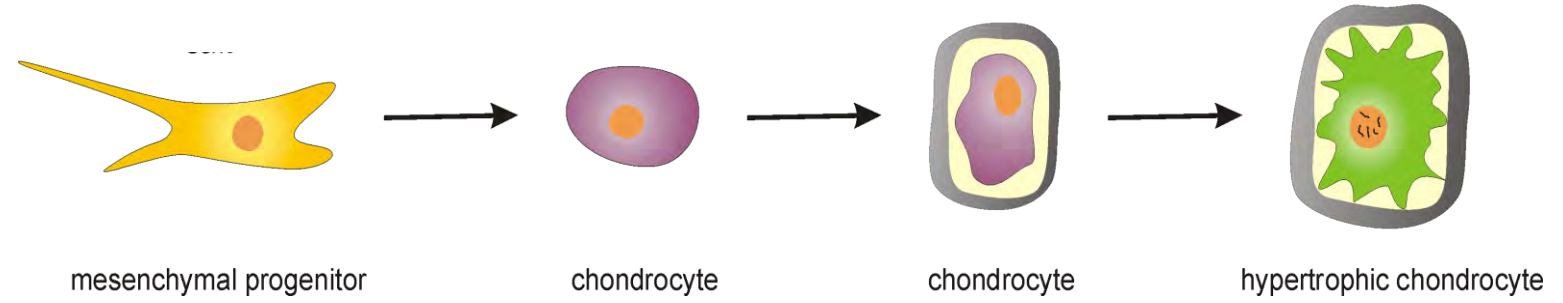
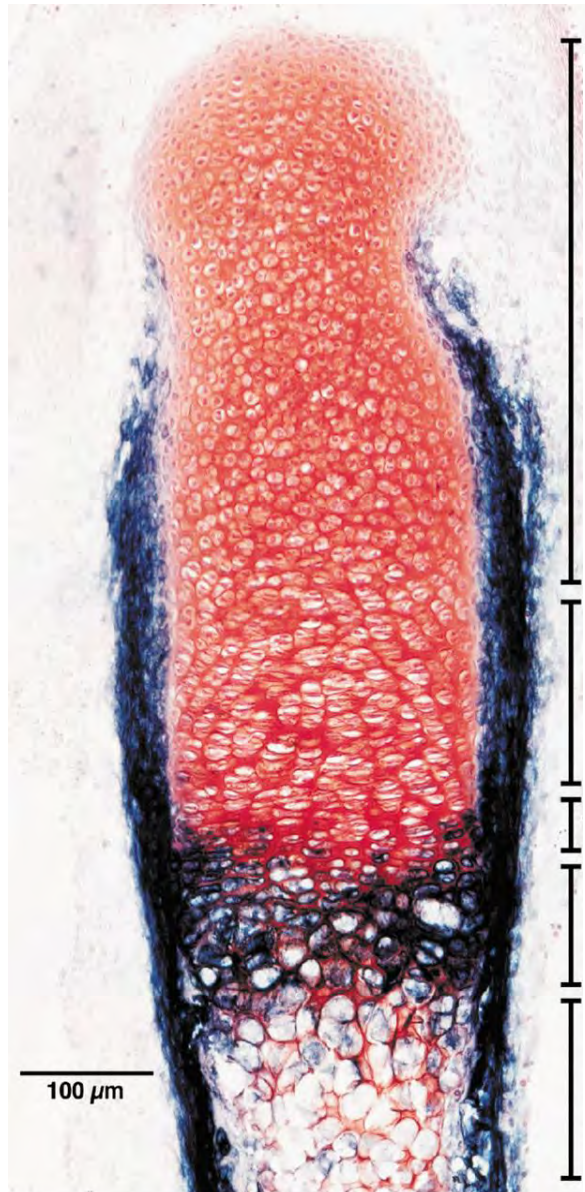
Our algorithm is often only considering circle 1.

no bridges burned?

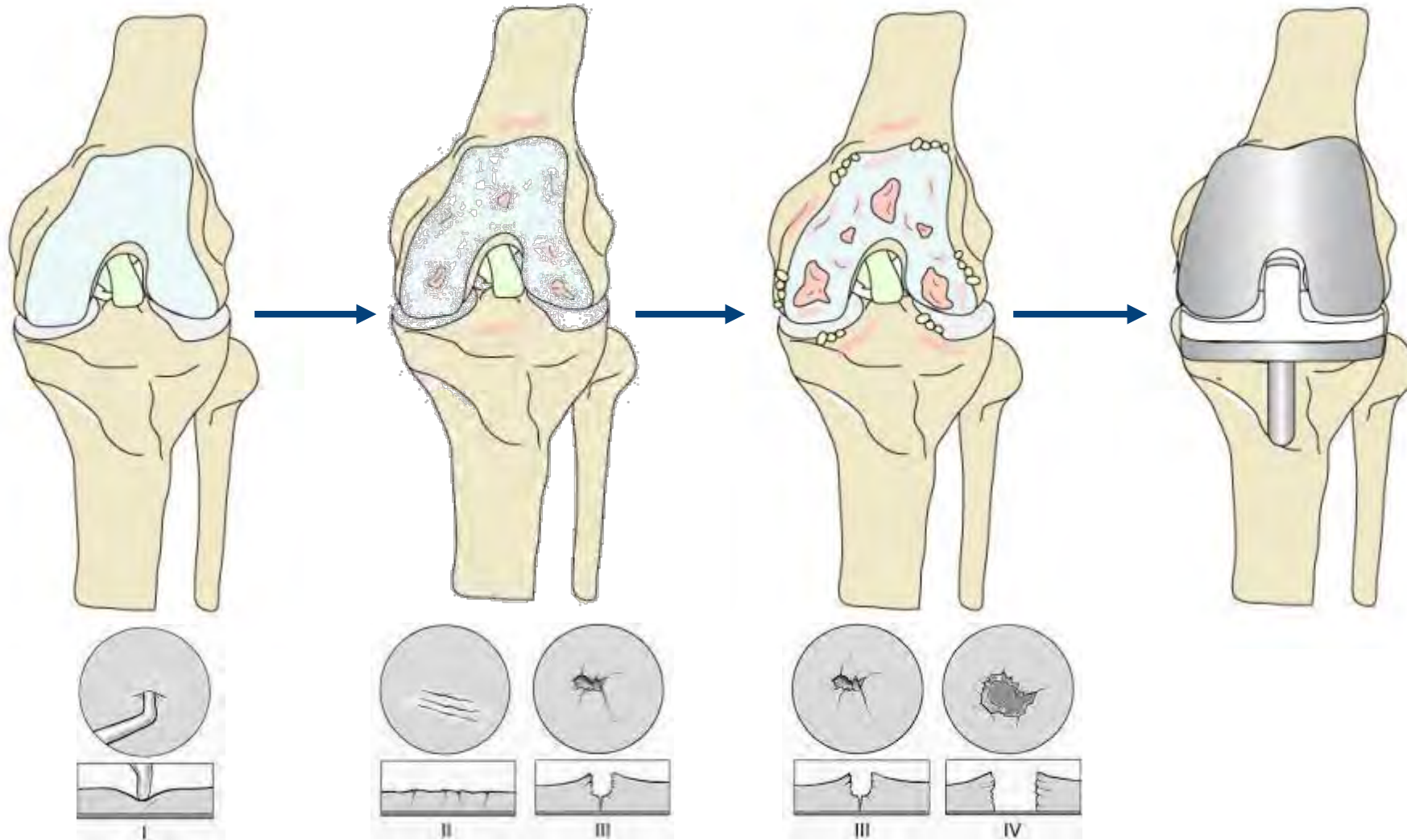


Age of defect and previous surgeries impact outcome of cartilage repair.

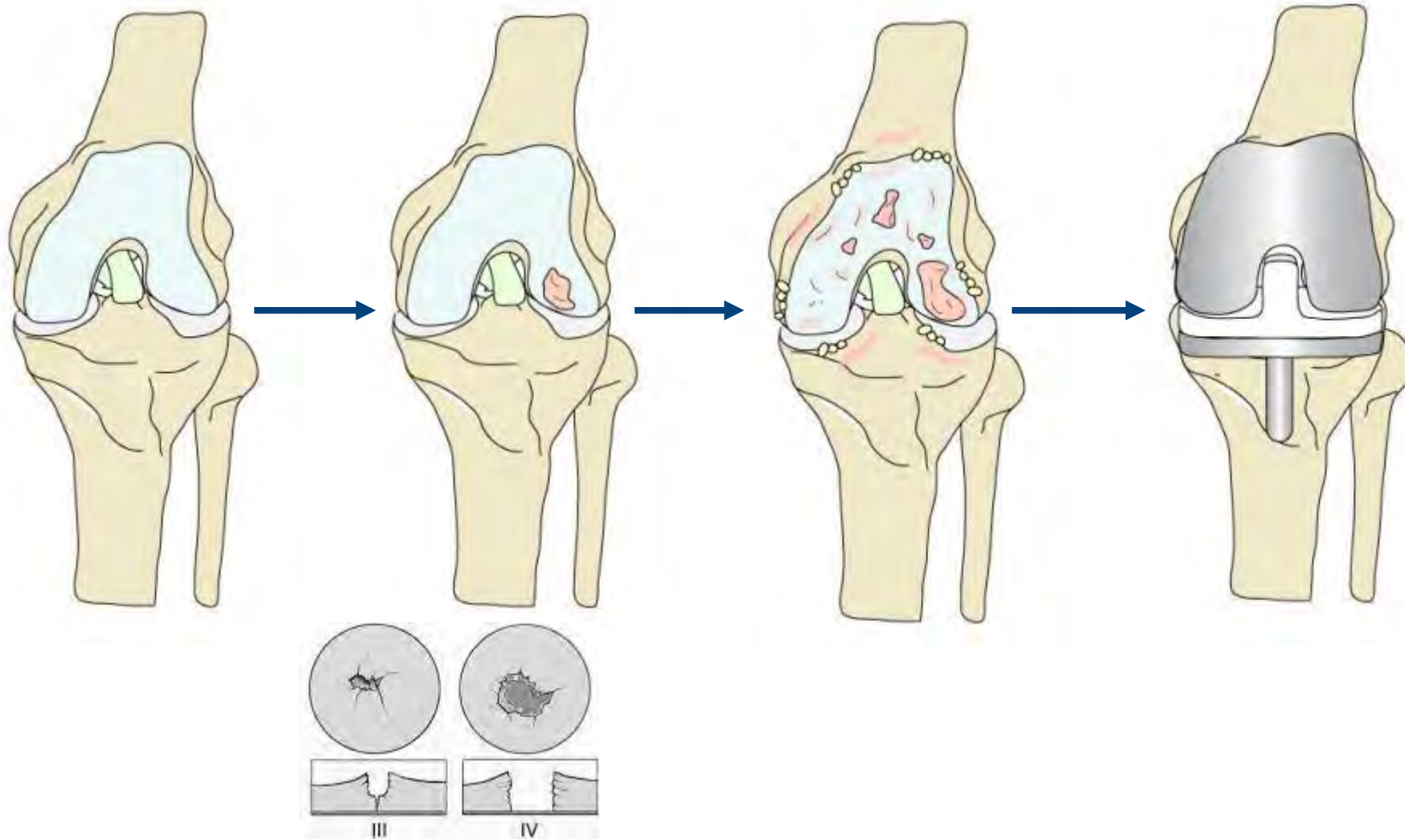




Osteoarthritis of the Knee



Focal Cartilage Defects

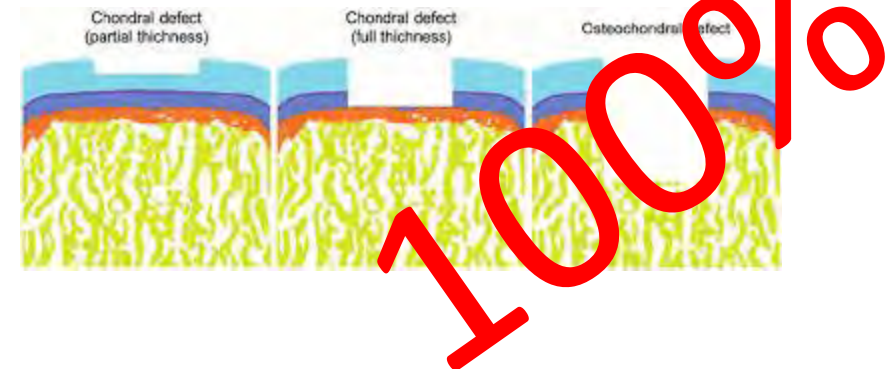


Circle 1: defect characteristics

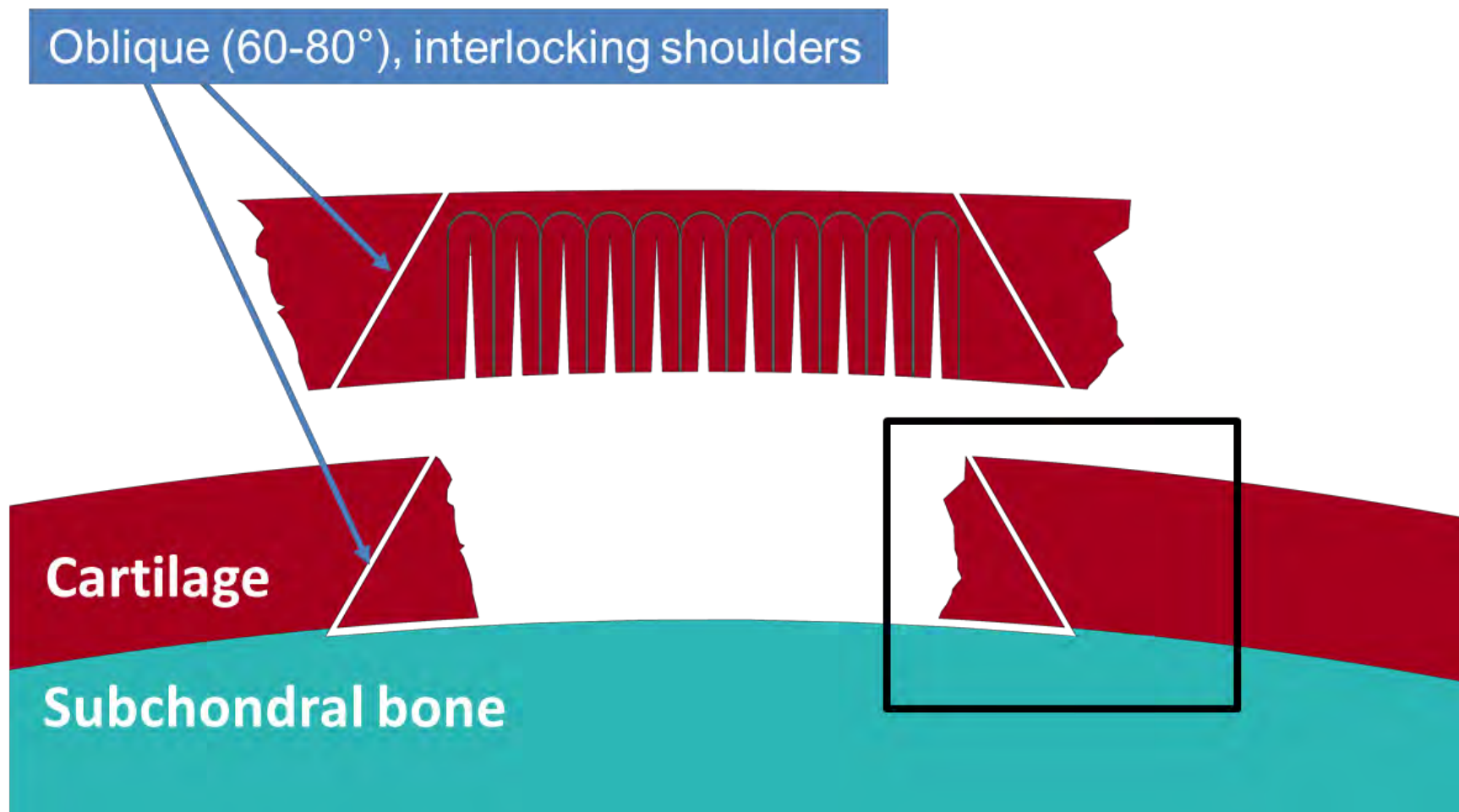


- Type of lesion; chondral, osteochondral, contained, uncontained, shouldered, unshouldered, acute, chronic, failed previous treatment
- Location of lesion; condyles, trochlea, patella, tibia
- Size of lesion
- Age of the lesion

All different and no such thing as “a cartilage lesion”



Surgical Procedure – Modified Hedgehog Technique

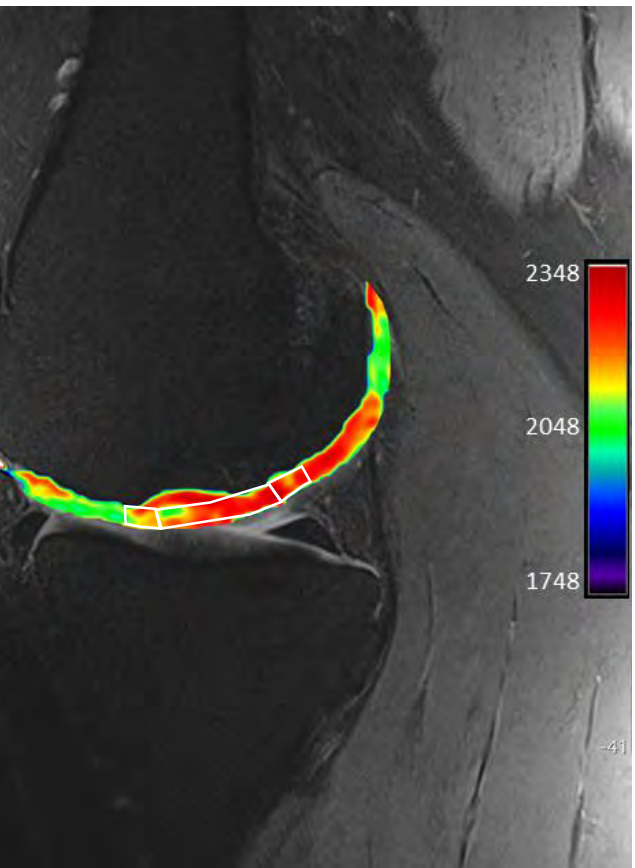
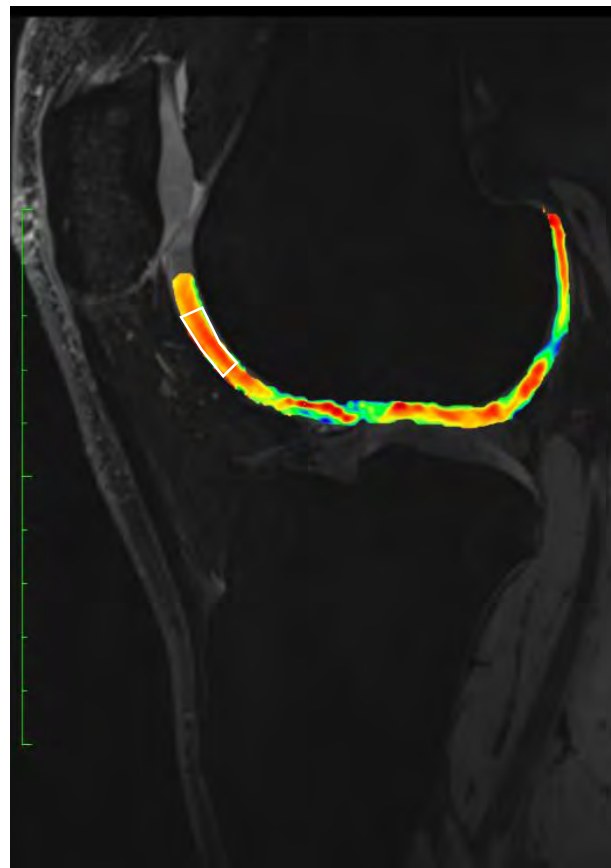


Follow-up by 7.0T MRI – biochemical composition

“Since Hippocrates and until now, it is universally accepted that the ulcerated cartilage is embarrassing and that, once destroyed, can not be repaired”

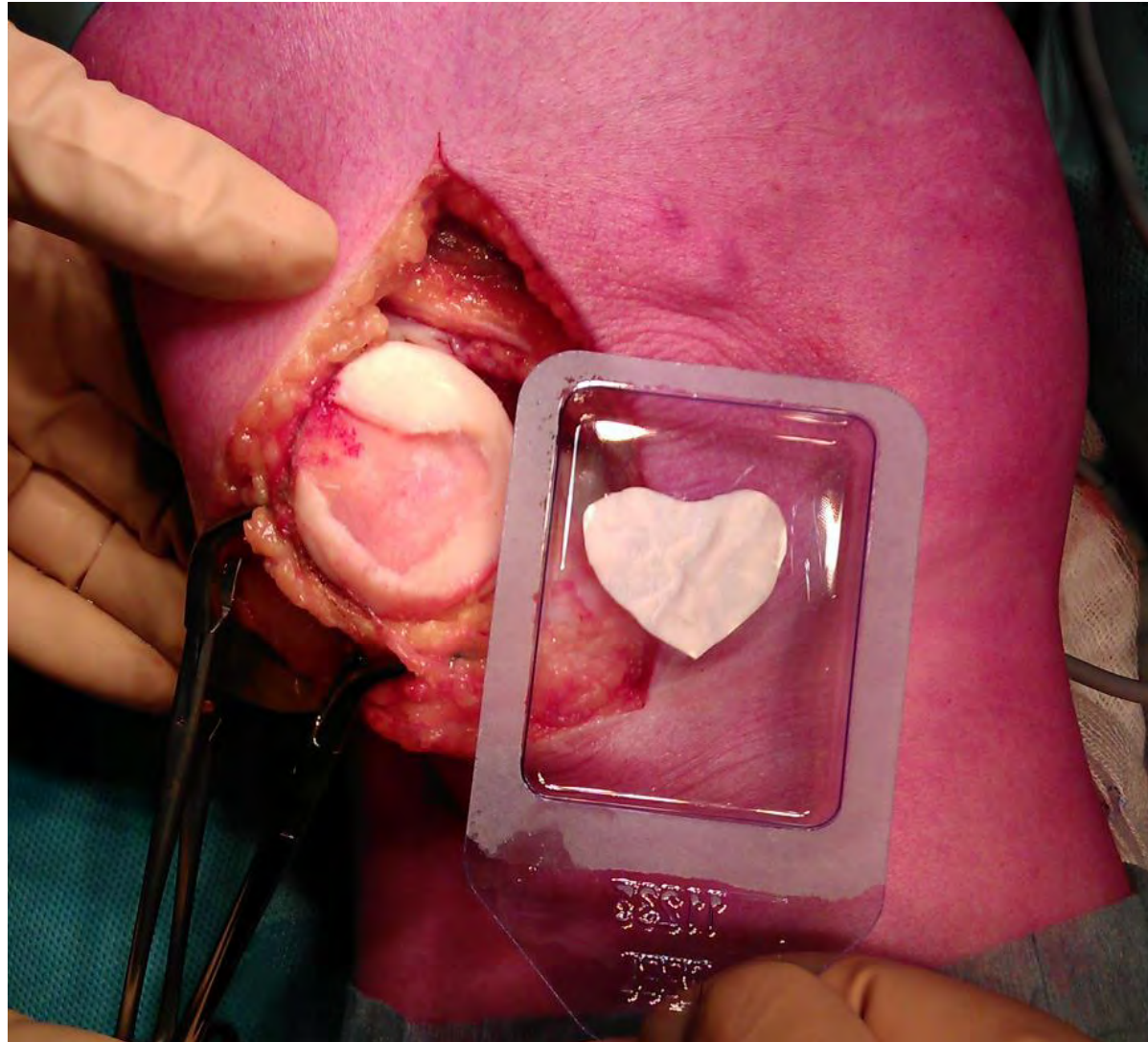
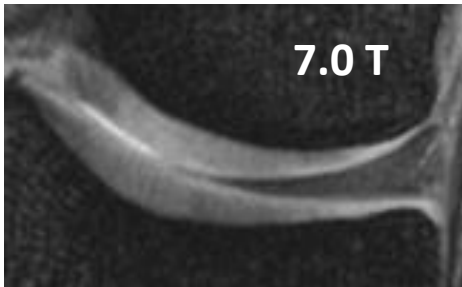
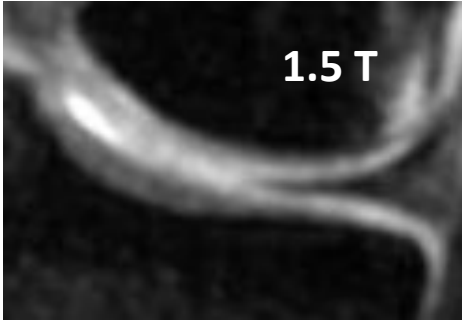
William Hunter

Dogma Challenged?



healthy knee		3 months after surgery			1 year after surgery		
control cartilage: 6.1 %		adjacent: 1.5%	defect: 3.6%	adjacent: 1.9 %	adjacent: 4.9%	defect: 5.6%	adjacent: 5.4 %

Questions



Courtesy of Daniel Saris