Arthroscopic posterior cruciate ligament reconstruction using LARS artificial ligament: a retrospective study.
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Abstract
BACKGROUND: The aims of this study were to analyze the preliminary clinical effects of arthroscopic reconstruction of posterior cruciate ligament (PCL) using Ligament Advanced Reinforcement System (LARS) artificial ligament. It is hypothesized that LARS artificial ligament is a safe and effective choice for PCL reconstruction, providing good knee stability.

MATERIALS AND METHODS: Forty-one patients who underwent PCL reconstruction using LARS artificial ligament were enrolled in this retrospective study. Average age at time of surgery was 34 y (range, 23-57 y). Average time from injury to surgery was 15 d (range, 5-45 d). Average follow-up period was 44 mo (range, 36-54 months). Follow-up examinations included the Lysholm Knee Score and the International Knee Documentation Committee (IKDC) score.

RESULTS: The average Lysholm knee score was 64.9 ± 8.8 preoperatively (range, 47-75) versus 92.1 ± 3.3 three years after operation (range, 79-100). Thirty-six of 41 patients (88%) showed good or excellent results at final assessment. The final IKDC score at 3 y postoperatively rated as normal in 21 patients (51%), nearly normal in 17 patients (42%), abnormal in three patients (7%).

CONCLUSIONS: The results shows that LARS artificial ligament appears to be an effective device for PCL reconstruction leading to good ligamentous stability and knee function. Long-term follow-up should be performed to confirm the durable stability of the knee and the tolerance of the knee to the LARS artificial ligament.

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