

Editorial Commentary: Fresh Evidence That There Is Still No Reliable Evidence on How to Best Treat Knee Degenerative Meniscus Tears



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Abstract: Treatment of the degenerative meniscus has been discussed for the past several decades, and proponents of both surgical and conservative treatment have made their points in this ongoing discussion. Unfortunately, there still is no evidence to suggest either treatment algorithm.

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In the present issue of *Arthroscopy*, Hohmann, Glatt, Tetsworth, and Cote¹ present a paper entitled “Arthroscopic Partial Meniscectomy Versus Physical Therapy for Degenerative Meniscus Lesions. How Robust Is the Current Evidence? A Critical Systematic Review and Qualitative Synthesis.” This is an important paper that I read with great interest. However, unfortunately it cannot give advice on how to best treat these lesions. The authors only found 6 studies worthy of being included in their review, and “all were assessed as having a high risk of bias.” Thus, the authors conclude that “the quality of the available published literature is not robust enough to support allegations of superiority for either alternative, and both could be considered reasonable treatment options.”

Contrary to the present study, a recent statement paper after a systematic literature search from the Danish Society of Sports Physical Therapy suggests that “exercise therapy should be recommended as the treatment of choice for middle-aged and older patients with degenerative meniscal lesions.”² In line with this, the 2016 ESSKA Meniscus Consensus³ recommends that “arthroscopic partial meniscectomy should not be proposed as a first line of treatment for degenerative meniscus lesions.”

Just out of training in the early '90s, I eagerly did a lot of arthroscopic debridement and lavage surgery on degenerative knees. I learned the hard way that many of these patients actually got worse after surgery. It was really disappointing to take care of these patients afterward, when my intention had been to help them with their symptoms.

I then developed my own level 5 algorithm, which dictated that patients with degenerative meniscus tears without mechanical symptoms be denied surgery in the first place. If they subsequently developed mechanical symptoms they underwent arthroscopic debridement later. However, patients with only pain as a symptom were treated with medication, injections, and physiotherapy. I still use this approach, which also appears today, about 25 years later, to be the treatment of choice. However, debriding patients with mechanical symptoms has recently also been challenged,⁴ which makes my approach to these patients even more complicated.

Almost 20 years ago I had the opportunity to do a fellowship with 1 of the leading knee surgeons in the world: Leo Pinczewski in Sydney, Australia. He taught me that operating on painful degenerative menisci is “bad for business” and a bad idea if you would like to enjoy “a quiet life.” Instead, in his hands, these patients were successfully treated with physiotherapy and medication, and few underwent arthroscopic surgery. Those patients who ended up undergoing surgery of the degenerative meniscus were told before surgery that there was a substantial risk that the whole of the meniscus would have to be excised, and then in the not so far future the patient probably would need further surgery, such as high tibial osteotomy. This approach at

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that time condensed the problem for me and encouraged me that I was taking the right approach vis à vis the degenerative meniscus.

However, now, decades later, after reading recent research, I am actually more confused than before. When 3 recent comprehensive systematic publications give different advice, the dilemma for the treating surgeon is emphasized.

Therefore, until better evidence is available, it is still up to the judgment of the treating surgeon to decide what is best for the individual patient based on symptoms, age, comorbidities, obesity, and smoking among other baseline variables.⁵ It is also most important to inform the patient of what you can achieve with surgical treatment.

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