Arthroscopy

Editorial Comment

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In this issue of *Clinical Orthopaedics and Related Research*, we present papers related to the indications and benefits of minimally invasive or endoscopic surgery for treating athletic injuries in different joints. These papers were selected from those presented at the 11th Biannual Meeting of the Argentina Arthroscopy Association held in Buenos Aires, Argentina, in May 2010. This meeting was organized in conjunction with the XIII Annual Meeting of the Argentina Association of Sports Trauma and the IV Annual Meeting of the Latin America Society of Arthroscopy, Knee Surgery, and Sport Medicine. The American Orthopaedic Society for Sports Medicine participated as the guest society. The forum provided a unique opportunity for members of these societies to share scientific information in an intimate setting.

Three of the eight articles address the ongoing difficulty in diagnosing and treating recurrent anterior shoulder instability. The first study explored the relationship between generalized joint laxity and the potential increased risk of recurrent shoulder instability, as has been suggested in the literature. However, there are conflicting data on the association between generalized joint laxity and traumatic recurrent shoulder instability. Although these findings are not definitive, they add to the body of literature suggesting generalized joint laxity does not predispose to recurrent

Fig. 1 Dr. Miguel A. Ayerza is shown.

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shoulder instability. The second study compared the frequency of lesions associated with traumatic anterior instability in patients with primary and recurrent instability. Associate injuries are more common in shoulders with recurrent dislocations, suggesting delay of the reconstruction may increase these secondary morbidities. The third study analyzed a group of patients with revision surgery of a previous arthroscopic instability repair. In this situation, the surgeon is faced with the following dilemma: to perform either an open repair technique in an attempt to minimize the chance of recurrence or an arthroscopic repair

aiming to minimize soft tissue damage and enable the patient to regain as much function as possible. The authors suggested the recurrence rate after revision arthroscopic and open instability repairs would be similar in the absence of glenoid or humeral bone loss and if the patient was willing to avoid contact sports.

Another paper evaluated patients with irreparable tears of the scapholunate interosseous ligament area, which is a common cause of mechanical wrist pain. The authors determined whether arthroscopic reduction is feasible, controls pain, and improves wrist function while preserving ROM. Although arthroscopic reduction is a minimally invasive alternative to the open procedure, its effectiveness in controlling pain and preserving wrist function has not been established.

Three articles analyzed novel events or therapies for ACL ruptures, knee instability, or chronic patellar tendinopathy. The first paper reported a clinical and MRI study of patients with spontaneous healing in complete ACL ruptures and determined whether patients were able to return to athletic activity. Although most orthopaedists believe the

ACL does not spontaneously heal after a complete rupture, the authors' observations indicate the injured ACL may eventually spontaneously heal without using an extension brace, allowing return to athletic activity. The second study described a series of patients with rotatory knee instability associated with depressions of the lateral tibial plateau despite an intact arcuate ligament complex. The authors found correcting the bone deformity with an open-wedge osteotomy of the lateral tibia plateau and elevating the depressed bone could restore knee stability. The third paper explored whether an arthroscopically assisted approach to débride not only the tendon and bone but also the peritenon could relieve pain from patellar tendinopathy and allow athletes to return to their former activities.

Another paper compared percutaneous repair versus open repair in acute Achilles tendon rupture in terms of function, cosmesis, and complications.

I would like to thank all of the authors for their hard work in presenting their observations and data on minimally invasive surgery for various sports-related problems (Fig. 1).