Editorial Comment

Symposium: 2013 Knee Society Proceedings

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This symposium includes more than 30 papers spanning a variety of issues related to the surgical management of the arthritic knee. The papers presented at the Annual Meetings of The Knee Society Symposium include selected manuscripts from the 2012 Knee Society Members Meeting in September 2012 and the 2013 Open Scientific Meeting of The Knee Society in March 2013.

It is the intention of The Knee Society to provide readers with clinically valuable information that advances surgical practice or piques intellectual curiosity to guide further research endeavors. While each study investigates key questions in surgical management of the arthritic knee, I would like to highlight the three award-winning papers featured in our symposium.

Minas and colleagues [1] were honored with The 2013 John Insall Award for their 10-year followup study of autologous chondrocyte implantation for full thickness articular cartilage defects in the knee. The authors are widely recognized as experts in this area, and it is with

interest that we can now point to 10-year results with this technique. This technique appears to have an established role and with 10-year results now available we have a baseline against which to judge alternative treatments as we move forward.

Tetreault and colleagues [2] received The 2013 Chitranjan Ranawat Award for their multicenter study that addressed a clinically useful question regarding the practice of withholding prophylactic antibiotics prior to revision hip and knee replacement. The rationale for such action has long been that the deep tissue cultures obtained at the time of surgery might prove falsely negative because of the intravenous antibiotics administered prior to the skin incision. These authors suggest that is not necessarily the case. Some surgeon judgment is still called for in this area as the data available do not allow definitive answers for all clinical situations. For instance,

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Fig. 1 Mark W. Pagnano MD

many intelligent surgeons might still choose to selectively withhold preoperative antibiotics in those revision cases where deep infection is strongly suspected based on clinical circumstances but where one or more preoperative joint aspirations fail to grow an organism. For the majority of straightforward aseptic revisions, however, it appears beneficial to administer prophylactic antibiotics prior to the skin incision.

The 2013 Mark Coventry Award paper was another study that looked at the always-relevant issue of preventing infection in total knee arthroplasty. Young and colleagues [3] performed a randomized clinical trial to assess the utility of a novel method of delivering prophylactic antibiotics namely through a low-dose intraosseous modality. These authors were able to demonstrate higher concentrations of vancomycin with this protocol, raising the question as to whether this might be a more successful strategy for limiting deep prosthetic infection.

I (Fig. 1) would like to thank the dedicated staff at CORR® for their work in navigating the authors through the review process.

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