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Editorial

Extra-Articular Reconstruction for Anterior Cruciate Ligament Lesions of the Knee: The Return

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In 1983, at the end of my orthopedic residency, the head of my Service, a passionate about the study of ligament injuries of the knee was raising the articles concerning extra-articular reconstructions for the treatment of anterior cruciate ligament (ACL) injuries, especially the Lemaire technique – a fascia lata tenodesis. We then defined our conduct at that time in relation to the injuries of the anterior cruciate ligament in our Service, according to the degree of instability in the physical examination, as follows:

1) Light instabilities - conservative treatment.
2) Moderate instabilities - extra-articular reconstruction.
3) Severe instabilities - intra- and extra-articular reconstruction.

Over the years, intra-articular reconstruction began to be emphasized using the patellar ligament graft, which was renamed "the gold standard" in the second half of the 1980s and beginning of the 1990s. Some studies comparing intra-articular reconstructions versus associated intra and extra-articular reconstructions showed similar results. The concept of isometric reconstruction was used in these years with good results over 90%. In the 1990s, the use of the graft with the flexor tendons gained space due to the evolution in the graft fixation systems and the frequent discussion at Congresses was wich would be the best graft: patellar ligament or flexors? This discussion does not have more place nowadays since we know, and this is my opinion, that one of the most important points of this surgery is the correct positioning of the graft, regardless of the type of graft that is used, be patellar ligament, flexor tendons, quadriceps tendon, anterior tibial allograft, etc.

At the turn of the century we saw the exponential growth of the publications regarding the reconstruction of the LCA with double-band and from there arises the concept of the anatomical reconstruction that defined in detail the positioning of the graft in the femur and the tibia. There are those who still defend this technique, but the great contribution of these studies was the improvement of the anti-rotational effect of the surgery by positioning the graft in the femur following anatomical criteria with either one or double-band, depending on the size of the original patient's ACL.

In the last decade, anatomical studies of the lateral compartment of the knee have appeared, seeking to define the anterolateral ligament and assigning to it extreme importance in the contention of the anterolateral instability of the knee. Some authors, however, define it as only one of the elements of the capsulo-osseous layer of the lateral compartment, and is therefore a component of the distal portion of the iliotibial tract. Those who defend the anterolateral ligament suggest their reconstruction associated with the ACL when in the physical examination an explosive pivot-shift is observed; while those who consider it a part of the elements that make up the distal third of the iliotibial tract suggest the fascia lata tenodesis in the same situations. The indication of the extra-articular reconstruction associated with the reconstruction of the central pivot in the severe instabilities, that is, in those where the physical examination found an explosive pivot-shift brings me back to 1983, when, in the face of severe antero-lateral instability, we associate an extra-articular reconstruction with the Lemaire technique to the reconstruction of the central pivot with patellar ligament.

All this reminds us of a maxim we heard from some of our Professors in the Faculty during the course of Medicine: Medicine is the Science of Transitory Truths.

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