

## Predictors of Radiographic Osteoarthritis 2-3 Years after ACL Reconstruction: Data from MOON Onsite Nested Cohort

Morgan H. Jones, MD<sup>1</sup>, Sameer R. Oak, MD<sup>1</sup>, Jack T. Andrish, MD<sup>2</sup>, Robert H. Brophy, MD<sup>3</sup>, Charles L. Cox, MD<sup>4</sup>, Warren R. Dunn, MD, MPH<sup>5</sup>, David C. Flanigan, MD<sup>6</sup>, Braden C. Fleming, PhD<sup>7</sup>, Laura J. Huston, MS<sup>8</sup>, Christopher C. Kaeding, MD<sup>6</sup>, Michael Kolosky, DO<sup>9</sup>, Thomas Sean Lynch, MD<sup>10</sup>, Robert A. Magnussen, MD, MPH<sup>6</sup>, Matthew J. Matava, MD<sup>3</sup>, Richard D. Parker, MD<sup>11</sup>, Emily K. Reinke, PhD<sup>12</sup>, Erica Scaramuzza<sup>13</sup>, Matthew V. Smith, MD<sup>14</sup>, Carl S. Winalski, MD<sup>15</sup>, Rick W. Wright, MD<sup>16</sup>, Alex Zajichek, M.S.<sup>17</sup>, Kurt P. Spindler, MD<sup>1</sup>

<sup>1</sup>Cleveland Clinic Orthopaedic Sports Health, Cleveland, OH, USA, <sup>2</sup>Cleveland Clinic Department of Orthopaedics, Cleveland, OH, USA, <sup>3</sup>Washington University Orthopedics, Chesterfield, MO, USA, <sup>4</sup>Vanderbilt Sports Medicine, Nashville, TN, USA, <sup>5</sup>UW Health at The American Center, Madison, WI, USA, <sup>6</sup>The Ohio State University, Columbus, OH, USA, <sup>7</sup>Bioengineering Labs, Providence, RI, USA, <sup>8</sup>Vanderbilt Orthopaedic Institute, Nashville, TN, USA, <sup>9</sup>Massachusetts General Hospital, Boston, MA, USA, <sup>10</sup>Columbia University, New York, NY, USA, <sup>11</sup>Cleveland Clinic Orthopaedic Sports Health, Mayfield Heights, OH, USA, <sup>12</sup>Duke University Med. Ctr., DSSI, Durham, NC, USA, <sup>13</sup>Vanderbilt University, Nashville, TN, USA, <sup>14</sup>Washington University in St. Louis, Chesterfield, MO, USA, <sup>15</sup>Cleveland Clinic Orthopaedics Department, Cleveland, OH, USA, <sup>16</sup>Washington University, Saint Louis, MO, USA, <sup>17</sup>Cleveland Clinic Department of Quantitative Health Sciences, Cleveland, OH, USA

**Objectives:** Multiple studies have shown patients are susceptible to post-traumatic osteoarthritis (PTOA) after anterior cruciate ligament (ACL) injury even with ACL reconstruction (ACLR). Prospective studies using multivariate analysis to identify risk factors for PTOA are lacking. This study aims to identify baseline predictors of radiographic PT OA after ACLR at an early time point and hypothesizes that meniscal injury and cartilage lesions will be associated with worse radiographic OA using the Osteoarthritis Research Society International (OARSI) atlas criteria.

**Methods:** 421 patients who underwent ACLR returned onsite for standardized posteroanterior metatarsophalangeal radiographs a minimum of 2 years after surgery. At baseline, demographics, graft type, meniscal status/treatment, and cartilage status were collected. OARSI atlas criteria were used to grade all knee radiographs. Multivariable ordinal regression models identified baseline predictors of radiographic OARSI grades at follow-up.

**Results:** The mean age was 19.8 years with 51.3% females. Higher age (odds ratio (OR) 1.06) and BMI (OR 1.05) were statistically significantly associated with higher OARSI grade in the medial compartment. Patients with a meniscal repair and a partial meniscectomy had statistically significantly higher OARSI grades in the medial compartment (meniscal repair OR 1.92 and meniscectomy OR 2.11) and in the lateral compartment (meniscal repair OR 1.96 and meniscectomy OR 2.97). Graft type, cartilage lesion, sex, and Marx activity scales had no significant association with OARSI grade.

**Conclusion:** Older patients with a higher BMI who have an ACL tear with concurrent meniscal tear requiring partial meniscectomy or meniscal repair should be advised of their increased risk of developing radiographic OA. Alternatively, patients with an ACL tear with an articular cartilage lesion can be reassured that they are not at increased risk of developing radiographic knee OA at 2-3 years following ACLR.

Predictor	Outcome						
	Lateral Compartment		Medial Compartment		Total Knee Score		
	OR (95% CI)	p-value	OR (95% CI)	p-value	OR (95% CI)	p-value	
Sex							
	<i>Female</i>	-	-	-	-	-	
	<i>Male</i>	1.29 (0.89,1.87)	0.182	1.23 (0.86,1.76)	0.259	1.26 (0.87,1.83)	0.221
	Age	0.98 (0.94,1.02)	0.293	1.06 (1.02,1.10)	0.006	1.02 (0.98,1.06)	0.435
	BMI	1.02 (0.97,1.07)	0.488	1.05 (1.00,1.10)	0.048	1.04 (0.99,1.09)	0.111
	Marx Activity Rating Scale	0.99 (0.95,1.04)	0.742	1.02 (0.98,1.07)	0.377	1.01 (0.96,1.05)	0.787
Graft							
			<b>0.637<sup>‡</sup></b>		<b>0.887<sup>‡</sup></b>		<b>0.820<sup>‡</sup></b>
	<i>BPTB autograft</i>	-	-	-	-	-	-
	<i>Hamstring autograft</i>	1.15 (0.79,1.66)	0.458	0.93 (0.64,1.35)	0.717	1.08 (0.74,1.58)	0.678
	<i>Allograft</i>	1.33 (0.61,2.90)	0.476	1.11 (0.51,2.41)	0.791	1.25 (0.56,2.80)	0.589
Lateral Cartilage Status							
	<i>Grade 1</i>	-	-			-	-
	<i>Grade 2-4</i>	0.85 (0.50,1.45)	0.559			1.47 (0.85,2.55)	0.171
Lateral Meniscus			<b>&lt;0.001<sup>‡</sup></b>				<b>0.002<sup>‡</sup></b>
	<i>No tear</i>	-	-			-	-
	<i>Meniscal repair</i>	1.96 (1.00,3.83)	0.049			1.32 (0.66,2.66)	0.430
	<i>Partial meniscectomy</i>	2.97 (1.95,4.54)	<0.001			2.21 (1.46,3.34)	<0.001
	<i>Untreated tear</i>	1.10 (0.68,1.79)	0.690			1.05 (0.64,1.72)	0.844
Medial Cartilage Status							
	<i>Grade 1</i>			-	-	-	-
	<i>Grade 2-4</i>			1.56 (0.81,2.98)	0.181	1.01 (0.52,1.96)	0.985
Medial Meniscus					<b>0.006<sup>‡</sup></b>		<b>0.020<sup>‡</sup></b>
	<i>No tear</i>			-	-	-	-
	<i>Meniscal repair</i>			1.92 (1.23,3.01)	0.004	1.83 (1.17,2.87)	0.008
	<i>Partial meniscectomy</i>			2.11 (1.13,3.93)	0.019	1.72 (0.91,3.24)	0.094
	<i>Untreated tear</i>			0.91 (0.50,1.68)	0.773	0.85 (0.47,1.53)	0.582

<sup>‡</sup> p-values from a likelihood ratio test are shown for factors with >2 levels  
**Bold** indicates the value is statistically significant with p<0.05  
BPTB – Bone patella tendon bone  
OR – Odds ratio  
CI – Confidence interval