

La plastie mixte intra et extra-articulaire au fascia lata de JH Jaeger

Dr Christian LUTZ



Principe

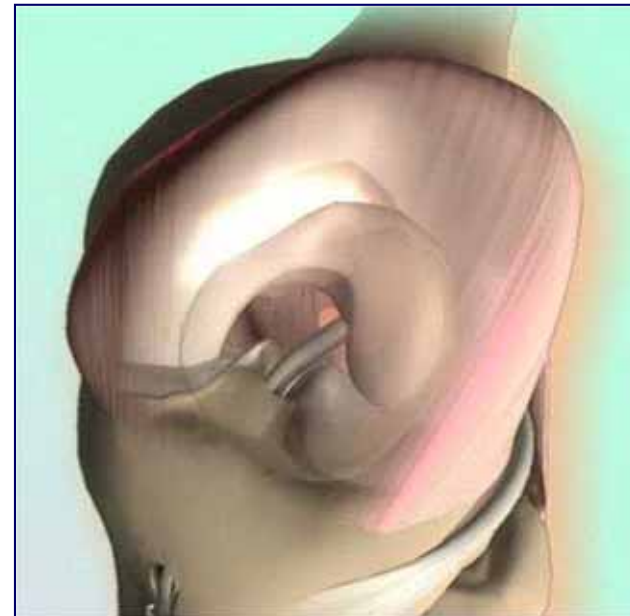
- **Plastie mixte**

- intra + extra-articulaire

- **mono-transplant**

- fascia lata

- **continue**

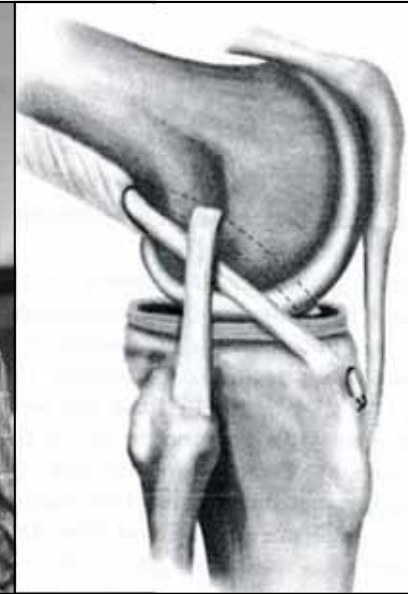


Historique en 4 dates

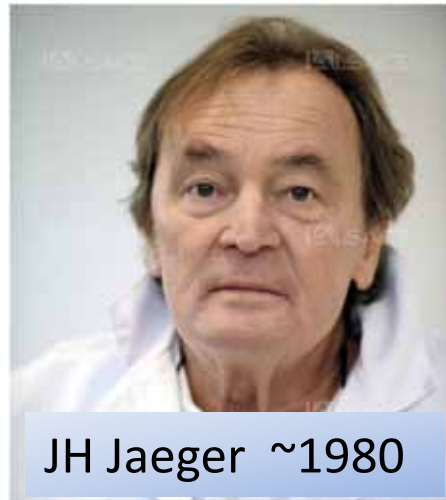
1.



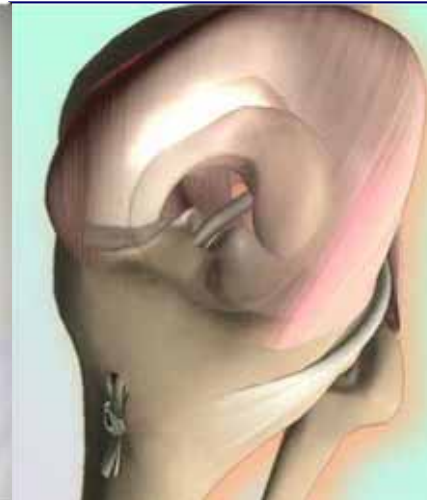
D.L. McIntosh – JBJS 1974



2.



JH Jaeger ~1980



Historique

3.



W. VanHille 2002 ⇨ 1^{er} Mc FL / arthroscopie

4.

Combined Anterior and Anterolateral Stabilization of the Knee With the Iliotibial Band

Christian Lutz, M.D., Bertrand Sonnery-Cottet, M.D., Pierre Imbert, M.D.,
Nuno Camelo Barbosa, M.D., Sanesh Tuteja, M.D., and Jean-Henri Jaeger, M.D., Ph.D.

Arthroscopy Techniques 2016

Technique marginale ?

- Oui $\Rightarrow$ $\sim$ 5% des ligamentoplasties en France
- Pour beaucoup
 - Technique démodée
 - Technique délabrante

Vrai si on considère son « ancienne » version

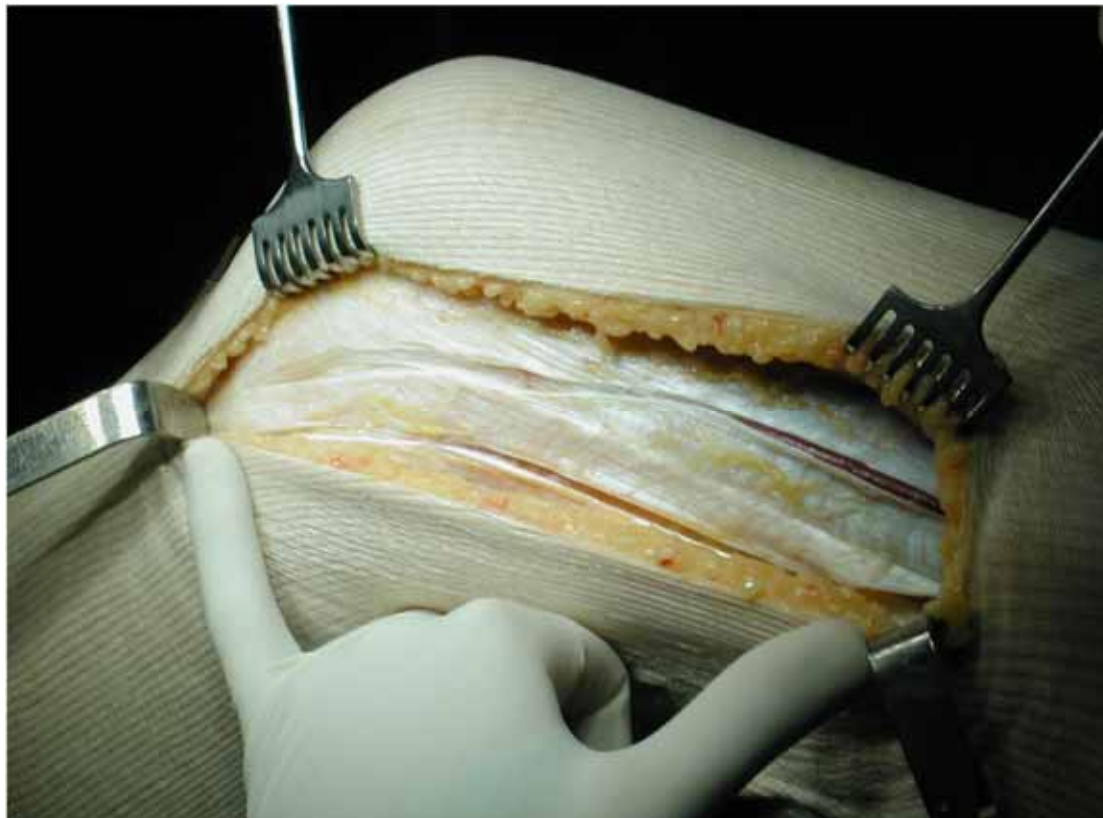
Technique ancienne

- Arthrotomie $\neq$ arthroscopie



Technique ancienne

- Cicatrice latérale longue $\Rightarrow$ non esthétique



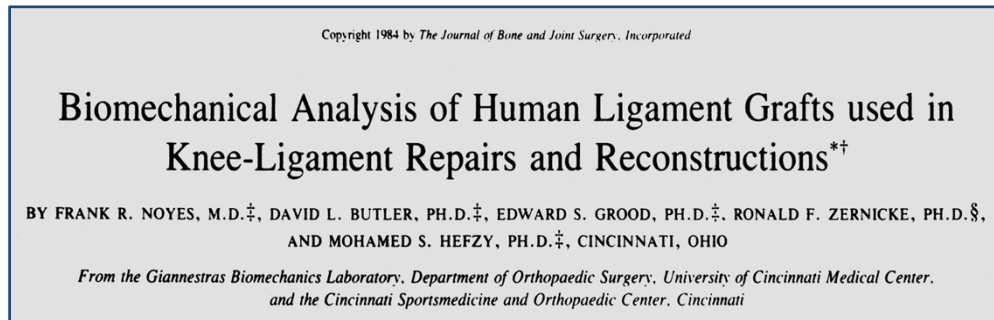
Technique ancienne

- Pas de fermeture FL après le prélèvement $\Rightarrow$ varus $\Rightarrow$ arthrose interne



Critique mécanique

- Fascia lata = transplant peu résistant



Graft	Strength
ACL	100%
BTP	168%
DT	70%
Gr	49%
Fascia lata	36%

O Mais

- Prélèvement proximal
- Largeur 18 mm
- Traction axiale



Fascia Lata

Pas arthroscopie

Longueur cicatrice

Faiblesse FL

Arthrose interne



Les réponses aux critiques

- Titre de l'intervention
- La résistance biomécanique
- Technique actualisée
 - Arthroscopie
 - Cicatrice réduite
 - Fermeture du fascia lata
 - Fixation

Titre actualisé

« *Mc Intosh* » ⇒ ancien



Combined Anterior and Anterolateral
Stabilization of the Knee With the Iliotibial
Band



Article in Arthroscopy Techniques · March 2016

DOI: 10.1016/j.eats.2015.12.004

Faiblesse mécanique du FL

■ Au laboratoire



Copyright 1984 by The Journal of Bone and Joint Surgery, Incorporated

Biomechanical Analysis of Human Ligament Grafts used in Knee-Ligament Repairs and Reconstructions*†

BY FRANK R. NOYES, M.D.‡, DAVID L. BUTLER, PH.D.‡, EDWARD S. GROOM, PH.D.‡, RONALD F. ZERNICKE, PH.D.§, AND MOHAMED S. HEFZY, PH.D.‡, CINCINNATI, OHIO

From the Giannestras Biomechanics Laboratory, Department of Orthopaedic Surgery, University of Cincinnati Medical Center, and the Cincinnati Sportsmedicine and Orthopaedic Center, Cincinnati



o Mais

- Prélèvement proximal
- Largeur 18 mm
- Traction axiale

Graft	Strength
ACL	100%
BTP	168%
DT	70%
Gr	49%
Fascia lata	36%

Faiblesse mécanique du FL

- Au bloc opératoire

- Largeur 30 mm

- Prélèvement distal (+ résistant)

- Plastie intra + extra-articulaire



“Adding the iliotibial band ***tenodesis*** to an existing standardized intraarticular reconstruction significantly ***decreased*** the ***force in the ACL*** composite graft by an average of ***43%***”

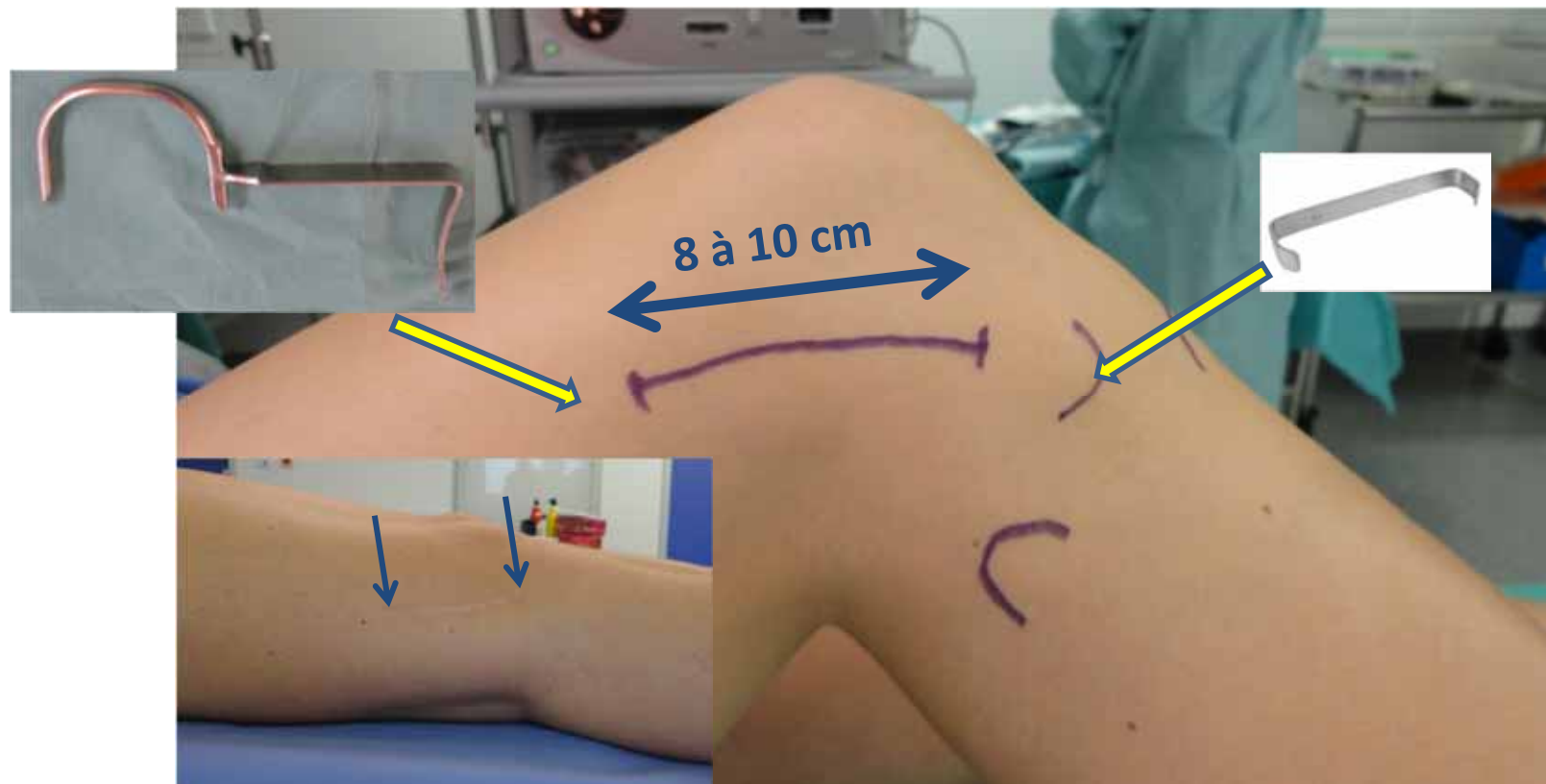
Engelbrechtsen L. The effect of an iliotibial tenodesis on intraarticular graft forces and knee joint motion. 1990 Am J Sports Med.

Description de la technique

Version actualisée

1.Prélèvement

- Principe abord mini-invasif



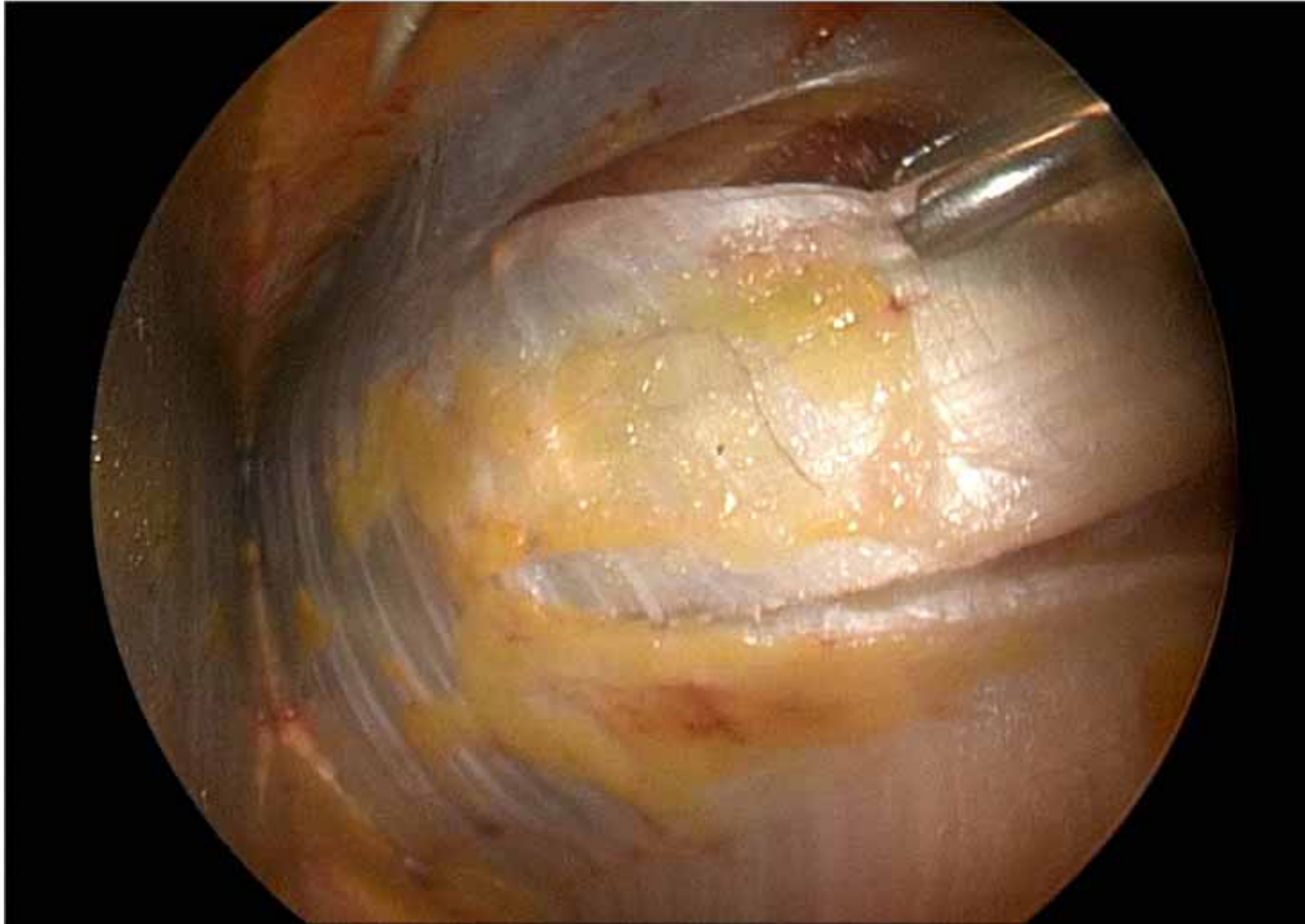
1.Prélèvement



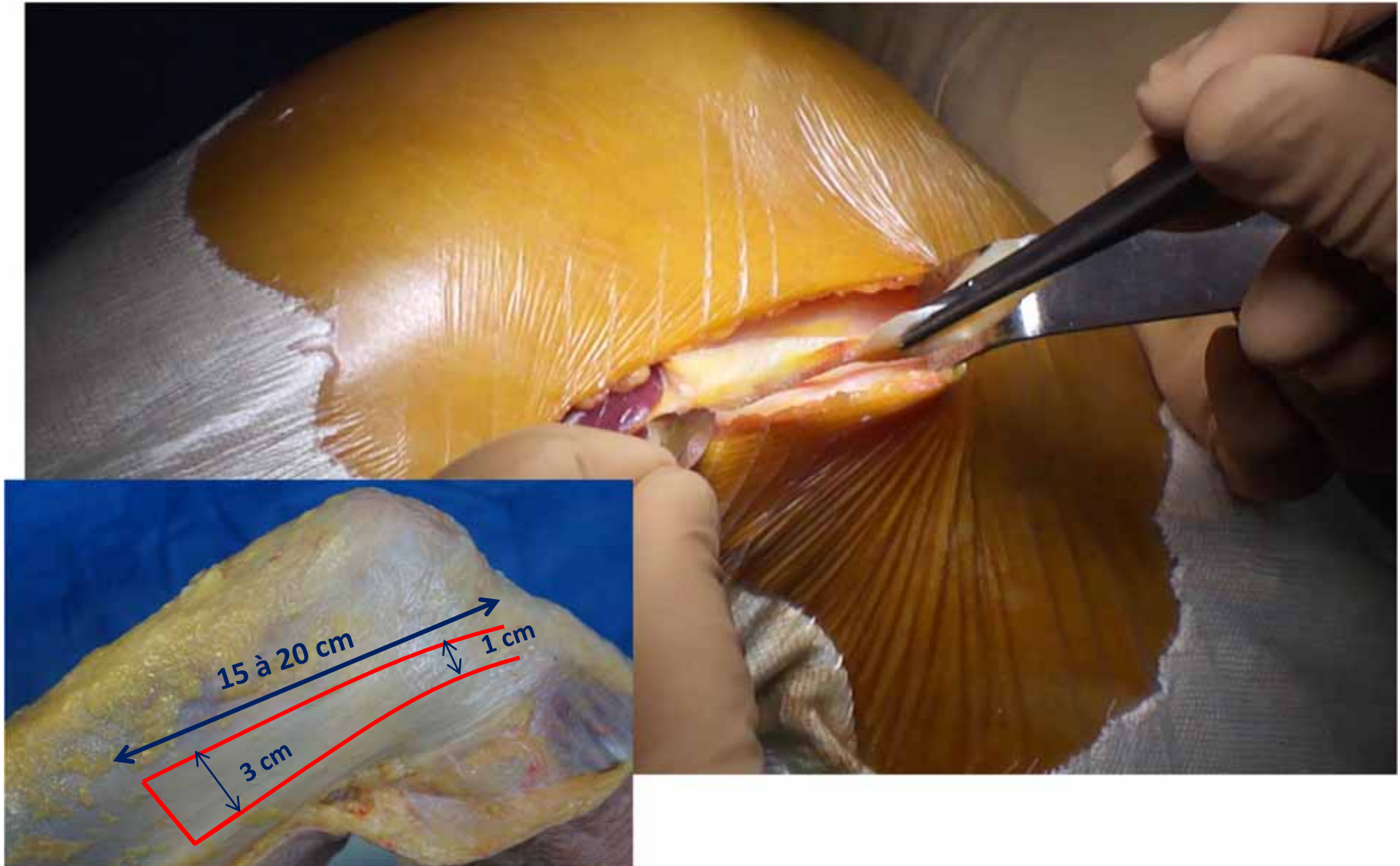
1.Prélèvement



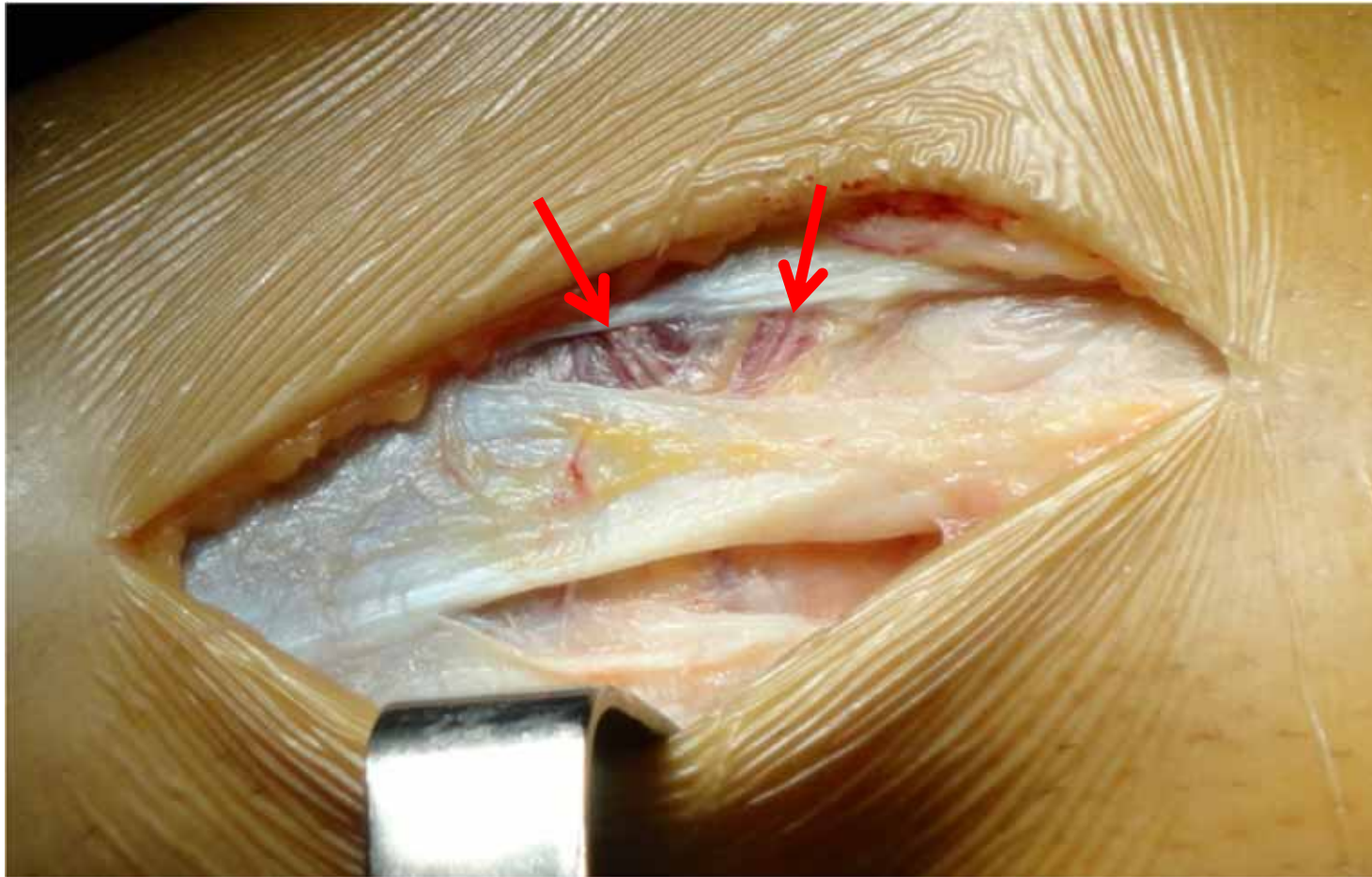
1.Prélèvement



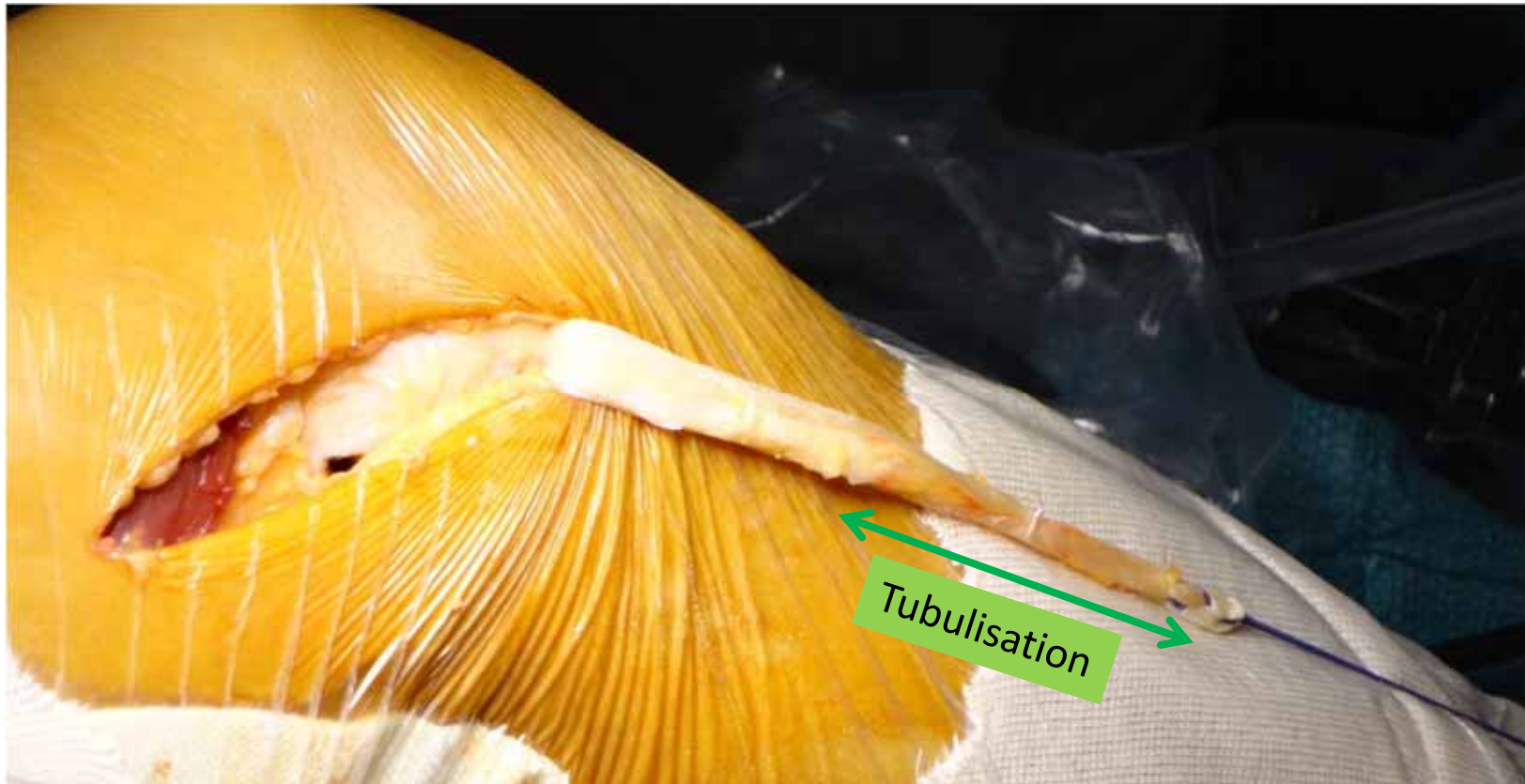
1. Prélèvement



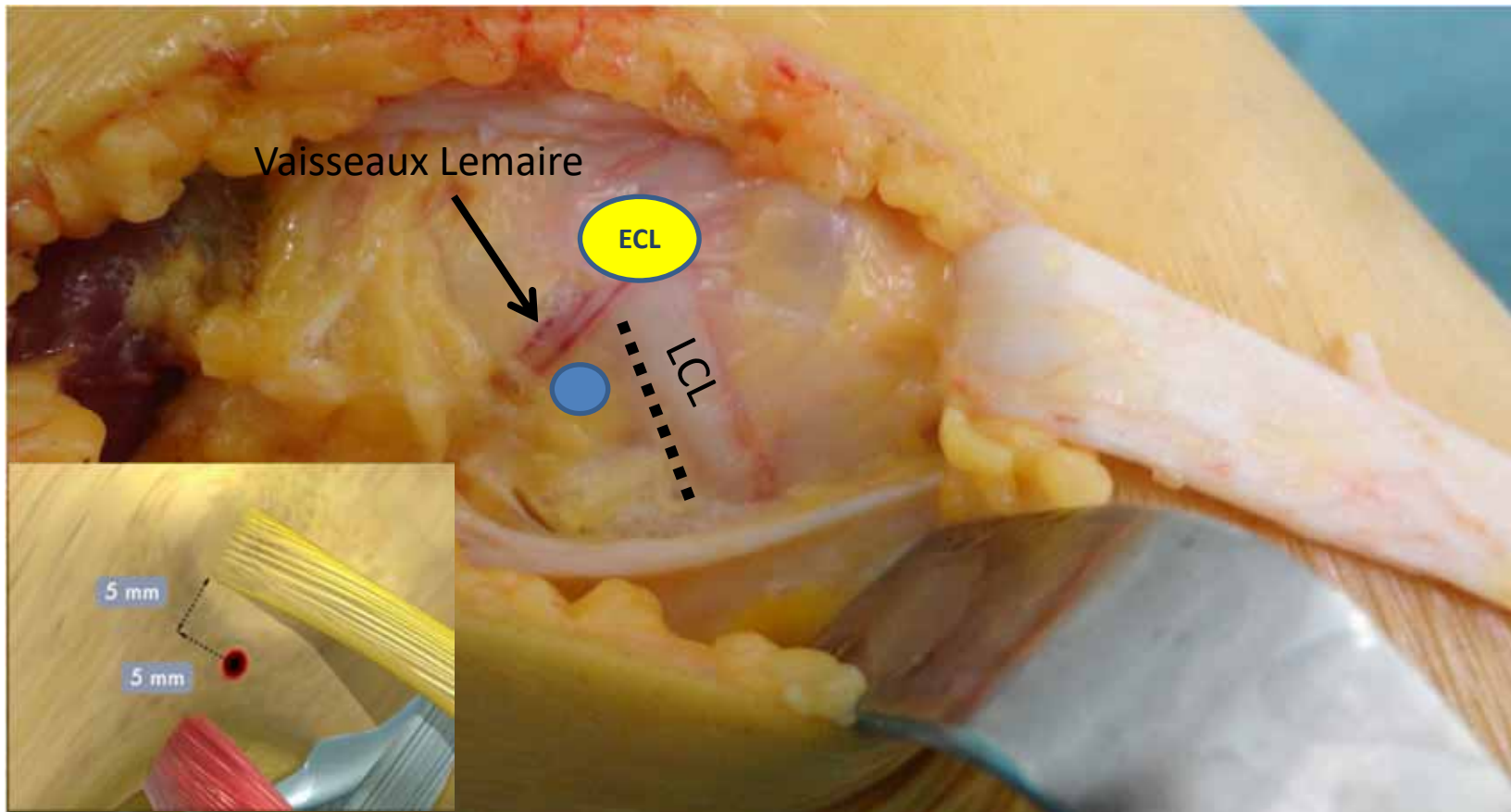
1.Prélèvement



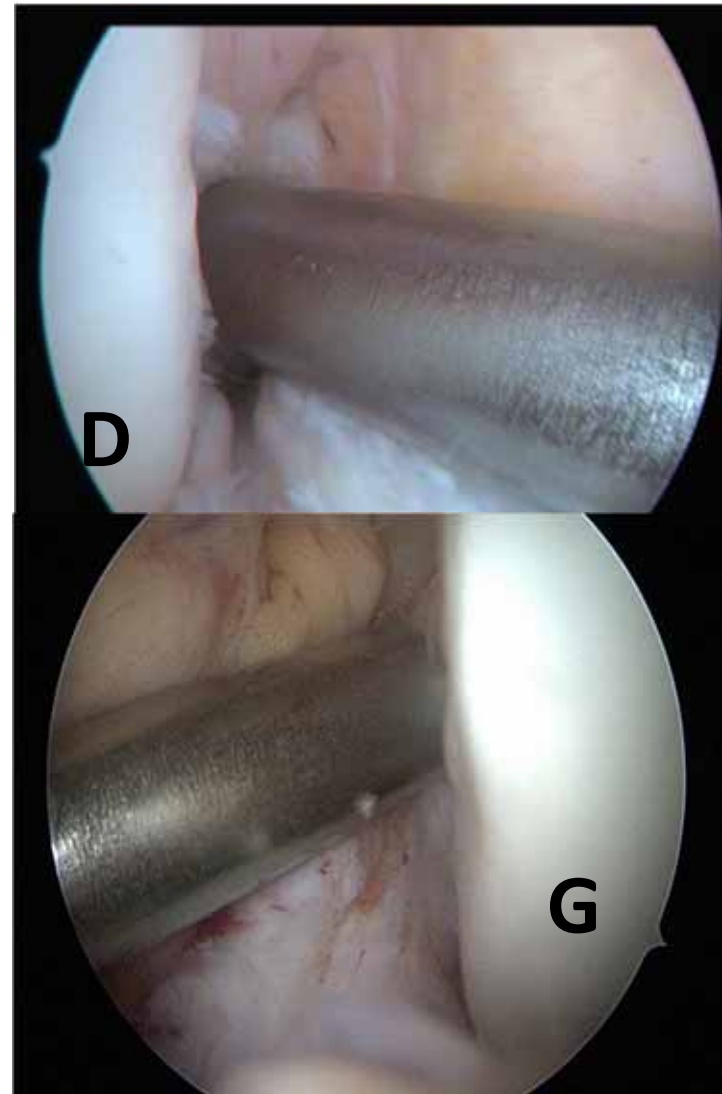
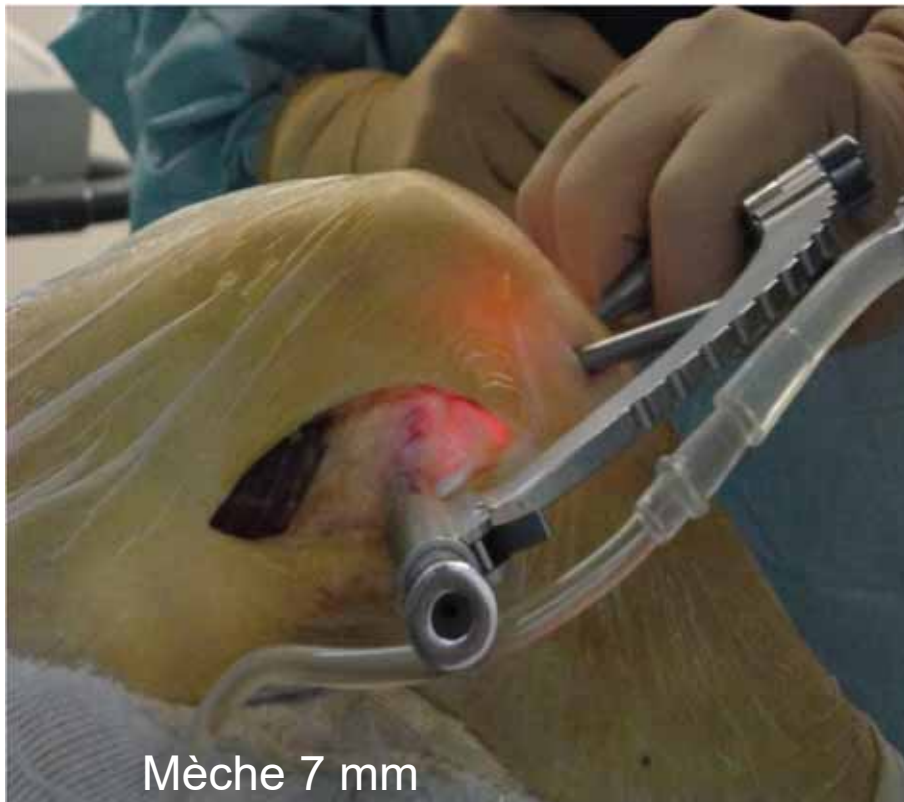
2.Tubulisation



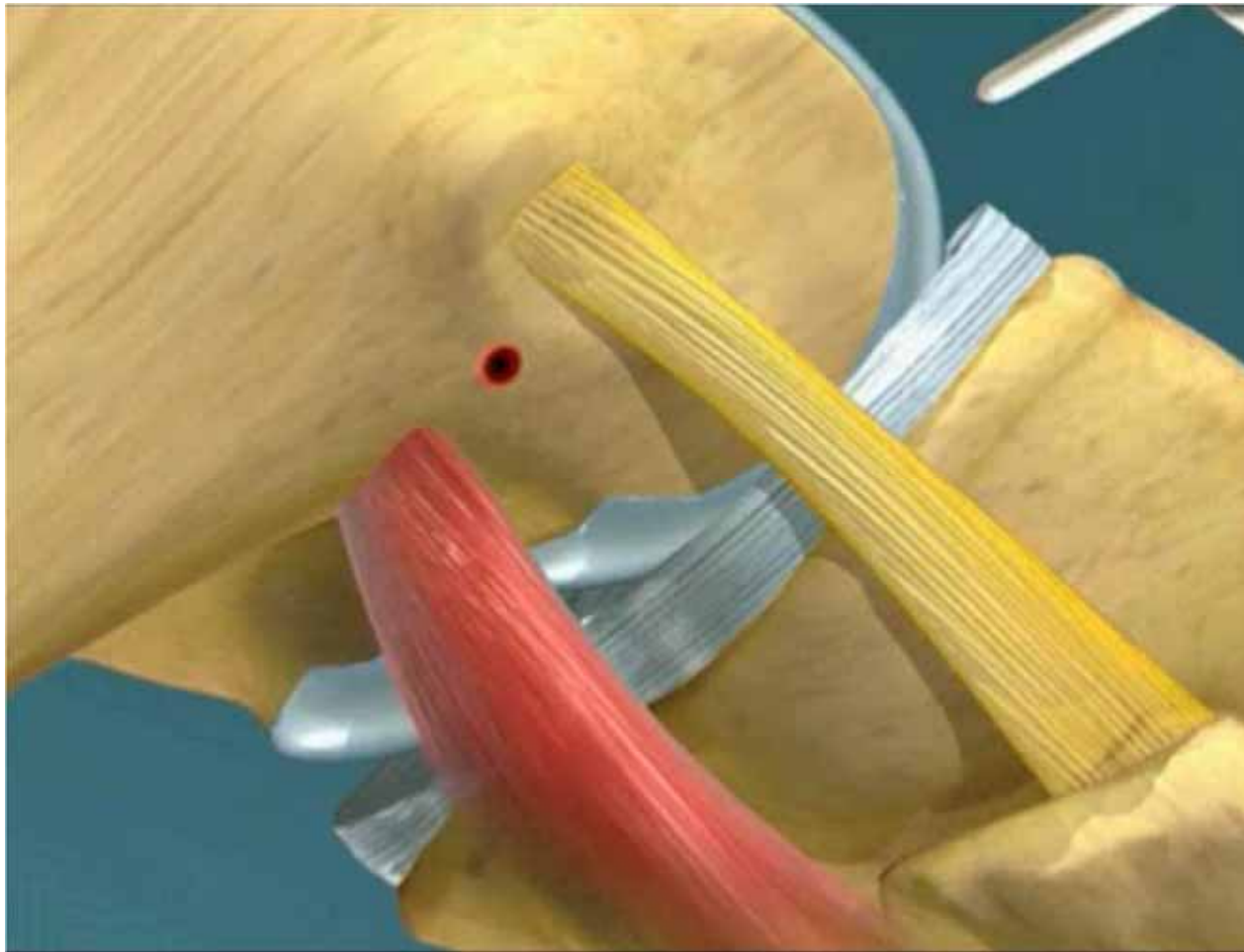
3. Tunnel fémoral



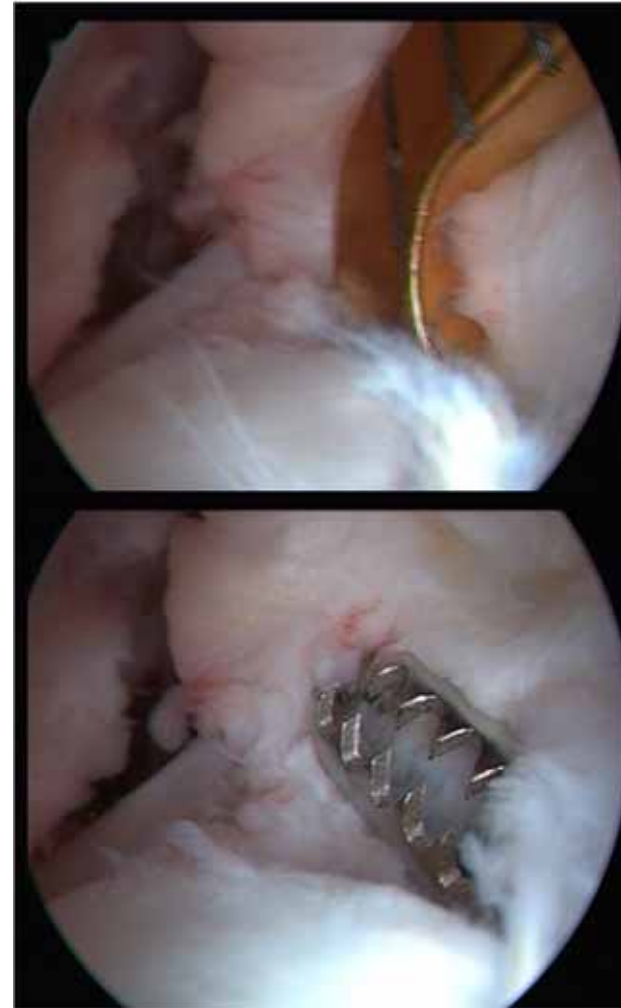
3. Tunnel fémoral



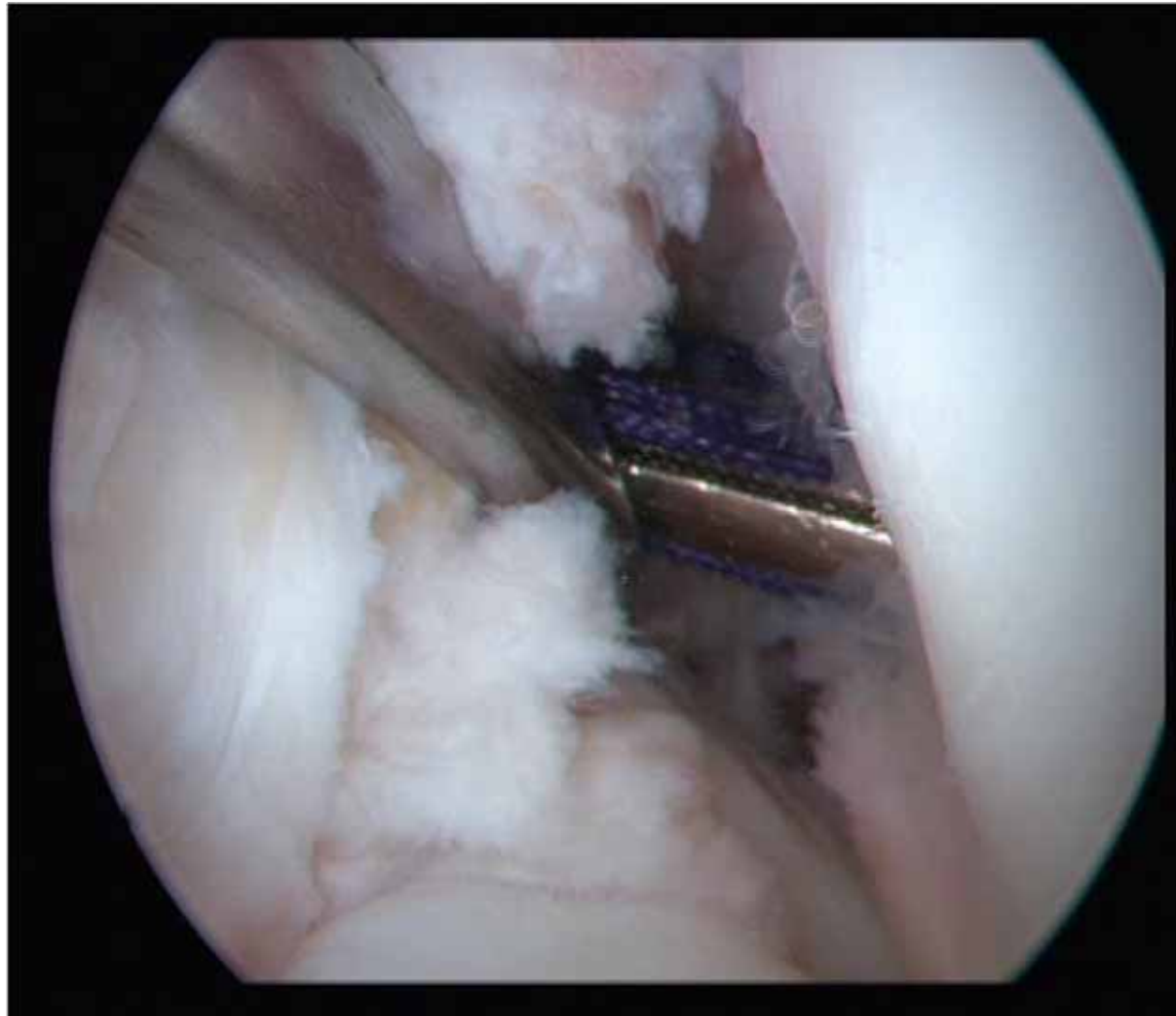
3. Tunnel fémoral



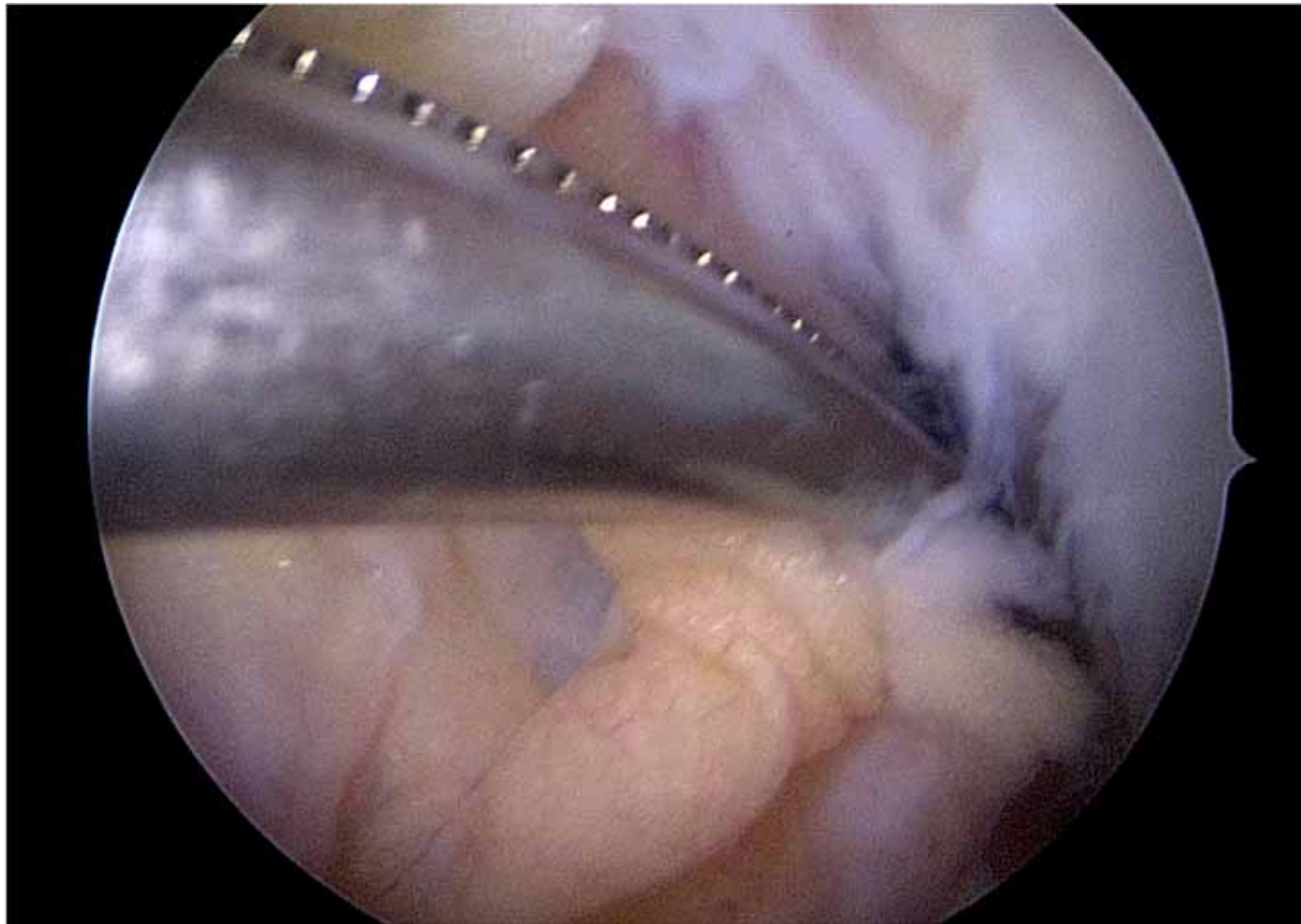
4. Tunnel tibial



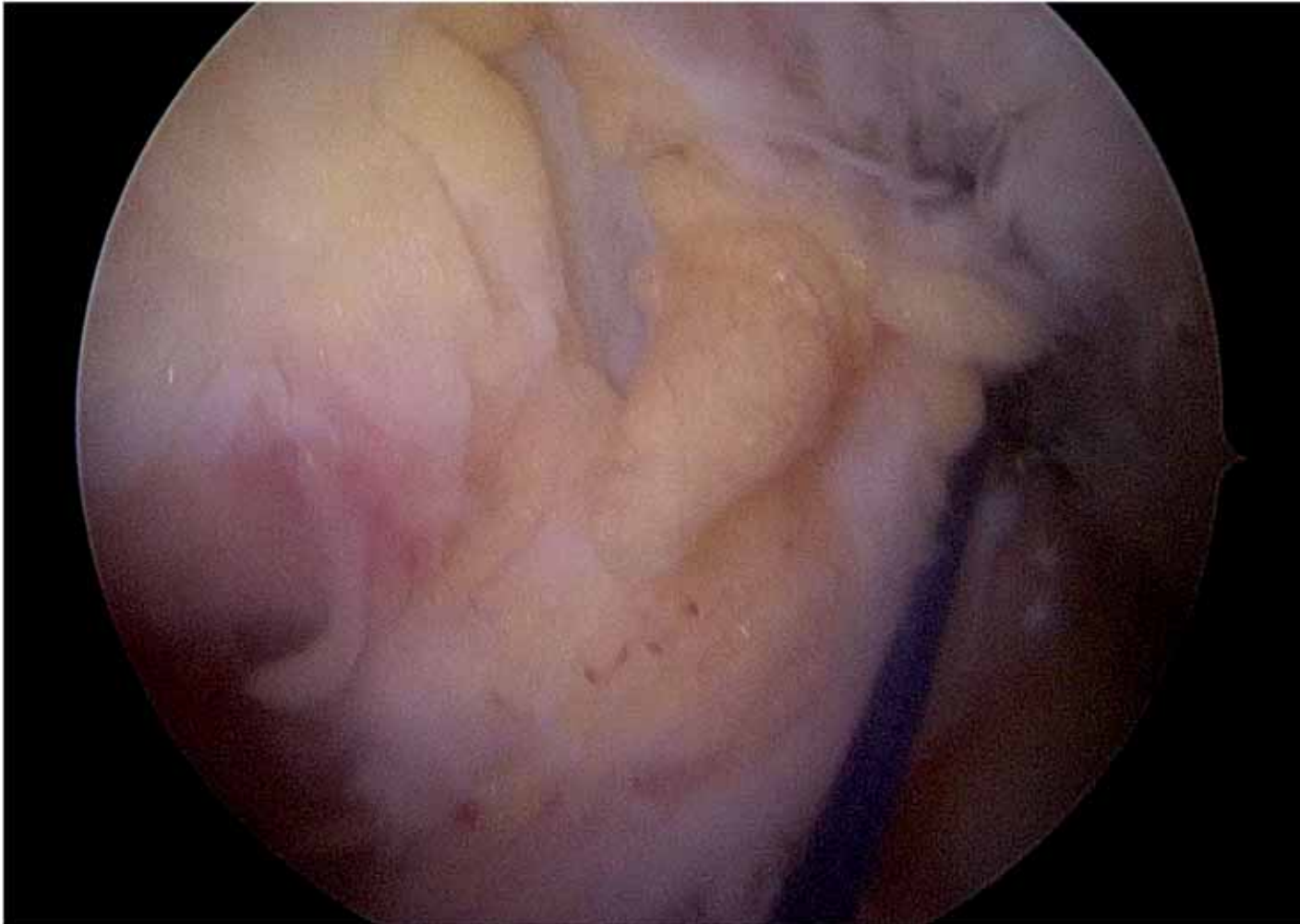
5. Passage du transplant



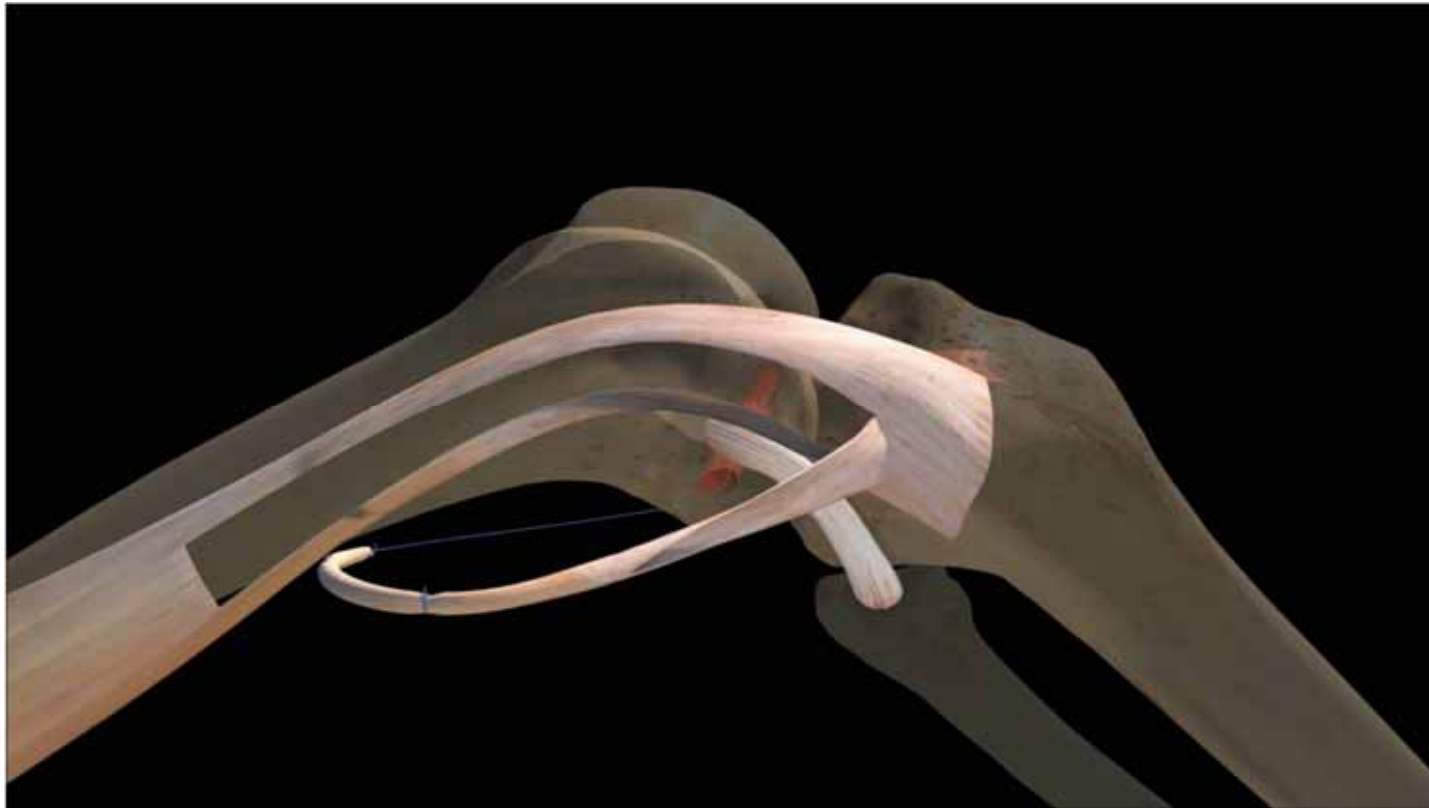
5. Passage du transplant



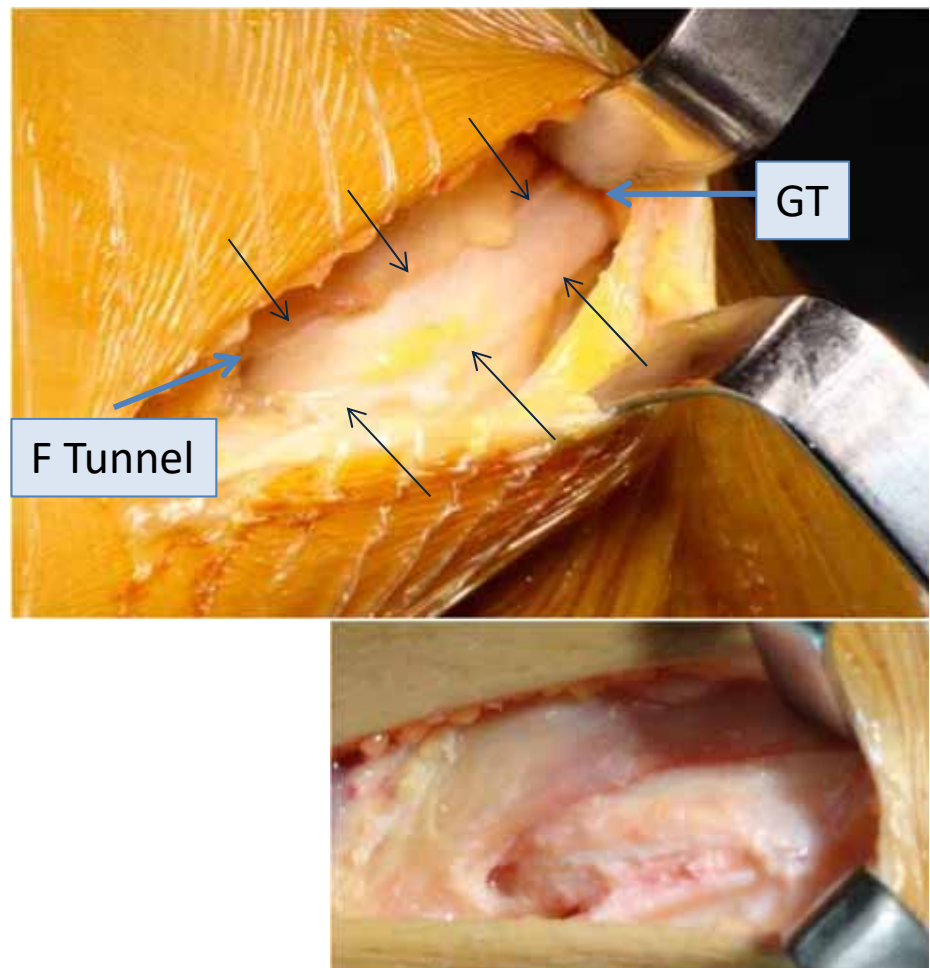
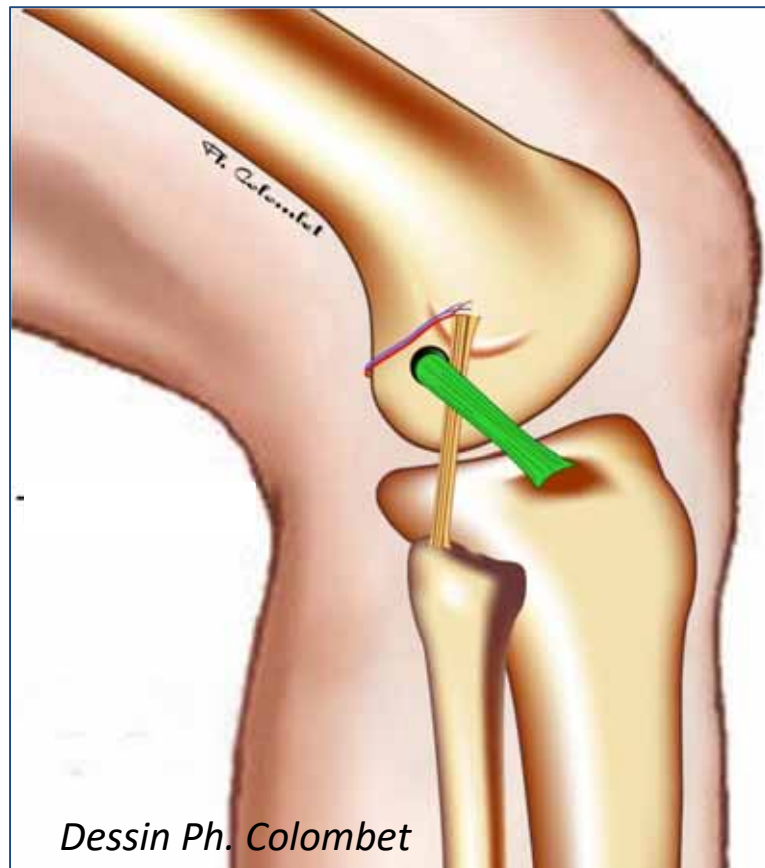
5. Passage du transplant



5. Passage du transplant



5. Passage du transplant



6. Vérification isométrie



7. Fixation

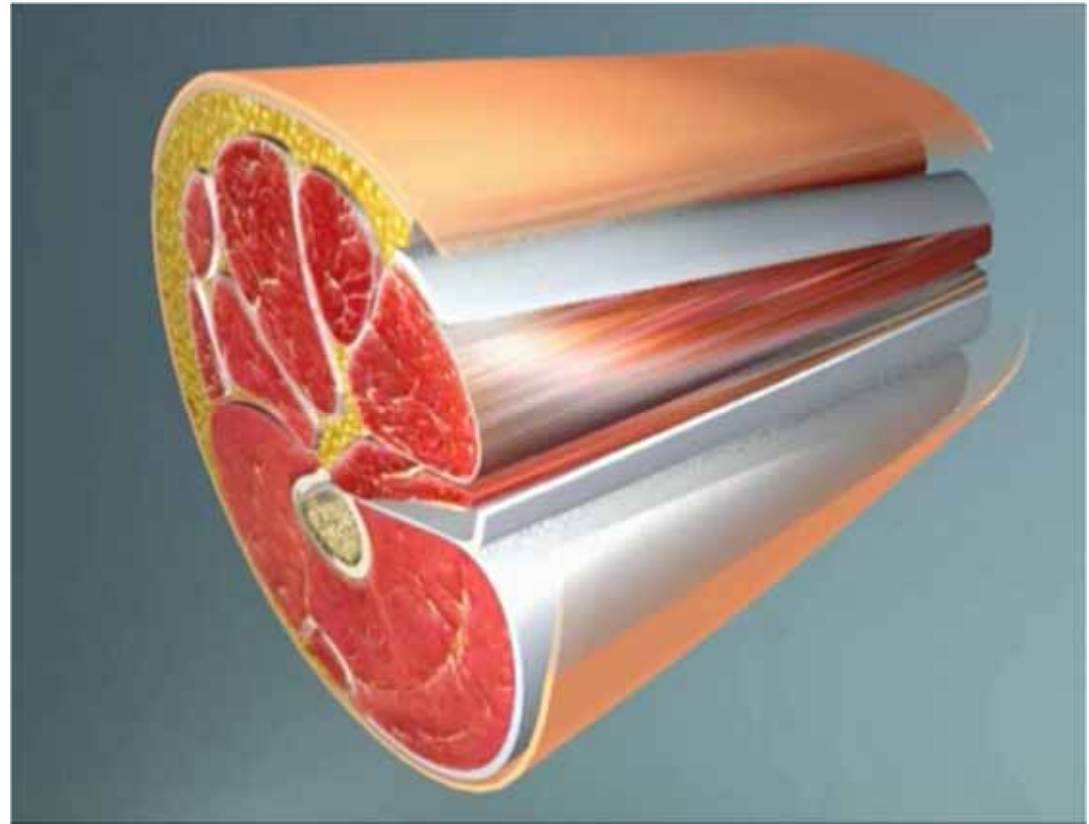
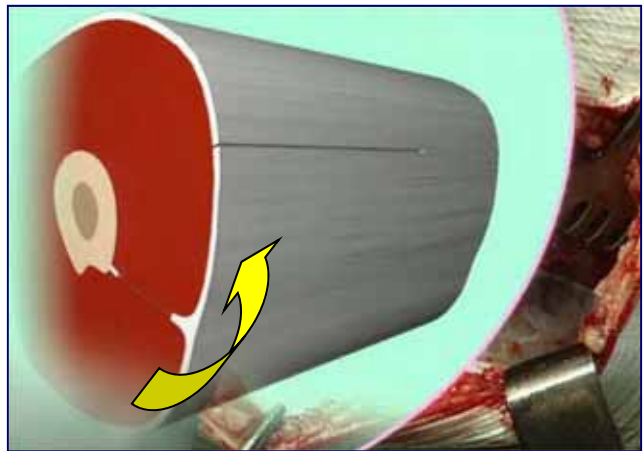
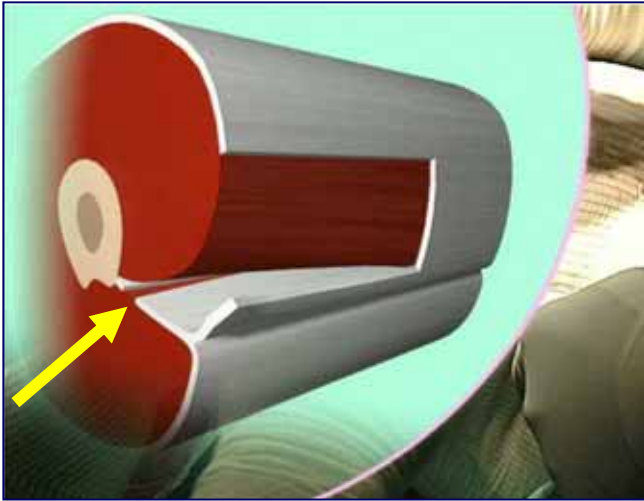


8x25 mm

30° flexion

Rotation neutre

8. Fermeture



Modification JHJ

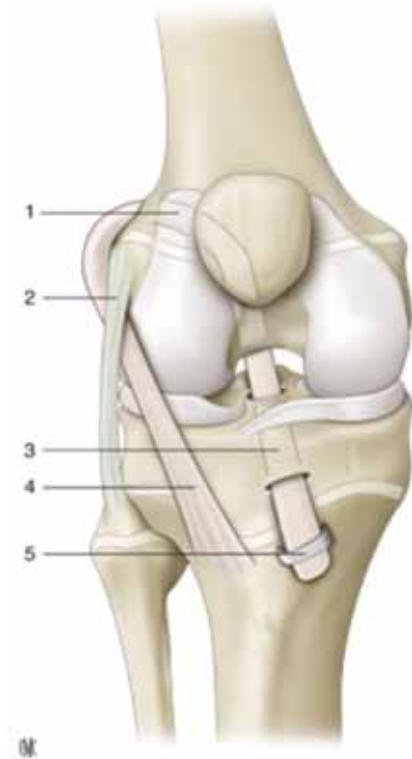
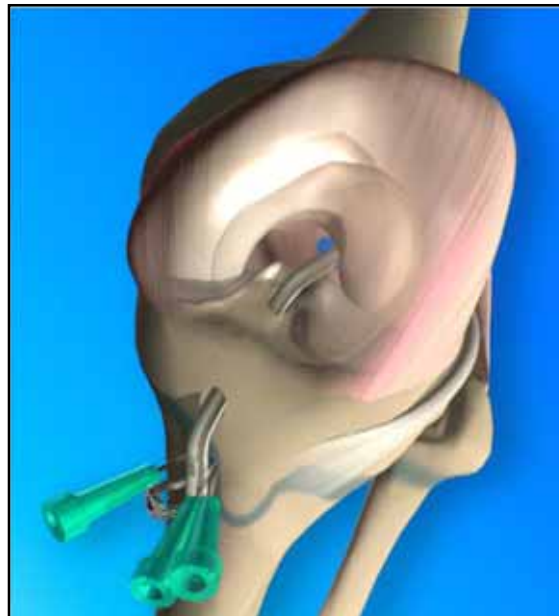
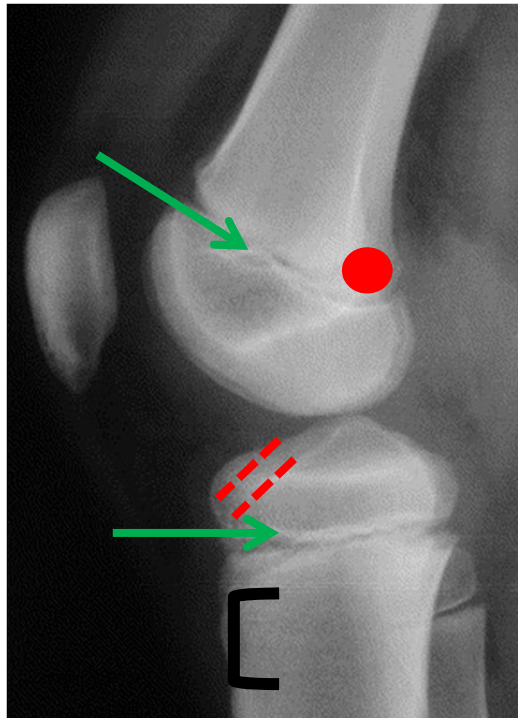
Vidéo

Combined Anterior and
Anterolateral stabilization of
the knee with the Ilio Tibial
Band.

Particularités de la technique
adaptée à l'enfant

Respect des cartilages de croissance

- Mc FL = Technique extra-épiphysaire
 - tunnels au-dessus des CC
 - fixation en dessous du CC



Respect des cartilages de croissance



Conclusion

- Technique moderne
- Arthroscopie
- Transplant fiable et peu iatrogène (vs TR – DIDT)
- Respect biologie
- Cicatrice réduite
- Intra et ***extra-articulaire*** ⇒ contrôle du ressaut
- Adaptable à l'enfant

Mais alors

Conclusion

Pourquoi reste-t-elle
marginale ???

Conclusion

- Manque de communications et publications **résultats scientifiques**

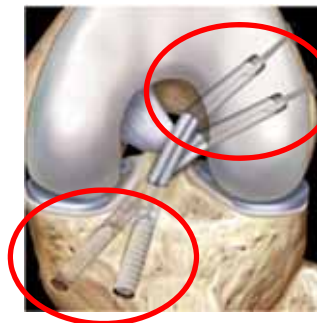
- Résultats / terrain sont connus

L'EQUIPE

- Résultats / critères scientifiques ?

PubMed

- Méconnaissance de la **technique** actuelle
- Peu intéressante « commercialement »



Conclusion

- Les choses changent ...



17^{èmes} JOURNÉES LYONNAISES
DE CHIRURGIE DU GENOU



HOW I DO MY STANDARD ACL R?

9.00 am Video: graft type, tibial tunnel, femoral tunnel, fixation. (5 min each)
C. Brown, M. Ochi, C. Fink, A. Williams, E. Servien, C. Lutz

9.30 am Discussion (all the panel)



SFA
2016
NOVEMBER 30th
>DECEMBER 3rd

PARIS
PORTE DE VERSAILLES

 GUEST NATION
AANA | ARTHROSCOPY ASSOCIATION OF NORTH AMERICA

  Simultaneous translation
French/ English

CONGRESS PRESIDENTS: Philippe BEAUFILS
& Versailles Arthroscopy team

SYMPOSIA

SHOULDER POSTERIOR
INSTABILITY
A. Godreche and P. Mansat

**ANTERO LATERAL
TENODESIS OF THE KNEE**
P. Imbert and D. Saragaglia

MERCI

