Outcomes following repeat ankle arthroscopy for osteochondral lesions of the talus (OLTs)
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Introduction/Purpose: Management of symptomatic osteochondral lesions of the talus (OLTs) previously treated with arthroscopy remains controversial. Many advocate for open surgical intervention, particularly in patients with larger OLTs. Minimal data, however, exists on the role for repeat ankle arthroscopy. Here, we describe our experience with repeat arthroscopy for symptomatic OLTs, hypothesizing similar pain and satisfaction scores regardless of OLT size.

Methods: Our surgical database was queried to identify patients who underwent repeat arthroscopy from February, 1997 – May, 2015. From that cohort, we identified a subset of patients with a diagnosis of symptomatic OLT who were treated with arthroscopic debridement and microfracture. We then performed a retrospective chart review. Phone surveys were conducted to assess clinical outcomes including pain and satisfaction scores as well as to record any subsequent surgery reported by the patient. Using previously defined criteria for size threshold, OLTs were categorized as either small (=150 mm²) or large (> 150 mm²) based on operative dimensions noted at the time of repeat surgery.

Results: We identified 15 patients who underwent repeat arthroscopy for symptomatic OLTs. Patients reported reasonable satisfaction (average: 7.3, SD: 2.7) but moderate residual pain (average: 4.6, SD: 3.3) at midterm follow-up (average: 5.0 years, SD: 2.8). Further surgery after repeat arthroscopy was performed in 20% (3/15) of patients. Only 1 patient developed a postoperative complication (superficial DVT treated with observation). Small (n=6) and large OLTs (n=9) had similar postoperative pain scores (4.2 ± 3.7 versus 4.9 ± 3.2), postoperative satisfaction levels (7.5 ± 3.4 versus 7.2 ± 2.3), and reoperation rates (33% versus 22%) (P>.05). Patients with larger OLTs were younger at the time of repeat arthroscopy (P=.026) with no differences in sex or BMI (P>.05) between groups.

Conclusion: At midterm follow-up, repeat arthroscopy for symptomatic OLTs demonstrated reasonable satisfaction but with moderate residual pain and a 20% rate of subsequent surgery. There was no statistically significant difference in postoperative pain scores, satisfaction scores, or reoperation rates between small and large OLTs. Repeat arthroscopy for symptomatic OLTs can be done safely – however, patients should be educated to have guarded optimism regarding their outcome.