

Sutures méniscales : principes et techniques



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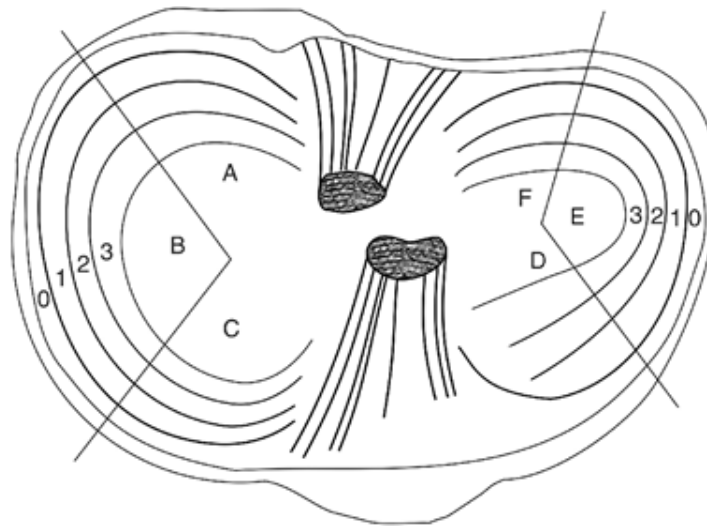
Ménisque

- Exploration « méniscale »
 - Visualiser le ménisque
 - Palper
 - Analyser la lésion :
stable, taille, localisation, type
 - Lésions associées
- Méniscectomie « facile »



Indication ?

méniscectomie ou suture (« repair »)



Résultats radiologiques après méniscectomie

L'incidence de la méniscectomie sur la
survenue d'une arthrose (à 10 ans) est de:

24%

MI

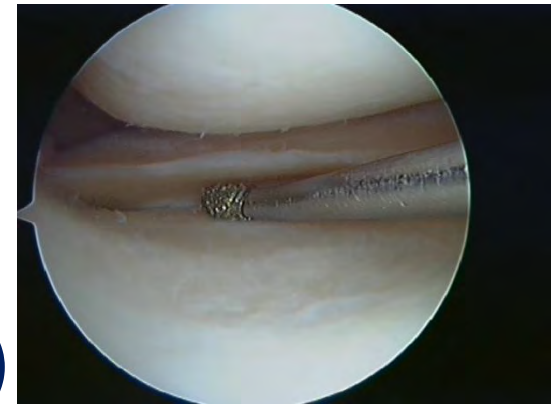
40%

ME

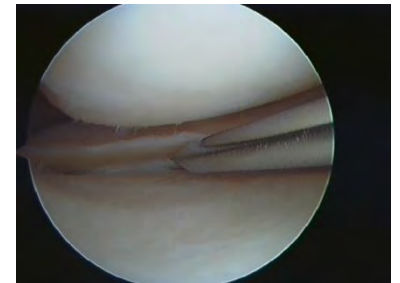
Réparation méniscale

Premier principe

- Favoriser la cicatrisation de la partie centrale
 - Basket
 - Rasp
 - Shaver
 - Perforation (stimuler le saignement)



- Préserver le tissu méniscal de la partie périphérique



Second principe

- Fixation
 - Doit être stable
 - Eviter des espaces de + de 3-5 mm
 - Suture Non- ou « lentement » résorbable
 - Réductibilité de la lésion

Troisième Principe

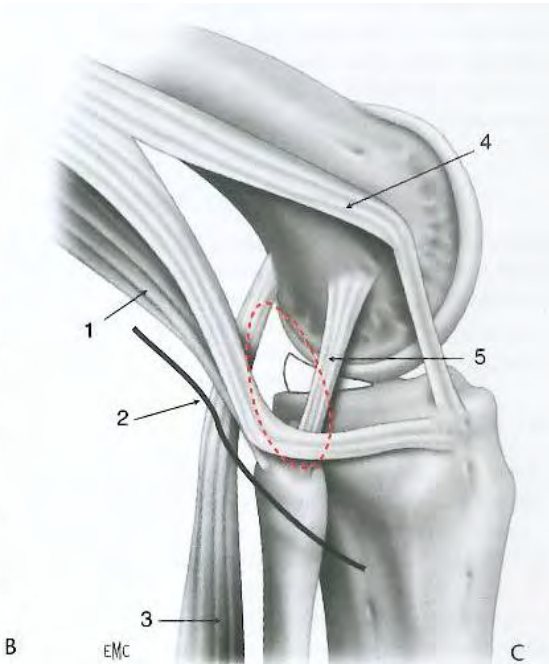
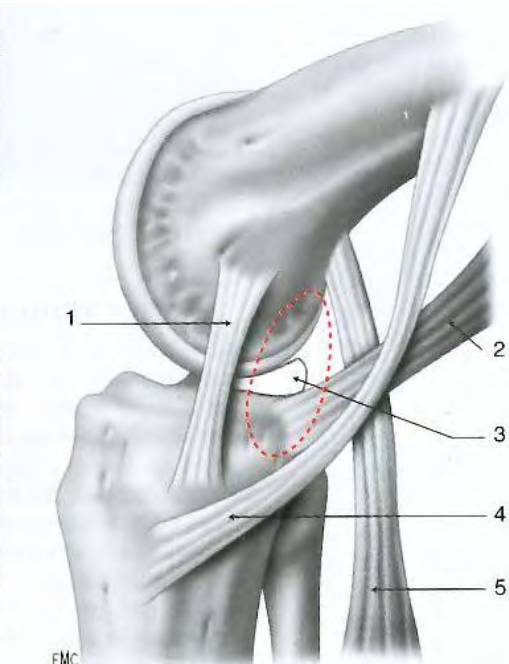
- Genou Stable (ou stabilisé)
 - Statut ligamentaire normal : LCA +++
 - Reconstruction du LCA (dans le même temps)
 - autres ligaments

Quelle technique?

- Inside-Out
- Outside-In
- All Inside (RapidLoc, FasT-Fix, Meniscal Cinch...)
- Ciel ouvert

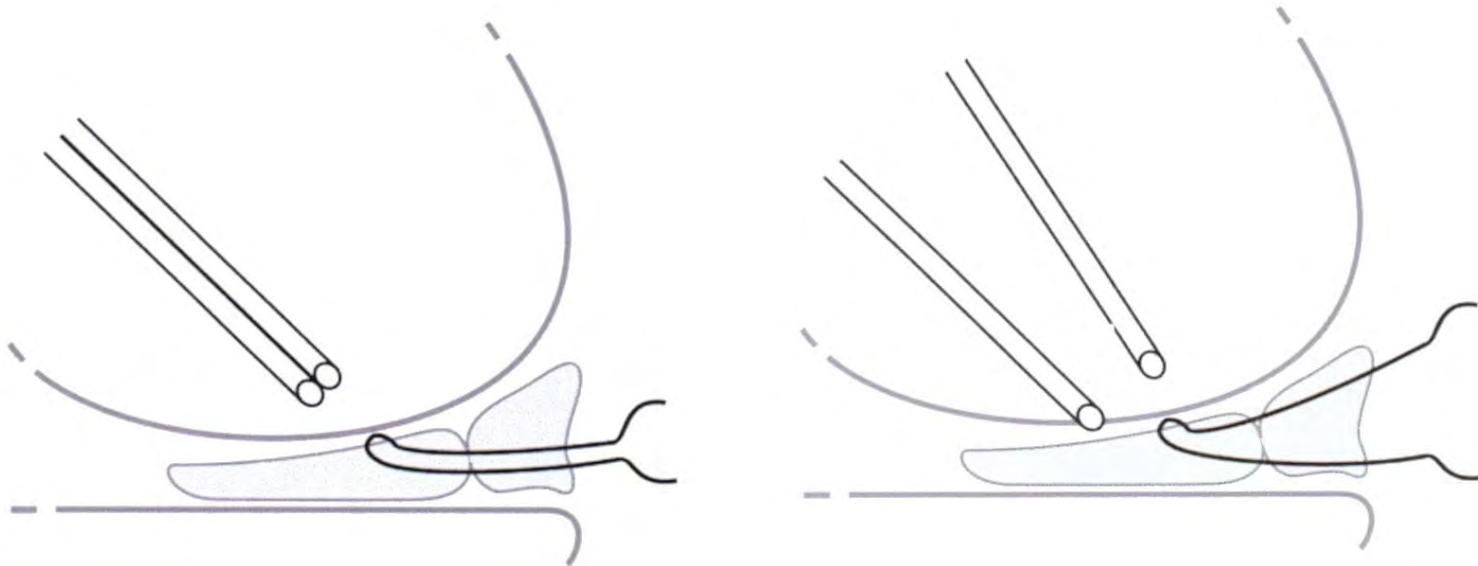
Ciel ouvert

- Voie rétroligamentaire (DeHaven)
- Arthrotomie antero-latérale / médiale



Inside-Out

- cannule double ou simple-canon



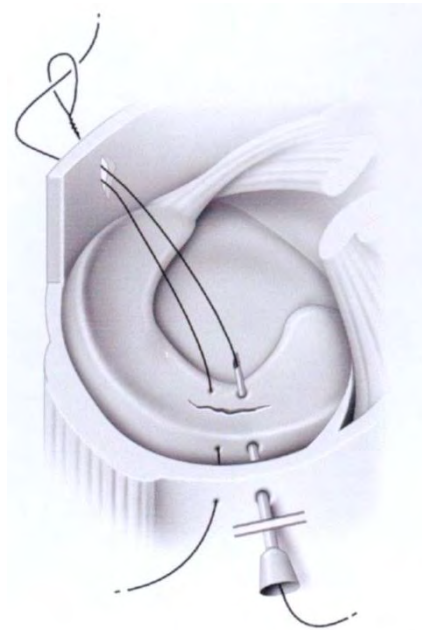
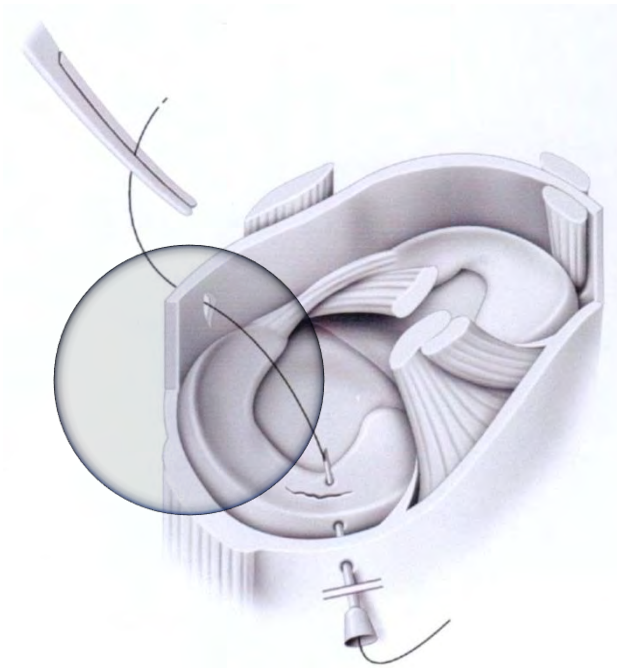
Inside-Out

- Clancy, Henning, Rosenberg

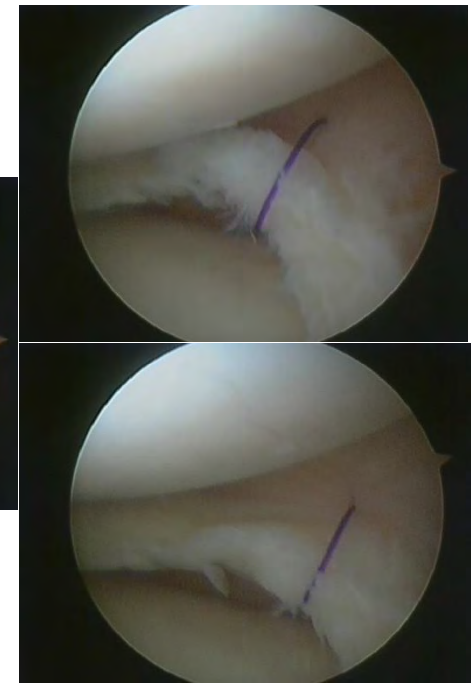
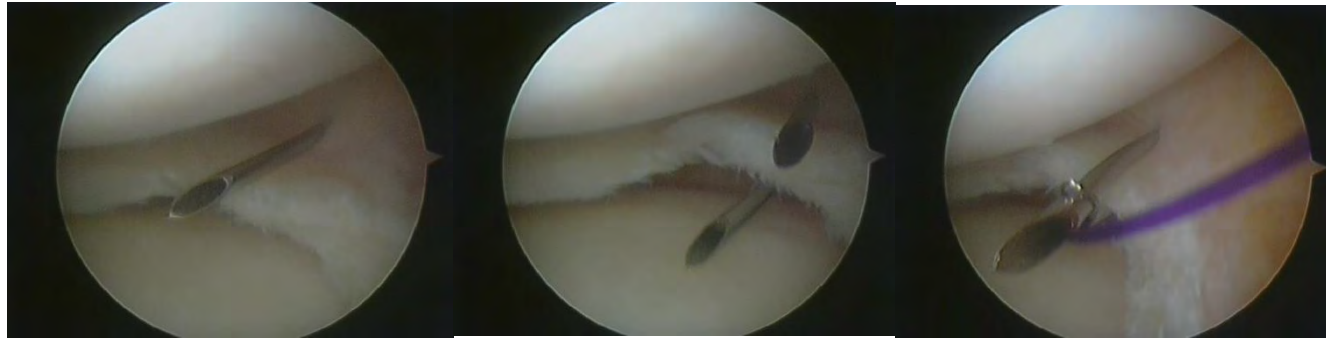
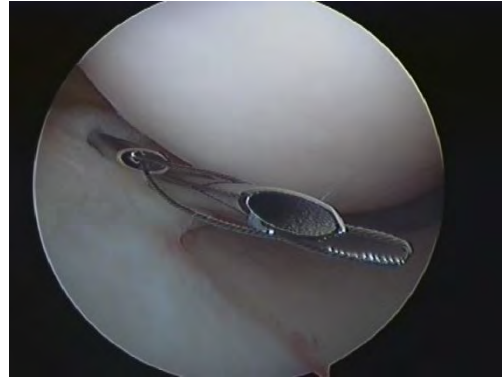


Outside-In

- Warren, Johnson

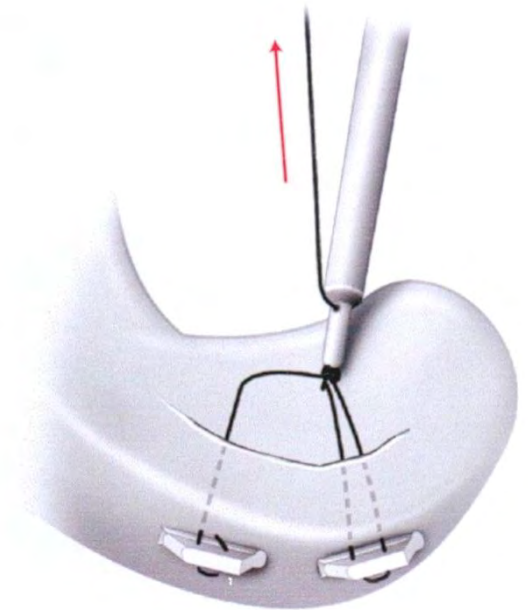
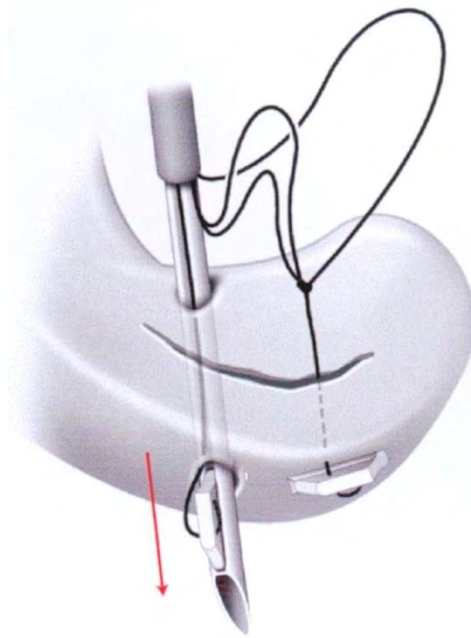


Outside-In



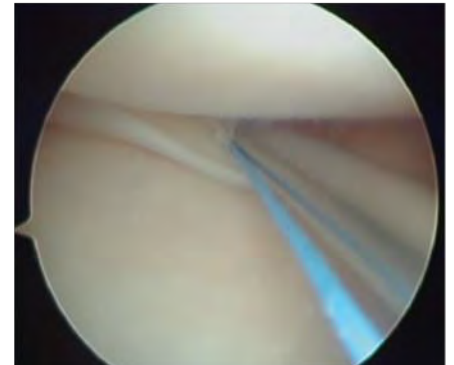
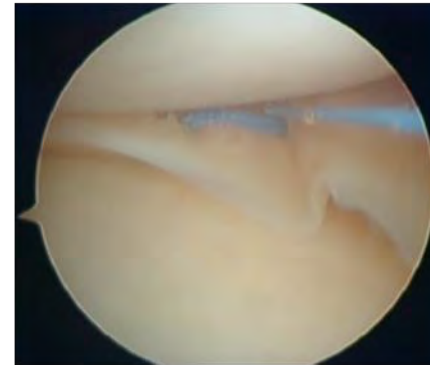
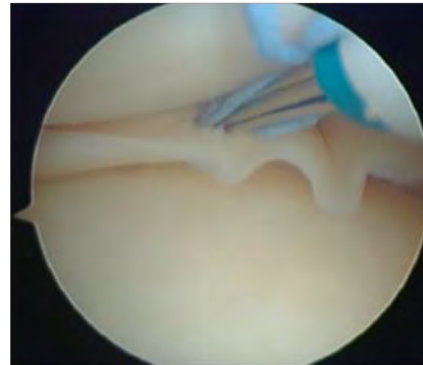
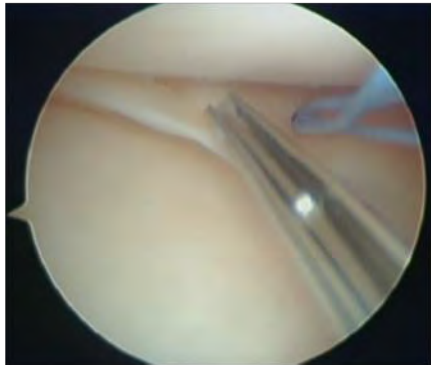
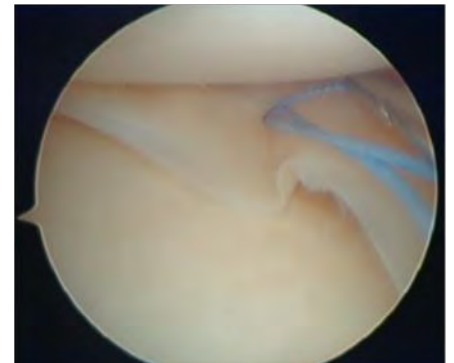
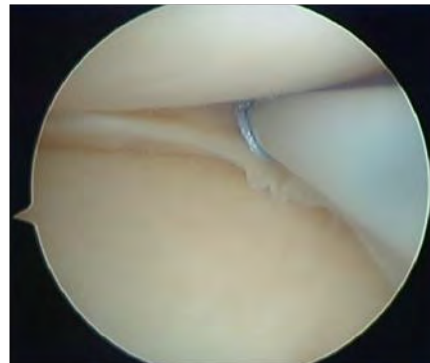
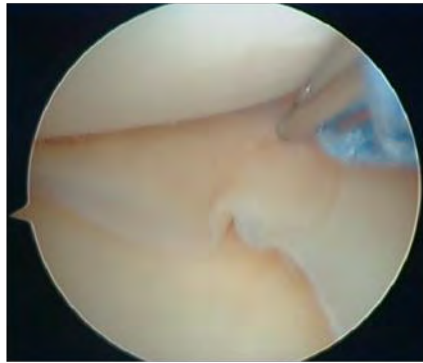
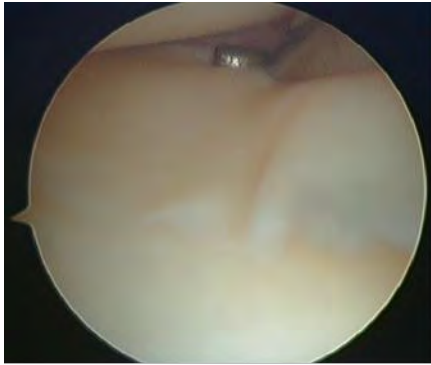
All Inside

- **RapidLoc, FasT-Fix™ ...**



All Inside

FasT-Fix



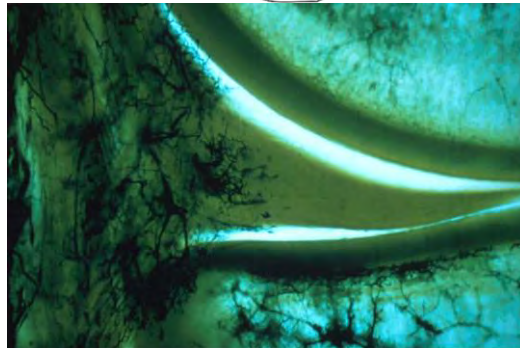
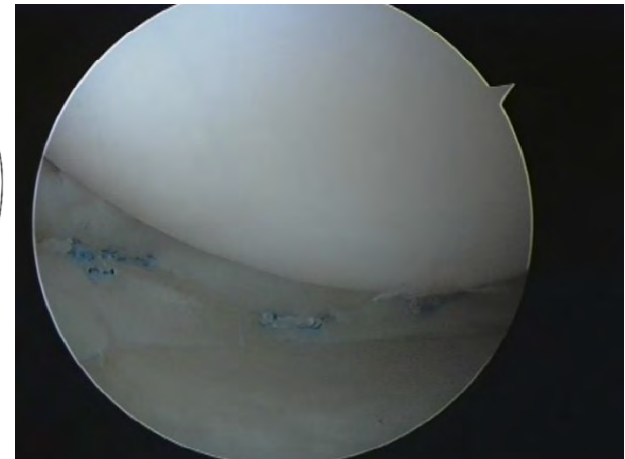
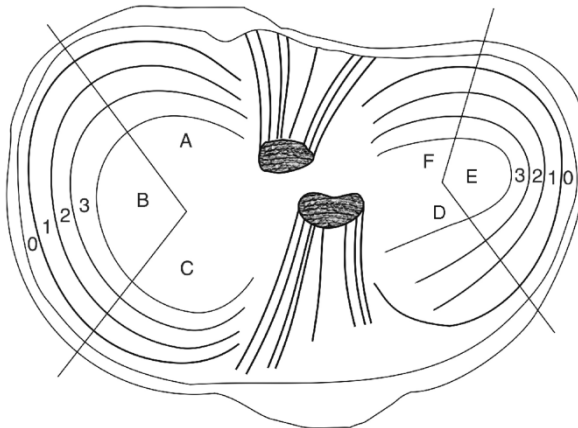
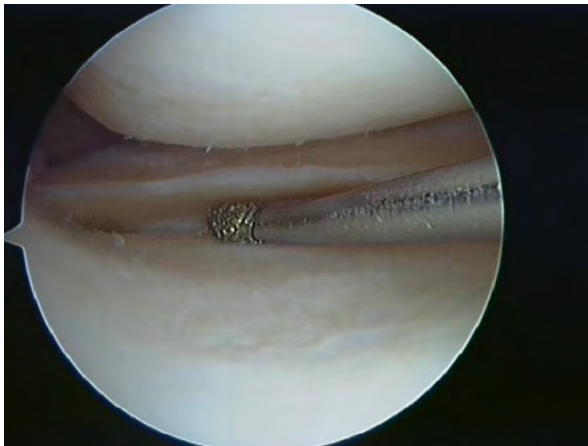
Quelle suture ?

- IRM préopératoire
- Fixation Stable +++
- Techniques All-Inside ++
- Techniques Out-inside pour segment antérieur +++ et SM

Méniiscectomie ou réparation ?

Considérations anatomiques

- Lésion en zone « vasculaire » (zones 0,1 and 2)
- Tissu méniscal normal



Genou stable

Réparation

- patient jeune - enfant
- Zone vascularisée
- Ménisque « normal »
- Lésion verticale
lésion horizontale
(clivage)
- ME > MI



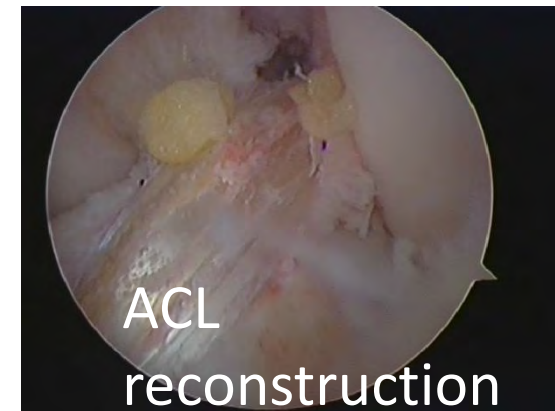
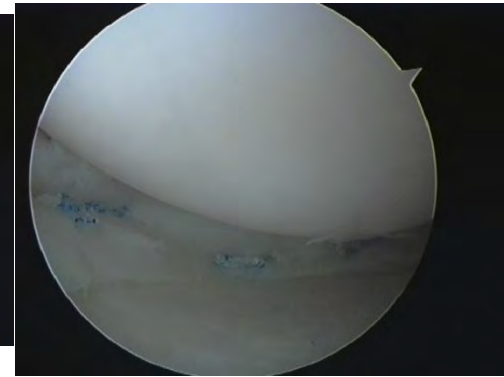
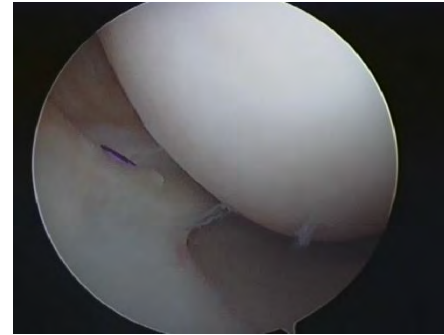
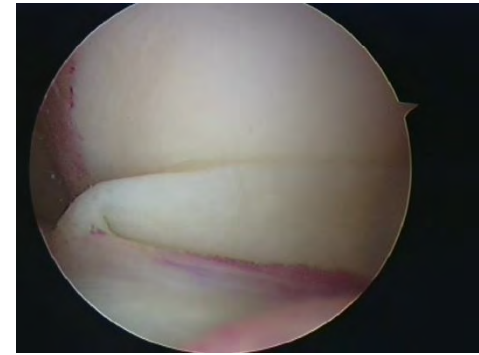
Méniscectomie

- Patient + âgé
- zone avasculaire (blanche)
- Ménisque dégénératif
- Lésion radiaire
lésion horizontale ?
lésion complexe +/-
- ME (à éviter ...)

Méniscectomie et suture méniscale sont complémentaires et non pas “contradictaires”

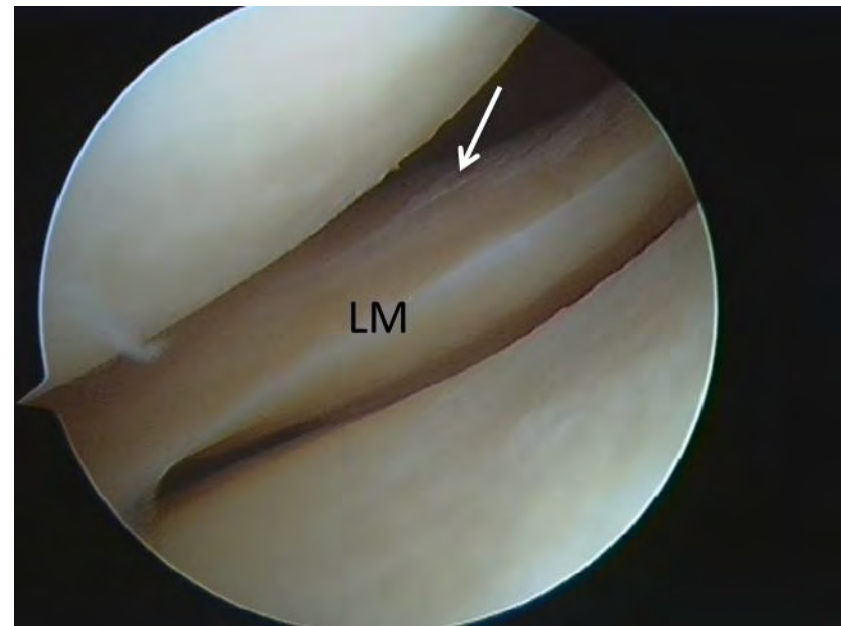
Genou instable

- Toute lésion méniscale périphérique, symptomatique et/ou instable
- **Combiner avec une reconstruction du LCA+++**
- Une lésion méniscale est une indication de reconstruction du LCA



Genou instable

- Alternative = Abstention
- MM <10mm
- ML : abstention vs réparation



**Meniscal injury in the plastic reconstruction of the anterior cruciate ligament.
Meniscal suture or abstention. P. Beaufils et al. RCO 1992**

Conclusion

- ... When in doubt, cut it out ?
Prefer a demanding suture than a straightforward meniscectomy ...

