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The surgical management of meniscal injuries has been a controversial issue among surgeons since the first open meniscectomy was done in 1866. Predominantly under the influence of Smillie, open total meniscectomy became one of the most common of all orthopaedic procedures.

The effects of total meniscectomy began to emerge in 1948, when Fairbank found early radiographic degenerative changes in the knee joint after total meniscectomy. He demonstrated that the menisci participate in load transmission across the knee joint. Other investigators have confirmed Fairbank's findings by demonstrating the occurrence of similar adverse long-term effects of total meniscectomy.

The position and vulnerability of the menisci in an area of rapidly changing torque, shear, and compressive forces alert many investigators to their complex function. They contribute to the stability of the knee, they are important in load-sharing and transmission, they lubricate and facilitate articular cartilage nutrition, and their experimental removal results in irrevocable degenerative changes of the articular cartilage.

In consideration of the reported consequences of total meniscectomy, there has been a progression towards advocacy of partial meniscectomy. Early long-term results of partial

meniscectomy has suggested its detrimental effect. Other investigators have also demonstrated adverse effects after partial meniscectomy. Because of these factors, a concentrated effort to save as much of the meniscus as possible is being made whenever practicable.

Surgical repair of the meniscus in humans was initially done in combination with repair of major injuries to the ligaments. Other investigators have published the early results of repairs of peripheral tears, using anterior or posterior arthrotomy, resection of the meniscal rim, extra-articular technique of suturing, and combined posterior incision and arthroscopic intra-articular meniscal repair.

The aim of this prospective study, is to evaluate the cases of fifty patients, with an arthroscopically proved meniscal tears, either peripheral tears in anterior or middle zones of the meniscus or anterior horn tears, after repair using an entirely arthroscopic technique and to analyze the possible factors that may affect healing of the repaired menisci.