Knee joint instability after anterior cauciate ligament reconstruction

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ConclusionAnterior cruciate ligament reconstruction is a common , buttechnically demanding, procedure. Predictable excellent resultswith inevitable return to sports are anticipated for the majority ofpatients (Eric et ai, 2004).With an increasing number of ACL reconstructions requmngrevision, awareness and understanding of this problem must beincreased. To best approach this difficult and challenging problem,the causes of failed ACL reconstruction must be understood.The primary etiology is iatrogenic, poor surgical techniques.This compromised 60 I. of all failures (Eric et ai, 2004).When approaching revision surgery the surgeon must have an in -depth knowledge and proficiency of the available ACLreconstructive techniques to provide the best opportunity possiblein obtaining a satisfactory result (Eric et ai, 2004).85SummaryThe anterior cruciate ligament is an important component for normalkinematics of the knee joint. The primary function of the anterior cruciateligament is to restrain anterior translation of the tibia on the femur in openchain activities and perhaps more importantly, restrain posterior translationof the femur when the tibia is fixed as in closed chain activity (Hiemstra etai, 2000).In today’s world of motorcycle, football, increased fitness awareness andhighly competitive sports, injury to anterior cruciate ligament has assumedincreasing importance both from the diagnostic as well as therapeutic angle.Reconstruction of anterior cruciate ligament will balance the loading of theknee joint and reduce the incidence of meniscal damage and prevent earlyosteoarthritic changes (O’Brien et al,I991).Revision surgery of the ACL has become an increasingly commonprocedure, since a failure rate of ACL surgery between II to 31% has beenreported (peter et ai, 2004).A wide spectrum of factors have been recognized as etiologies for failure ofan ACL reconstruction. Recurrent instability is often due to graft failure,which may be caused by either biological failures (lack or delay of graftincorporation), reinjwy, technical errors (tunnel placement, graftimpingement, graft tensioning, graft fixation, graft material), or lack of86addressing combined instability patterns (secondary restraints) (Peter et ai,2004).However, these analyses of ACL graft failures were only performed insingle bundle ACL reconstructions (Peter et ai, 2004).His clear that the results ofRACLR surgery are less favorable than theresults of primary ACL reconstruction (Michael et ai, 2006).