



Do we know the optimal management of a torn anterior cruciate ligament of the knee?

Dizde yırtık ön çapraz bağın en uygun tedavisini biliyor muyuz?

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Reconstruction of the anterior cruciate ligament is not a prerequisite for restoring muscle function.^[1] However, restoring muscle function is a prerequisite for conservative or surgical treatment of the torn anterior cruciate ligament (ACL).^[1,2]

In young and active adults with acute ACL tears, Frobell et al.^[2] showed that rehabilitation plus early ACL reconstruction was not superior to rehabilitation plus optional delayed ACL reconstruction. The latter strategy substantially reduced the frequency of surgical reconstructions.

However, Mather et al.^[3] reported a cost-effectiveness analysis of the timing of ACL reconstruction using the data exclusively from the KANON trial, MOON cohort, and national average reimbursement and revealed that early ACL reconstruction was more effective (with improved QALYs) at a lower cost than rehabilitation plus optional delayed ACL reconstruction.

Hence, this question arises: What is the optimal timing of ACL reconstruction? High-level athletes

frequently request surgery as soon as possible to return to sports, whereas individuals who are not involved with physically demanding activities may ask for a delay surgery.^[3] Probably, a reasonable answer lies in the fact of patient-based medicine for an effective treatment of ACL and prevention of osteoarthritis.^[4]

REFERENCES

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