



Autografts or allografts for anterior cruciate ligament reconstruction?

Ön çapraz bağ yeniden yapımı için otogreft mi allogreft mi?

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The incidence of anterior cruciate ligament (ACL) injuries is high and the economic burden these injuries is also very serious.^[1,2] However, use of an autograft or an allograft is still controversial.

Hu et al.^[3] had insufficient evidence to show which type of graft was significantly better for ACL reconstruction, although the subgroup analysis indicated that reconstruction with bone patellar tendon bone (BPTB) autograft might allow patients to return to higher levels of activity compared to BPTB allograft. Maletis et al.^[4] also concluded that allograft and younger age might increase the risk of early revision surgery after ACL reconstruction.

On the other hand, Foster et al.^[5] were not able to identify that an individual graft source was clearly superior to the other graft sources. Similarly, Mariscalco et al.^[6] observed no significant differences in graft failure rate, postoperative laxity or patient-reported outcome scores for the comparison of ACL reconstruction with autografts to non-irradiated allografts in a systematic review. Lamblin et al.^[7] suggested that the results of autograft ACL reconstruction were comparable to those using non-chemically processed non-irradiated allograft tissue.

In conclusion, based on the available data, we believe that the graft choice has not a crucial impact on the outcome of ACL reconstruction. However, donor site morbidity, rates of graft failure and procedure-related complications as well as patient characteristics, patient's preference, functional outcome, surgeon's

experience, graft availability, and cost effectiveness are still critical considerations.

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