

Editorial Commentary: Save the Meniscus? Show Me the Money!



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Abstract: The meniscus is known to play a vital role in the knee joint from, shock absorption to increased contact area to joint lubrication. Repairing a torn meniscus costs money, but it can be even more expensive to perform a partial meniscectomy over the long term. Moreover, meniscal repair may result in an improved quality of life for the patient. One must consider both quality of life and costs when addressing repairable meniscal tears in patients. Repairing a vertical meniscus tear in the red-red zone in a young adult is a cost-effective strategy.

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“S how me the money!” Most of us recall this phrase from the popular 1990s movie *Jerry Maguire*, but in orthopedics we have much room for improvement when it comes to demonstrating cost effectiveness. Only recently has there been an exponential increase in cost-effectiveness studies in the field of arthroscopy.¹⁻⁴

Rogers, Dart, Odum, and Fleischli,⁵ through their study, “A Cost Effectiveness Analysis of Isolated Meniscal Repair Versus Partial Meniscectomy for Red-Red Zone, Vertical Meniscal Tears in the Young Adult,” teach us that repairing the meniscus is a dominant treatment strategy when compared with partial meniscectomy over a 40-year time horizon. That is, by repairing an isolated vertical meniscus tear in the red-red zone in a younger adult, one would both save money and improve the quality of life for that individual. However, these cost-effectiveness models are only as good as the quality of data input regarding costs and long-term outcomes. Nonetheless, the authors appropriately perform a sensitivity analysis to vary costs, health utilities, and probabilities to make sure their findings withstand this uncertainty.

The authors’ results are in line with those published by Feeley et al.,² who evaluated meniscal repair versus partial meniscectomy over a 30-year time horizon. This team also found that meniscal repair was the dominant treatment strategy. In another study, by Lester et al.,¹ that evaluated meniscal repair versus partial meniscectomy in the setting of anterior cruciate ligament reconstruction, the authors once again noted that meniscal repair was the dominant treatment strategy.

Most of us agree that we would love for all of our meniscal repairs to be vertical meniscal tears in the red-red zone. In my practice, however, I am often faced with meniscal tears more complex in nature that are in the red-white zones. It is difficult to extrapolate the current study’s results to all types of meniscal tears. Nonetheless, I aggressively pursue meniscal preservation through repair over meniscectomy, especially in younger adults. Multiple studies have taught us the importance of preserving the meniscus.⁶⁻⁸ Furthermore, recent studies have shed light on the idea that meniscal tears previously thought to be irreparable may benefit from repair.^{9,10}

Next time you encounter a repairable meniscal tear in a young adult, remember that you’ve been shown the money and so save the meniscus!

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