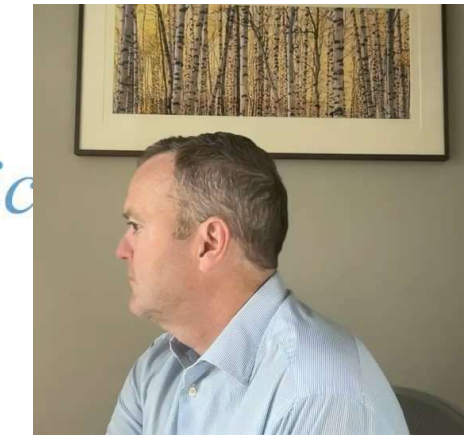
Clinical and Radiographic Outcomes Following ProChondrix® CR Osteochondral Allograft Transplantation for Acetabular Osteochondral Lesions

ISHA Annual Meeting
Cape Town, South Africa
October 2023

Clare K. Green, BS; Cynthia E. Burke, BS; John P. Scanaliato, MD; Catherine E, Salfiti, BS; Harry G. Greditzer IV, MD; Andrew B. Wolff, MD
Study performed at Washington Orthopaedics & Sports Medicine

WOSM Washington Orthopaedic & Sports Medicine



Disclosures

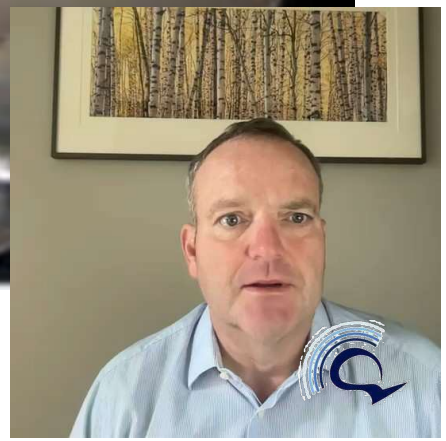
ABW: Consultant for Stryker Sports Medicine

Funding: The author(s) received no financial support for the research, authorship, and/or presentation of this study.

Background

- Cam-type FAI is associated with development of acetabular chondral defects.
- Large full thickness defects remain a challenging pathology to treat, particularly in younger patients who are not ideal arthroplasty candidates.

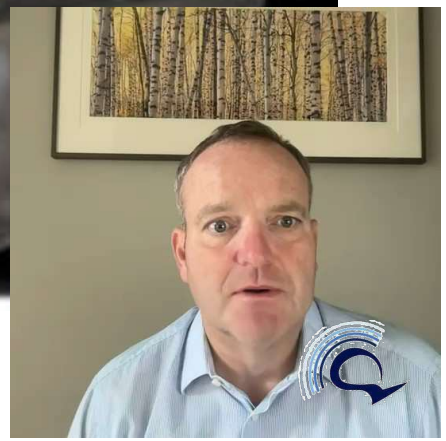
- **Purpose**: to report clinical and radiographic outcomes in patients treated with ProChondrix® CR (Stryker Corp) osteochondral allograft transplantation during hip arthroscopy.



Technique

- Acetabular bone is recessed to allow seating of osteochondral graft

- Suture anchor is placed into defect and suture from anchor is swapped with 0-vicryl

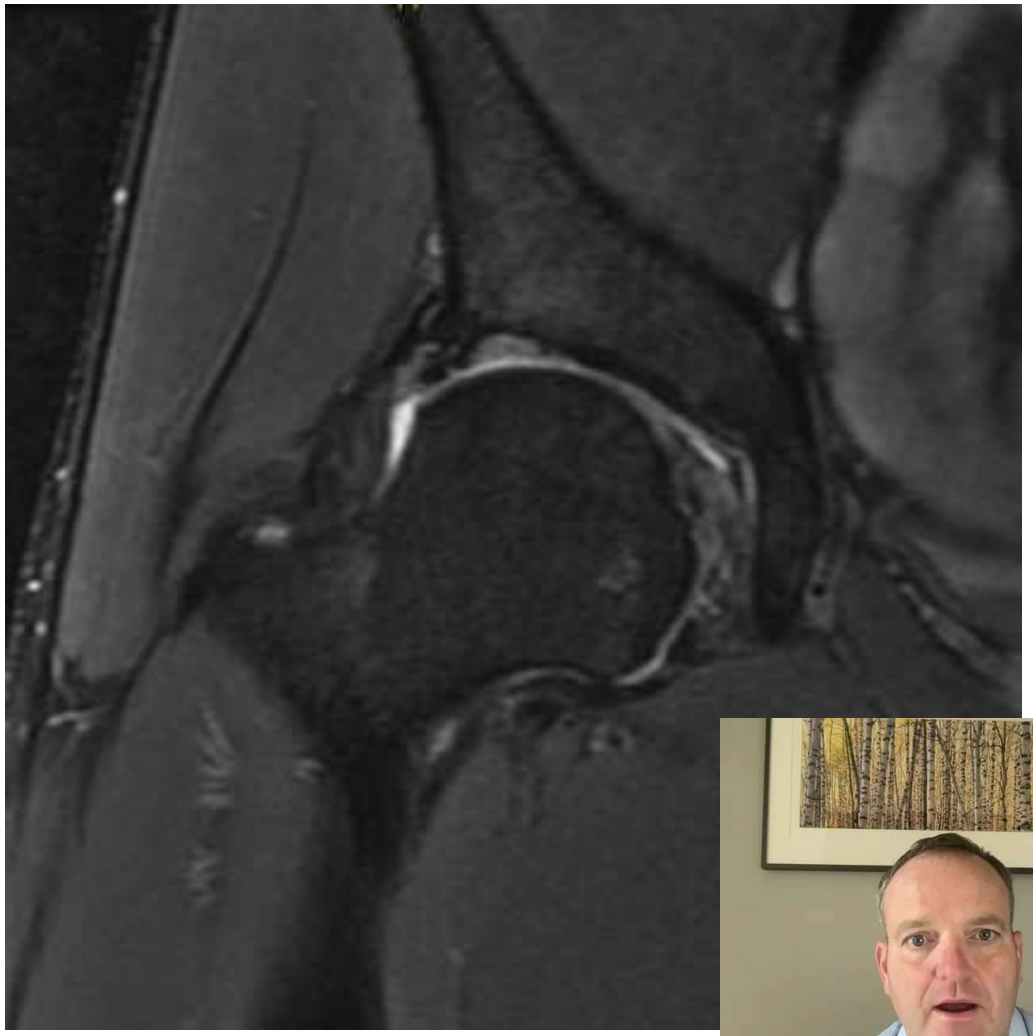


Technique

- Graft is precut to approximate shape and size on back table and passed into joint down the suture thru DALA portal
- Graft is tied into place and trimmed to fit precisely into defect
- Fibrin glue is injected between graft and acetabular bone

Methods

- Retrospective review of prospectively collected data.
- Inclusion criteria: ProChondrix® CR osteochondral allograft transplantation for Outerbridge grade IV defects of the acetabulum between January 2017 and December 2020 with pre and post-operative MRI available.
- Exclusion criteria: hx of prior ipsilateral hip surgery.
- Graft healing assessed by the senior author (AW) and a MSK radiologist (HG) using a modified Magnetic Resonance Observation of Cartilage Tissue (MOCART) System.



Results

Table 1 Study Population Characteristics	
Patients (hips)	6 (6)
Follow-up (months)	48.17 ± 18.93
Age (years)	33.50 ± 6.41
% Male (N)	100% (6)
% (N) Right Hip	66.67% (4)
MRI Follow-up (months)	7.5 ± 3.06
All data presented as average +/- standard deviation unless otherwise specified.	

Results

Table 2 Comparison of Pre and Postoperative Outcomes			
Category	Pre	Post	P-Value
i-HOT12	39.96 ± 22.31	75.90 ± 13.23	.0120

All data presented as average +/- standard deviation.
i-HOT12: international hip outcome tool

Table 3 Post Operative Outcomes	
VAS Satisfaction	85.5±18.80
MOCART score	56.25 ± 16.60
RTS % (N)*	100 (5)
Average time to RTS (mos)*	10.2±5.02
Would have surgery again? % (N)*	100 (5)

All data presented as average +/- standard deviation unless otherwise specified.
RTS: Return to Sport
VAS: visual analogue scale
MOCART: Magnetic Resonance Observation of Cartilag
***Data only available for 5 patients**

Conclusions

- **Favorable** clinical and radiographic outcomes.
- High rates of **patient satisfaction.**
- Altogether, findings suggest that this technique is a **viable option for the treatment of full thickness lesions in young, active patients**

Thank You!

www.andrewwolffmd.com