**BACKGROUND**

- Meniscectomy is the most performed procedure for meniscal injury.
- Synovitis is linked to knee dysfunction, poor post-operative outcomes, and OA progression.
- Concurrent synovectomy with meniscectomy may help prevent cartilage damage and alleviate pain and dysfunction.
- The decision to perform synovectomy, however, currently lacks clear guidelines.

**PURPOSE**

1. Determine whether patients who underwent an arthroscopic meniscectomy with concurrent synovectomy ("M+S") exhibited similar outcome scores compared to patients who underwent arthroscopic meniscectomy alone ("M") for up to 2 years of follow-up.
2. Determine whether patient demographics, knee condition, and other relevant clinical factors are associated with patient-reported outcomes.

**METHODS**

Knee Injury and Osteoarthritis Outcome Score (KOOS) subscales were collected pre-operatively and at a minimum of 2 years post-operation in M and M+S patient groups. Demographic and injury details, including age, gender, ethnicity, BMI, smoking history, and Kellogg Lawrence (KL) OA grade were collected from medical charts. Failures were defined as patients who had a subsequent procedure on the same knee (e.g., arthroplasty). Mann-Whitney U tests were used to assess data significance.

**RESULTS & DISCUSSION**

- All PRO metrics improved as post-op time progressed.
- KOOS subscale scores were not statistically significant between cohorts.
- In failures, the average BMI trended higher (31.3 vs. 27.8 in non-failures, p=0.1205), the average KL OA grade trended higher (3.1 vs. 2.69 in non-failures, p=0.22), and we observed a higher proportion of subjects with a smoking history (26.8% vs. 21.1% in non-failures).
- There were no statistically significant differences in BMI (p=0.23), OA grade (p=0.94), or age (p=0.69) between the failure and non-failure group.

**CONCLUSIONS**

Outcomes from patients without synovitis, who underwent surgical meniscectomy, were no different from those patients who had synovitis and underwent a meniscectomy and concurrent synovectomy despite the larger proportion of high-grade OA in the latter. Further sample collection over a longer period than our 3.5-year period is needed to determine predictive factors of failures.

**REFERENCES**