



Arthroscopie du genou

Matthieu Begin

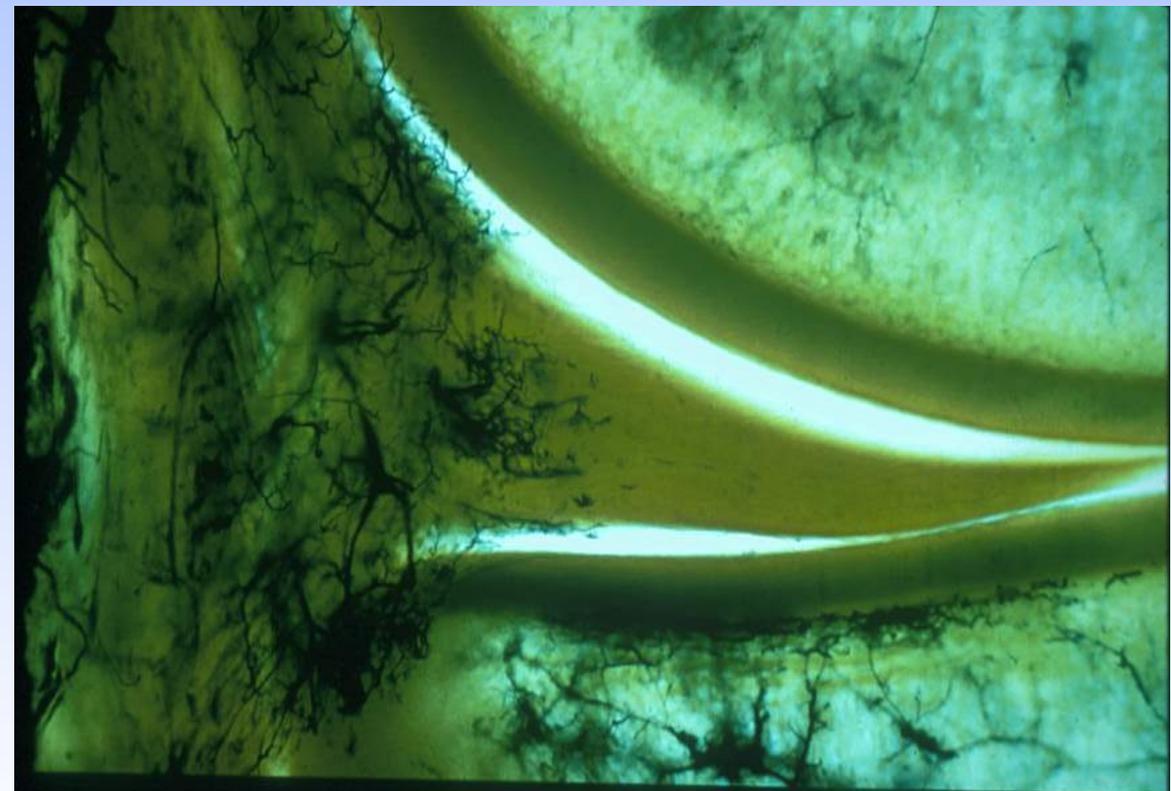
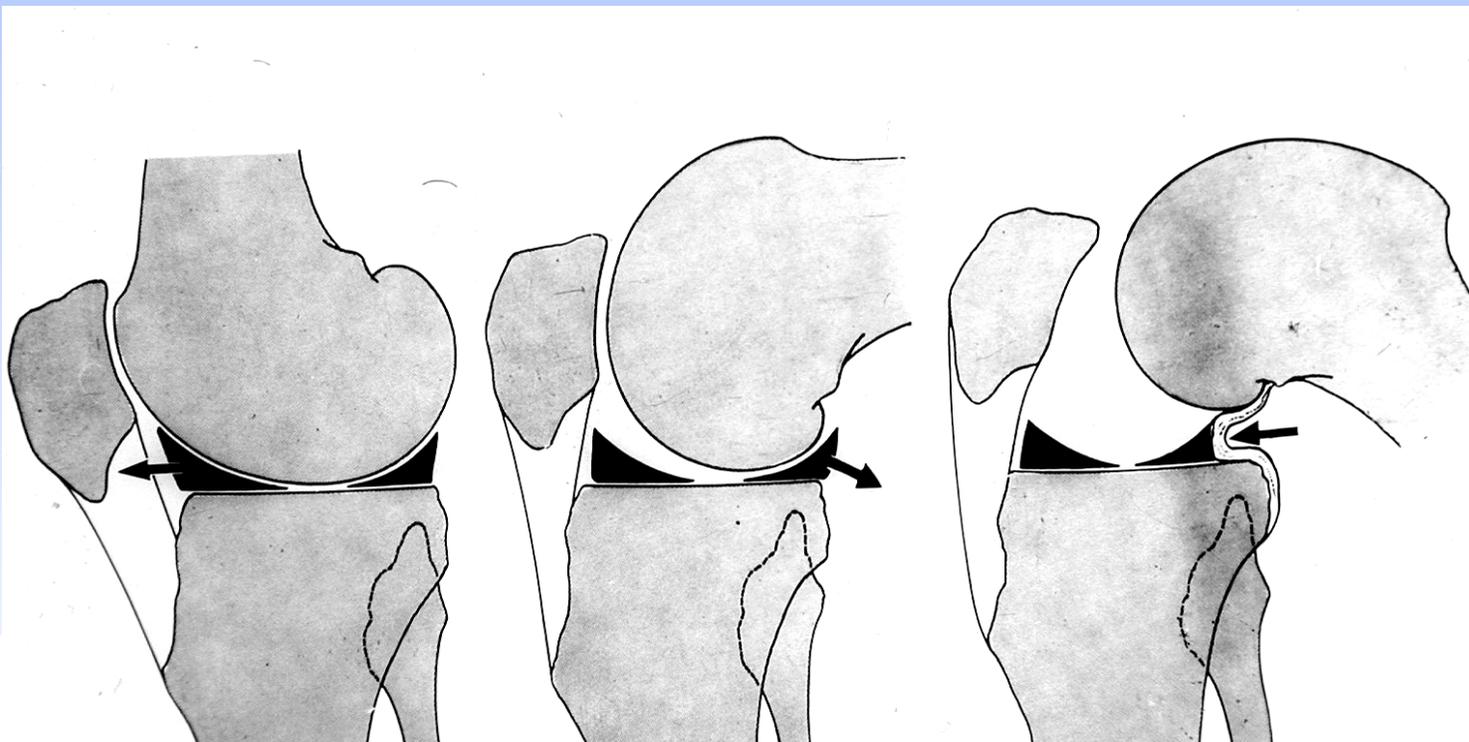
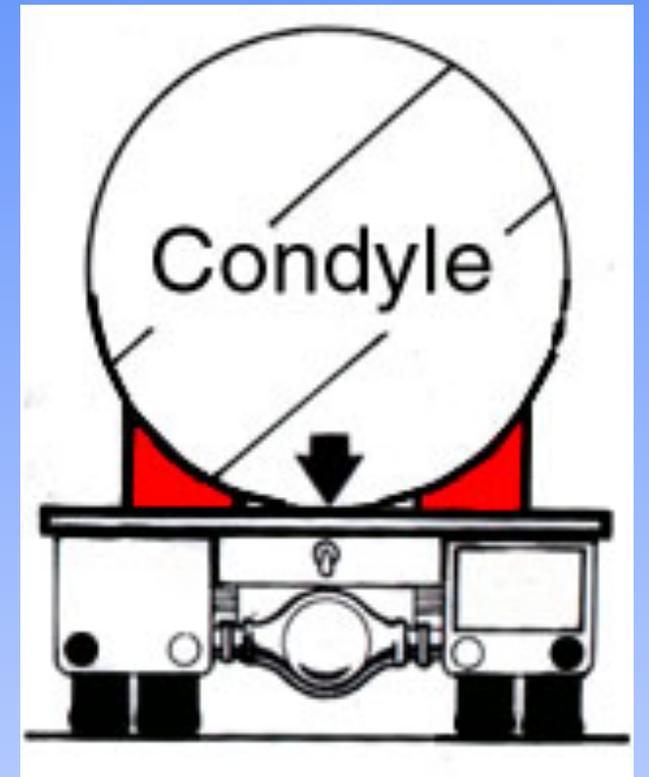
EPU – 23 mars 2017

Plan

- ☑ Indications
 - ☑ Ménisques
 - ☑ Ligamentoplasties
 - ☑ Synoviale...
- ☑ Gestion postopératoire
 - ☑ Immobilisation ? / Appui ? / Kiné ?
 - ☑ HBPM / Pansements / Arrêt W

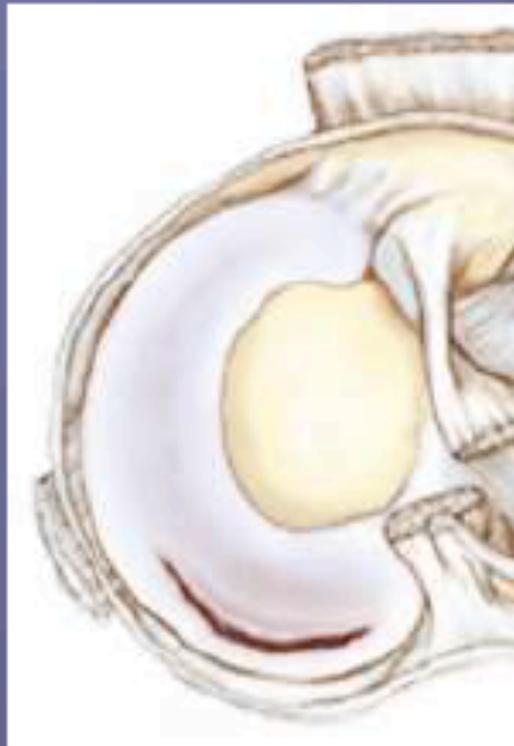
POURQUOI PRESERVER UN MENISQUE ?

- Amortissement
- Stabilisation
- Congruence
- Nutrition, lubrification, proprioception

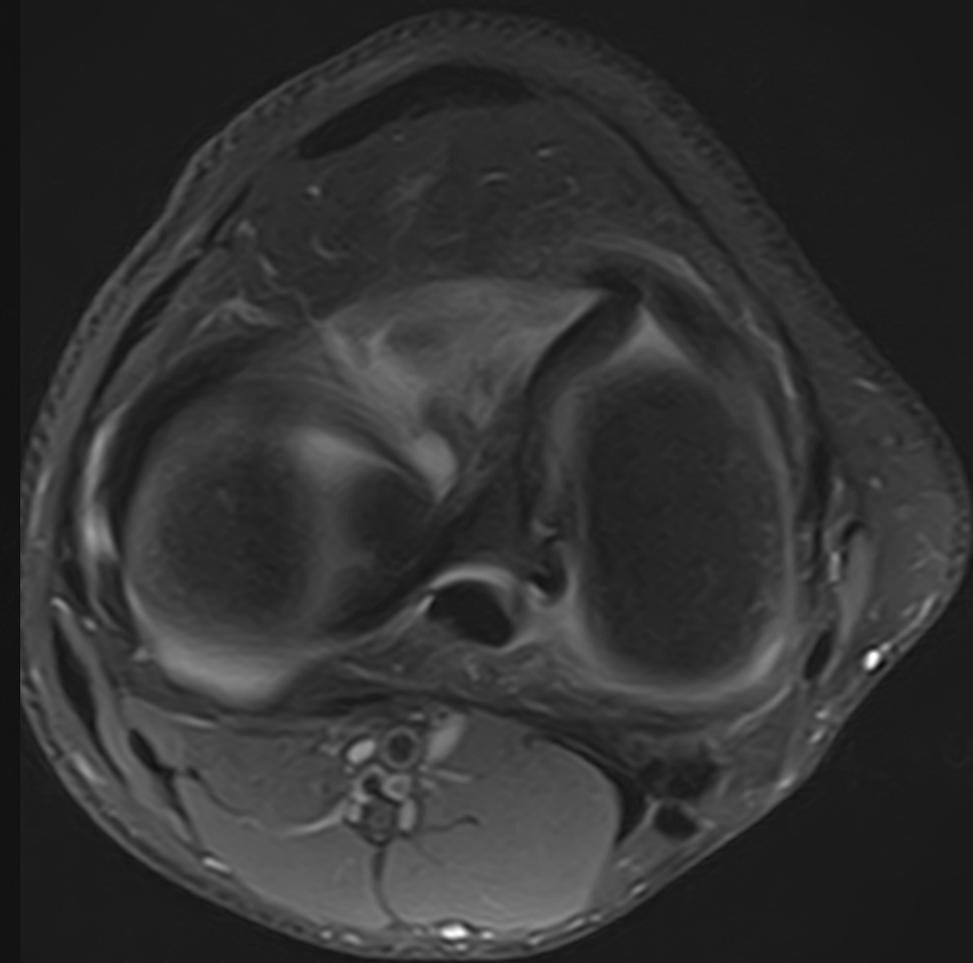
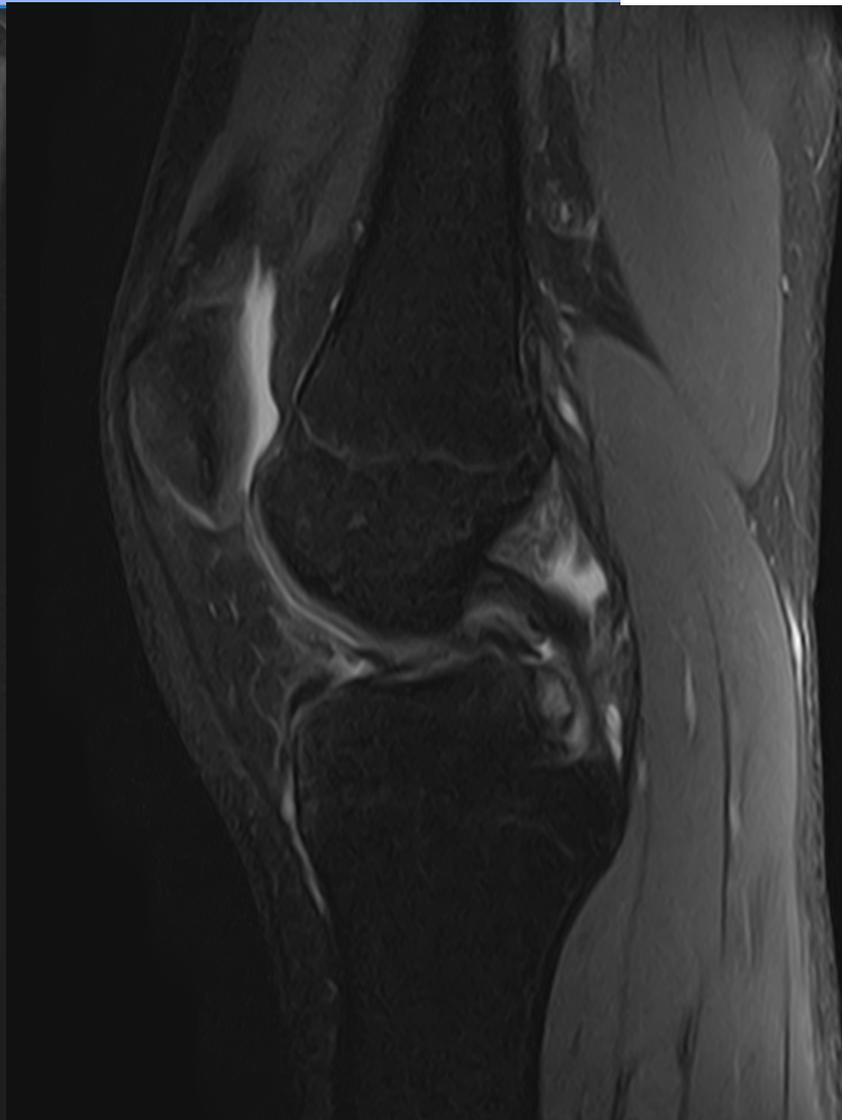
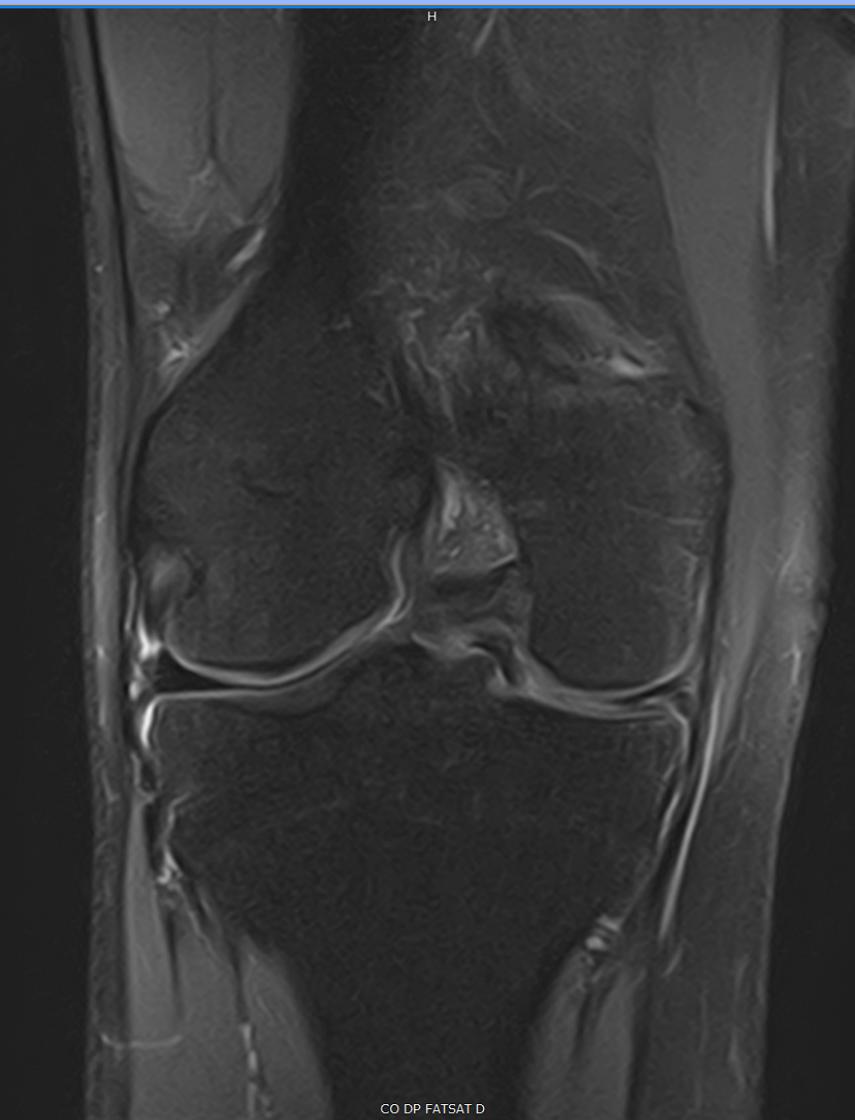
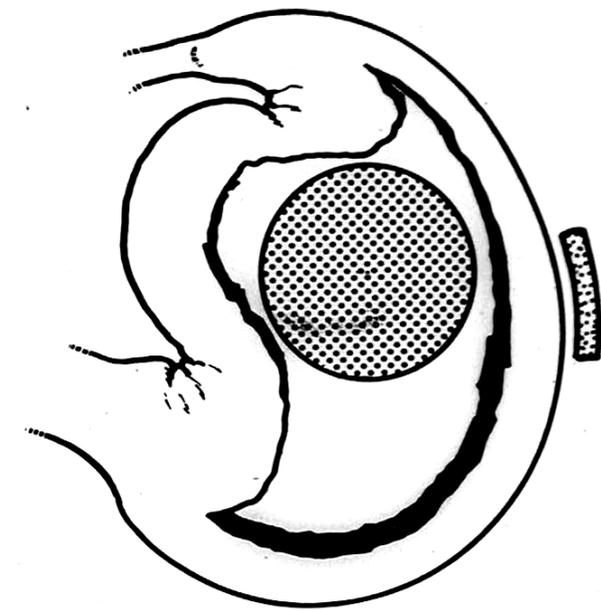
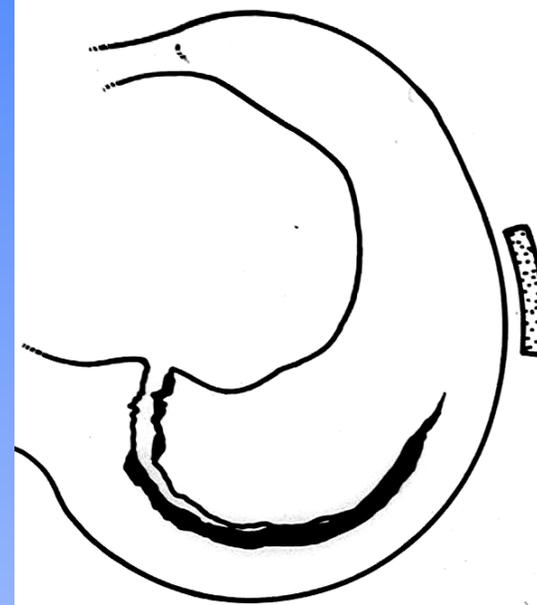


Plusieurs types de lésions méniscales

- Clivage horizontal
- Verticale longitudinale
- Verticale radiaire



Anse de seau ou languette luxée

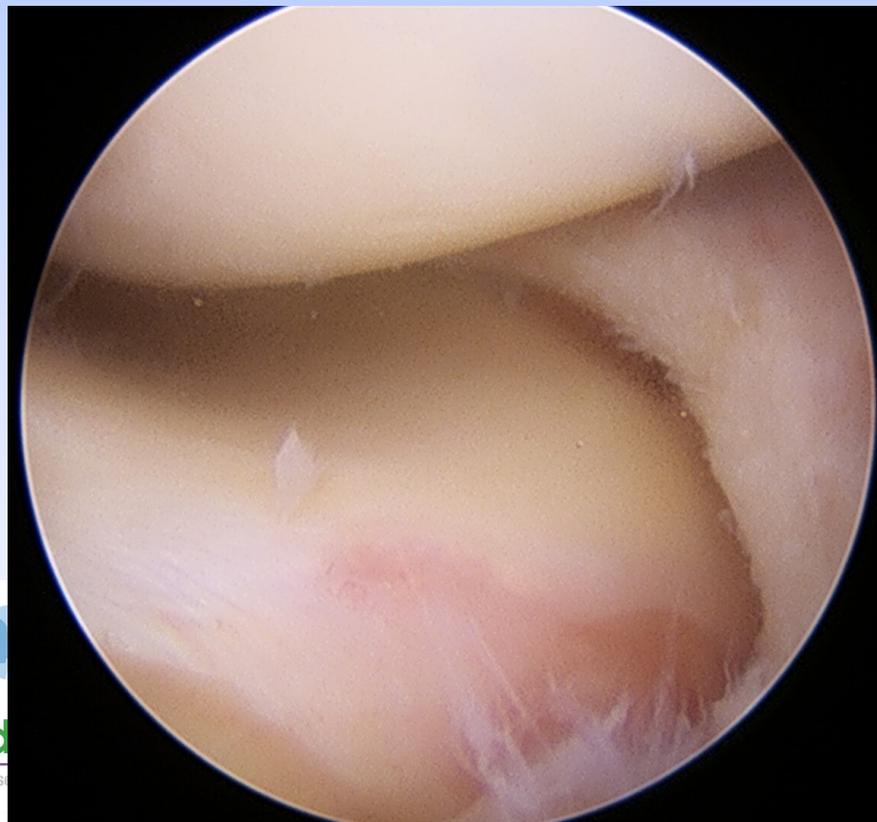
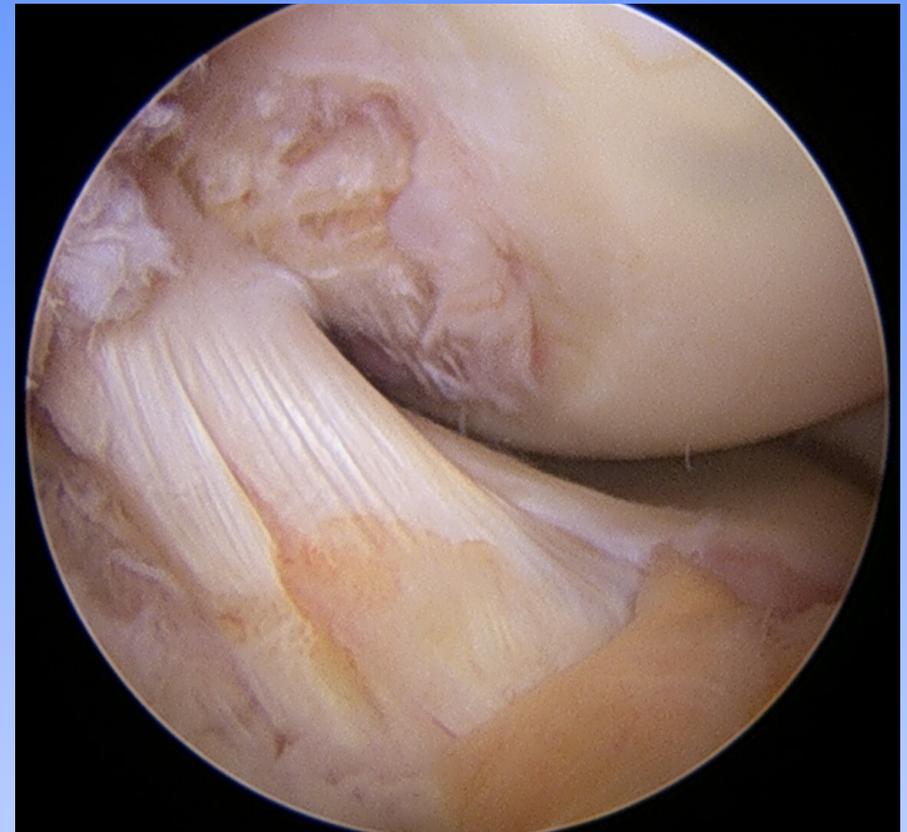
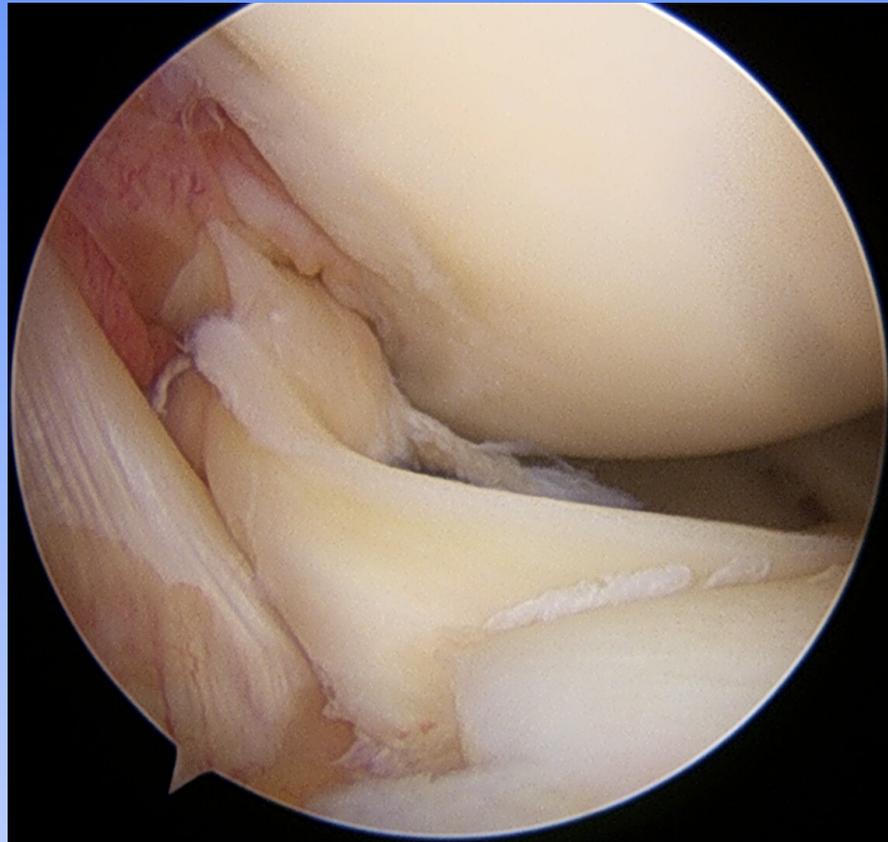


CO DP FATSAT D

Anse de seau ou languette luxée



Anse de seau ou languette luxée



« Accident »



< 40 ans

ATCD trauma récent
Flessum si anse de seau luxée

IRM : « allure récente »

- Lésion verticale longitudinale
- Lésion associée : LCA, hémarthrose...

Urgence différée

- Réparation méniscale
- Lésion associée: LCA, perforation...

« Maladie »



> 40 ans

Dérangement articulaire &
blocages ++ anciens
Pas de trauma important

IRM : « allure ancienne »

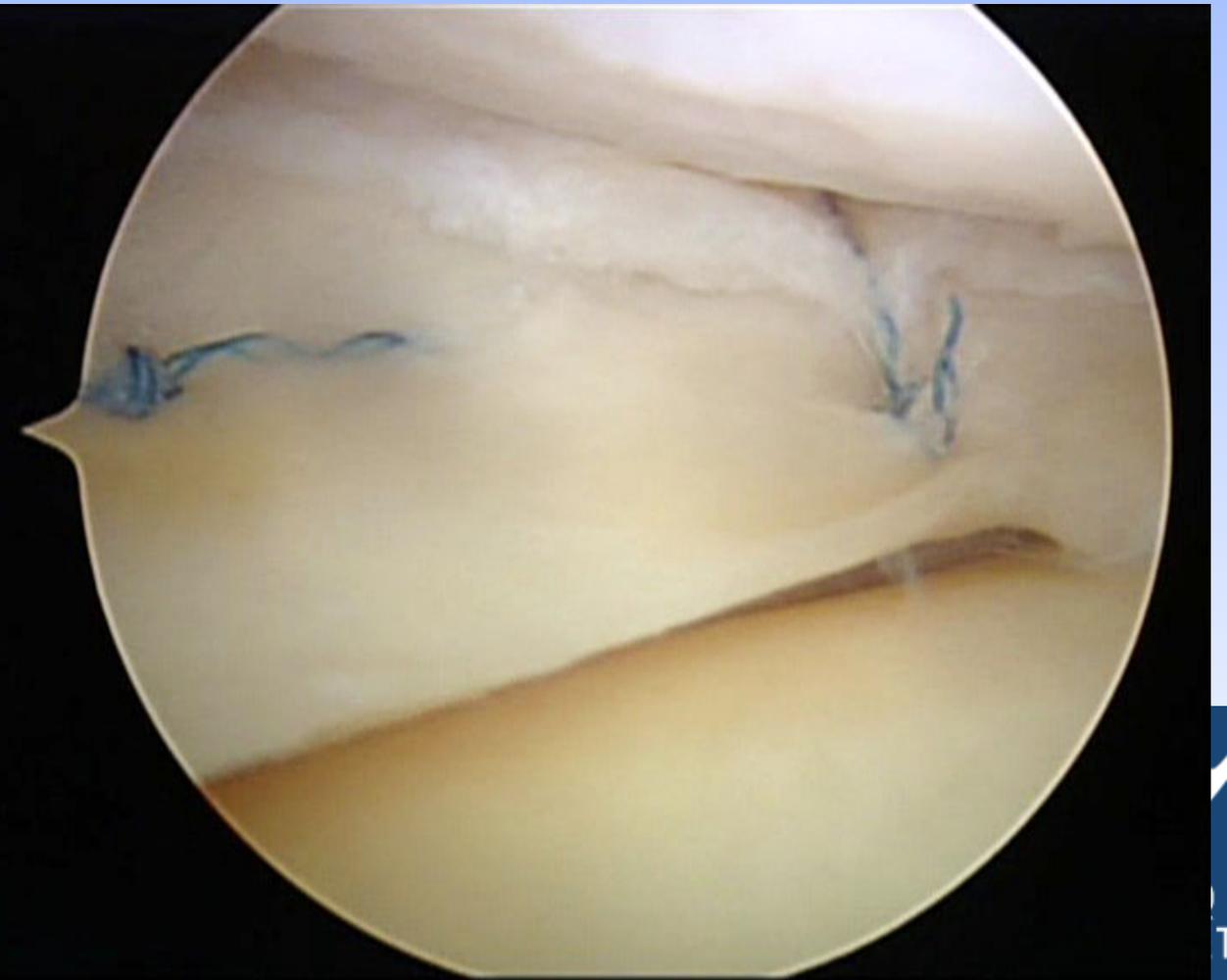
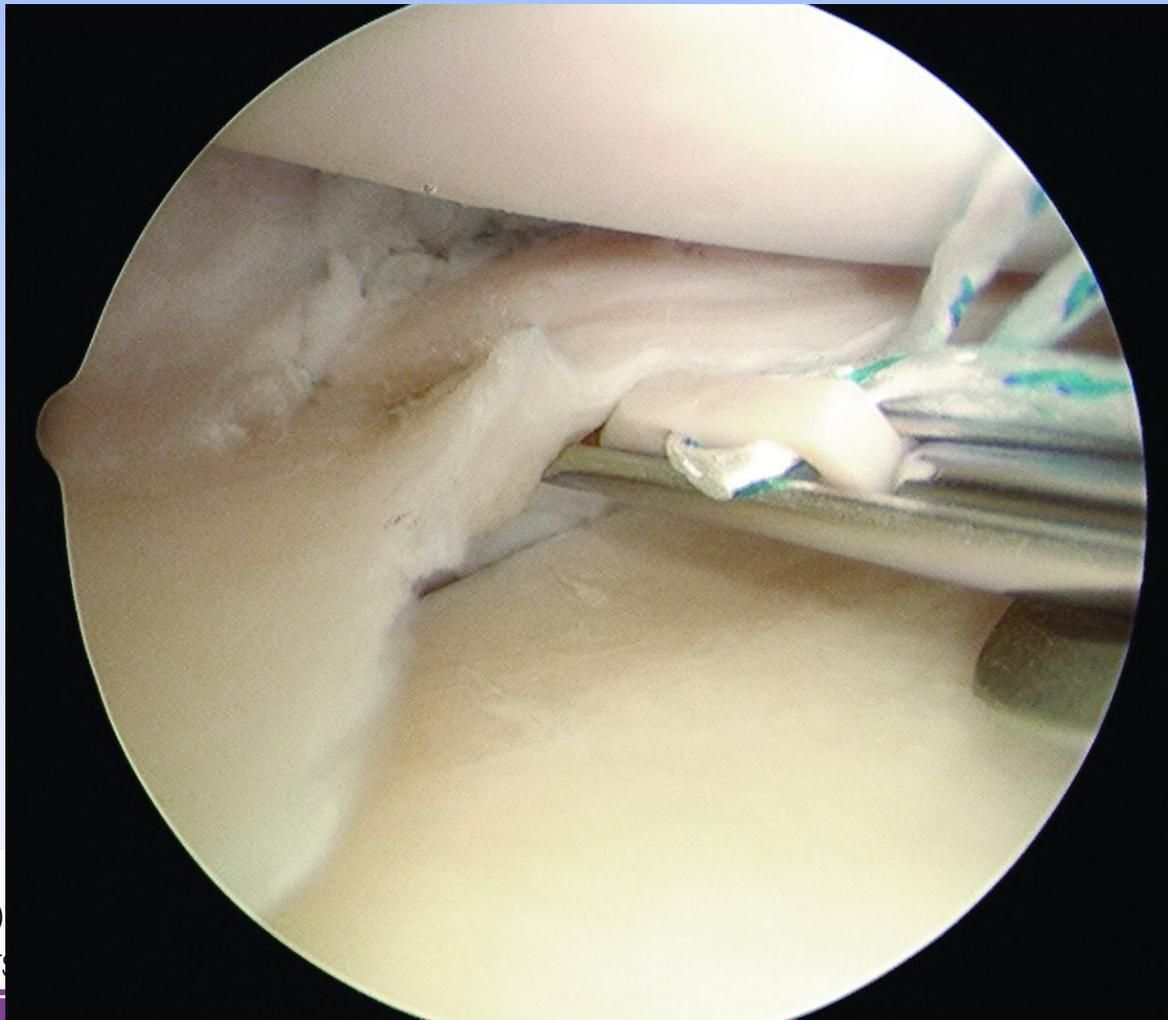
- Lésion horizontale complexe
- Arthrose FT
- Pas hémarthrose

Patience

1. TTT med + infiltration
2. Ménisectomie, informer augmentation risque arthrose

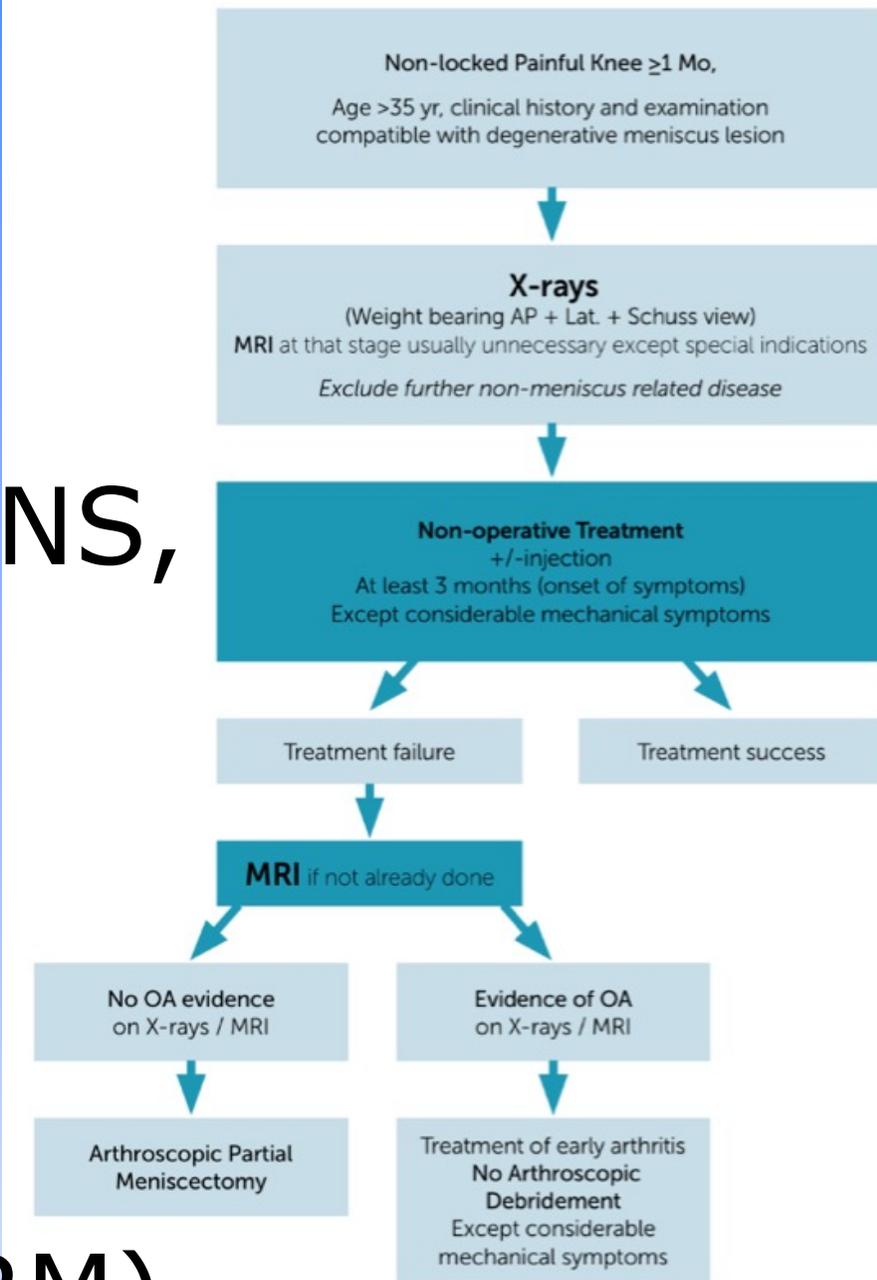
Réparation méniscale

- Echec = 22%, surveiller pendant 4 ans
- Facteurs mauvais pronostic : IMC > 25 & anse de seau



Méniscectomie : indication

- **TTT médical** : antalgiques, AINS, ± infiltrations pendant **3 mois** (sauf blocage aigue)
- **Méniscectomie ssi** :
 - Echec TTT médical &
 - Pas arthrose (Rx schuss / IRM)



• **« Save the meniscus »**



Complications postop

Ostéonécrose
Chondrolyse
Syndrome rotulien
Algodystrophie
Hémarthrose

Douleurs
après
ménisectomie

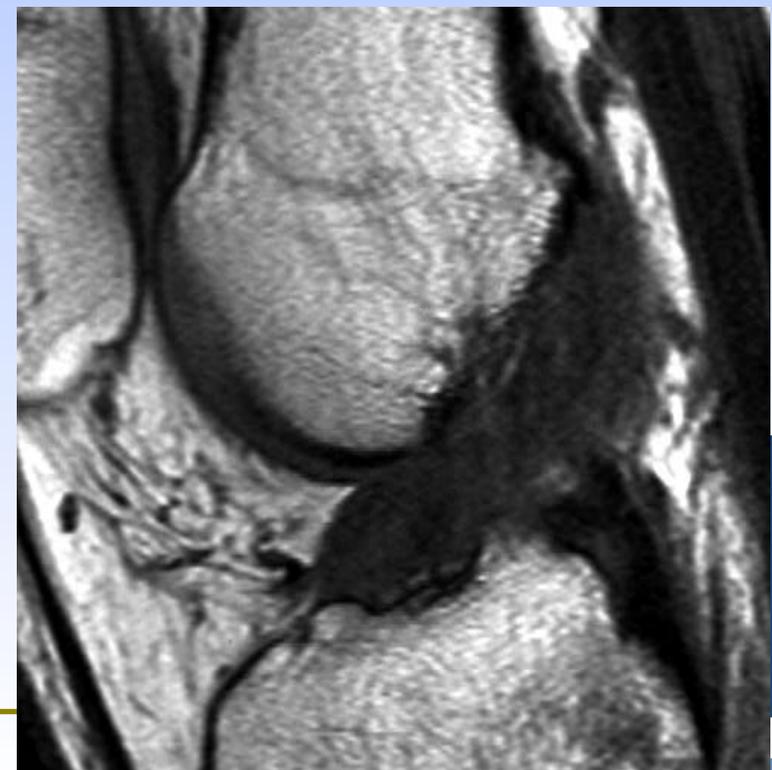
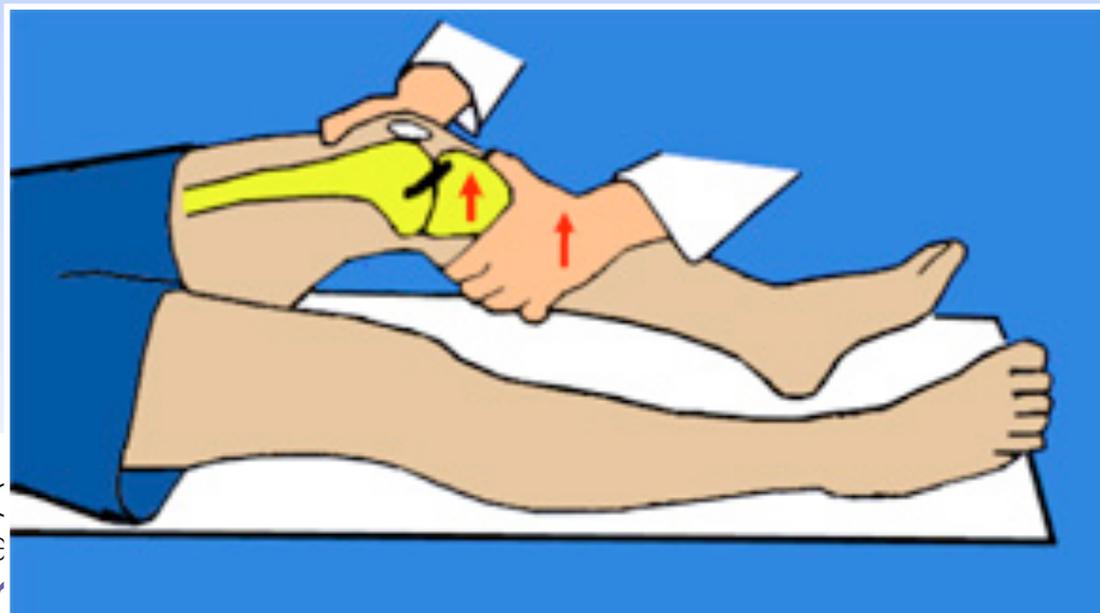
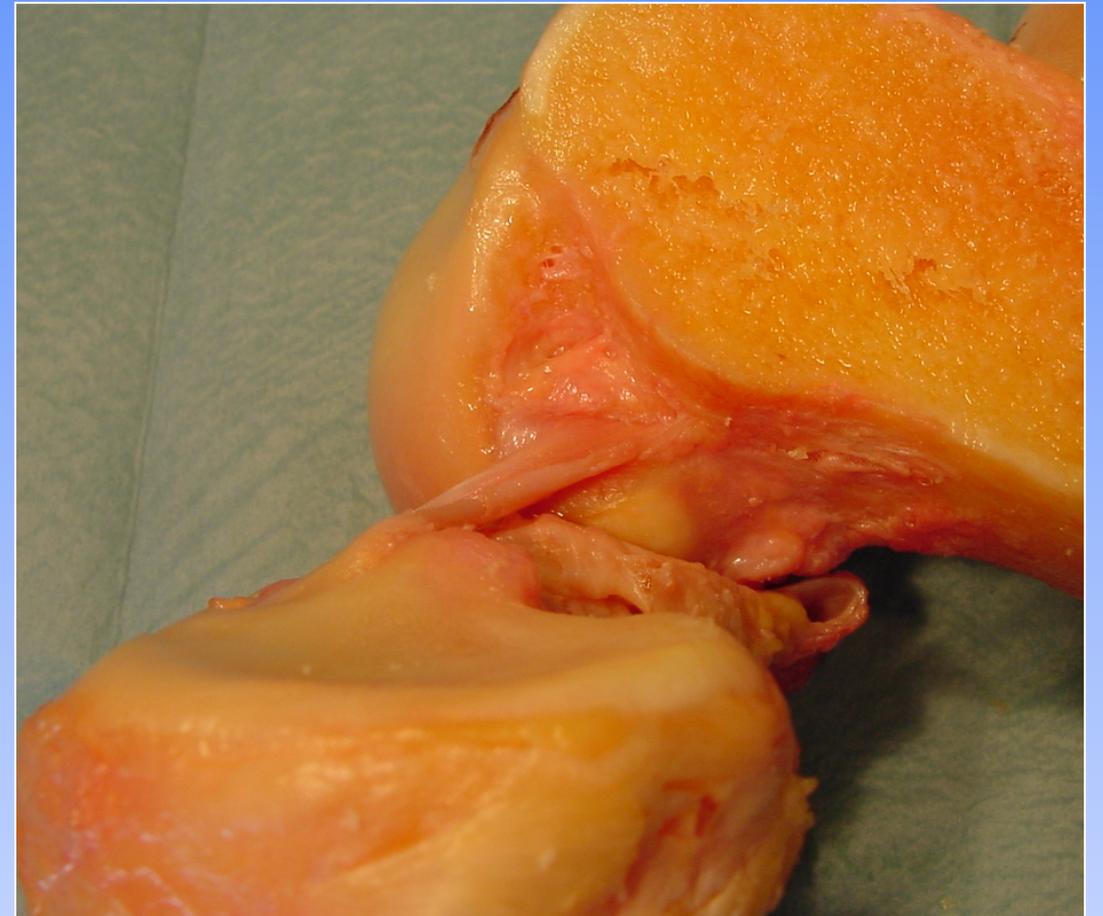
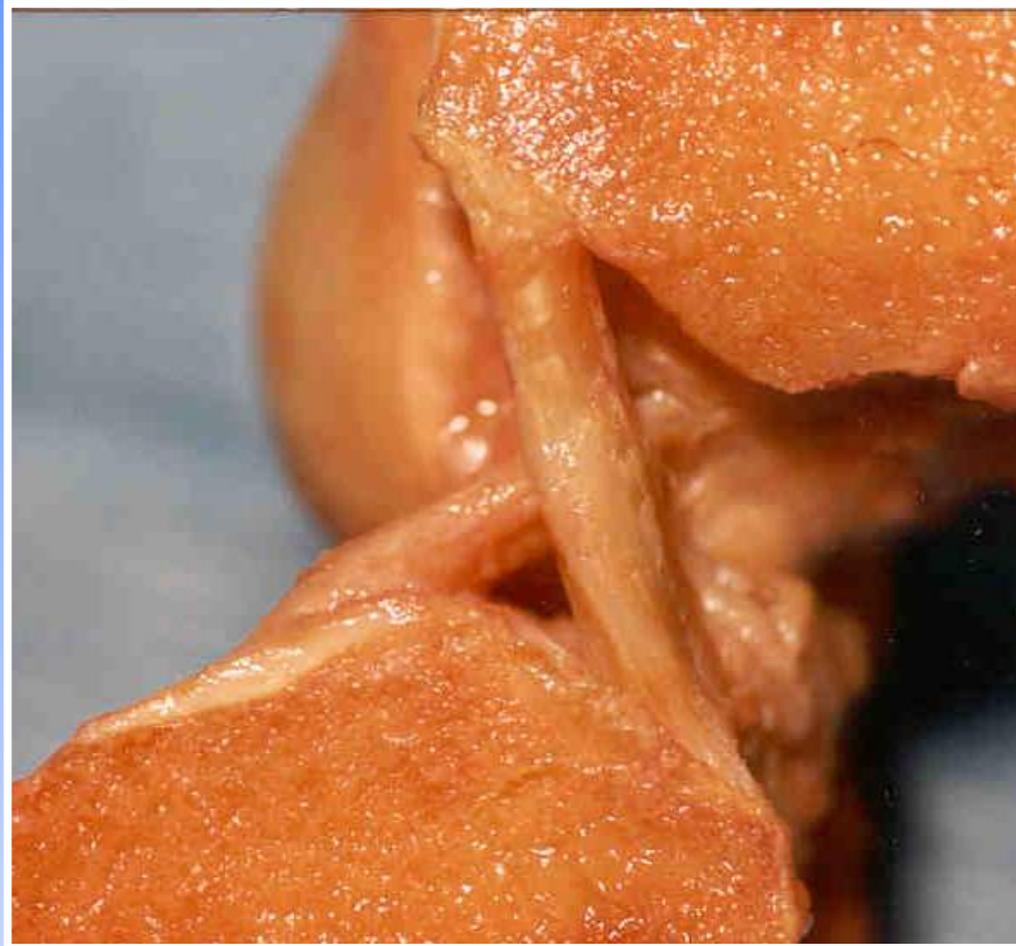
Mauvaise indication

LCA - Arthrose

Echec technique

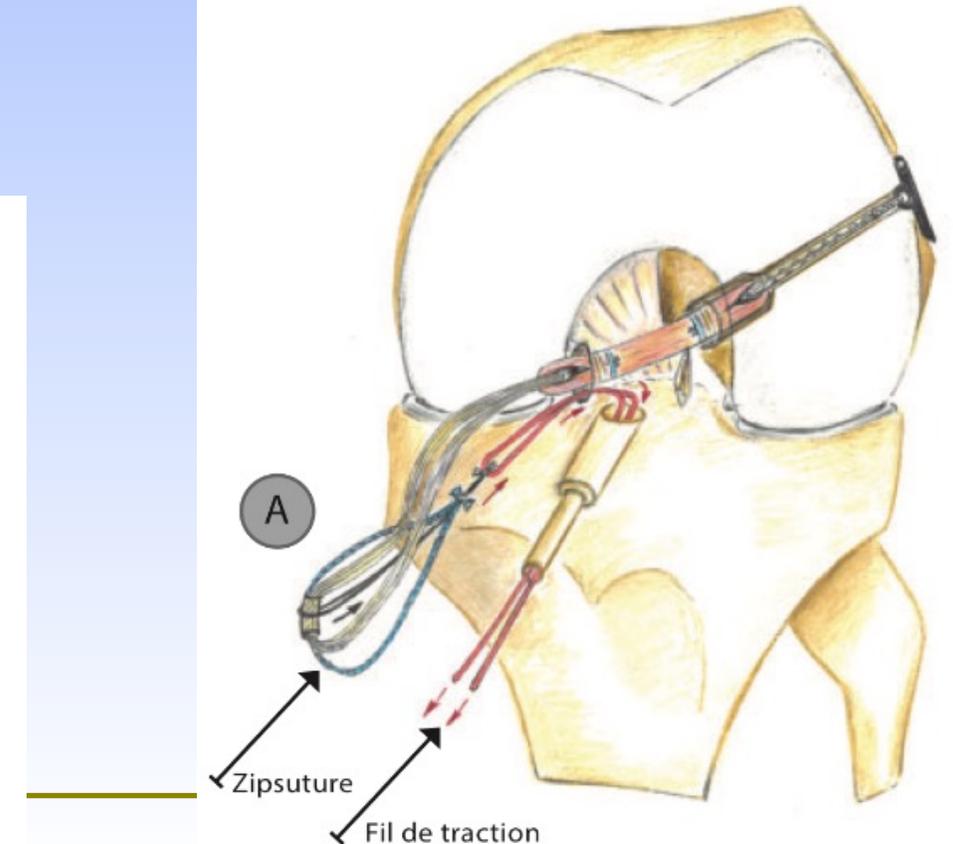
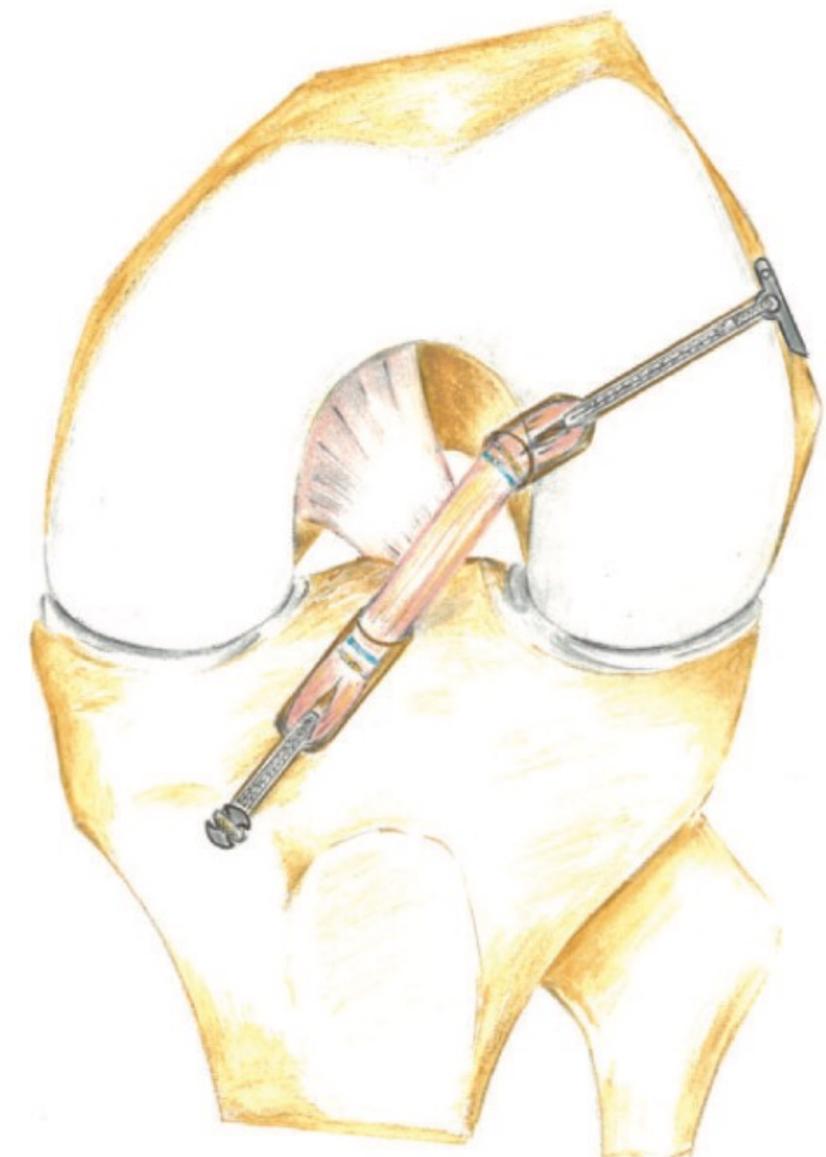
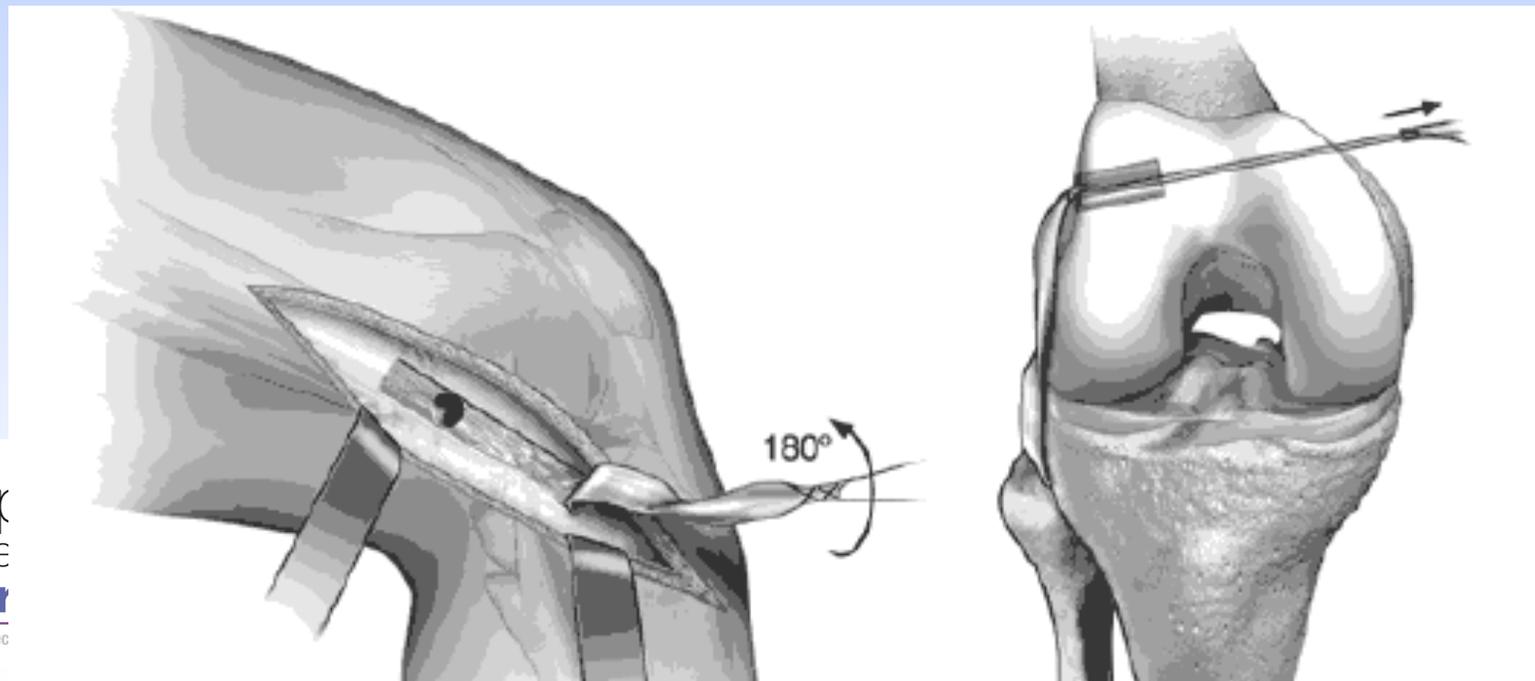
Cartilage - Ménisque - CE

Pivot central



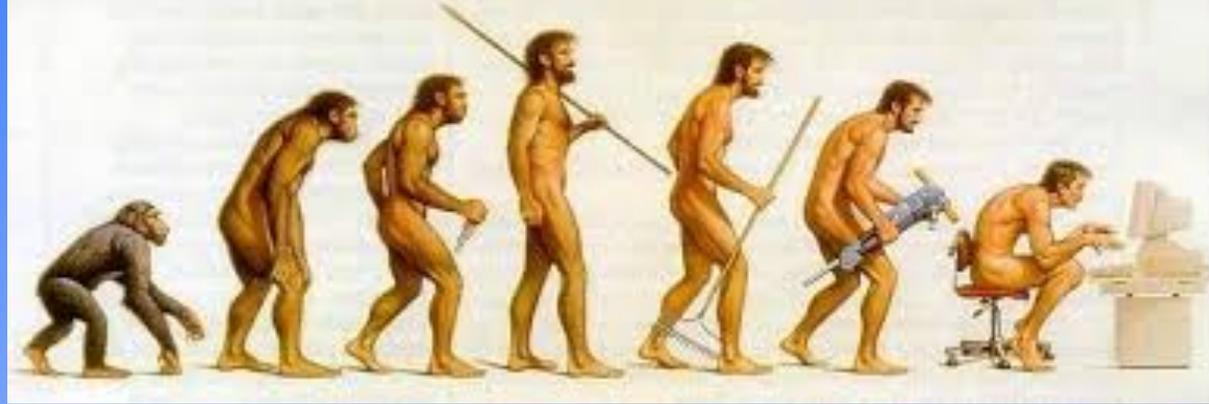
Ligamentoplasties

- **DT4** : greffe courte intra-articulaire avec un tendon ischio-jambier
- ± plastie anti ressaut latérale au fascia-lata (Lemaire)



Reconstruction LCA

Résultats SoFCOT 2015



à 10 ans

- transfert vers sports sans pivot
- 19% rupture LCA du genou CL
- 12% rupture itérative
- 19% arthrose FTI

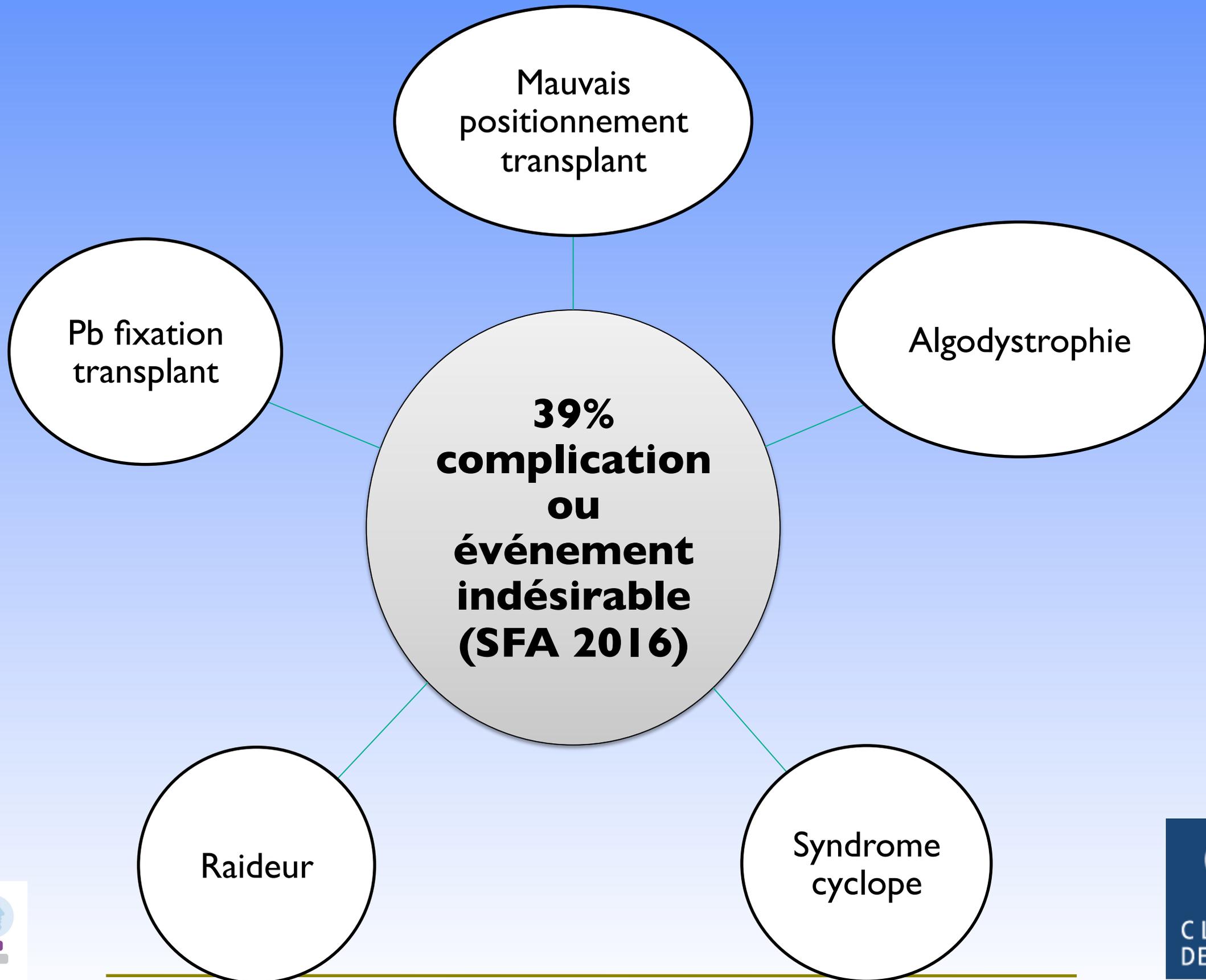
à 20 ans

- 14% rupture itérative
- 29% arthrose

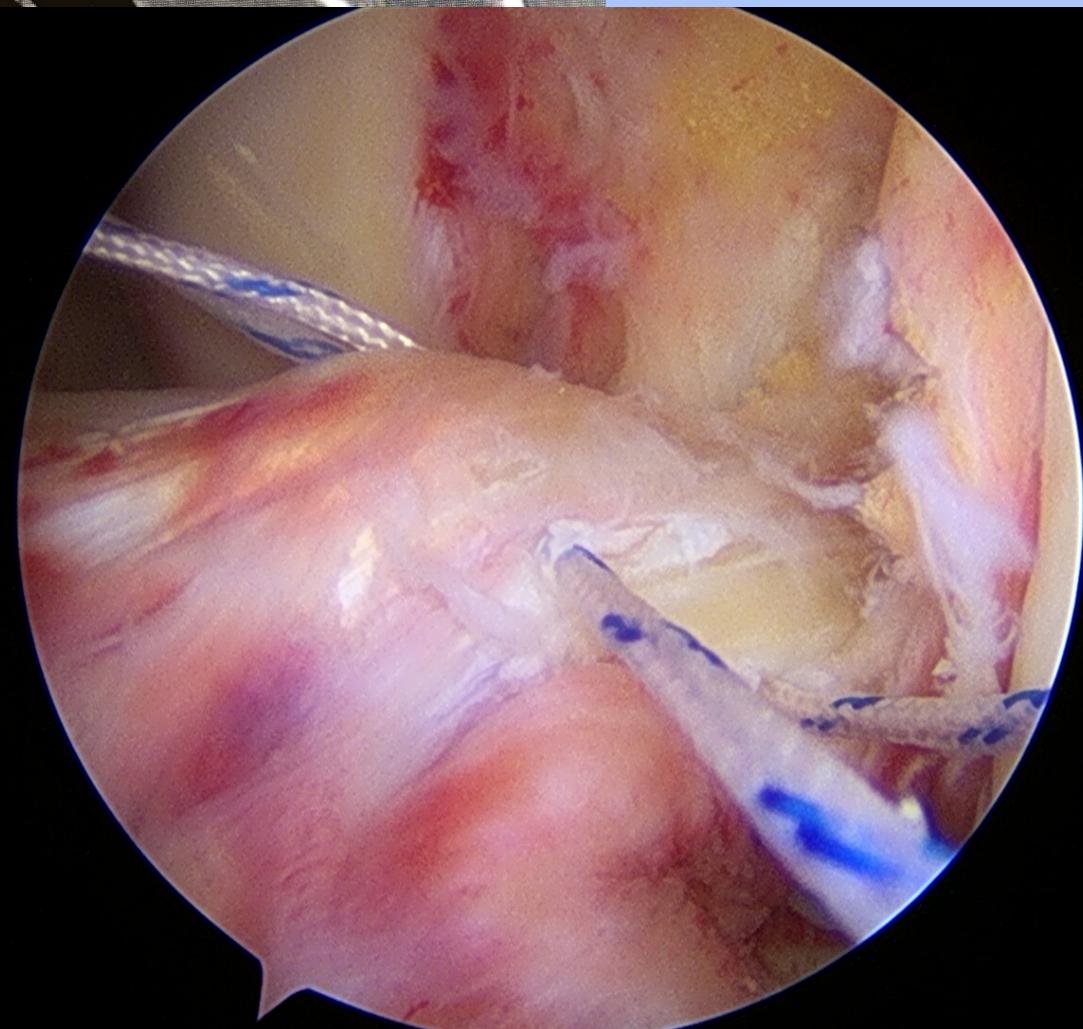
FDR arthrose :

- ✓ Méniscectomie
- ✓ Laxité résiduelle
- ✓ Age > 34 ans lors chir
- ✓ Sport pivot

Complications



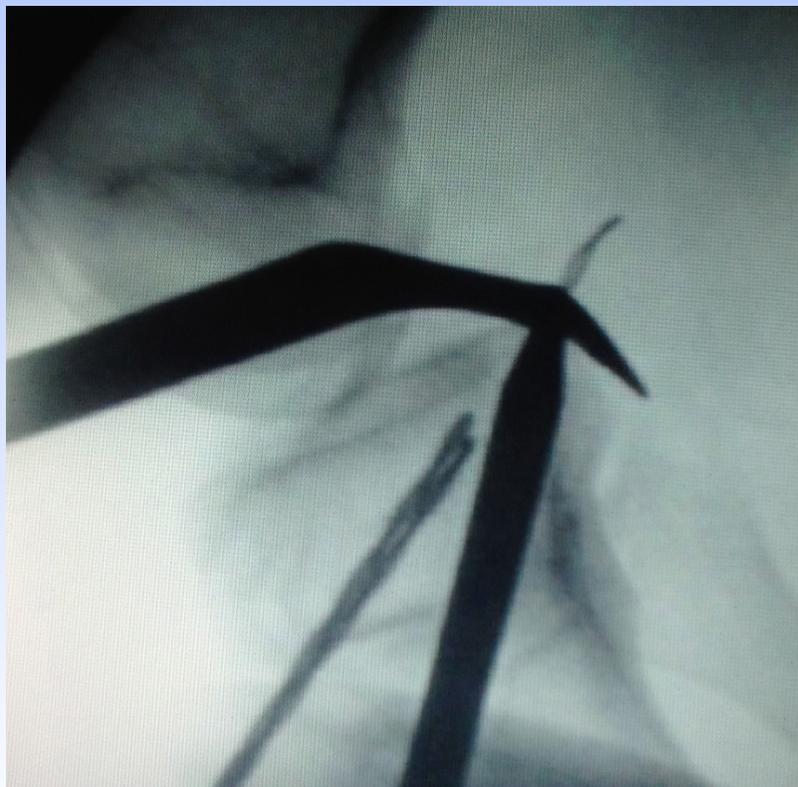
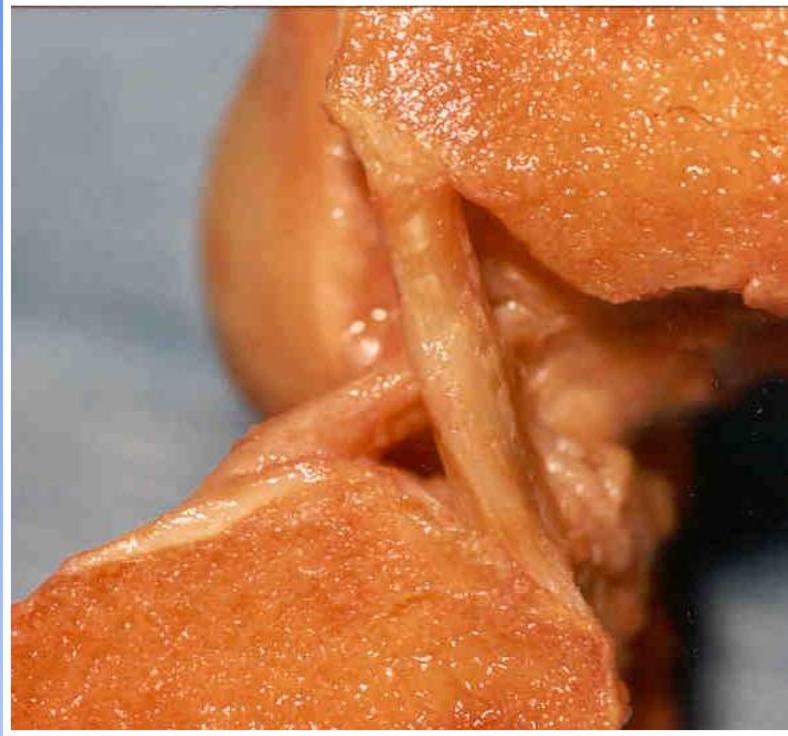
Réinsertion épines tibiales



Réinsertion épines tibiales

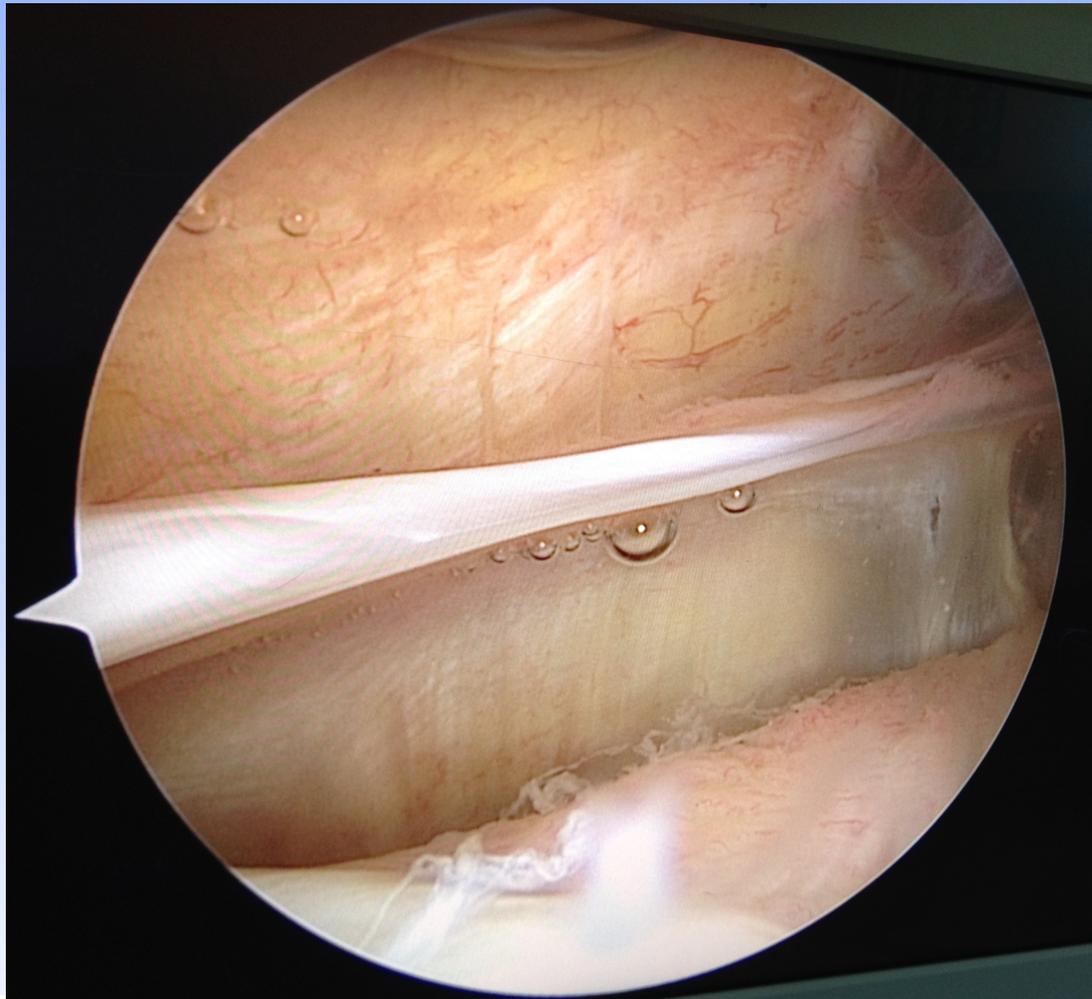


Ligament Croisé Postérieur



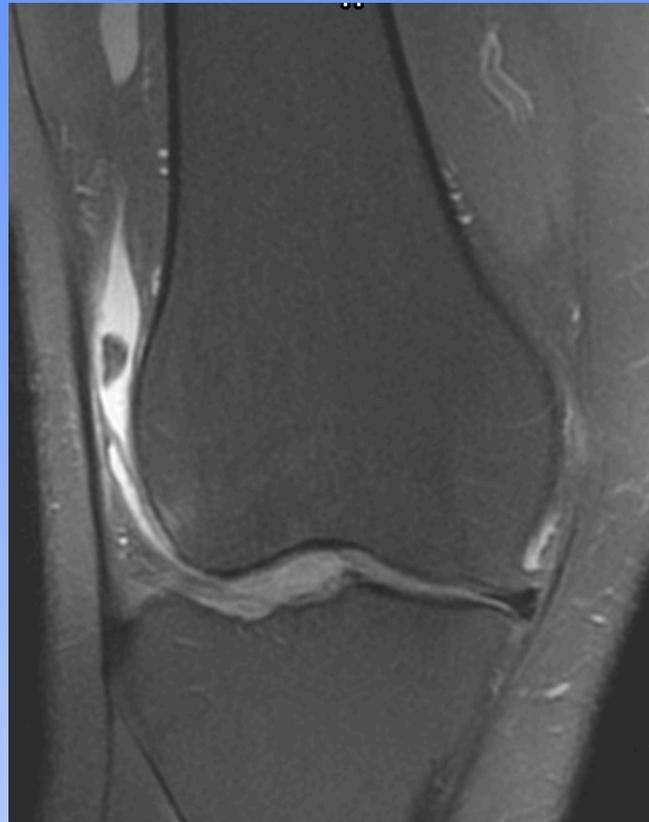
Autres indications (1)

- Arthrolyse (post trauma, PTG), Plicae synovialis
- Synovectomie (Arthrite septique, SVN)

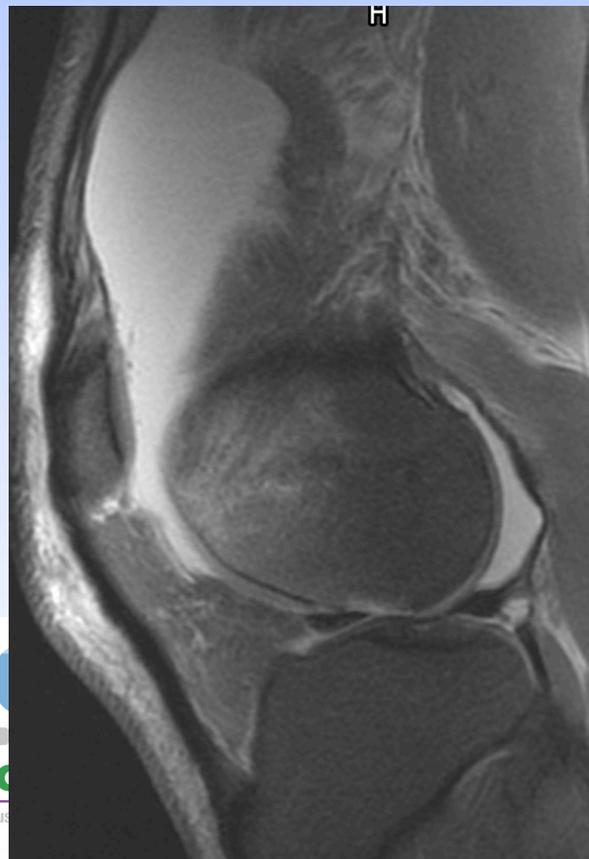


Autres indications (2)

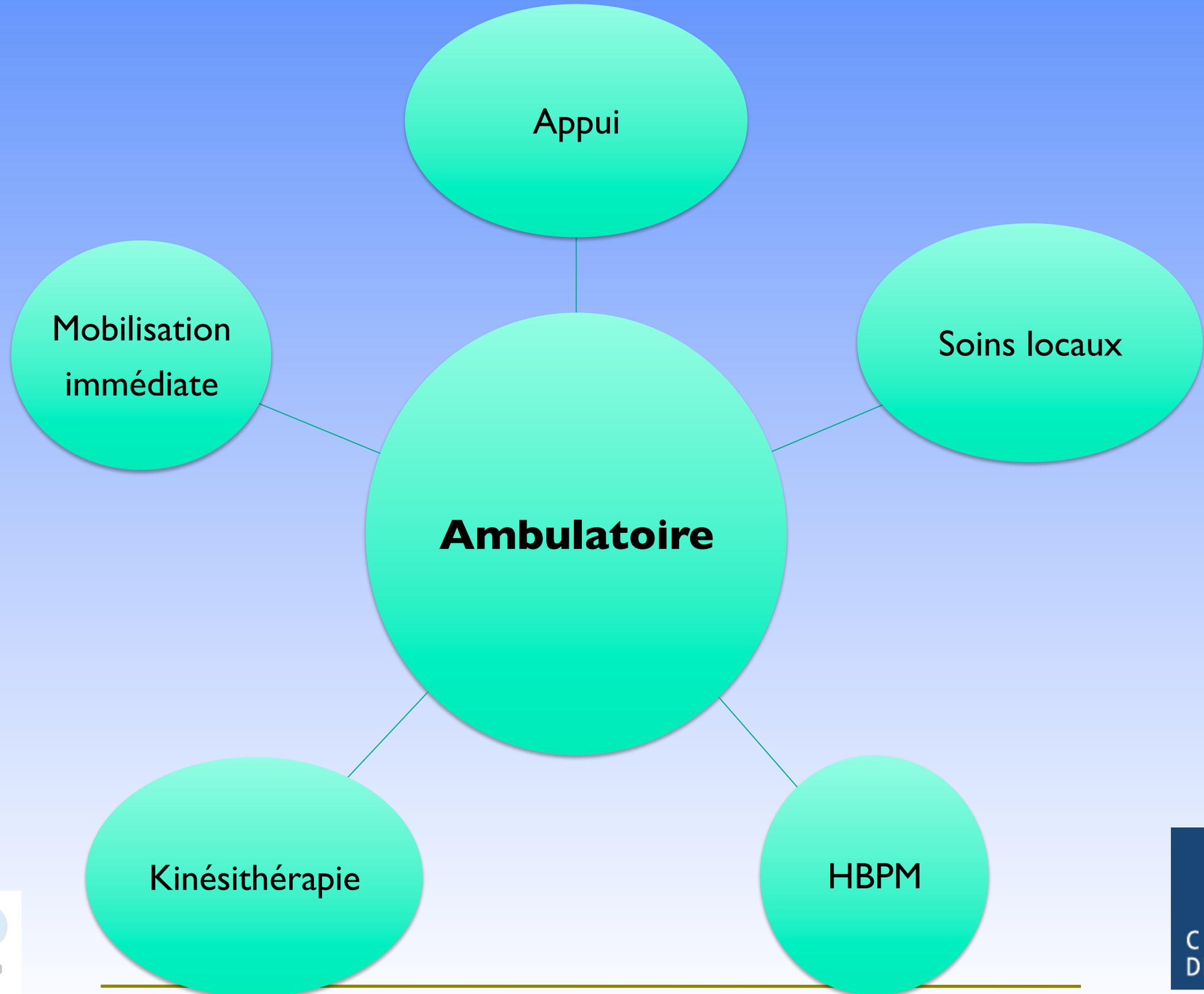
- Corps étranger



- Perforations sous chondrales de Pridie



Soins postopératoires



Conclusion

- ✓ Peu invasif, ambulatoire
- ✓ Indication variées
- ✓ « Save the meniscus »

MERCI POUR VOTRE ATTENTION

