# Role of the Lateral Extraarticular Procedure (ALL/LET) in ACL Reconstruction

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# Disclosures

Paid Consultant: Smith & Nephew, Avenue Therapeutics

Research Funding: U.S. Department of Defense, NIH, Revotek Inc, Smith & Nephew

Arthroscopy Journal Associate Editor

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## Why are we even talking about this?

# Primary ACL Reconstructions without augmentation all do GREAT!!!



# ACL Outcomes

- RTS: 50% 90% approx. 65% are at pre-injury level
- Re-injury: 30% risk of 2nd ACL injury (ipsi- or contra-lateral) within 2 year after RTS in athletes <25 years old</li>
   – 21% contralateral
  - 9% ipsilateral
- OA: 20% 55% within 10-20 years
- Persistent laxity, especially rotational, on objective knee testing in approx. 40%



# **Constant Evolution of Technique**

- Open ACL Reconstruction
- Two incision technique, Rear Entry Guide
- Arthroscopic Transtibial Technique
- Double Bundle Arthroscopic ACLR
- Femoral Independent Drilling Techniques
- And now what's up with the ALL (Anterolateral Ligament)????



### High grade AL laxity is not just an ACL injury

Prevalence and Classification of Injuries of Anterolateral Complex in Acute Anterior Cruciate Ligament Tears

Andrea Ferretti, M.D., Edoardo Monaco, M.D., Mattia Fabbri, M.D., Barbara Maestri, M.D., and Angelo De Carli, M.D.

Arthroscopy 2017

- Macroscopic tears of the lateral capsule were clearly identified at surgery in 54 of 60 patients
- Type I: 19/60 Type II: 16/60 Type III: 13/60 Type IV: 6/60
- In all cases, repair resulted in a marked reduction or apparent disappearance of the pivot-shift phenomenon
- Positive correlation between lesions of the lateral compartment and a pivot shift graded 2 or 3



# MBCNEWS NBCNEWS

Ehe New York Times

## **Doctors Identify a New Knee Ligament**

By GRETCHEN REYNOLDS NOVEMBER 13, 2013 12:01 AM

Claes J Anat 2013

64



# Anterolateral Ligament (ALL)

- There's still a lot of <u>debate</u>
- Is this New?
  Does it Really Exist?
  What does it do?
  How do we treat?





# New Ligament or New Name?

- Fibrous bunches that reinforce the capsule Weitbrecht, 1752)
- Pearly, resistant, fibrous band (Segond, 1879)





#### Anatomy of the anterolateral ligament of the knee

PennState Health

Steven Claes,<sup>1</sup> Evie Vereecke,<sup>2</sup> Michael Maes,<sup>1</sup> Jan Victor,<sup>3</sup> Peter Verdonk<sup>4</sup> and Johan Bellemans<sup>1</sup>

<sup>1</sup>Department of Orthopedic Surgery & Traumatology, University Hospitals Leuven, Leuven, Belgium <sup>2</sup>Department of Development and Regeneration, Faculty of Medicine@Kulak, Catholic University Leuven, Kortrijk, Belgium <sup>3</sup>Department of Orthopedic Surgery & Traumatology, University Hospital Gent, Ghent, Belgium <sup>4</sup>Antwero Orthopedic Center. Monica Hospitals. Antwero. Belgium





#### **Penn State Orthopaedics**

Cavaignac, KSSTA 2016

# **ALL Biomechanics**

- ALL limits Internal Rotation
  - Flexion >35 degrees
- Not involved in anterior translation



Parsons, Gee AJSM 2015; Rasmussen AJSM 2015; Spencer AJSM 2015



# **ALL Biomechanics**

- Kittl AJSM 2015
  - IT band is the key structure, more than the ALL
  - Superficial and espec Deep (capsulo-osseous layer) of IT band resist IR & Ant. translation
  - Both Intact and ACL deficient state



Figure 7. Contribution of tested structures in restraining a 5-N·m internal rotation torque at  $0^{\circ}$ ,  $30^{\circ}$ ,  $60^{\circ}$ , and  $90^{\circ}$  of flex-





**Penn State Orthopaedics** Kittl, Amis AJSM 2015

# **Biomechanics Summary**

#### The Anterolateral Ligament of the Knee: An Updated Systematic Review of Anatomy, Biomechanics, and Clinical Outcomes



Connor P. Littlefield, B.A., John W. Belk, B.A., Darby A. Houck, B.A., Matthew J. Kraeutler, M.D., Robert F. LaPrade, M.D., Ph.D., Jorge Chahla, M.D., Ph.D., and Eric C. McCarty, M.D.

Arthroscopy 2021

- Five articles analyzed the biomechanics of the ALL

"The Anterolateral Ligament Complex acts as a secondary stabilizer to the anterior cruciate ligament and helps resist internal knee rotation and possibly anterior tibial translation"



# ALL Anatomy is confusing...

- Anatomy can be subjective
- Confusion as different terms describe the same structures
  Mid-third lateral capsular ligament
  Capsulo-osseous layer
  - Anterolateral ligament
- Varying dissection techniques



Dodds, Bone Joint J 2014, Kraetler AJSM 2017



# Controversy about Anatomy

- The dissection studies are not consistent
  - Fresh-Frozen vs. Embalmed Specimens
  - Dissection of overlying IT Band
  - Knee flexion at the time of dissection





Claes J Anat 2013; Herbst KSSTA 2017



# Don't Lose Focus...





# The lateral side of the knee helps with biomechanics of the knee

- Anterolateral Complex (ALC) instead of ALL
- ALC includes: IT Band and its components Underlying anterolateral capsule
- May or may not have a specific capsular "ligament"
- Biomechanical studies The ALC is a 2° stabilizer to the ACL and helps resist internal knee rotation and possibly anterior tibial translation





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## Can we use this information to help improve ACL reconstruction technique and outcomes???w



# 1980's Extra-articular tenodesis

- Non-anatomic procedures
- Concerns about over-constraining knee → Arthritis
- Often required long periods of casting → Stiffness
- Outcomes fairly poor across techniques
   Fell out of favor
  - Evolution toward the modern intra-articular ACL reconstruction techniques

Dodds JBJS(b) 2014







# Are Lateral Augmentation Procedures Bringing Us "Back to the Future"???









# Maybe we can keep the baby. but throw out the bathwater....





Lateral extra-articular tenodesis (LET) vs ACLR
 Moment arm of LET >> ACLR





**Penn State Orthopaedics** 

Williams Arthroscopy 2018

## **2 Major Lateral Augmentation Procedures**

#### <u>ALL Reconstruction</u>

- Allograft or autograft
- Tunnel on tibia 1/2 way Fib- Gerdy
- Graft superficial to LCL

- Lateral extra-articular tenodesis (LET)
  - ITB left attached at Gerdy's
  - Using different fixation on femur
  - Variability in tunnel positions on femur
  - Graft deep to LCL and slings around Geeslin AJSM 2017







## What is the best method to control rotation?

#### **Biomechanical Comparison of Anterolateral Procedures Combined With Anterior Cruciate Ligament Reconstruction**

Eivind Inderhaug,\*<sup>†</sup> MD, PhD, Joanna M. Stephen,\*<sup>‡</sup> PhD, Andy Williams,<sup>‡</sup> FRCS(Orth), FFSEM, and Andrew A. Amis,\*§I FREng, DSc(Eng) Investigation performed at Imperial College London, London, UK

#### **ALL Recon**

LET

AJSM 2016











## **Biomechanical Studies of ALC**

#### Biomechanical Analysis of Simulated Clinical Testing and Reconstruction of the Anterolateral Ligament of the Knee

Luke Spencer,<sup>\*</sup> MBBS, FRACS(Orth), Timothy A. Burkhart,<sup>†</sup> PhD, EIT, RegKin, Michael N. Tran,<sup>\*</sup> MD, FRCSC, Alex James Rezansoff,<sup>\*</sup> MD, FRCSC, Shaneel Deo,<sup>\*</sup> BHB(Hons), MBChB, FRACS(Orth), Scott Caterine,<sup>\*†</sup> BSc, MSc, and Alan M. Getgood,<sup>\*§</sup> MPhil, MD, FRCS(Tr&Orth)

Investigation performed at the Department of Mechanical and Materials Engineering, Western University, London, Ontario, Canada



- Statistically significant increase in internal rotation with ALL sectioning
- No significant improvement with ALL recon
- LET Significant improvement in controlling rotation and translation



### More obliquity of LET vs ALL = More control over IR



#### Williams Arthroscopy 2018



# **Clinical Results of LET**

#### Systematic Review

Lateral Extra-articular Tenodesis Reduces Rotational Laxity When Combined With Anterior Cruciate Ligament Reconstruction: A Systematic Review of the Literature

Christopher E. Hewison, B.Sc.(Kin), Michael N. Tran, M.D., F.R.C.S.C., Nicole Kaniki, A.T.C., M.Sc., Alliya Remtulla, B.Sc.(Kin), M.Sc., Dianne Bryant, Ph.D., and Alan M. Getgood, M.Phil., M.D., F.R.C.S.(Tr&Orth), Dip.S.E.M.

Arthroscopy 2015

 Metaanalysis demonstrates a statistically significant reduction in pivot shift with the combined procedure (ACLR + LET)

	ACL plus LET		ACL alone				Favours	Favours
	# of		# of				LET	control
Study	events	Sample size	events	Sample size	Odds Ratio (95% CI)	17121		
Anderson et al. <sup>2</sup>	11	34	22	68	1.00 (0.41 to 2.41)			
Barrett et al. <sup>5</sup>	1	32	6	38	0.17 (0.02, 1.51)	8		<u></u>
Dejour et al. <sup>10</sup>	2	25	10	50	0.35 (0.07 to 1.73)			
Goertzen et al.18	2 0 2 2	32	3	24	0.09 (0.00 to 1.92)		120 0	<u> </u>
Hefti et al. <sup>19</sup>	2	23	3 2	52	2.38 (0.31 to 18.04)		( <u>)</u>	
Kerschbaumer et al. <sup>27</sup>	2	37	5	13	0.09 (0.01 to 0.56)			
Noyes et al. <sup>43</sup>	10	40	26	64	0.49 (0.20 to 1.17)			
O'Brien et al. <sup>44</sup>	7	48	6	32	0.74 (0.22 to 2.45)			
Roth et al.48	21	43	27	50	0.81 (0.36 to 1.84)			
Strum et al.55	6	43	13	84	0.89 (0.31 to 2.52)			
Trichine et al.57	4	55	11	52	0.29 (0.09 to 0.99)			
Vadala et al. <sup>59</sup>	5	27	16	28	0.17 (0.05 to 0.58)			
Zaffagnini (2006) et al.64	2	25	12	50	0.28 (0.06 to 1.34)			
Zaffagnini (2008) et al. <sup>63</sup>	2	35	0	37	5.60 (0.26 to 120.80)			
Overall	75	499	159	642	0.50 (0.32 to 0.78)		•	)
Heterogeneity: I <sup>2</sup> = 34%						0.005	5 0.1	10 200
Test for overall effect: $Z = 3.06$ (P = 0.002)						Odds Ratio (95% CI)		



# Stability Study

- RCT ACLR vs ACLR + LET
- 624 patients randomized / 523 at 2 years f/u
- Age 18.9
- 2+ or greater pivot
- High Beighton score (hyperlaxity)
- ACLR with HS
- <u>41% graft failure in ACLR (vs 25% ACL + LET)</u>
- PROs same

Conclusion: The addition of LET to a single-bundle hamstring tendon autograft ACLR in young patients at high risk of failure <u>results in a statistically significant, clinically</u> <u>relevant reduction in graft rupture and persistent rotatory laxity</u> at 2 years after surgery.

Getgood et al AJSM 2020



PennState Health

## So we got it figured out then right???





# Potential Overconstraint ACLR + ALLR decreases native IR



### Indications need to be defined



Penn State Orthopaedics Netri, AJSM 2016

# Overconstraint...

### Anterolateral Knee Extra-articular Stabilizers

A Robotic Study Comparing Anterolateral Ligament Reconstruction and Modified Lemaire Lateral Extra-articular Tenodesis

Geeslin et al AJSM 2017



Mean intact-subtracted tibial internal rotation (IR) is shown for tested conditions at knee flexion angles 0 to 90. A negative value represents overconstraint as compared to the intact state.



# So Where Are We?





# **Current State**

- Consensus has been reached to call it Anterolateral complex (ALC)
- Anterolateral complex reconstruction clearly has role alongside ACL reconstruction in improving ACL injuries
- Concerns about over constraint when both performed
- Indications continue to evolve



# Summary

- Level 5 considerations for use of "ALC recon" (Musahl KSSTA 2017)
  - Revision ACL
  - With primary ACLR in high-grade pivot shift or ligamentous laxity
- Other factors remain in ACL treatment
  - Meniscus, Bony morphology of joint surfaces, Alignment, etc
- Research ongoing, indications continue to evolve



### Modified Lemaire Lateral Extraarticular Tenodesis





# Thank You



