

Sports Medicine

Evidence Matters

Cartilage Regrowth on Chondral Lesion using MicroFX



A. David Davis, MD is a partner physician at Access Sports Medicine and Orthopaedics in Portsmouth, New Hampshire. A native of California, he earned his Medical Degree from Loma Linda University School of Medicine then completed his Orthopaedic Residency at Boston University School of Medicine and his surgical training as a Sports Medicine Fellow at New England Baptist Hospital. He is board certified by the American Board of Orthopaedic Surgery. Dr. Davis has worked as an assistant Team Physician for the Boston Celtics, Tufts University Football and Hockey programs, and is currently a team physician for several New Hampshire Seacoast High Schools. His clinical practice includes arthroscopic surgery with a focus on ACL reconstructions, meniscus repairs, shoulder dislocations, rotator cuff repairs, and labrum repairs of the shoulder and hip.

Case Report

A 21-year old female undergoing a two-staged revision ACL reconstruction was found to have a concomitant large (12x20mm) chondral lesion on the medial femoral condyle (Figure 1). During the first stage of the reconstruction, the cartilage lesion was treated using Stryker's MicroFX Osteochondral Drilling System. A total of 12 holes were drilled and set to a depth of 7mm (Figure 2). The second planned stage of the ACL reconstruction was completed 10 months after the microfracture treatment and allowed for evaluation of the medial femoral condyle cartilage lesion. As can be seen, excellent fibrocartilage growth was found to have completely covered the previously full-thickness cartilage lesion (Figure 3).



Figure 1 - Chondral Lesion



Figure 2 - MicroFX Drill Holes



Figure 3 - Fibrocartilage Growth

Dr. Davis concludes:

"I was extremely pleased with this result and would highly recommend the Stryker MicroFX system in cases where a micro fracture is indicated."

Note: The statements contained herein represent Dr. Davis' own opinions based on personal experience and are not necessarily those of Stryker. Individual results may vary.

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