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"Nothing Ruins a Good Operation … Like Clinical Follow-Up": Author Reply to "Posterior Lateral Meniscal Root and Oblique Radial Tears: The Biomechanical Evidence Supports Repair of These Tears, Although Long-Term Clinical Studies Are Necessary"

We are honored that Dr. Robert LaPrade and this eminent group of surgeons took such an interest in this study. They present an extensive review of the biomechanical and laboratory evidence to support repair of lateral meniscus posterior horn root tears. We do not dispute these findings, and we agree with their conclusions that repair has a strong biomechanical basis to expect improvement of clinical outcomes and avoid premature osteoarthritis. There is currently an absence of clinical evidence to confirm these expectations. Our study, with its limitations, presents the only long-term natural history of untreated lateral meniscal posterior horn lesions in the context of anterior cruciate ligament

(ACL) reconstruction in the literature. The clinical relevance is that leaving these tear patterns in situ does not appear to result in significant long-term pain, disability, or osteoarthritis after ACL reconstruction.

We agree that in skilled and experienced hands, surgical repair of posterior horn lateral meniscal tears may be executed successfully. We do not agree that this technique is easy and without potential complications. Whilst this eminent and experienced group of surgeons wish to "err on the side of repair in these patients" in the "absence of clear harm," we disagree that this technique should be universally encouraged. In the absence of clinical data, we cannot conclude that the addition of this procedure to an ACL reconstruction will result in superior outcomes. We have considerable respect for the extensive experience and intellectual quality of the co-authors of this letter but at this time will respectfully have to agree to disagree on this issue.

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