Early surgery not superior for meniscal tears in young adults

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(HealthDay)—Early meniscal surgery is not superior to a strategy of

exercise and education with the option of later surgery among young, active adults with meniscal tears, according to a study published online Jan. 25 in *NEJM Evidence*.

Søren T. Skou, Ph.D., from University of Southern Denmark in Odense, and colleagues randomly assigned 121 young adults (aged 18 to 40 years) with magnetic resonance imaging-verified meniscal tears eligible for surgery to either surgery (partial meniscectomy or meniscal repair) or 12-week supervised exercise therapy and education with the option of surgery later if needed.

The researchers found that 16 participants (26 percent) from the exercise group crossed over to surgery, while eight individuals (13%) from the surgery group did not undergo surgery. There were no statistically significant differences observed between groups from baseline to 12 months for change in Knee Injury and Osteoarthritis Outcome Scores, nor for serious adverse events. Similar results were seen for per-protocol and as-treated analyses.

"We are continuing our research in this area and are currently investigating whether magnetic resonance imaging scans of patients two years after a meniscal injury will allow us to see signs of osteoarthritis and whether there is a difference between the scans of those who have had surgery and those who have completed the exercise program," Skou said in a statement. "Our goal is to be able to show whether one or the other treatment is better at preventing osteoarthritis later in life."

More information: Søren T. Skou et al, Early Surgery or Exercise and Education for Meniscal Tears in Young Adults, *NEJM Evidence* (2022). DOI: 10.1056/EVIDoa2100038

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