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Osteochondral Allograft: An International Consensus Statement on Cartilage Repair of the Ankle

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Summary:
This international consensus derived from leaders in the field will assist clinicians with osteochondral allograft as a treatment strategy for osteochondral lesions of the talus.

Abstract:

Introduction

The evidence supporting best practice guidelines in the field of cartilage repair of the ankle are based on both low quality and low levels of evidence. Therefore, an international consensus group of experts was convened to collaboratively advance toward consensus opinions based on the best available evidence on key topics within cartilage repair of the ankle. The purpose of this article is to report the consensus statements on osteochondral allograft developed at the 2017 International Consensus Meeting on Cartilage Repair of the Ankle.

Methods

Seventy-five international experts in cartilage repair of the ankle representing 25 countries and one territory were convened and participated in a process based on the Delphi method of achieving consensus. Questions and statements were drafted within 11 working groups focusing on specific topics within cartilage repair of the ankle, after which a comprehensive literature review was performed and the available evidence for each statement was graded. Discussion and debate occurred in cases where statements were not agreed upon in unanimous fashion within the working groups. A final vote was then held, and the strength of consensus was characterized as follows: consensus: 51 - 74%; strong consensus: 75 - 99%; unanimous: 100%.

Results

A total of 15 statements on osteochondral allograft transplantation reached consensus during the 2017 International Consensus Meeting on Cartilage Repair of the Ankle. One achieved unanimous support and 14 reached strong consensus (greater than 75% agreement). All statements reached at least 85% agreement. The single statement that achieved unanimous support was that three-dimensional measurements (length, width, and height) of the talus as measured on computed tomography (CT) scan are the most critical measurements when procuring a sized-matched allograft for bulk transplantation. Additional statements achieving consensus included the preferred type of allograft, the optimal time for use of fresh osteochondral allograft, minimum amount of bone stock that should be maintained in the native talus after preparation for a bulk osteochondral allograft, and optimal graft fixation methods.

Discussion And Conclusion

This international consensus derived from leaders in the field will assist clinicians with osteochondral allograft as a treatment strategy for osteochondral lesions of the talus.