

Physical Therapy vs. Meniscectomy in Osteoarthritis Patients with Meniscal Tears

Outcomes at 5 years were not different.

In the previously published METEOR study (*NEJM JW Gen Med* May 1 2013 and *N Engl J Med* 2013; 368:1675), researchers randomized 350 patients with meniscal tears and mild-to-moderate osteoarthritis (OA) to physical therapy (PT) alone or meniscectomy followed by PT. Intent-to-treat analyses showed that physical function and pain improved equally in the two groups at 6 and 12 months; however, 30% of PT-alone patients had crossed over to surgery by 6 months, and another 5% had crossed over at 12 months.

The METEOR researchers now report 5-year outcomes in the same patient population. Standardized OA pain scores (the primary outcome) improved in both groups during the first 24 months and were stable at 24 to 60 months. Twenty-five patients (7%) underwent total knee replacement (TKR; a secondary outcome) during the 5-year follow-up. In an intent-to-treat analysis, TKR risk in those randomized to partial meniscectomy or PT alone was not significantly different. However, in an as-treated analysis (combining patients initially randomized to meniscectomy plus those who crossed over to it), meniscectomy recipients were more likely to undergo TKR than were those who received PT alone (10% vs. 2%). This difference was significant after adjustment for baseline characteristics.

COMMENT

This 5-year follow-up reinforces the initial 1-year message — outcomes with PT alone and meniscectomy were the same at 60 months. Hence, PT should be the initial option for OA patients with meniscal tears, and surgery should be considered only if PT fails. Moreover, in the as-treated analysis, patients who underwent meniscectomy had a higher likelihood of requiring TKR; previous studies have suggested that partial meniscectomy might predispose patients to progression of OA.

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Katz JN et al. Five-year outcome of operative and nonoperative management of meniscal tear in persons older than forty-five years. *Arthritis Rheumatol* 2020 Feb; 72:273. (<https://doi.org/10.1002/art.41082>)