Autograft Vs Allograft Treatment for Osteochondral Lesions of the Talus (OLT)

Retrospective study on 41 patients with OLT who chose their graft type

Clinical and MRI outcomes were compared over a 2-year follow-up period

Osteochondral autografts provide superior clinical and MRI outcomes, while allograft-treated patients experience a higher rate of failure

Clinical and MRI outcomes were significantly higher in the autograft group:

- **Postoperative FAOS**
  - Autograft: 81.9
  - Allograft: 70.1
  - p = 0.006

- **Postoperative SF-12 scores**
  - Autograft: 74.7
  - Allograft: 66.1
  - p = 0.021

- **Graft chondral wear**
  - Autograft: 4%
  - Allograft: 53%
  - p < 0.001

- **Graft cyst formation**
  - Autograft: 8%
  - Allograft: 47%
  - p = 0.017

25% of the allograft group required secondary procedures for the graft

Large lesions of the talus are often treated with an osteochondral transplant