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Current management of talar osteochondral lesions

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**Abstract**

Osteochondral lesions of the talus (OLT) occur in up to 70% of acute ankle sprains and fractures. OLT have become increasingly recognized with the advancements in cartilage-sensitive diagnostic imaging modalities. Although OLT may be treated nonoperatively, a number of surgical techniques have been described for patients whom surgery is indicated. Traditionally, treatment of symptomatic OLT have included either reparative procedures, such as bone marrow stimulation (BMS), or replacement procedures, such as autologous osteochondral transplantation (AOT). Reparative procedures are generally indicated for OLT < 150 mm<sup>2</sup> in area. Replacement strategies are used for large lesions or after failed primary repair procedures. Although short- and medium-term results have been reported, long-term studies on OLT treatment strategies are lacking. Biological augmentation including platelet-rich plasma and concentrated bone marrow aspirate is becoming increasingly popular for the treatment of OLT to enhance the biological environment during healing. In this review we describe the most up-to-date clinical evidence of surgical outcomes, as well as both the mechanical and biological concerns associated with BMS and AOT. In addition, we will

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