Advancements in Cartilage Repair Techniques for Knee and Hip Injuries

Bria Kunde*

Department of Orthopaedic Surgery, University of Oxford, Oxford, United Kingdom

Short Communication

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*For Correspondence:

Bria Kunde, Department of Orthopaedic Surgery, University of Oxford, Oxford, United Kingdom

E-mail: bria.kunde@ox.ac.uk

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DESCRIPTION

Cartilage damage in the knee and hip joints presents a significant challenge to orthopedic medicine, often leading to pain, disability and diminished quality of life. Articular cartilage, which provides a smooth surface for joint movement, has limited regenerative capabilities due to its avascular nature. Traditional treatments such as rest, anti-inflammatory medications and joint replacement surgeries have proven effective in symptom management but do not address the root cause of cartilage damage. Recent advances in cartilage repair techniques offer exciting possibilities for enhancing cartilage regeneration and restoring joint function.

Current challenges in cartilage repair

The intrinsic limitations of cartilage regeneration stem from its lack of blood vessels and low cellular turnover. Once damaged, cartilage does not regenerate effectively, often leading to osteoarthritis, a progressive joint disease. Traditional treatment options, including microfracture, Autologous Chondrocyte Implantation (ACI) and osteochondral autograft transplantation, provide varying degrees of success but are often limited by issues such as suboptimal cartilage quality, donor site morbidity and inadequate long-term outcomes [1-3].

Therefore, there has been an increasing focus on developing more effective cartilage repair techniques that promote true cartilage regeneration, restore joint functionality and delay or prevent the need for joint replacement surgery.

Advances in cartilage repair techniques

Stem cell therapy: Stem cell-based therapies have emerged as a promising solution to promote cartilage repair and regeneration.

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Mesenchymal Stem Cells (MSCs) derived from sources such as bone marrow, adipose tissue, or synovial fluid are known for their ability to differentiate into chondrocytes and promote tissue repair. When delivered to the site of cartilage injury, these stem cells can potentially regenerate hyaline-like cartilage, which closely mimics the native articular cartilage. Recent studies have highlighted the potential of stem cell therapies in both knee and hip cartilage repair. MSCs, combined with biomaterials such as hydrogels or scaffolds, have been shown to enhance chondrogenesis and support the regeneration of damaged cartilage. The use of scaffolds that provide structural support and promote cell proliferation and differentiation is a critical advancement in stem cell therapy, improving the repair process [4-6].

Gene therapy and genetic modulation: Gene therapy is a cutting-edge technique aimed at directly modifying the genetic material of the target cells to promote cartilage regeneration. This approach involves the introduction of genes encoding for growth factors that enhance cartilage formation, such as BMP-7 (Bone Morphogenetic Protein) or TGF-β. These growth factors stimulate chondrocyte differentiation and collagen production, promoting the repair of damaged cartilage. Gene therapy has shown promise in animal models, with studies demonstrating the potential for enhanced cartilage regeneration and improved functional outcomes. Recent advances in viral and non-viral vectors have made it easier to deliver therapeutic genes to the cartilage lesion site, offering a targeted approach that could enhance the efficacy of existing repair methods [7-9].

Microfracture and novel enhancements: Microfracture, a technique that involves creating small holes in the bone beneath the cartilage to stimulate healing, remains one of the most widely used cartilage repair procedures. However, the type of tissue formed through microfracture is often fibrocartilage, which does not possess the same mechanical properties or longevity as hyaline cartilage. Recent innovations have focused on enhancing microfracture techniques by combining them with other therapies, such as stem cell injections, Platelet-Rich Plasma (PRP), or growth factor delivery, to improve the quality of the newly formed tissue.

Despite these promising advancements, several challenges remain in the field of cartilage repair. Achieving the regeneration of high-quality hyaline cartilage remains difficult and the long-term durability of repaired cartilage continues to be a major concern. Additionally, the optimal delivery methods for stem cells, growth factors and genetic material require further refinement to ensure targeted and efficient treatment.

REFERENCES

- 1. Liu SQ, et al. [Sphingosine kinase 1 promotes the metastasis of colorectal cancer by inducing the](https://pmc.ncbi.nlm.nih.gov/articles/PMC6254930/) epithelial-[mesenchymal transition mediated by the FAK/AKT/MMPs axis.](https://pmc.ncbi.nlm.nih.gov/articles/PMC6254930/) International Journal of Oncology. 2019;54(10):41-52.
- 2. Yu M, et al. [Increased SPHK1 and HAS2 expressions correlate to poor prognosis in pancreatic cancer.](https://onlinelibrary.wiley.com/doi/10.1155/2021/8861766) BioMed Research International 2021;7(2):1-8.
- 3. Ma Y, et al. SphK1 promotes development of non‑[small cell lung cancer through activation of STAT3.](https://www.spandidos-publications.com/10.3892/ijmm.2020.4796) International Journal of Molecular Medicine. 20219(47):374-386.
- 4. Mitchell S, et al. Signaling *via* [the NFκB system. Wiley interdisciplinary reviews systems biology and medicine](https://wires.onlinelibrary.wiley.com/doi/10.1002/wsbm.1331). 2016;9(8):227-241.

Research & Reviews: Orthopedics

- 5. Wang MD, et al. [TSPAN1 inhibits metastasis of nasopharyngeal carcinoma](https://www.nature.com/articles/s41417-023-00716-w) *via* suppressing NF-kB signaling. Cancer Gene Therapy. 2023;73(22):1-10.
- 6. Yang W, et al. [TRIM52 plays an oncogenic role in ovarian cancer associated with NF-kB pathway.](https://www.nature.com/articles/s41419-018-0881-6) Cell Death & Disease. 2018;19(9):908.
- 7. Deng YZ, et al. [RACK1 suppresses gastric tumorigenesis by](https://www.gastrojournal.org/article/S0016-5085(12)00014-5/fulltext?referrer=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F) stabilizing the β-catenin destruction complex. Gastroenterology. 2012;46(14):812-823.
- 8. Long X, et al[. MRGBP promotes colorectal cancer metastasis](https://www.sciencedirect.com/science/article/abs/pii/S0014482722003688?via%3Dihub) *via* DKK1/Wnt/β-catenin and NF-kB/p65 pathways [mediated EMT.](https://www.sciencedirect.com/science/article/abs/pii/S0014482722003688?via%3Dihub) Experimental Cell Research. 2021;10(4):113375.
- 9. Zhang JX, et al. [Correction: LINC01410-miR-532-NCF2-NF-kB feedback loop promotes gastric cancer](https://www.nature.com/articles/s41388-018-0162-y) [angiogenesis and metastasis. Oncogene. 2021;](https://www.nature.com/articles/s41388-018-0162-y)40(9):5247-5252.