

Subchondral and intra-articular injections of bone marrow concentrate are a safe and effective treatment for knee osteoarthritis: a prospective, multi-center pilot study

[Elizaveta Kon](#) 1 2, [Angelo Boffa](#) 3, [Luca Andriolo](#) 4, [Alessandro Di Martino](#) 4, [Berardo Di Matteo](#) 2 5, [Nicola Magarelli](#) 1, [Maurilio Marcacci](#) 1 2, [Francesco Onorato](#) 1, [Nicoletta Trenti](#) 1, [Stefano Zaffagnini](#) 4, [Giuseppe Filardo](#) 6

Affiliations expand

• PMID: 33772602 DOI: [10.1007/s00167-021-06530-x](https://doi.org/10.1007/s00167-021-06530-x)

Abstract

Purpose: Subchondral bone is becoming a treatment target for knee OA patients, with promising early findings on the use of bone marrow aspirate concentrate (BMAC). The aim of this prospective, multi-centric pilot study was to evaluate safety as well as clinical and MRI outcomes of a combined approach of intra-articular and subchondral BMAC injections.

Methods: Thirty patients (19 men, 11 women, 56.4 ± 8.1 years) with symptomatic knee OA were treated with a combination of an intra-articular and two subchondral BMAC injections (femoral condyle and tibial plateau). Patients were evaluated at baseline and at 1-3-6-12 months of follow-up with the IKDC subjective, VAS, KOOS, and EQ-VAS scores. The MRI evaluation was performed with the WORMS score.

Results: No major complications were reported and only two patients were considered treatment failures, requiring a new injective or surgical treatment. The IKDC subjective score improved significantly from 40.5 ± 12.5 to 59.9 ± 16.1 at 3 months, 59.1 ± 12.2 at 6 months, and 62.6 ± 19.4 at 12 months

($p < 0.0005$). A similar improvement was reported for VAS pain and all KOOS subscales at all follow-ups, while EQ-VAS did not show any significant improvement. The MRI analysis showed a significant bone marrow edema reduction ($p = 0.003$), while the remaining WORMS parameters did not show any significant changes.

Conclusion: The pilot evaluation of this combined BMAC injective treatment showed safety and positive outcome up to 12 months of follow-up in patients with symptomatic knee OA associated with subchondral bone alterations. These findings suggest that targeting both subchondral bone and joint environment can provide promising results, and that BMAC can be a valid option for this combined approach to treat knee OA.

Keywords: BMAC; Bone marrow; Injectve; Intra-articular; Knee; Osteoarthritis; Subchondral.

Similar articles

- [Role of Scaffolds, Subchondral, Intra-Articular Injections of Fresh Autologous Bone Marrow Concentrate Regenerative Cells in Treating Human Knee Cartilage Lesions: Different Approaches and Different Results.](#) Hernigou J, Vertongen P, Rasschaert J, Hernigou P.
Int J Mol Sci. 2021 Apr 8;22(8):3844. doi: 10.3390/ijms22083844.
PMID: 33917689 **Free PMC article.** Review.
- [Functional Outcomes Following Microfragmented Adipose Tissue Versus Bone Marrow Aspirate Concentrate Injections for Symptomatic Knee Osteoarthritis.](#) Mautner K, Bowers R, Easley K, Fausel Z, Robinson R.
Stem Cells Transl Med. 2019 Nov;8(11):1149-1156. doi: 10.1002/sctm.18-0285. Epub 2019 Jul 21.
PMID: 31328447 **Free PMC article.**

- **Bone marrow concentrate injections for the treatment of osteoarthritis: evidence from preclinical findings to the clinical application.** Cavallo C, Boffa A, Andriolo L, Silva S, Grigolo B, Zaffagnini S, Filardo G. *Int Orthop.* 2021 Feb;45(2):525-538. doi: 10.1007/s00264-020-04703-w. Epub 2020 Jul 13. PMID: 32661635 **Free PMC article.** Review.
- **Subchondral Calcium Phosphate is Ineffective for Bone Marrow Edema Lesions in Adults With Advanced Osteoarthritis.** Chatterjee D, McGee A, Strauss E, Youm T, Jazrawi L. *Clin Orthop Relat Res.* 2015 Jul;473(7):2334-42. doi: 10.1007/s11999-015-4311-0. Epub 2015 Apr 28. PMID: 25917421 **Free PMC article.**
- **One-Stage Cartilage Repair Using a Hyaluronic Acid-Based Scaffold With Activated Bone Marrow-Derived Mesenchymal Stem Cells Compared With Microfracture: Five-Year Follow-up.** Gobbi A, Whyte GP. *Am J Sports Med.* 2016 Nov;44(11):2846-2854. doi: 10.1177/0363546516656179. Epub 2016 Jul 29. PMID: 27474386

[See all similar articles](#)

References

1. Altamura SA, Di Martino A, Andriolo L, Boffa A, Zaffagnini S, Cenacchi A et al (2020) Platelet-Rich Plasma for sport-active patients with knee osteoarthritis: limited return to sport. *Biomed Res Int* 2020:8243865 - [DOI](#)
2. Angadi DS, Edwards D, Melton JTK (2020) Calcium phosphate injection of symptomatic bone marrow lesions of the knee: what is the current clinical evidence? *Knee Surg Relat Res* 32:4 - [DOI](#)
3. Astur DC, de Freitas EV, Cabral PB, Morais CC, Pavei BS, Kaleka CC et al (2019) Evaluation and

management of subchondral calcium phosphate injection technique to treat bone marrow lesion.

Cartilage 10:395–401 - [DOI](#)

4. Bayliss LE, Culliford D, Monk AP, Glyn-Jones S, Prieto-Alhambra D, Judge A et al (2017) The effect of patient age at intervention on risk of implant revision after total replacement of the hip or knee: a population-based cohort study. Lancet 389:1424–1430 - [DOI](#)
5. Blumenkrantz G, Lindsey CT, Dunn TC, Jin H, Ries MD, Link TM et al (2004) A pilot, two-year longitudinal study of the interrelationship between trabecular bone and articular cartilage in the osteoarthritic knee. Osteoarthr Cartil 12:997–1005 - [DOI](#)