Subchondral bone marrow lesions (BMLs) are important to identify and treat, as they are highly predictive of total knee arthroplasty (TKA)\(^1\)

**Quick Facts**

**IntraOsseous BioPlasty® Technique**  
**(IOBP® Technique)**

**BMLs can result from\(^1\):**
- Subchondral insufficiency fractures
- Osteoarthritis
- Avascular necrosis
- Acute trauma
- Chronic trauma
- Delayed bone union
- Osteoporosis

**Increased chance of a patient needing TKA within two years if BMLs are left untreated\(^2\):**

**Greater intraosseous pressures measured in medial and lateral femoral condyles of patients with BMLs than in patients without BMLs\(^3\):**

**Achieve Joint Preservation Through Comprehensive Treatment of BMLs:**
- Multiple kit options tailored to treat BMLs of the knee, hip, and talus
- IOBP core decompression device has a 3.3 mm diameter that can achieve a 7 mm cortex-sparing decompression
- The IOBP technique includes use of the Arthrex Angel® cPRP and bone marrow processing system and AlloSync™ Pure demineralized bone matrix to encourage bone remodeling and repair
- Simple procedure with a low complication rate; patients can bear weight as tolerated, allowing them an early return to function and activities of daily living\(^7,8\)

**Core decompression (CD) alone is not effective at treating necrotic lesions\(^4\):**

**Success at 5-year Follow-up**

- 77%

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<thead>
<tr>
<th>CD and BMA</th>
<th>CD alone</th>
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<td>100%</td>
<td>77%</td>
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**Before and After IOBP Procedure**

1.19% At 15-year (on average) follow-up, treatment with cell therapy resulted in per-year revision rates similar to TKA (1.19% versus 1.0%, respectively)\(^6\)

**Bone repair after BMA injection was observed in 88% of patients\(^5\):**

**References**


**The IOBP technique is associated with clinically significant improvements in pain and function\(^5\):**

**Before**

**After**

**Pain Visual Analog Scale (VAS)**

**International Knee Documentation Committee (IKDC)**