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15% OF TALAR OSTEOCHONDRAL LESIONS ARE PRESENT BILATERALLY WHILE ONLY 1 IN 3 BILATERAL LESIONS ARE BILATERALLY SYMPTOMATIC http://dx.doi.org/10.2106/JBJS.22.00122

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Appendix 1

Lesion size measurements for bilateral OLTs, and Separated by Symptomatology^a

		Unilateral Symptomatic Group		<i>P</i> -value [†]	Bilateral symptomatic Group (n = 85)	<i>P</i> -value [‡]
	All Ankles (n = 265)	Symptomatic Ankle $(n = 77)$	Asymptomatic Anklo (n = 103)	e		_
Lesion size AP (mm)	12.8 ± 5.5	14.6 ± 5.3	10.3 ± 4.7	<0.01	14.2 ± 5.4	0.60
Lesion size ML (mm)	8.2 ± 3.8	9.1 ± 4.0	6.7 ± 3.4	< 0.01	9.3 ± 3.5	0.53
Lesion size depth (mm)	6.7 ± 3.4	7.4 ± 3.6	5.5 ± 2.4	< 0.01	7.6 ± 3.7	0.56

^a: Data are reported in mean \pm SD.

^{†:} Statistical comparison between symptomatic and asymptomatic ankle in the unilateral symptomatic group.

^{‡:} Statistical comparison between symptomatic ankle in the unilateral symptomatic group and bilateral symptomatic group. Text in bold face represent statistically significant differences

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Appendix 2



Stages of observed fragment morphologies on the talar dome. **Stage I**: fragment or multiple fragments largely filling a sclerotic bone bed, either with or without subchondral cyst(s). **Stage II**: partial- or multiple fragment(s) filling less then 50%

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of the sclerotic bone bed, either with or without subchondral cyst(s). Appearance of progressive osteolysis of the osteochondral fragment. Stage III: crater-like morphology, with or without a small fragment remnant in sclerotic bone bed, and either with or without subchondral cyst(s). Appearance of complete or near complete osteolysis of the osteochondral fragment.

Of note: Morphological classification in this study, based on the most prominent morphology, would rate these cases as the following: Stage I: fragment, Stage II & III: crater.