INTRODUCTION
Within the young population, the literature examining the short term survival and the variables contributing to ACL injury after primary ACL reconstruction is limited. The long term evidence for the same is non-existent.

To determine the long term survival of the ACL graft and the CACL after primary reconstruction in those aged 18 years and under, and to identify the factors that increase the odds of subsequent ACL injury.

METHODS:
Patients having undergone primary ACL reconstruction at age 18 or less between 1993 and 1998, included in a prospective database by a single surgeon were considered. Single-incision endoscopic ACL reconstruction was performed with either autologous bone-patellar tendon-bone graft (BPTB) or hamstring tendon graft (HT). At a minimum of 15 years after ACL reconstruction patients completed a subjective questionnaire regarding current symptoms, further ACL injury, family history of ACL and level of activity.

RESULTS
288 juveniles, aged 13-18 years, met the inclusion criteria of which 242 (84%) were reviewed at a mean of 16.5 years after ACL reconstruction. 75 (31%) patients sustained a further ACL injury of which 27 (11.2%) suffered an ACL graft rupture, 33 suffered a CACL injury (13.6%) and 15 sustained BOTH an ACL graft and a CACL rupture (6.2%) over 15 years.

A large proportion of ACL graft ruptures occurred within the first two years of ACL reconstruction, as illustrated by the slope of the survival curve in Figure 3. We found one third of the total number of ACL graft ruptures to occur within one year of primary reconstructive surgery, an incidence of 5%.

Family history of ACL rupture significantly increased the hazard for ACL graft rupture and CACL injury was more common in males and those who return to team ball sports. High subjective scores and continued participation in sports were maintained over the long term after ACL reconstruction in the juvenile population.