Football player with acute lateral knee pain

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Life In Motion

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Outline

- Present case
- Diagnosis
- Management
- Conclusion



Case #1 - CP

 15 y/o male running back s/p football injury, presents w right knee pain, swelling, decreased ROM



History

• What questions to ask in the history?

History

- What happened?
 - Planted foot and pivoted, felt a "pop"
- Contact or non-contact?
 - Non contact
- What symptoms happened at the time?
 - Pain, mild swelling
- When?
 - 3 months prior to presentation
- Current symptoms, area of knee affected?
 - Pain
 - Lateral knee
 - Locking/catching
- Return to play?
 - No
- Treatment?
 - with ATC

Physical Exam

• What do we look for on physical exam?

Physical Exam

- Pain?
 - Tender at lateral knee joint line
- Swelling?
 - Mild
- Gait?
 - Normal gait
- ROM?
 - Normal with pain on terminal flexion
- Laxity?
 - None
- Neurovascular exam?
 - Intact
- Special tests?
 - Pain with lateral McMurray's test

Imaging

• What imaging to order?

Imaging

• Imaging – Xrays, MRI







Diagnosis

• 15 y/o male with left lateral meniscus radial tear



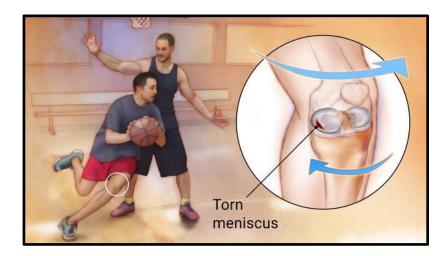
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Mechanism of injury

- Meniscus tears can occur with any activity that causes you to forcefully twist or rotate your knee, such as aggressive pivoting or sudden stops and turns.
- Can take place when an athlete twists or turns their upper leg while their foot is planted and their knee is bent.
- Even kneeling, deep squatting or lifting something heavy can sometimes lead to a torn meniscus.



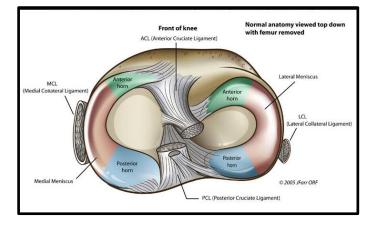
Epidemiology

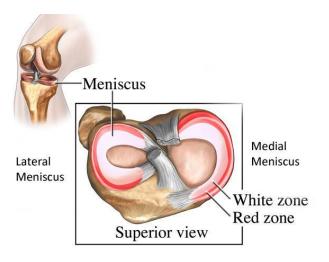
- Meniscus tears are the most common indication for knee surgery
- Meniscus tears are common sports-related injuries in young athletes
- Can also present as a degenerative condition in older patients
- Diagnosis can be suspected clinically with joint line tenderness and a positive McMurray's test
- Can be confirmed with MRI studies
- Higher risk for tear in ACL deficient knees



Meniscus anatomy

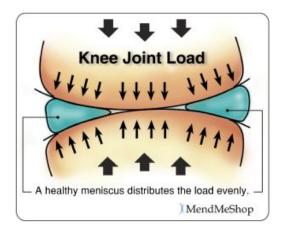
- Two "C-shaped" rings between the femur and tibia
- Medial and lateral
- Divided into "horns" anterior, body, posterior
- Made of fibroelastic cartilage (Type I collagen)
- 3 Zones:
 - Red zone (peripheral)
 - Red-White zone
 - White zone (central)

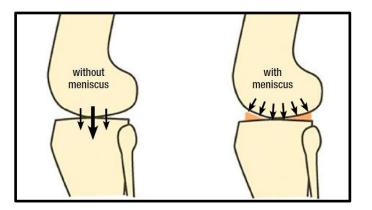




Meniscus function

- Shock <u>absorption</u>
- Provides <u>stability</u> for femorotibial articulation
- Increases congruency to distribute axial <u>load</u>
- Provide joint <u>lubrication</u> and nutrition





Meniscus tear signs/symptoms

Symptoms

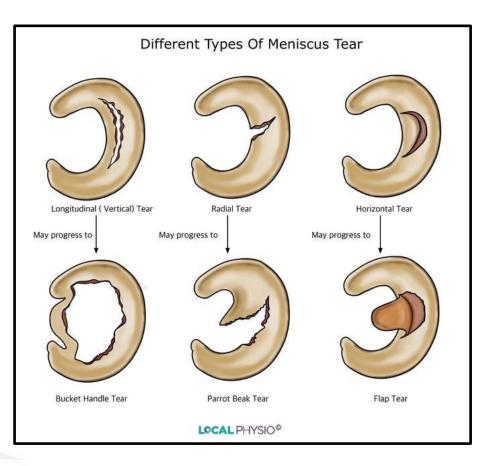
- pain localizing to medial or lateral side
- mechanical symptoms (locking and clicking), especially with squatting
- delayed or intermittent mild swelling
- Physical exam
 - Joint line tenderness is the most sensitive physical examination finding
 - effusion
- Provocative tests
 - McMurray's test
- Imaging
 - Xrays
 - MRI





Types of Meniscus tears

- Horizontal
- Vertical
- Flap
- Parrot beak
- Bucket handle
- Complex
- Degenerative



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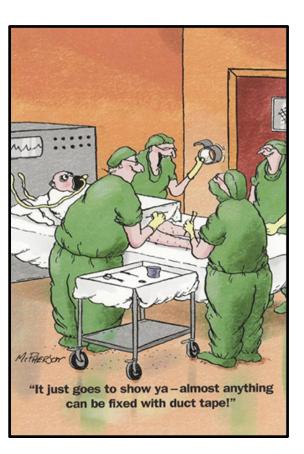
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Management

Treatment options?

- Non-operative vs operative?
- What kind of surgery?



Non Operative

- Rest, NSAIDS, PT, activity modification
- Indicated as first line treatment for degenerative tears
- "Noninferior" when compared to arthroscopic partial meniscectomy

Arthroscopic Partial Meniscectomy versus Sham Surgery for a Degenerative Meniscal Tear

Raine Sihvonen, M.D., Mika Paavola, M.D., Ph.D., Antti Malmivaara, M.D., Ph.D., Ari Itälä, M.D., Ph.D., Antti Joukainen, M.D., Ph.D., Heikki Nurmi, M.D., Juha Kalske, M.D., and Teppo L.N. Järvinen, M.D., Ph.D., for the Finnish Degenerative Meniscal Lesion Study (FIDELITY) Group

Operative

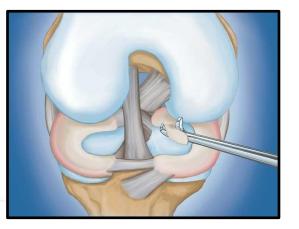
Meniscus repair

- Vascular tear patterns
- Younger patients
- Increased success rate w ACLR
- Role for adjuncts (Marrow venting, blood clot, PRP?)
- Prolonged rehab & recovery

Partial meniscectomy

- Avascular tear pattern
- Degenerative
- Conservative removal
- Short recovery





Operative

Meniscal Repair for Radial Tears of the Midbody of the Lateral Meniscus

Nam-Hong Choi,*[†] MD, Tae-Hyung Kim,[‡] MD, Kyung-Mo Son,[§] MD, and Brian N. Victoroff,^{II} MD Investigation performed at Eulji Medical Center, Seoul, Korea

Management of traumatic meniscal tear and degenerative meniscal lesions. Save the meniscus

P. Beaufils*, N. Pujol Sørvice d'orthopédie & aumatologie, centre haspitaliø de Vøsailles, 177, rue de Vøsailles, 78150 Le Chesnay, France

- Repair success rates range from ~70-90%
- Indications for meniscus repair expanding
- Role for adjuncts in isolated meniscus repair to assist w healing

Repair of Radial Tears and Posterior Horn Detachments of the Lateral Meniscus: Minimum 2-Year Follow-Up

Libby Anderson, B.Com., B.Sc., M.B.B.S., Mark Watts, B.Sc.App.H.M.S.(Ex-Sc)(Hons), M.Phil., Oliver Shapter, M.Chem.(Hons), M.B.Ch.B., Martin Logan, B.Sc.(Hons), M.D., F.R.C.S.(Tr&Orth), Michael Risebury, M.A.(Hons), F.R.C.S.(Tr&Orth), David Duffy, M.B.B.S., F.R.C.S.(Tr&Orth), and Peter Myers, M.B.B.S., F.R.A.C.S.

In-last

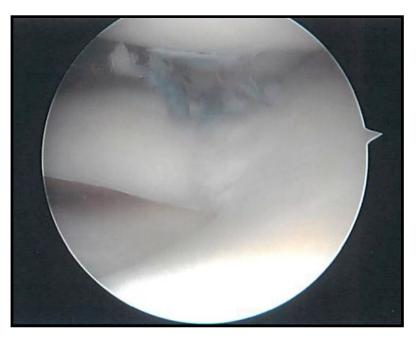
Platelet-Rich Plasma Reduces Failure Risk for Isolated Meniscal Repairs but Provides No Benefit for Meniscal Repairs With Anterior Cruciate Ligament Reconstruction

Joshua S. Everhart,* MD, MPH, Parker A. Cavendish,* BS, Alex Eikenberry,* BS, Robert A. Magnussen,* MD, MPH, Christopher C. Kaeding,* MD, and David C. Flanigan,*[†] MD Investigation performed at Sports Medicine Research Institute, The Ohio State University, Columbus, Ohio, USA

Case CP - What was done?

• Meniscus repair w PRP – 4 mos out, doing well





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Conclusion

- Consider meniscus tears in athletes w knee rotational injuries, joint line tenderness
- May occur in conjunction w ligamentous/chondral injuries
- If any suspicion for meniscus tear, refer to orthopaedist ASAP to develop a plan for definitive management

Thank You