

Meniscal Tears in the Knee

DAMAGED "TIRES" IN THE KNEES CAN BE PAINFUL,
BUT ARTHROSCOPIC SURGERY CAN SAVE THE DAY

By Andrew DeGruccio, MD

In the knee, the meniscus is the load-bearing cartilage ring. These are akin to tires on your car. There are two in each knee, one on the medial side of the joint (inside aspect of the knee) and one on the lateral side (outside aspect of the knee). They are C-shaped and very rubbery. These meniscal cushions are very important for distributing weight forces through the joint to reduce the stress on the articular cartilage (cartilage on the end of the bones). Injury to the meniscus has been shown to predispose to early arthritis in the joint.

Injury to the meniscus usually occurs with sudden twisting and shearing forces. Sometimes unusual axial load can also injure the meniscus. In rare circumstances where the meniscus is abnormally large—an anatomical variant called a discoid meniscus—it can be more prone to injury. As we get older, sometimes the meniscus will tear from normal activities if the tissue has become degenerative. It is like a "blow-out" of a tire that has too many miles on it.

The signs of a torn meniscus include knee pain, swelling, catching and popping. The pain can come and go or be more activity specific. "Giving way" can occur as a result of pain induced as meniscal fragments catch in the joint. The meniscus can frankly get stuck in the joint at times creating a "locked knee." Some meniscal tears may create very few problems for the knee, and the patient may choose to live with it. In other cases, the meniscal tear will drastically impact daily activities and sporting endeavors, and may require surgery.

When a patient has a potential knee meniscal injury, initial work-up includes a history, physical exam and plain x-rays, even though the cartilage rings of the knee do not show up on plain x-rays. Often, meniscal tears occur at the same time as ligament tears, making an MRI helpful by providing a clear

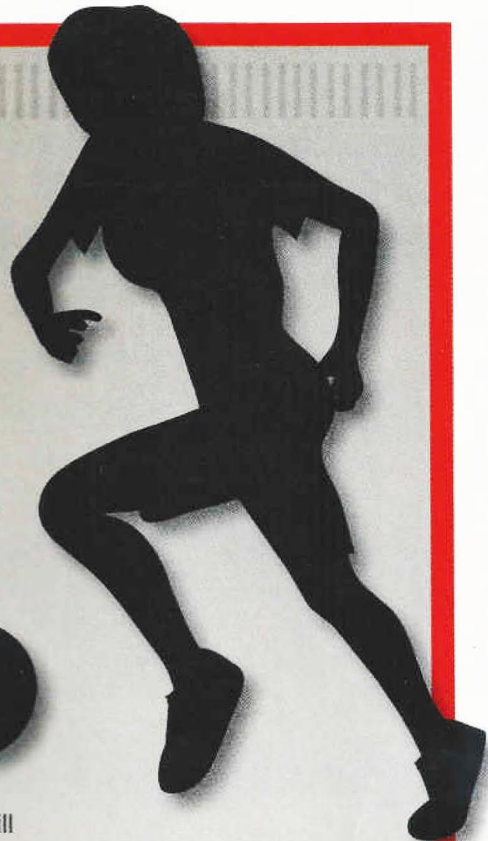
image of the meniscus, as well as all the other important ligamentous structures.

Once a meniscal tear is identified, treatment is initiated, which in most cases will include surgery.

Since the meniscus is critical to the longevity of the knee, preservation or repair of the meniscus is the optimal solution. Unfortunately, many tears do not lend themselves to repair, and instead, a portion of the meniscus has to be trimmed out. The determination of repairability is often made at the time of surgery.

Surgery involves arthroscopy, which is a minimally invasive diagnostic and therapeutic procedure done through two small incisions near the front of the knee. The surgery usually takes less than an hour to perform, but most often requires a general anesthetic. Since the surgery is done on an outpatient basis, early rehabilitation can be expected. If the meniscus is repaired, then restrictions will be necessary for several months, but if no repair is performed, full recovery may be expected within the month.

Not all knee pain suggests a torn meniscus. Therefore, knee pain should be discussed with a sports specialist, who can initiate the evaluation of the problem and plan effective treatment. •



Orthopedic & Sports Specialists

of Louisville P.S.C.

"Keeping You Healthy & Active"

502.762.9528

Fern Creek Office • 9370 Cedar Center Way • Louisville, KY • 40291