

Superiorly displaced flap tear of the medial meniscus

Dear Editor,

A white 19-year-old male soccer player was presented after right knee injury with severe hemarthrosis. Physical examination demonstrated a positive Lachman-Noulis test, anterior drawer test, pivot shift test, and McMurray test. Magnetic resonance imaging (MRI) examination revealed anterior cruciate ligament (ACL) deficiency and superiorly displaced flap tear of the medial meniscus (Figure 1).

Two months later, the patient underwent ACL reconstruction. A superiorly displaced flap tear with dimensions of $2 \times 0.5 \times 0.3$ mm was confirmed (Figure 2). Only a small part of the fragment was attached to the parent meniscus. The fragment was removed and a suture anchor was placed to medial meniscus (Figure 2C). At follow-up, 36 months after-injury, clinical examination demonstrated a stable right knee with full range of movement and negative McMurray test. The patient was satisfied with the operation and returned to his pre-injury athletic activities.

Meniscal flap tear diagnosis is difficult, especially in children. Clinical examination is often incorrect with false diagnosis rating between 40% and 80%¹. MRI of the knee is a useful diagnostic, but the gold standard for confirming the diagnosis is arthroscopy.

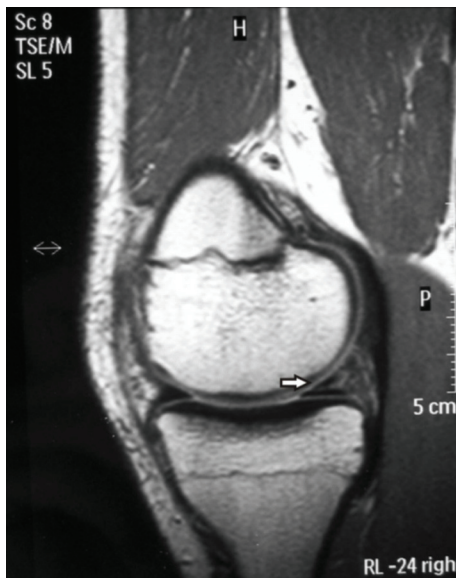


Figure 1. Sagittal fast spin-echo T2 weighted MRI demonstrated superior flap tear of the medial meniscus (arrow).

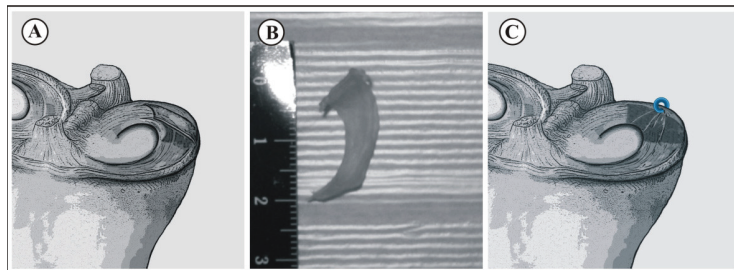


Figure 2. (a) Design of the meniscal lesion. (b) During arthroscopy a superiorly displaced flap tear was found. (c) The fragment was removed and a suture anchor was placed to medial meniscus.

References

1. Steinbrück K, Wiehmann JK. Untersuchungen des kniegelenks. Wertigkeit klinischer befunde unter arthroskopischer kontrolle. Z Orthop. 1988; 126: 289-295.

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