





Knee Cartilage and Meniscus in Recreational Marathon Runners: a MRI T2 * Mapping Investigation

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Faculty Disclosure

☑ I have no real or perceived conflicts of interest that relate to this presentation.

□ I have the following real or perceived conflicts of interest that relate to this presentation:





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There are increasingly large number of participants in marathon running globally

Global marathon statistics

- □ Finishers: 1,298,725
- □ Average finish time: 4:29:53
- □ 31.92% female participation (68.08% male)
- Most participants: USA (456,700), UK (97,254) & Germany (86,032)

Changes in the past 10 years Participation growth: +49.43%







Jens Jakob Andersen, Vania Nikolova. Marathon Statistics 2019 Worldwide (Research). 2021.

Among recreational marathon runners, the LTC, cMFC, and anterior angle of the meniscus were the most vulnerable sites to repetitive loading.

Background / Aims:

- The prevalence of knee cartilage injury among athletes is significantly higher than that of the general population, which can be attributable to the overuse of athletes
- It is of clinical significance to determine the impact of running in knee joint in order to prevent OA.
- T2* mapping is sensitive to changes in the anisotropy of collagen network and the water content of collagen tissue in articular cartilage
- The current study was performed to examine the effects of long-distance running on the knee cartilage in healthy amateur marathon runners and their sedentary counterparts by using T2* mapping.

Exercise protocol:

Conclusions:

- Repeated magnetic resonance (MR) scans were performed on both knees before (t0), immediately after (t1), 3 days after (t2) and 1 week after (t3) the half marathon running on a 1.5T MR scanner (MAGNETOM Area, Siemens Healthcare, Erlangen, Germany).
- All amateur marathon runners perform the first MR scan within 4 weeks before running (t0). The participants were required to avoid strenuous activities within three days before the examination and rest for another 30 minutes before the scan to reduce the impact of early activities on the knee cartilage.
- The second MR scan was performed immediately after running a half-marathon (21.0975 km) (t1), The third / fourth MR scan was performed at the third day/ one week after running (t2 / t3).



Subjects and Methods:

- The study was approved with international standards and the Declaration of Helsinki by the Ethics Committee of the Affiliated Hospital of Hangzhou Normal University (2019[ethics 02]-HS-15)[17]. Written informed consent were obtained from all study participants before the study.
- The inclusion criteria for runners are as the following: (1) without history of knee pain, trauma, and surgery; (2) had more than one marathon event experience; (3) running for more than three years, running more than three times per week, each exercise duration is greater than 30 minutes; (4) male.
- ♦ The exclusion criteria are: (1) subjects with injury/pain; (2) images showed articular cartilage morphological injuries, Whole-Organ Magnetic Resonance Imaging Score (WORMS) grade≥2; (3) MRI contraindications.

Table 1: The characteristics of the participants.

	Age	Height	Weight	BMI	Finnish time	Pace
	(year)	(mm)	(kg)	(kg / m2)	(min)	(min/km)
Runner	40.9±8.8	169.5±2. 7	66.4±5.2	23.1±1.8	129.6 ± 20.7	6.1 ± 1.0
Non- exercisers	39.4±9.1	167.5±6. 9	68.8±10	24.5±3.1	/	/
P value	0.699	0.448	0.549	0.269	/	/

- Warm colors (i.e. red tones) represent high T2* values on the T2* mapping pseudo-color image, and cool colors (i.e. blue tones) represent low T2* values. T2 * pseudo-color maps of knee cartilage before (A, E) ,immediately after(B, F), 3 days(C, G), and 1 week after running(D, H).
- In the femorotibial cartilage(A-D, E-F), the red color and green color increased and the blue color decreased after running.

The LTC, cMFC and anterior angle of meniscus were the most sensitive areas to repeated loading in recreational marathon runners. The recovery time of T2* value of knee cartilage after a half marathon was 3 to 7 days. It can be concluded that a half-marathon would not exert irreversible effects on the knee cartilage and meniscus in recreational runners.

List of key references

- 1. Hohmann E, Wortler K, Imhoff AB. MR imaging of the hip and knee before and after marathon running. Am J Sports Med. 2004; 32(1):55-59.
- 2. Schütz UH-W, Brix M, Kiess A, Goed S, Friedrich K, Weber M, et al. Femoropatellar Joint Reaction Detected During a 4486 KM Ultramarathon with Mobile MRI. Int J Sports Med. 2020; 41(6):398-411.
- 3. Yang J, Shao H, Ma Y, Wan L, Zhang Y, Jiang J, et al. Quantitative ultrashort echo time magnetization transfer (UTE-MT) for diagnosis of early cartilage degeneration: comparison with UTE-T2* and T2 mapping. Quantitative imaging in medicine and surgery. 2020; 10(1):171-183.
- 4. Hesper T, Miese FR, Hosalkar HS, Behringer M, Zilkens C, Antoch G, et al. Quantitative T2(*) assessment of knee joint cartilage after running a marathon. European Journal of Radiology. 2015; 84(2):284-289.
- 5. Harriss DJ, MacSween A, Atkinson G. Ethical Standards in Sport and Exercise Science Research: 2020 Update. International journal of sports medicine. 2019; 40(13):813-817.
- 6. Froeling M, Oudeman J, Strijkers GJ, Maas M, Drost MR, Nicolay K, et al. Muscle changes detected with diffusion-tensor imaging after long-distance running. Radiology. 2015; 274(2):548-562.
- 7. Säämämen AM, Kiviranta I, Jurvelin J, Helminen HJ, Tammi M. Proteoglycan and collagen alterations in canine knee articular cartilage following 20 km daily running exercise for 15 weeks. Connect Tissue Res. 1994; 30(3):191-201.
- 8. Lavdas E, Topalzikis T, Mavroidis P, Kyriakis I, Roka V, Kostopoulos S, et al. Comparison of PD BLADE with fat saturation (FS), PD FS and T2 3D DESS with water excitation (WE) in detecting articular knee cartilage defects. Magn Reson Imaging. 2013; 31(8):1255-1262.
- 9. Nebelung S, Sondern B, Oehrl S, Tingart M, Rath B, Pufe T, et al. Functional MR Imaging Mapping of Human Articular Cartilage Response to Loading. Radiology. 2017; 282(2):464-474.
- 10.Hesper T, Hosalkar HS, Bittersohl D, Welsch GH, Krauspe R, Zilkens C, et al. T2* mapping for articular cartilage assessment: principles, current applications, and future prospects. Skeletal Radiol. 2014; 43(10):1429-1445.
- 11.Dabiri Y, Li LP. Altered knee joint mechanics in simple compression associated with early cartilage degeneration. Comput Math Methods Med. 2013; 2013:862903.
- 12. Wong M, Carter DR. Articular cartilage functional histomorphology and mechanobiology: a research perspective. Bone. 2003; 33(1):1-13.
- 13. Hoessly ML, Wildi LM. Magnetic Resonance Imaging Findings in the Knee Before and After Long-Distance Running-Documentation of Irreversible Structural Damage? A Systematic Review. Am J Sports Med. 2017; 45(5):1206-1217.

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Thank you.

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