



# Gemelli

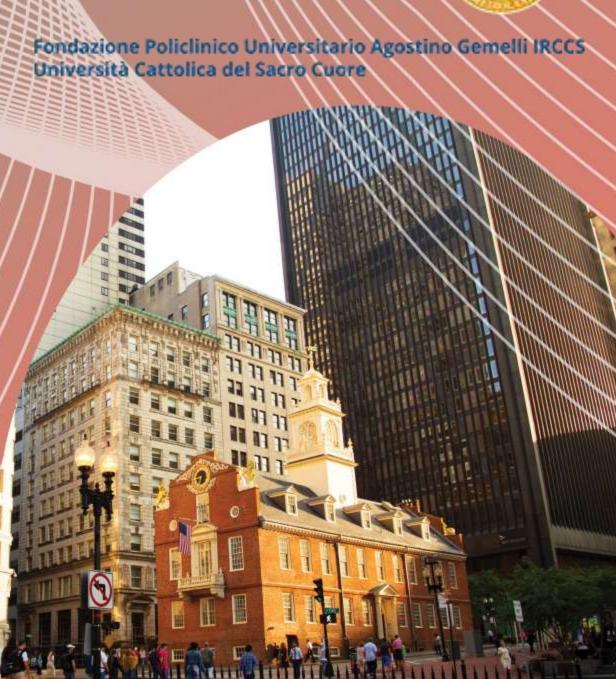


Title: Popliteomeniscal Fascicles Tears with Lateral Meniscus Instability. Arthroscopic Surgical Technique with Two-year Follow-up

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## **INTRODUCTION**

- The popliteomeniscal fascicles (PMFs) are a crucial part of the posterolateral corner of the knee. They provide stability to the lateral meniscus and stabilize the joint during tibial internal rotation
- The clinical diagnosis of a torn PMFs is difficult, and magnetic resonance imaging (MRI)
   may be inconclusive as well

### **AIM**

 The aim of the present study was to report the outcomes of a continuous series of patients affected by PMF lesions and treated with an arthroscopic repair



### **METHODS**

- Seventeen patients (average age of 22±3.6 years) with PMF lesions and lateral meniscus instability were prospectively enrolled
- All patients were evaluated with clinical examination, IKDC, Lysholm and Tegner scores and
   1.5T MRI
- All patients had the same arthroscopic procedure consisting of meniscal repair with an allinside meniscal repair system (mean 2.2±0.77 anchors) and followed with the same postoperative protocol



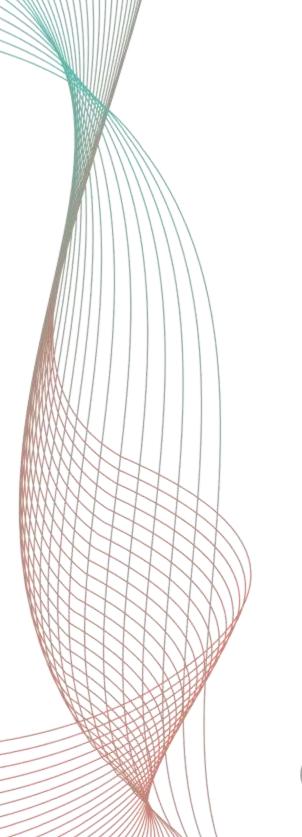
#### **Tab.1 Demographic data of the patients.**

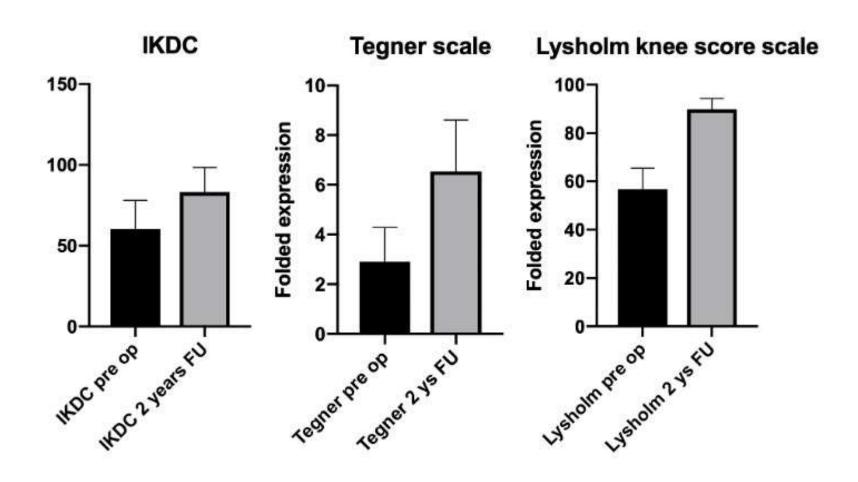
Total No.	17 patients
Age (y), mean±SD (range)	22±3.6 (14-35)
Time from injury to surgery, mean±SD (range)	16±13.6 (2-18)
Follow-up (months), mean±SD (range)	68±24 (49-84)
Gender, n (%) Male Female	14 (82) 3 (18)
Associated lesions, n (%) ACL tear Medial meniscus tear Chondral lesion of the lateral femoral condyle	5 (29.4) 1 (5.8) 4 (23.5
Pre-injuries sport activities, n (%) Semi-professional Recreational	7 (41) 10 (59)

#### Tab. 2 Post-operative return to sport

Post-surgery sport activities, n (%)	
Pre-injury level	13 (76.4)
Semi-professional to recreational activity	3 (17.6)
Change of sport activity	1 (6)









### RESULTS

- All patients were available at a mean follow-up of 68±24 months (range, 49 to 84 months)
- Mean IKDC increased from 60.2±13.5 to 83.1±12, mean Lysholm score improved from 56.7±8.2 to 89.8±3.2, and mean Tegner score improved from 2.9±1.3 to 6.5±2
- No intraoperative or postoperative complications were reported. MRI evaluation at 6 months follow
  up showed successful healing of the menisco-popliteal fascicles in all cases



## **CONCLUSIONS**

- The diagnosis and treatment of tears of the PMFs is still debated
- Diagnostic confirmation of tearing of the PMFs is usually determined at the time of arthroscopy
- Meniscal repair with an all-inside meniscal repair system appears to be an excellent treatment option since it yields good functional results at mid-term follow-up, no local complications, and complete radiographic healing at 6-month follow-up MRI
- Further studies are needed to confirm these promising early results



### REFERENCES

- 1. Akita K, Nimura A, Fujishiro H, Tsukada S, Mochizuki T, Nakamura T. Attachment area of fibres from the horns of lateral meniscus: anatomic study with special reference to the positional relationship of anterior cruciate ligament Knee Surgery, Sport Traumatol Arthrosc. 2015;25(2):368-373. doi:10.1007/s00167-015-3813-
- 2. Camarillo M, Johnson DL. Popliteomeniscal Fascicle Tears. 2014; (March): 187-190. doi:10.3928/01477447-20140225-07
- 3. Carney J, Heckmann N, Mayer EN, et al. Should antibiotics be administered before arthroscopic knee surgery? A systematic review of the literature. World J Orthop. 2018;9(11):262-270. Published 2018 Nov 18 doi:10.5312/wjo.v9.i11.262
- 4. Cho C, Lee K. Popliteomeniscal Fascicle Tear: Diagnosis and Operative Technique. XATS. 2012;1(1):e101-e106. doi:10.1016/j.eats.2012.04.004
- 5. Cohn AK, Mains DB. Popliteal hiatus of the lateral meniscus. Anatomy and measurement at dissection of 10 specimens. Am J Sports Med. 1979;7(4):221-226. doi:10.1177/036354657900700402
- 6. Cooper DE. Snapping Popliteus Tendon Syndrome A Cause of Mechanical Knee Popping in Athletes. 1999;27(5):11-14.
- 7. Fineberg MS, Duquin TR, Axelrod JR. Arthroscopic Visualization of the Popliteus Tendon. YJARS. 2008;24(2):174-177. doi:10.1016/j.arthro.2007.08.018
- 8. Georgoulis A, Tei MM, Speziali A, Cerulli G, Placella G. Diagnostic value of the clinical investigation in acute meniscal tears combined with anterior cruciate ligament injury using arthroscopic findings as golden standard Musculoskelet Surg. 2015;100(1):31-35. doi:10.1007/s12306-015-0348-1
- 9. Kobayashi Y, Kimura M, Udagawa E, Shirakura K, Hasegawa A. Anatomy and pathophysiology of the popliteal tendon area in the lateral meniscus: 2. Clinical investigation. *Arthrosc J Arthrosc Relat Surg.* 2014 (14):424-427. doi:10.1016/0749-8063(92)90002-s
- 10. Laprade RF. Arthroscopic Evaluation of the Lateral Compartment of Knees With Grade 3 Posterolateral Knee Complex Injuries.

