

# Detailed Anatomy of the Meniscotibial Ligament and Clock Face Position of Meniscal Attachments in the Tibia

Keiichi Yoshida, M.D., Ph.D.<sup>1,2</sup>, Jun Tomura, M.D.<sup>1</sup>, Jun Shiozawa, M.D., Ph.D.<sup>1</sup>, Youngji Kim, M.D., Ph.D.<sup>1</sup>,  
Shinnosuke Hada, M.D., Ph.D.<sup>1</sup>, Haruka Kaneko, M.D., Ph.D.<sup>1,2,3</sup>, Yoshitomo Saita, M.D., Ph.D.<sup>1</sup>,  
Mitsuaki Kubota, M.D., Ph.D.<sup>1,2</sup>, Muneaki Ishijima, M.D., Ph.D.<sup>1,2,3</sup>

<sup>1</sup> Department of Orthopaedics, Juntendo University Faculty of Medicine, Tokyo, Japan

<sup>2</sup> Department of Medicine for Orthopedics and Motor Organ, Juntendo University Graduate School of Medicine, Tokyo, Japan

<sup>3</sup> Sportology Center, Juntendo University Graduate School of Medicine, Tokyo, Japan



# The 15th Biennial ISAKOS Congress

## COI disclosure

Presenter : Keiichi Yoshida

I have no financial relationships with commercial interests to disclose.



Contents lists available at ScienceDirect

## The Knee

journal homepage: [www.elsevier.com/locate/thekne](http://www.elsevier.com/locate/thekne)



### Detailed anatomy of the meniscotibial ligament and clock face position of meniscal attachments in the tibia



Keiichi Yoshida<sup>a,b,\*</sup>, Mitsuaki Kubota<sup>a,b</sup>, Haruka Kaneko<sup>a,b,c</sup>, Jun Tomura<sup>a</sup>, Jun Shiozawa<sup>a</sup>, Youngji Kim<sup>a</sup>, Shinnosuke Hada<sup>a</sup>, Yoshitomo Saita<sup>a</sup>, Muneaki Ishijima<sup>a,b,c</sup>

<sup>a</sup> Department of Orthopaedics, Juntendo University Faculty of Medicine, Tokyo, Japan

<sup>b</sup> Department of Medicine for Orthopedics and Motor Organ, Juntendo University Graduate School of Medicine, Tokyo, Japan

<sup>c</sup> Sportology Center, Juntendo University Graduate School of Medicine, Tokyo, Japan

(Knee 2025)

# Background : Meniscotibial Ligament (MTL)



- ✓ Contribution to joint stability (*KSSTA 2015*)
- ✓ Meniscal extrusion retracted by MTL (*Arthritis Res Ther 2017*)
- ✓ Surgical methods (repair, centralization) (*Arthroscopy Tech 2018, 2021*)

detailed anatomy is still unclear

# Purpose

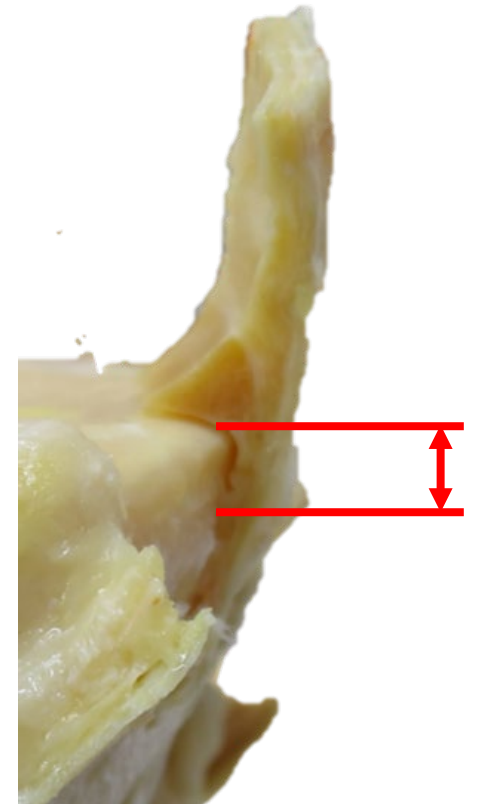
---



To investigate the anatomy of MTL and  
represent a novel method of clock face position.

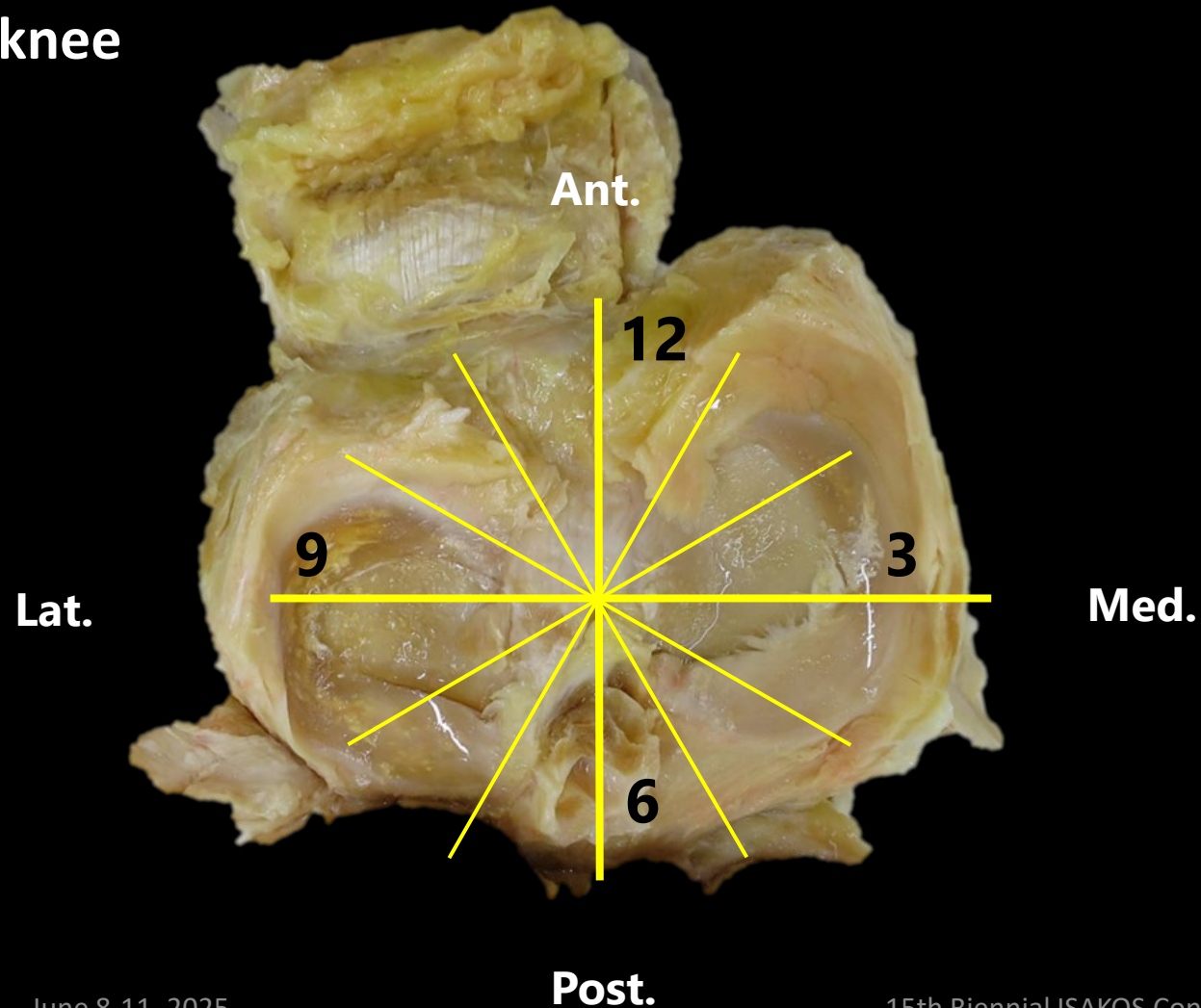
# Methods

- ✓ 20 knees of the embalmed cadavers (mean 77.4 y.o.)
- ✓ Dissection and evaluation of the MTL attachment for each **clock face position** (Described later)
- ✓ Calculation of the distance from articular surface to the MTL attachment



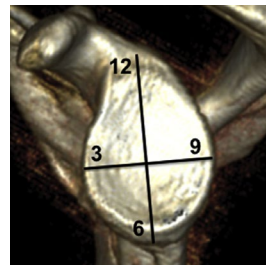
# Clock Face Position

Lt. knee



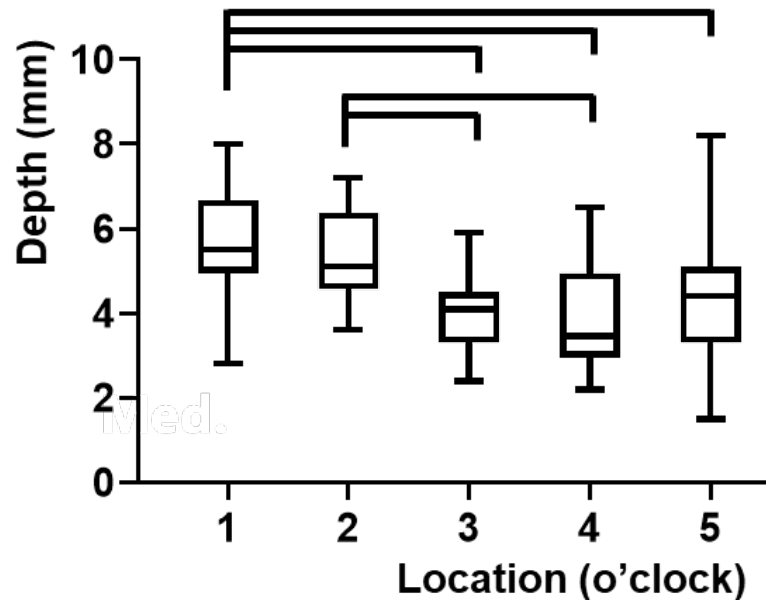
- ✓ AP: Akagi Line
- ✓ ML: maximum diameter
- ✓ We defined the clock face position (as shown) applying the shoulder surgery.

*(Arthroscopy 2015)*

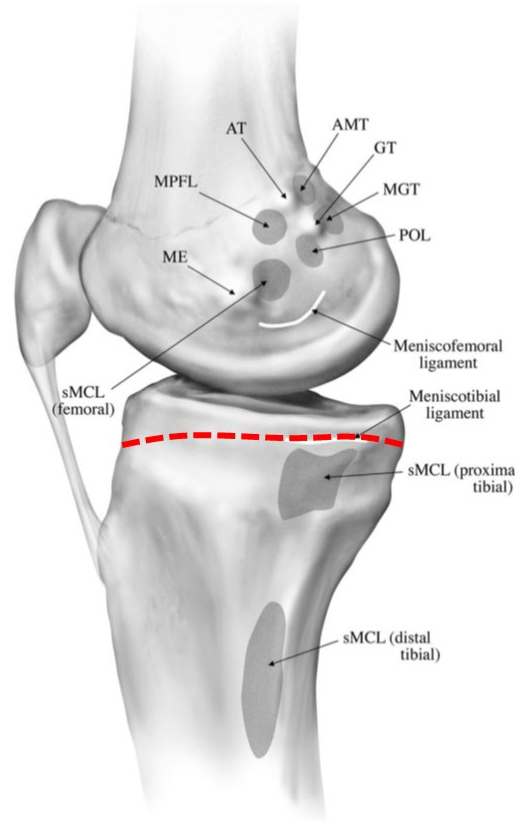


# Results

## Medial MTL



(one-way ANOVA,  $p < 0.05$ )

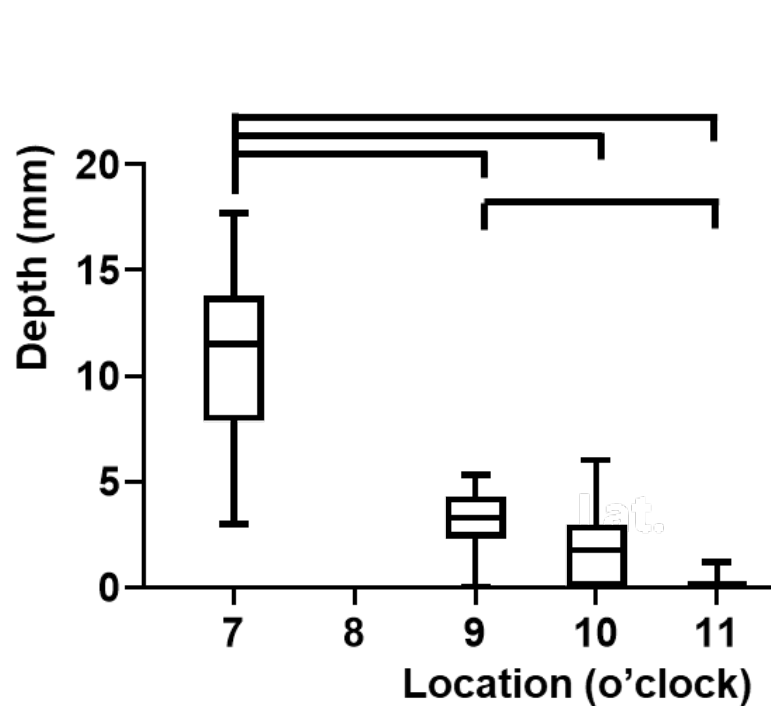


- ✓ 1 o'clock position was the furthest to the joint surface
- ✓ 4 o'clock position was the closest to the joint surface
- ✓ At all time position, the medial MTL were attached to the side wall

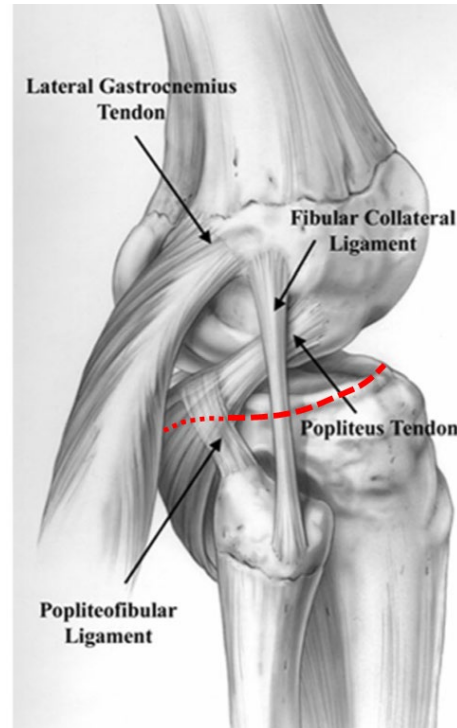


# Results

## Lateral MTL



(one-way ANOVA,  $p < 0.05$ )

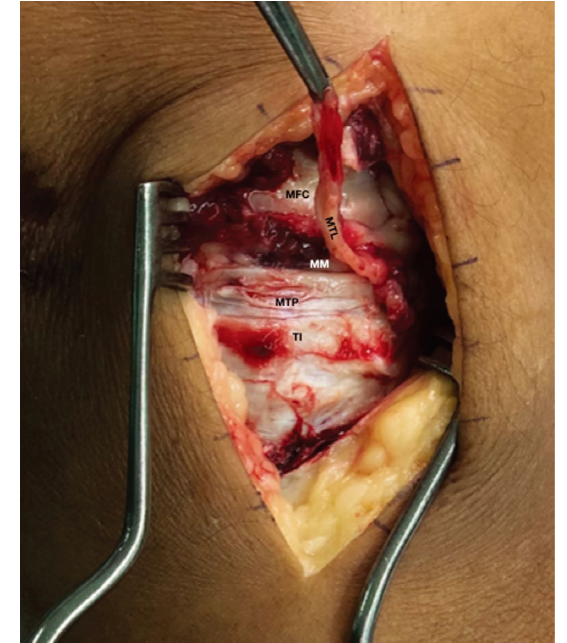


- ✓ 7 o'clock position was the furthest to the joint surface
- ✓ 11 o'clock position was the closest to the joint surface
- ✓ MTL attached on the edge or surface at the 9, 10, 11 o'clock positions
- ✓ No attachment was seen due to the popliteal fossa at 8 o'clock position

# Discussion

## ✓ Previous report about MTL anatomy

- attached just distal to the edge of the articular cartilage of the tibial plateau  
*(Am J Sports Med 2014)*
- a fibrous band that originates in the tibia and is inserted in the lower portion of the menisci  
*(Rev Bras Orthop 2023)*

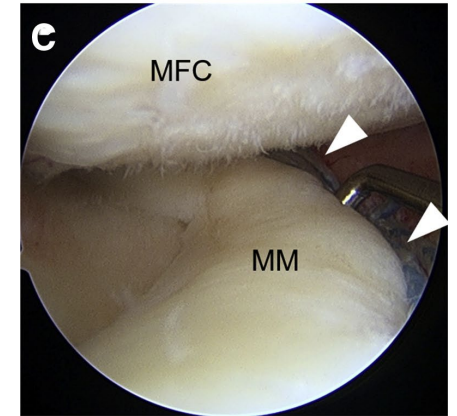
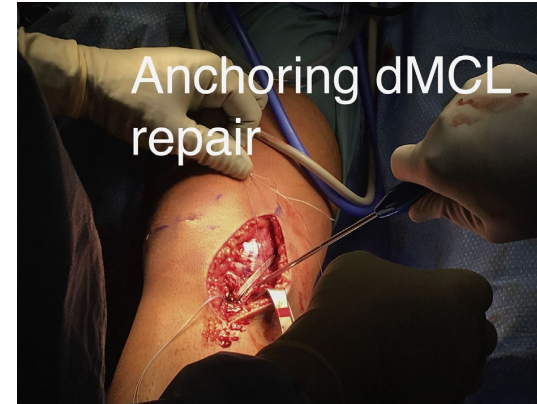


**No precise anatomy has been reported before this study**

# Discussion

## ✓ Surgical modalities for MTL

- MTL repair (*Arthroscopy Tech 2018*)
- Centralization (*Arthroscopy Tech 2021*)



“Anchors should be inserted **at the edge** of the medial tibial plateau”

The results of this study suggest that Anchors inserting the side wall of the tibial plateau (especially in the medial) could be more anatomical

# Limitation

---



- ✓ cadaveric study
- ✓ clinical verification should be needed
- ✓ limited sample size
- ✓ advanced age population

# Conclusion



- ✓ This study examined the detailed anatomy of the MTL and introduced a method known as the clock face position.
- ✓ The medial MTL was not attached to the articular surface, whereas the lateral MTL was more anteriorly attached to the articular surface.

## References

Hada, Arthritis Res Ther 2017;19:201.

Peltier, Knee Surg Sports Traumatol Arthrosc 2015;23:2967–73.

Black, Arthrosc Tech 2018;7:e1215–9.

Koga, Arthrosc Tech 2021;10:e639–45.

Akagi, Clin Orthop Relat Res 2005;436:172–6.

Itoigawa, Arthroscopy 2012;28:1628–33.