

Paper #37

Characteristic Location and Rapid Progression of Medial Femoral Condylar Chondral Lesions Accompanying Medial Meniscus Posterior Root Tear

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Summary:

medial femoral condyle lesions accompanying medial meniscus posterior root tear were located more medially and progressed faster than those with non-root horizontal tear

Abstract:

Purpose

This study aims to evaluate the characteristics of the chondral lesion at the medial femoral condyle (MFC) in patients with medial meniscal posterior root tear (MMPRT) and to compare the progression rate of the accompanying chondral disease in MMPRT with that in degenerative non-radial tear.

Methods

Thirty-one patients who did not respond over a 3-month conservative treatment and underwent arthroscopic surgery for MMPRT and 31 controls who underwent arthroscopic surgery for degenerative medial meniscus posterior horn horizontal tear (MMPHT) were included. Accompanying chondral lesions in the MFC were evaluated by magnetic resonance imaging (MRI) at initial diagnosis and from video taken at arthroscopic surgery using the International Cartilage Repair Society (ICRS)–Articular cartilage injury classification system. The difference in severity and extent of the chondral lesion between initial diagnosis and arthroscopic surgery was measured.

Results

Twenty-five patients with MMPRT (80.6%) and 29 patients (93.5%) with MMPHT had ICRS grade = 2 chondral injuries at MFC, respectively. In the MMPRT and MMPHT groups, the most severely injured areas of the MFC were the far medial compartment (52%) and central compartment (51%), respectively. Comparing the MRI and arthroscopic findings, 12 patients (39%) in the MMPRT-group showed progression of the chondral disease after a mean of 3.5 months, whereas only 3 patients (10%) in the MMPHT-group showed progression after a mean of 3.1 months ($p = 0.005$).

Conclusion

MFC lesions accompanying MMPRT were located more medially and progressed faster than those with non-root

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horizontal tear. Early intervention should be considered to prevent chondral lesion progression accompanying MMPRT.