Dr Alain CAZENAVE (MD)
Orthopaedic Surgeon
Sports traumatology
GMC registration: 6061514

www.orthopale.com

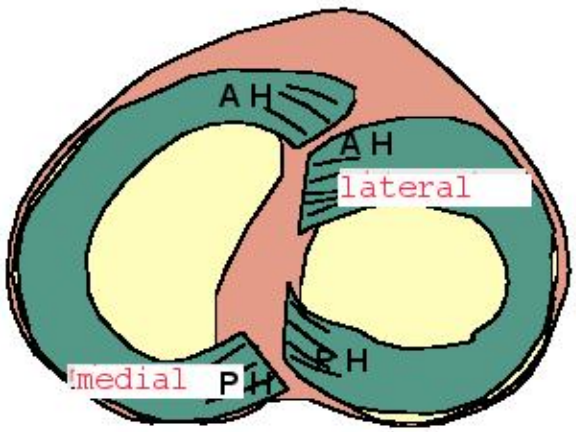
TREATMENT of MENISCAL LESIONS

Meniscal lesion is a frequent lesion in young or adult patient. The main etiologies are sport's traumatology by direct or repeated traumatisms, and work pathology as tile-layer or masons who kneel .

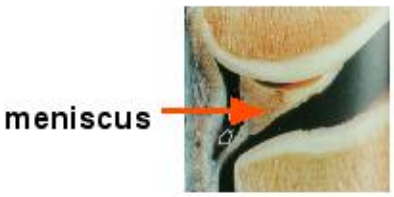
This pathology is the most frequent indication for knee arthroscopy.

ANATOMY

There are two menisci : medial and lateral
They lie on the rim of the tibial articular surfaces. The anterior (AH) and posterior (PH) horns are fixed on the tibia near the cruciate ligaments insertions, and are attached to the capsule on their periphery.
The cross section is triangular allowing a contact with the femoral and tibial cartilage. They are nor visible on standard Rx.



Their structure is visco-elastic, and their role is to better distribute load and to absorb the shocks. They increase the contact area and allow a better morphological adaptation and better stability of the of articular surfaces.

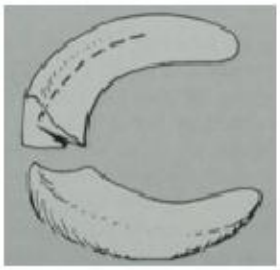


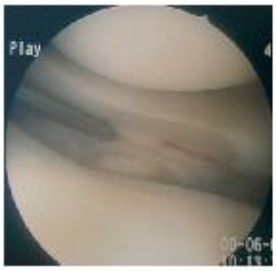
MENISCAL LESIONS

DIAGNOSTIC

Clinical examination allow to well rientate the diagnostic that is confirmed with MRI or CT scan with intra-articular injection.

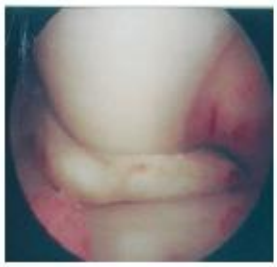
CATEGORISATION





horizontal lesion

vertical lesion



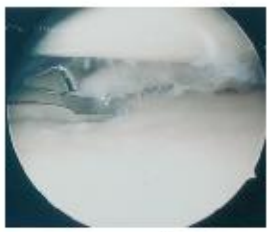
meniscal dislocation

TREAMENT

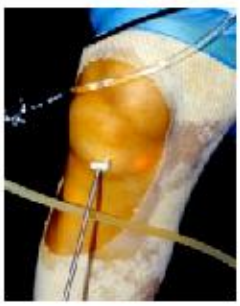
When the meniscus is torn, spontaneous healing is rare and surgery is required either to repare or to resect the torn portion.

RESECTION

Resection is performed with a basket-punch, and/or a shaver (Laser beam has also been used). The surgeon remove the lesser portion as possible of the torn lesion to prevent arthrosis



resection



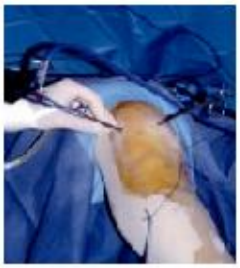
After arthroscopy, you will allow to move and walk with full weightbaring in the 2 to 4 post-operative days. 1 day hospitalisation is necessary. Cryotherapy and post-operative rehabilitation are required, the same as anticoagulation treatment during 1 week.
Normal life is possible round one month after the operation.

MENISCAL SUTURE

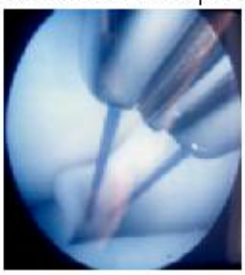
It is generaly performed when the meniscal lesion is situated at the peripheric capsular attachment to get the best pourcentage of success.
The surgeon is the only one able to determine if it is possible or not according with the meniscal status and the type of lesion seen during arthroscopy. Many techniques have been describe:

1) inside-out technique:

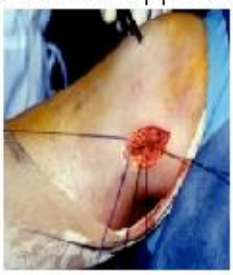
suture threads are knotted outside the capsule through a small approach.



suture apparatus



intra-articular threads



threads before knotting

2) outside-in technique:

many special material may be used to suture the meniscal lesion without any complementary approach: harpon, stapple.. or any thread knotted inside.

After arthroscopy, you will allow to move and walk with full weightbaring regarding with the surgeons prescriptions. 1 day hospitalisation is necessary. Cryotherapy and post-operative rehabilitation are required, the same as anticoagulation treatment .

CHECK-UP BEFORE SURGERY

see ARTHROSCOPY

COMPLICATIONS

see ARTHROSCOPY