

# Knee arthroscopy for meniscal injury and loose bodies

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**K**nee injury often results in significant impairment requiring treatment including ACL reconstruction, articular cartilage grafting and arthroscopic management of the meniscus (knee tear/partial meniscectomy). What is the role of arthroscopy in the management of the meniscal injury and loose bodies? Arthroscopic knee surgery is well tolerated and can provide immediate symptoms relief as well as improve the long term outcome.

## Meniscal tears

The typical presentation is a young and active patient with unclear history of the traumatic injury, usually a single twisting twisting injury. The patient develops an effusion and several hours or perhaps overnight, later exacerbated by exercise and inflammatory pain. Pain is usually localized to either the medial surface or the posterior, a patellar click may be reported.

Examination in the acute setting shows an effusion, reduced flexion, and tenderness over the joint line. X-ray may show little or nothing apart from effusion.

## The place of meniscal repair

Why repair a meniscus? Over the last 20 years meniscectomy – which almost always completes the knee – no knee lateral meniscectomy almost invariably damaged the patient to some extent over the next 20 years. A meniscal reconstruction is better tolerated by the knee, but can also lead to significant degenerative arthritis.

Bucket handle tears can often be repaired successfully, especially if the tear is peripheral



■ Bucket handle tear in bucket and bucket repair

where there is a good blood supply, recent, and there is minimal other damage to the meniscus. Patients who are relatively young and well motivated (especially with the previous injuries) present the best. The repair is performed by partial weight bearing for three weeks and decrease of activity for six weeks. Return to active sport is dependent upon the resolution of knee symptoms – it may take 3-4 months.

Other meniscal injuries are not repairable, or attachment is inappropriate. Patients avoid twisting and stretching and use braces to restrict activity to some symptoms period usually within a few weeks, although some may take longer if there has been other associated injury.

Partial meniscectomy in the short term, if a meniscal tear is symptomatic and prevents a patient's activities, then partial meniscectomy usually restores the knee compression line. In the long term, the natural history of the knee might degenerate significantly.

## Loose bodies

Loose bodies can arise from several sites – either in osteophytes or intra-articular fragments.

The patient complains of intermittent locking associated with acute pain either initially or laterally at the joint line. There may be an associated injury, often, a qualitative assessment



■ 'Free leaf' meniscal tear, not amenable to repair

will allow them of pain. They may feel a large loose body in the acute period but that can be manipulated.

Arthroscopy removal is well tolerated as a day procedure and of great help in reducing symptoms. Patients usually report feeling better as soon as they "wake up".

The loose body generator is also dealt with as far as possible, resulting in an improved long term outlook. However this may not be easy in this example, severe chondromalacia patella has been the generator. The unstable cartilage is identified at arthroscopy and the patient given a specific physiotherapy program (OAS/Canell) together with braces and patella mobilization.



■ Chondromalacia of the patella commonly causes intermittent locking



■ Arthroscopic view of loose intra-articular patella chondromalacia

