

Knee Pain in an Athlete

Click on image to view radiographs and clinical pictures.

Introduction

This 18 year old male basketball player complained of pain in the left knee. This pain was of gradual onset for the past year and had been getting worse since he jumped up to block a pass a few weeks prior to his office visit. His pain was localized over the both the medial and lateral joint lines, but worse on the lateral side. Examination of the knee revealed a small effusion, slightly diminished active and passive flexion, but full extension. Ligamentous examination showed a negative Lachmann, negative Pivot Shift, and negative Anterior and Posterior Drawer Tests. There was no ligamentous laxity, nor tenderness along the course of the LCL or MCL. However, varus and valgus stress exacerbated the pain in the lateral and medial compartments. McMurray's Test was inconclusive for both menisci. There was no patellar apprehension or patellar grind.

What is your provisional diagnosis?

Radiographs of the Left Knee

What is your diagnosis and management ?

This patient underwent a diagnostic arthroscopy. The patellofemoral compartment, medial gutter, and medial meniscus were normal. The ACL was intact, and the findings in the lateral femoral compartment are shown below.

What are your diagnoses and management for these lesions ?

There was a radial tear of the lateral meniscus in the white-white zone which required partial meniscectomy. There was also a soft osteochondral lesion on the weightbearing portion of the lateral femoral condyle. This was debrided to expose subchondral bone below, and saucerized to normal articular cartilage around the defect.

What are your management options ?

Because of the young age of this patient, a mosaicplasty was performed. The donor area was the intercondylar notch. More careful inspection of the medial femoral condyle showed a similar, less extensive lesion on the weightbearing portion of the MFC. Therefore, the same procedure was performed in both compartments.

What is your postoperative management ?

Intraarticular Marcaine was administered prior to wound closure. This patient was kept touch weightbearing for two weeks until the sutures were removed, and we plan to progress to full weightbearing over the next four weeks.