

3<sup>rd</sup>  
International  
Meeting  
2016

The 2016 Porto  
**Meniscus**  
Preserve the future!

Porto 2016  
4-6 February  
Porto Palácio Congress  
Porto Portugal

Burt Klos MD PhD

Stephan Konijnenberg MD

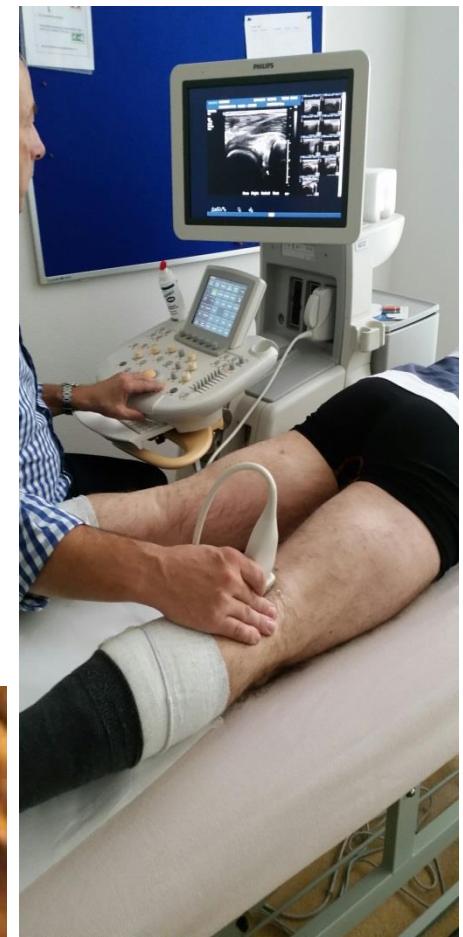
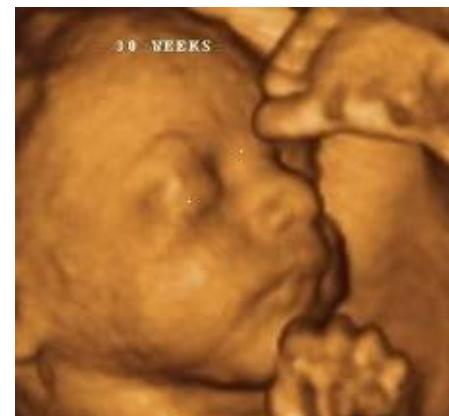
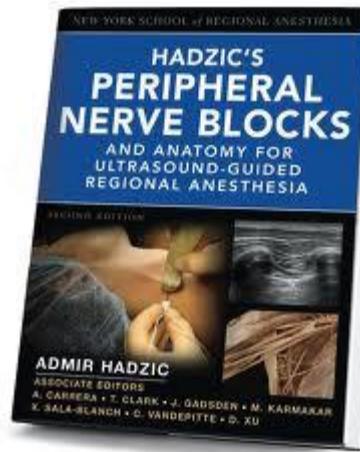
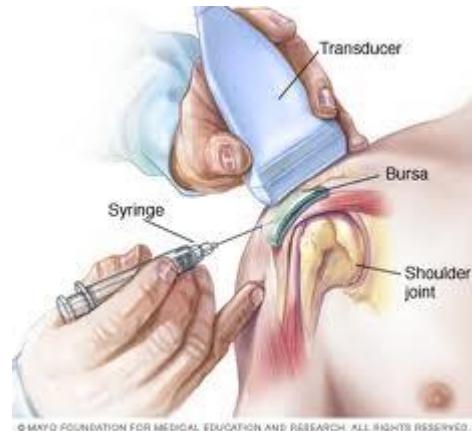
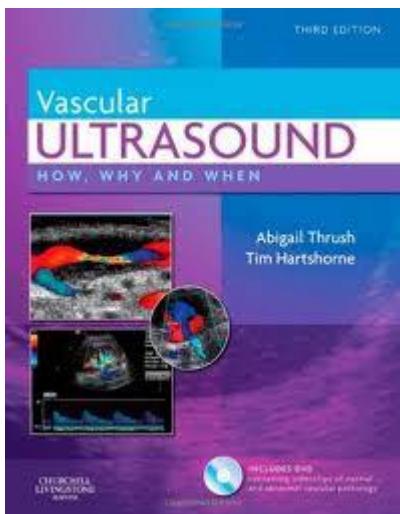
Meniscus ultrasound



ICONE

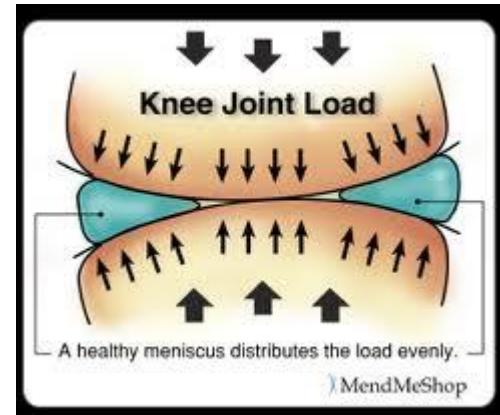
# Musculoskeletal Ultrasound

- Developments
- US Cuff /bursa
- 3 D , dynamic



# Meniscus lesions

- Conservative treatment
- Operative treatment
- Meniscal repair



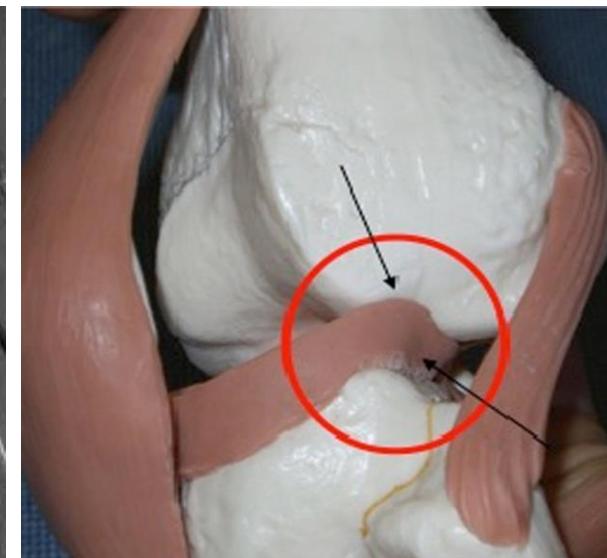
- Important factor
- Ligamentous insufficiency



# Dynamic HR meniscus ultrasound



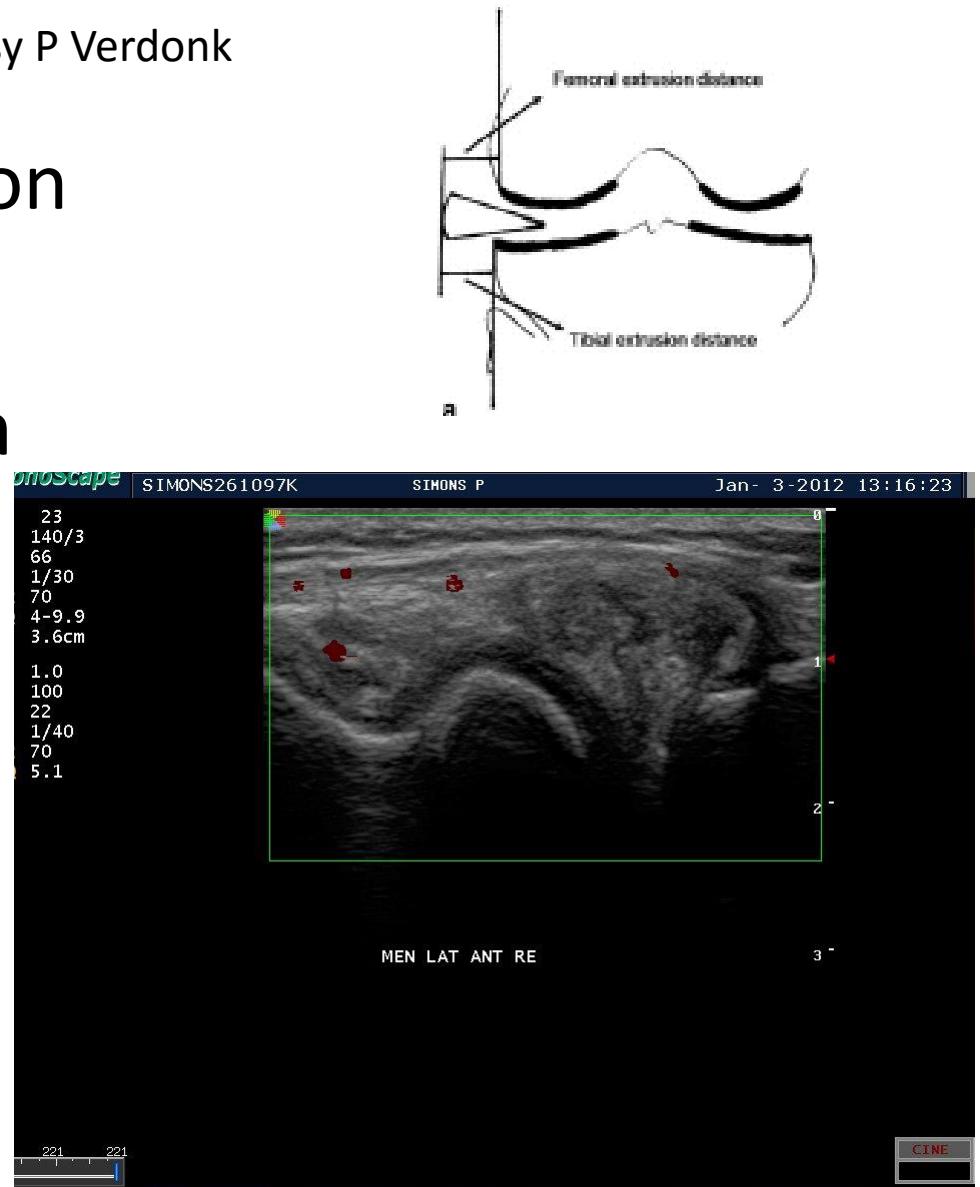
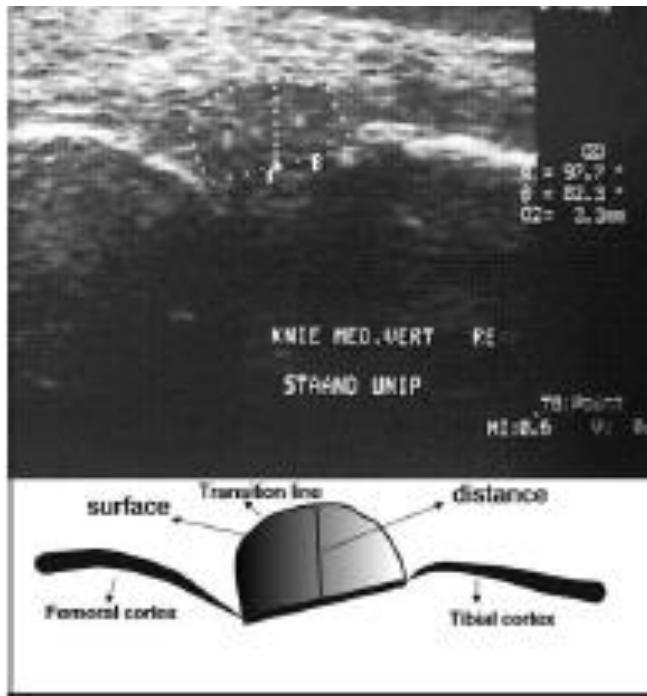
# Indirect signs courtesy Ch Fink



# Meniscus signs

courtesy P Verdonk

- Lesion vs degeneration
- Protusion 3-4 mm
- Fluid / cyst formation



# Meniscus ultrasound literature

## MRI vs MSU meniscus

2008 JBJS -B

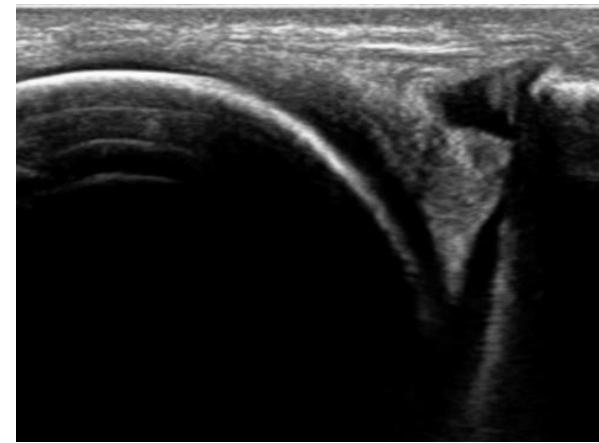
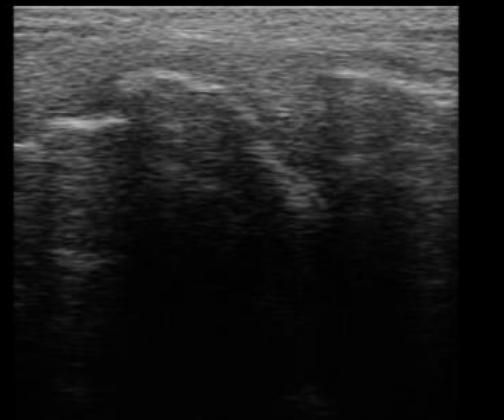
Shetty et al London

2014 J Knee Surgery

Cook et al Missouri USA

# Improvements image quality

2006-2008    2008-2010    2011-2014



# JBJS 2008 // J Knee Surgery 2014

- Arthroscopy – US – MRI
- 35 patients chronic 2008 // 71 patients acute injury 2014
- Sensitivity            US 86 %    MR 86 %    US 91 %    MRI 91 %
- Specificity           US 69 %    MR 100 %    US 84 %    MRI 66 %
- Pos predict value    US 83 %    MR 100 %    US 84 %    MRI 84 %
- Neg predict value    US 75 %    MR 81 %    US 76 %    MRI 81 %

# Imaging

MRI

Sequential imaging

Dynamic imaging



Ultrasound

Dynamic !

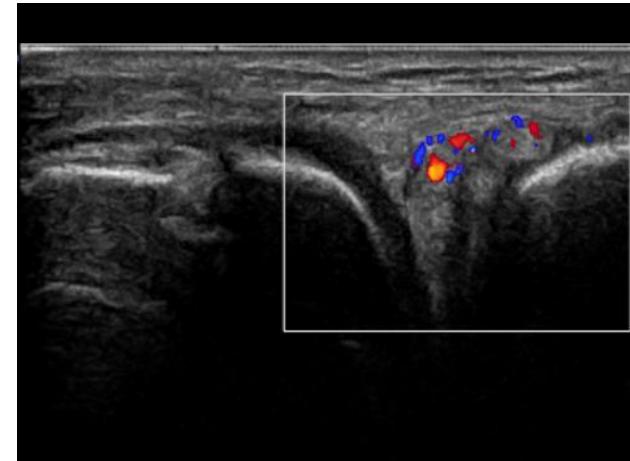
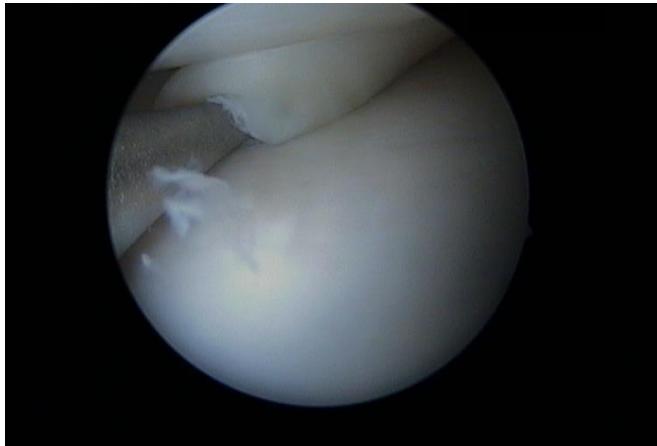
Pes anserinus

Injection



# MRI might not be golden standard

- Collateral lesions lateral / ALL / Segond MRI not reliable ( Devitt / Feller / Whitehead ISAKOS paper 209 )
- Hidden lesions B Sonnery Cottet 2015
- Ph Neyret 2014 MRI 43 % positive findings



# Segond avulsion lesion

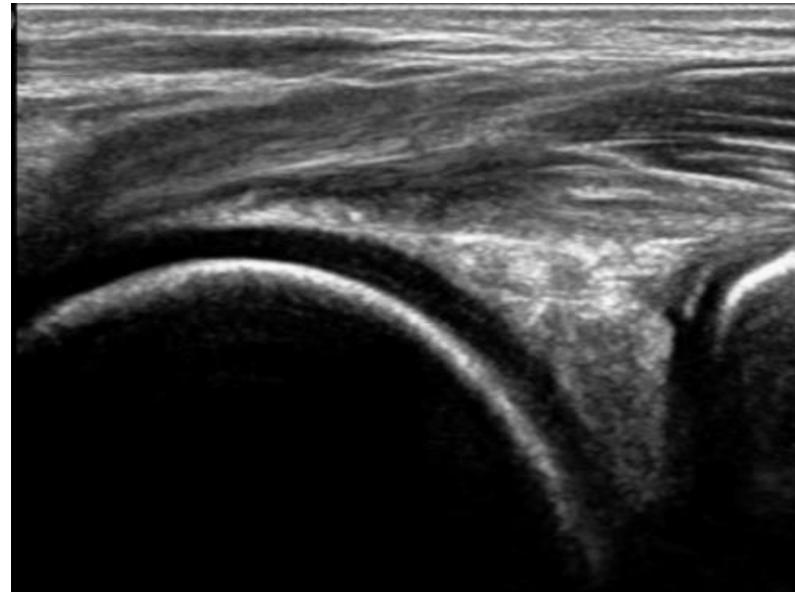
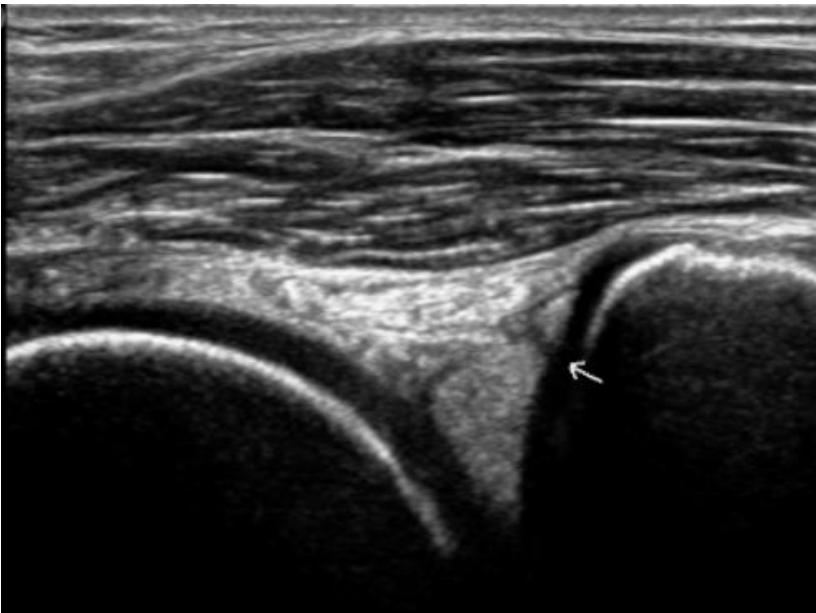
- MRI incidence 3 -4- 6 % (Tesla 3 )
- X ray incidence 9 %
- MSU ultrasound incidence 32 %



# Ultrasound positions prone , supine , hyperflexion

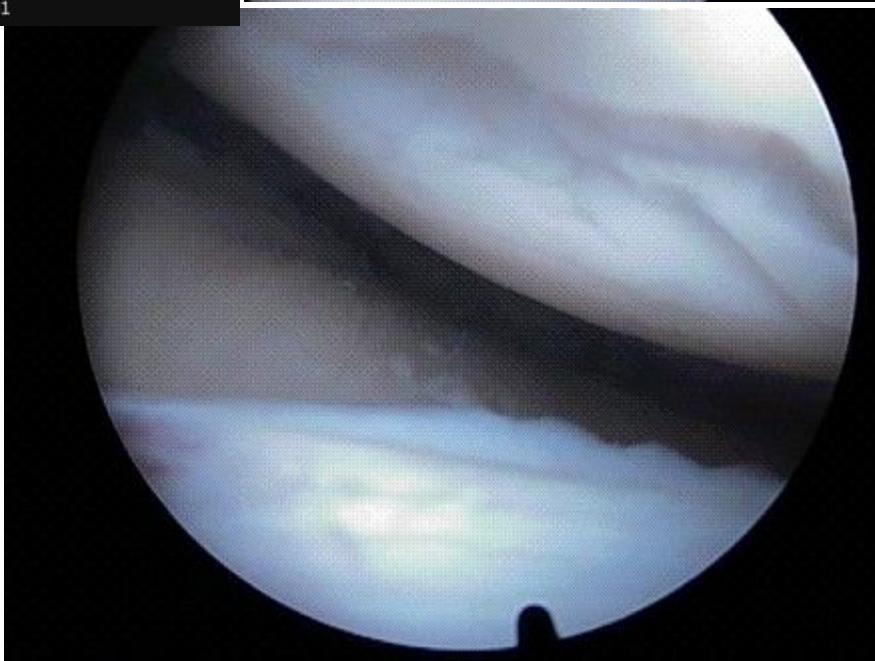


# Sequential follow up in ACL / monitoring the meniscus @ 4 weeks



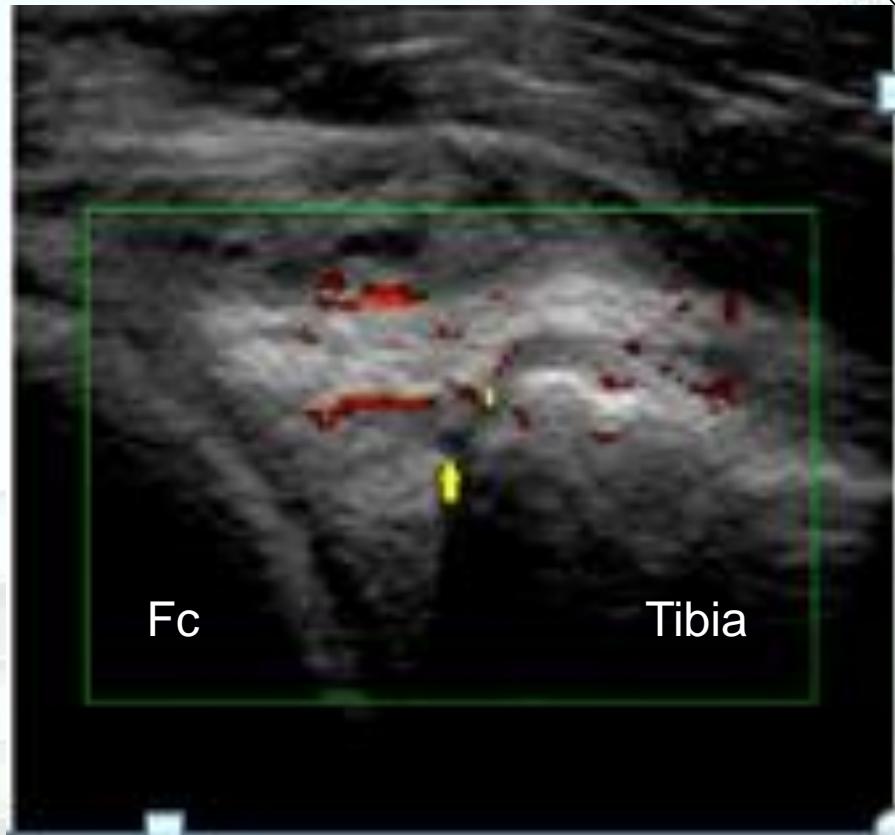
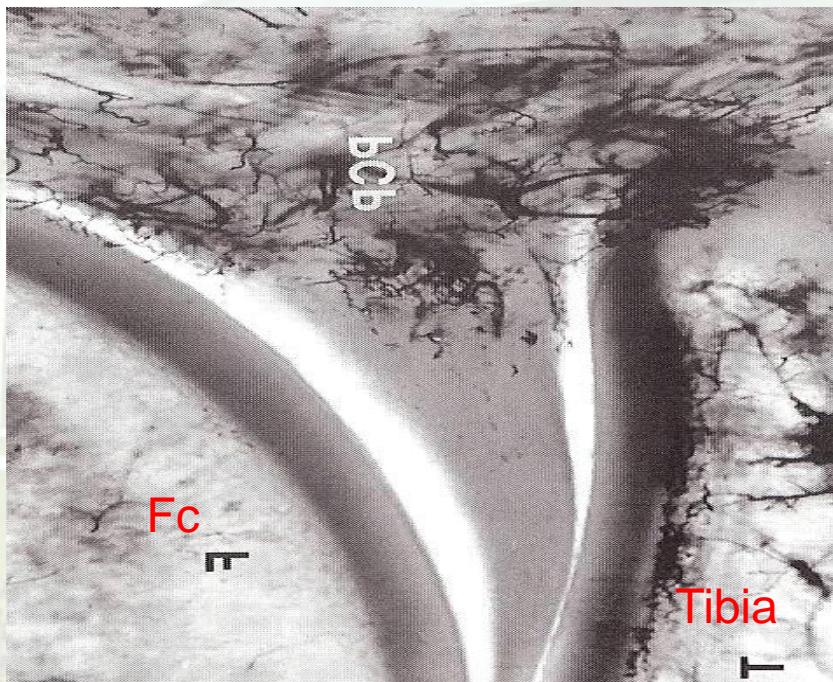
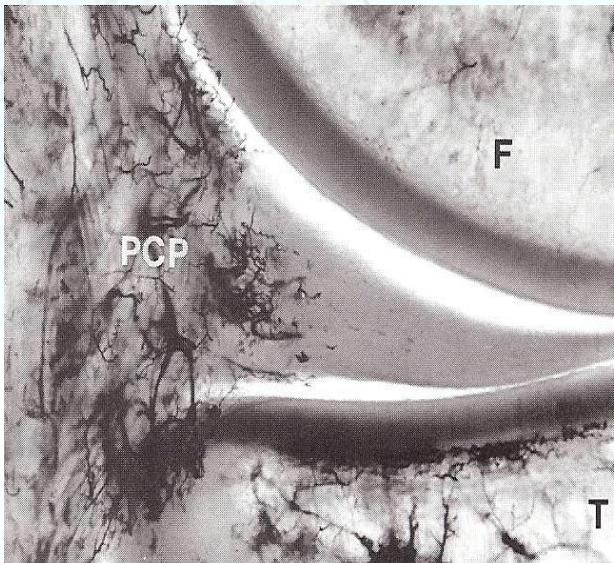


# Meniscus US > Arthroscopy



# Meniscus / ACL def

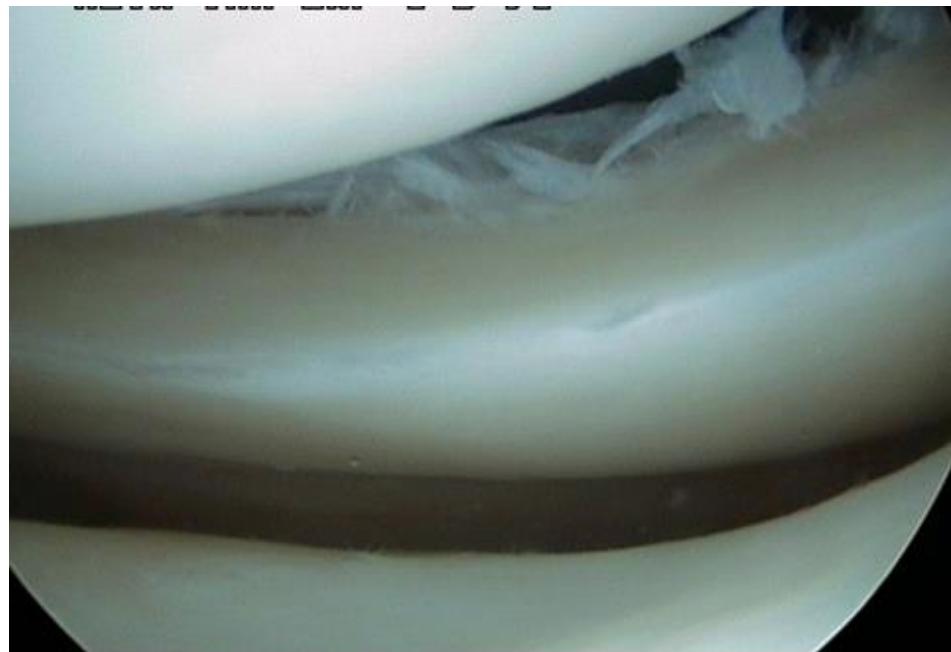




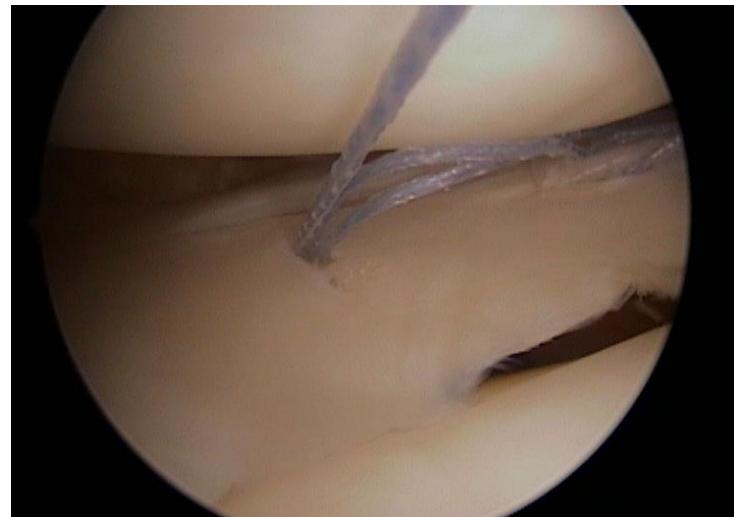
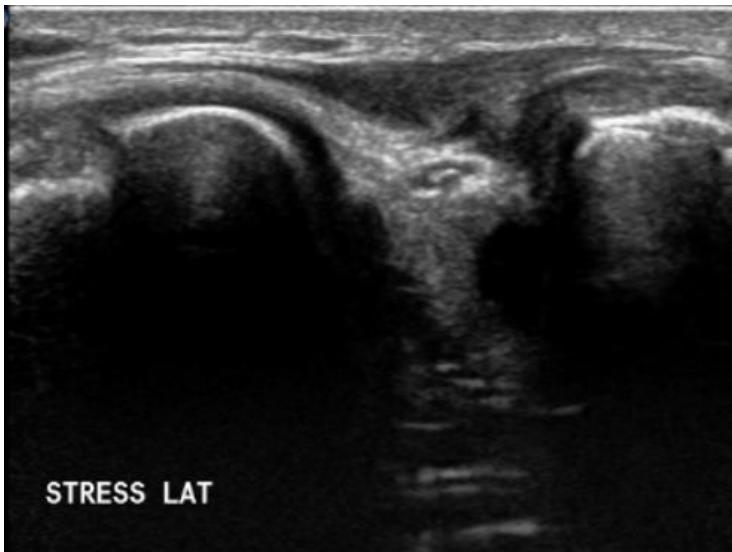
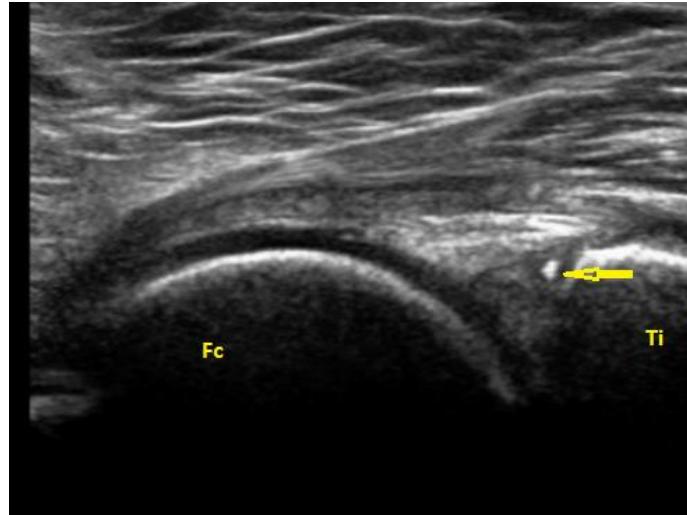
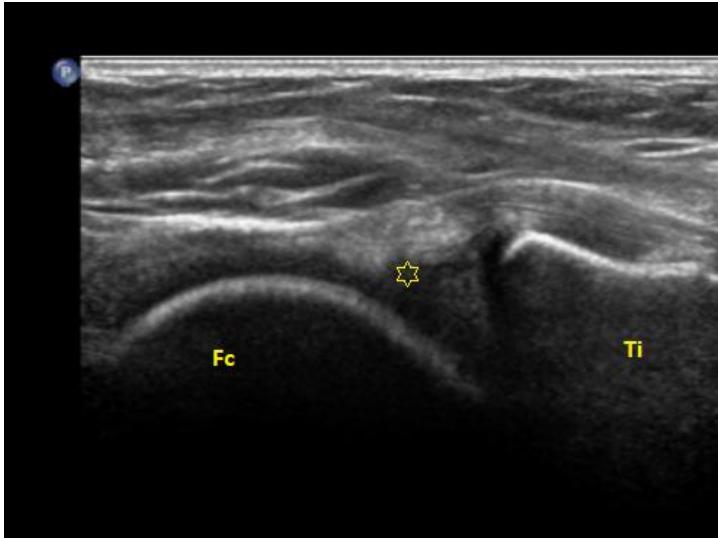
## Repairability of Meniscal Tears

MRI is not an effective or efficient tool for predicting repairability.  
AJSM 12-2010

# Meniscal tear static

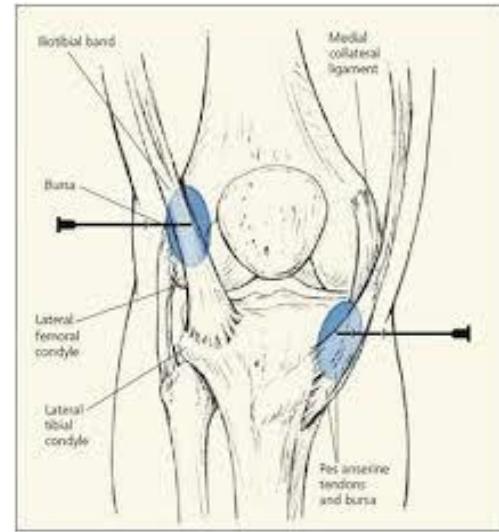


# Meniscus repair follow up



# Post operative imaging

- Meniscus residual lesions ?
- Pes anserinus ?
- Healing repaired meniscus ?



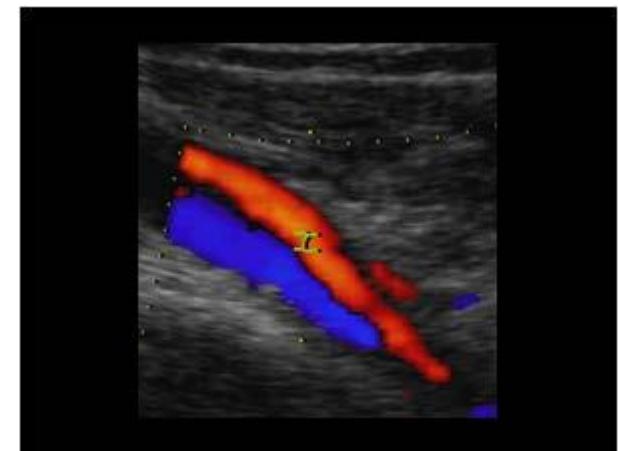
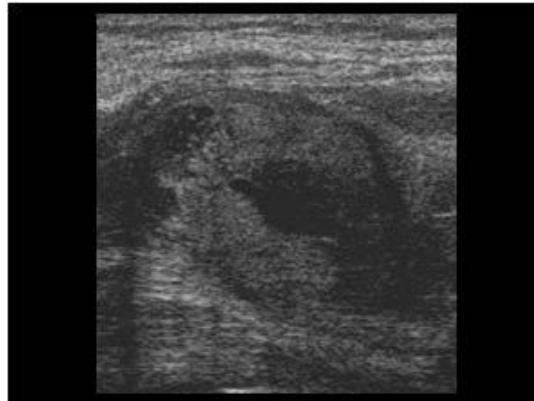
- For these conditions MRI is not helpful in the short term ( 0-3 months )
- We use dynamic HR ultrasound if there is any problem in rehab .

# Pes anserinus

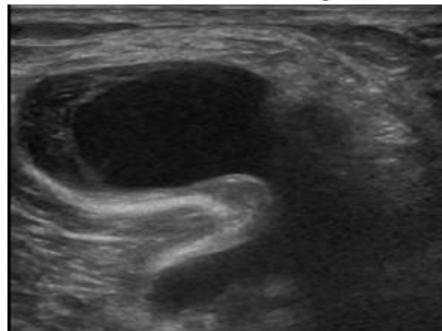


# Post operative complications

- Incidence DVT in ACL (without prophylaxis )  
10-12 % Chinese population KSSTA dec 2015
  - Dong Wang Men et al KSSTA 2015 3540-44
- Hematoma ( fluid )



- Bakers Cyst



# Conclusion

- Dynamic HR ultrasound usefull for meniscus pathology especially :
  - Instability
  - Follow up , postoperative conditions
  - Monitoring healing /conservative treatment