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To diagnose a meniscal tear, it is first important to obtain an accurate medical history. The patient should be asked to describe the position of the knee and the direction of forces at the time of injury; this is despite most patients not reporting a real trauma but more commonly an acute pain which occurred after a twist to the knee under load or a knee flexion.

We must always differentiate traumatic injury from a degenerative lesion, regardless of patient age.

The clinical examination is important, but in meniscal lesions, imaging plays a vital role.

If the degenerative bilateral weight-bearing X-rays are very important in the traumatic injury, MRI is definitely the most used form of investigation.

We must, however, always remember that the result of an MRI is influenced by the quality of the machine and the knowledge of the radiologist in the field of orthopaedic pathologies.

Good cooperation between radiologists and orthopaedic surgeons certainly leads to elevated accuracy (74–79 %), sensitivity (73–84 %) and specificity (75–81 %) in detecting meniscal tears.

It is still important to emphasise that an MRI meniscal tear diagnosis does not necessarily indicate the need for surgery, and a series of conditions must be considered before undertaking meniscal arthroscopy (age, symptoms, clinical examination positive, any comorbid conditions, etc.).

Particular attention is always paid to the bone marrow oedema in the degenerative disease, which can simulate a meniscal problem but does not need, in the first instance, any surgical treatment.

Diagnoses with ultrasound and SPECT/CT are most certainly more sophisticated and should therefore be reserved for centres specialising in this particular area.

Finally, we must always keep in mind that both at MRI level and at arthroscopy level, the classification of meniscal lesions is very important for the orthopaedic surgeon because it can help him/her, both preoperatively and in the operating room, decide on the exact treatment required for treatment for the meniscal lesion, meniscectomy, partial meniscectomy, meniscal repair or transplantation.

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