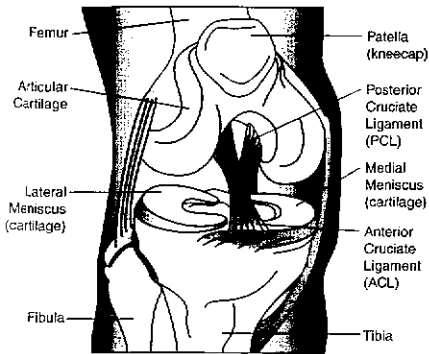
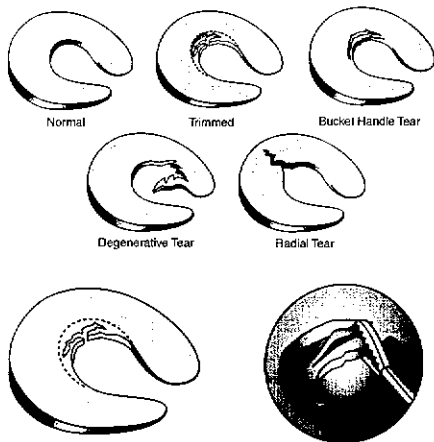


KNEE PAIN – TORN CARTILAGE



Knee structure



Trimming the torn meniscus

Knee pain can have many causes, but there are three that are most common; torn cartilage, arthritis, and problems with the kneecap. Here we will discuss the torn cartilage problem. Information sheets are also available about knee pain from arthritis and kneecap problems.

The bony surfaces of joints are covered with a layer of white, smooth cartilage (*articular cartilage*). This cartilage provides a very smooth, low-friction gliding surface for the joint. In the space between the thighbone (*femur*) and the shinbone (*tibia*) are two "C" shaped, rubbery "shock absorbers" (*meniscus*, singular, or *menisci*, plural) facing in from each side. Their height is about 3/8" on the outside edges tapering to a thin edge in the center.

The menisci can tear in an accident, such as when the knee is hit from the side, causing immediate pain, or it can tear in normal activities because the meniscus weakens as you get older, causing gradual pain. Of the two menisci, the one toward the inside of the leg (*medial*) tears more frequently than the one on the outside (*lateral*). The pain is often described as a dull ache with an occasional, sharp "pinching". This sharp pain usually occurs when a flap of the torn meniscus slips or folds out of its normal place and is caught between the two bone ends. This often happens when the knee is bent and rotated, such as when a person attempts to twist and rise out of a car seat, quickly switch directions while walking, or even lie on their side at night and bend their knee to the inside. Rarely, it may even cause their knee to give way or lock in a slightly bent position.

Based on the symptoms and an examination, an orthopedic doctor can diagnose a torn cartilage 70-80% of the time without an MRI, so an MRI isn't always needed. However, MRI (*Multiple Resonance Imaging*) scans remain the best way to diagnose a torn cartilage and are accurate about 90-95% of the time.

Unfortunately, the part of the meniscus closest to the center doesn't have a

continued on back

Knee Pain – Torn Cartilage, *continued from front*

blood supply (*avascular*). Therefore, once it tears, it cannot heal itself, and the pain will not go away on its own. Although there have been great advances in repairing menisci the last few years, these repairs are usually limited to young patients and simple tears in the outer edge of the menisci where the blood supply is greatest. The usual treatment for most patients is arthroscopy to remove the torn parts of the meniscus, and trim the remaining edges. An attempt is made to keep as much of the meniscus as possible in the knee because of its cushioning function, but the weakened areas that will probably tear in the near future must also be removed.

If this is the only problem in a knee, then there is a 95% chance of good to excellent results. Removing part of the meniscus does increase the chance of arthritis in that part of the knee by about 25% over a person's lifetime. Unfortunately, leaving a torn meniscus in place is not a good option because it is even more likely to cause arthritis when the broken edges constantly rub on the gliding cartilage. For this reason, the patient should generally have the torn cartilage removed within a few months of symptoms appearing instead of choosing to "live with the pain."

Hopefully, this information has been interesting and helpful to you. As with any general information, some of it may not apply to your case and it is not intended to take the place of an orthopedic evaluation and personalized treatment plan. If you still have questions, please do not hesitate to discuss them with Dr. Nickel.

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