REPAIR OF THE ISOLATED “DOUBLE BUCKET” KNEE MENISCAL TEAR

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While meniscal repair success has been linked to associated parameters such as acuteness, concomitant ACL injury/reconstruction, laterality, and age, we present here a case that illustrates the value of repairing a chronic, isolated, lateral meniscal tear. What makes this most interesting is that the tear involves two ‘bucket handle’ tear patterns in the same lateral meniscus—peripheral and central. While such a tear is rare, the repair is shown here to be successful, even in a chronic non-ACL injured knee.

A 25 year old active male sustained a twisting event in sport (basketball) resulting in a painful right knee for a period of 3 years prior to clinic presentation. He exhibited locking, catching, and giving way. Examination exhibited lateral joint line tenderness and a positive McMurray’s laterally. He was brought to the operating room to treat his painful and functionally debilitating lateral meniscal tear.

Intraoperatively, the patient exhibited 2 separate bucket handle tears of the lateral meniscus, the larger peripheral one being approximately 4.5 cm in length. All inside arthroscopic treatment of the tear was performed, first of the peripheral tear followed by the more central tear. Torn tissue was initially debrided prior to repair. The patient was placed in a functional brace locked in extension and began physical therapy one week post op for range of motion and strength. Weight bearing was restricted for 2 weeks with the brace locked in extension.

At 3 months post op, the patient obtained an MRI suggesting successful healing of the torn tissue; by less than 4 months he returned to all sport including basketball with a 3 year followup of no complaint.

This unusual case suggests the need to evaluate all patients individually with regard to the quality of torn meniscal tissue regardless of chronicity and associated injury in making judgement as to the potential success of meniscal repair.