



POSNA

The Core Curriculum

Torn meniscus

Objectives

1. Describe symptoms and physical findings of a torn meniscus in children
2. Discuss the value of MR imaging versus clinical exam in the diagnosis of torn meniscus in children
3. Discuss the effect of anterior cruciate injury to the rate of torn meniscus in the skeletally immature
4. Discuss treatment of torn meniscus in children

Discussion point

1. How does the vascularity of the child's meniscus differ from that of the adult?

Discussion

A torn meniscus or cruciate ligament injury in a child was not that long ago considered a rarity. However, Stanitski and others have demonstrated a surprisingly high rate of significant intra-articular pathology accompanying acute knee hemarthrosis in children, including torn meniscus. He has found little value to MR imaging compared with the clinical exam. Torn meniscus so often follows anterior cruciate injury in the child that the approach to anterior cruciate injury in the skeletally immature is essentially the same as the adult, with early repair performed to prevent further injury. The longterm results of open meniscectomy in children have made rather dreary reading; recent (although shorter term) follow-up studies after meniscal injury in children indicates that preservation of the meniscus by partial resection or repair may well improve the quality of results. The vascularity of the child's meniscus is more plentiful in the adult; even at 10 to 13 years of age, vessels have been demonstrated to penetrate to the inner zones.

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