

## ***DISCOID MENISCUS***

### **DESCRIPTION**

The meniscus is a cartilage structure in the knee that sits on top of the leg bone (tibia). Each knee has 2 menisci, an inner and outer meniscus. The meniscus functions like an adaptor between the rounded thigh bone (femur) and flat tibia. It also serves to help distribute the forces between the 2 bones over a greater area (rather than point to point), helps supply nutrition to the cartilage that lines the bones (articular cartilage) and helps stabilize the knee. A discoid meniscus is a congenital (born with) variant of the normal meniscus. Instead of being shaped like a cashew nut, the meniscus is more oval or disc shaped. Occasionally it has a normal shape with abnormal attachment to the surrounding structures. It tends to occur in the outer (lateral) meniscus. The meniscus may cause symptoms without injury or can cause symptoms when torn or injured.

### **FREQUENT SIGNS AND SYMPTOMS**

- Often times no symptoms at all
- Snapping or clunking of the knee with motion
- Pain especially with standing on the affected leg, and tenderness along the joint of the knee.
- Swelling of the affected the knee, noted 1 - 2days after the injury, though it may occur right after the injury
- Locking of the knee (cannot straighten the knee completely)
- Giving way or buckling of the knee

### **CAUSES**

Unknown, but thought to be a developmental or congenital problem (born with). It can occur in both knees in up to 10% of people with this condition.

### **RISK INCREASES WITH**

- Caucasians have an incidence of this problem (up to 5%), whereas Asians have an incidence of up to 25%.
- Injury of the discoid meniscus may occur with contact sports, (football), as well as sports where cleats are involved with pivoting (soccer), or sports where good shoe grip and sudden change in direction is required (racquetball, basketball)

### **EXPECTED OUTCOME**

Some meniscal injuries can heal on their own, and some do not heal but may not cause any symptoms. However, the only definitive treatment for meniscal tears requires surgery. Surgery may provide complete healing in 6 weeks. If there are no symptoms, there is no known problem with leaving the meniscus alone (no surgery).

### **POSSIBLE COMPLICATIONS**

- Frequent recurrence of symptoms resulting in a chronic repetitive problem. Appropriately addressing the problem the first time decreases the frequency of recurrence.
- Repeated knee injury particularly if return to sports too soon after injury or surgery
- Progression of the tear (gets larger) if untreated.
- Arthritis of the knee in later years (with removal of tear or without surgery)
- Complications of surgery including infection, bleeding, injury to nerves (numbness, weakness, paralysis) continued pain, giving way, locking, need for further surgery, knee stiffness (loss of motion)

## **GENERAL TREATMENT CONSIDERATIONS**

If the discoid meniscus is found incidentally and does not cause symptoms, nothing needs to be done. If injured, then initial treatment consists of medications and ice to relieve pain and reduce the swelling of the affected joint. Sometimes walking with crutches until you walk without a limp is recommended (you may put full weight on the injured leg). Range of motion, stretching and strengthening exercises may be carried out at home, though referral to a physical therapist or athletic trainer may be recommended. Occasionally, your physician may recommend a brace or immobilizer and/or crutches to protect the joint.

Arthroscopic surgery is often recommended as definitive treatment. Usually the tear is removed, though uncommonly a repair may be attempted. After surgery and/or immobilization, stretching and strengthening of the injured, stiff and weakened joint and surrounding muscles is necessary. This may be done with or without the assistance of a physical therapist

## **MEDICATION**

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.

## **HEAT AND COLD:**

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

## **NOTIFY OUR OFFICE IF**

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects.