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## **A HIDDEN TEAR OF MEDIAL MENISCUS SECONDARY TO FATTY DEGENERATION**

**H. Qawar**

FRCS, Orthopaedic Consultant and Orthopaedic Surgeon, Head Qawar Centre for Arthroscopy, Amman; Jordan.

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### **Introduction**

**M**eniscal tear is a common problem seen with or without sport injury.

The diagnosis is usually clinical, it can be confirmed by contrast study but arthroscope is usually giving the definite and detailed answer<sup>2</sup>.

The chance of misdiagnosing the atypical tear or atypical presentation is still possible.

The author presents this case of mesical degeneration with a hidden tear, which was not recorded before in the English literature.

### **Case History**

A 35-year-old gentleman with some athletic activities presented with persistent pain in the left knee for the last three years, worse on squatting and kneeling, interfere with praying, worse on going upstairs and prevent running. The pain was persistent for the last three years, not responding to different modalities of treatment.

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### **Correspondence to:**

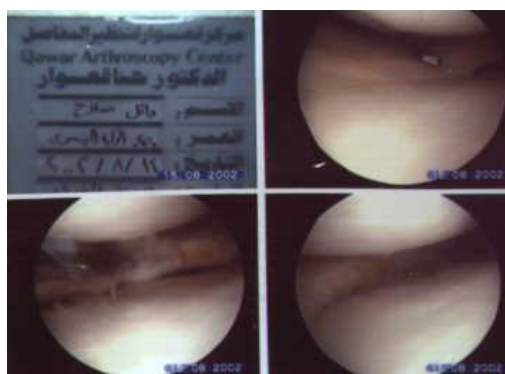
Dr. H. Qawar  
Qawar Arthroscopic Centre  
Jabal Al-Hussein  
Amman; Jordan

Clinical examination was not suggestive of mensical tear, the knee looks almost normal, mild pain after stress test.

### **Arthroscopic Findings**

The posterior horn of the medial meniscus was very thick with brownish discoloratin extending to the middle third of the meniscus, after biting the medial discoloured ridge, in a lateral direction, at the centre of the meniscus, an obvious horizontal cleavage was discovered with intact superior and inferior ridge, all the unhealthy segment of the meniscum was resected including the tear site.

Deeper section of the excised segment reveals obvious fatty infiltration.



### Follow up examination

In two weeks reveals very satisfactory results, he was almost back to normal life.

### Discussion

Different types of meniscal tear was recorded in form of flap tear, vertical longitudinal tears including displaced backache handle tear, broken backache handle-tears, double and triple vertical longitudinal backache handle type tears, horizontal cleavage tears, radial split tears, and complex degenerative tears <sup>1</sup>. The cardinal clinical features are almost always present.

Cadaveric studies reveal many silent tears without suffering <sup>3</sup>. So it is possible to have a torn meniscus with a clinical findings.

This case report is a good example of hidden tear, without any supporting physical findings, although the patient was complaining bitterly with so many restrictions.

This report support the indication for performing arthroscopy for any persistent knee even in the absence of abnormal physical findings and also support the deep search for a hidden tear when the meniscus looks apparently normal in the arthroscopic field.

### References

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