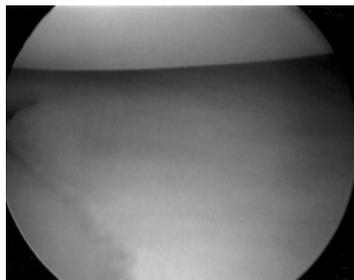

DISCOID MENISCUS



■ ■ ■ Description

The meniscus is a cartilage structure in the knee that sits on top of the leg bone (tibia). Each knee has two menisci, an inner and an 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 two 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 disk 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.

■ ■ ■ Common Signs and Symptoms

- Often, 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 to 2 days after the injury, although it may occur right after the injury
- **Locking** of the knee (cannot straighten the knee completely)

- Giving way or buckling of the knee

■ ■ ■ Causes

The cause is unknown, but discoid meniscus is thought to be a developmental or congenital problem (you are born with it). It can occur in both knees in up to 10% of people with this condition.

■ ■ ■ General Treatment Considerations

If the discoid meniscus is found incidentally and does not cause symptoms, nothing needs to be done. If injured or **torn** 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, although referral to a physical therapist or athletic trainer may be recommended. Occasionally, a brace, immobilizer or crutches may be recommended to protect the joint. Arthroscopic surgery is often recommended as definitive treatment. Usually the tear is removed, although occasionally a repair may be attempted. After surgery or immobilization, stretching and strengthening of the injured, stiff, and weakened joint and surrounding muscles are necessary. These may be done with or without the assistance of a physical therapist.