Case 1

Arthroscopic ACL Reconstruction +/- Meniscal Repair Using T Button	**Dr. Aravind Prasad Gupta**

SM
43 Years / Male
Farmer

HISTORY

- Presented with pain and swelling in the right knee for 6 weeks
- H/O pivoting injury
- Associated pain and difficulty in walking
- No h/o instability episodes - but feels less confident to run / jump

O/E

Grade -1 effusion

No joint line tenderness

Knee Rom - 0* -120*

Anterior drawer test - POSITIVE

Posterior Drawer test -NEGATIVE

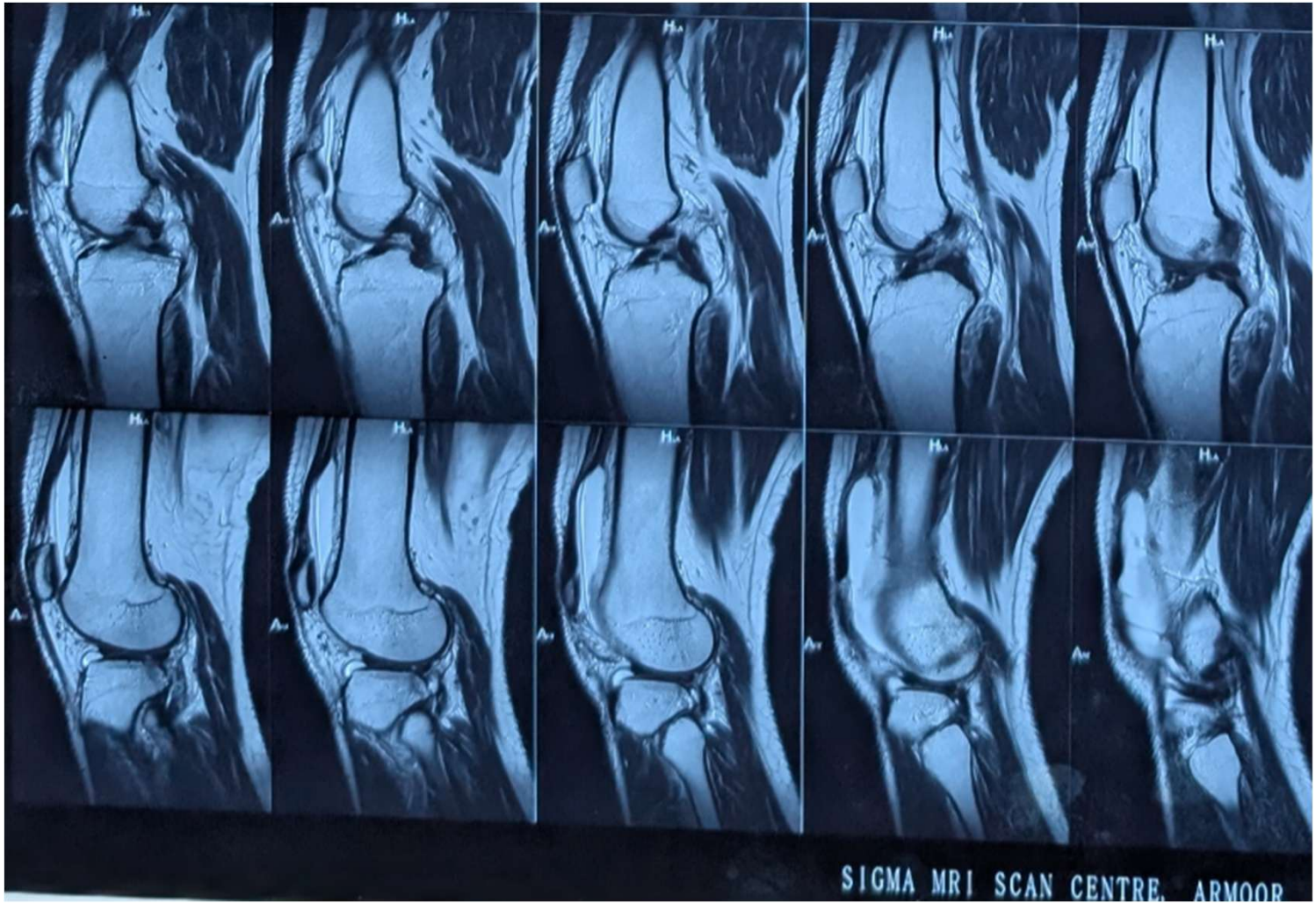
Mcmurray's test - NEGATIVE

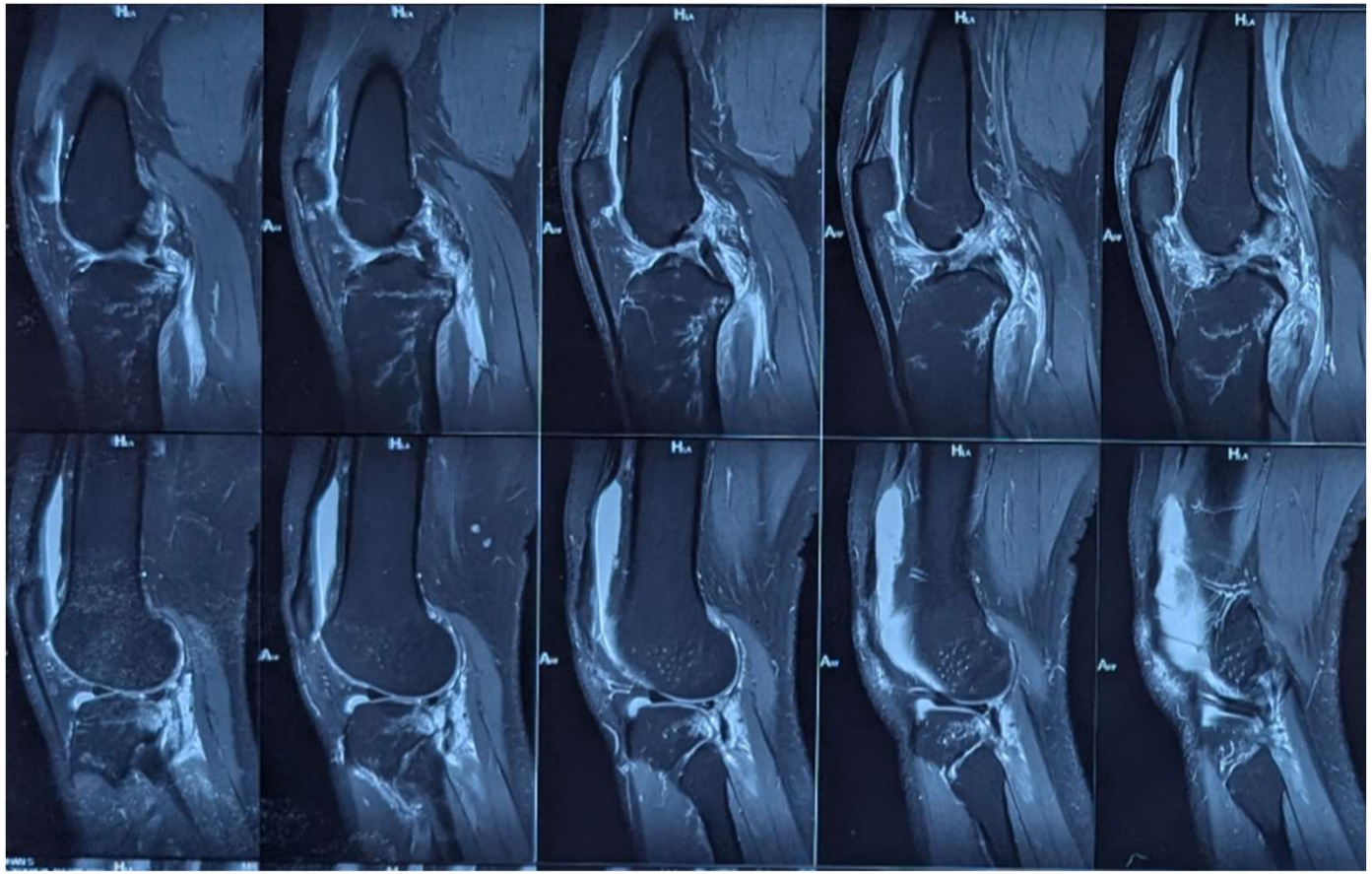
Pivot - Indeterminate

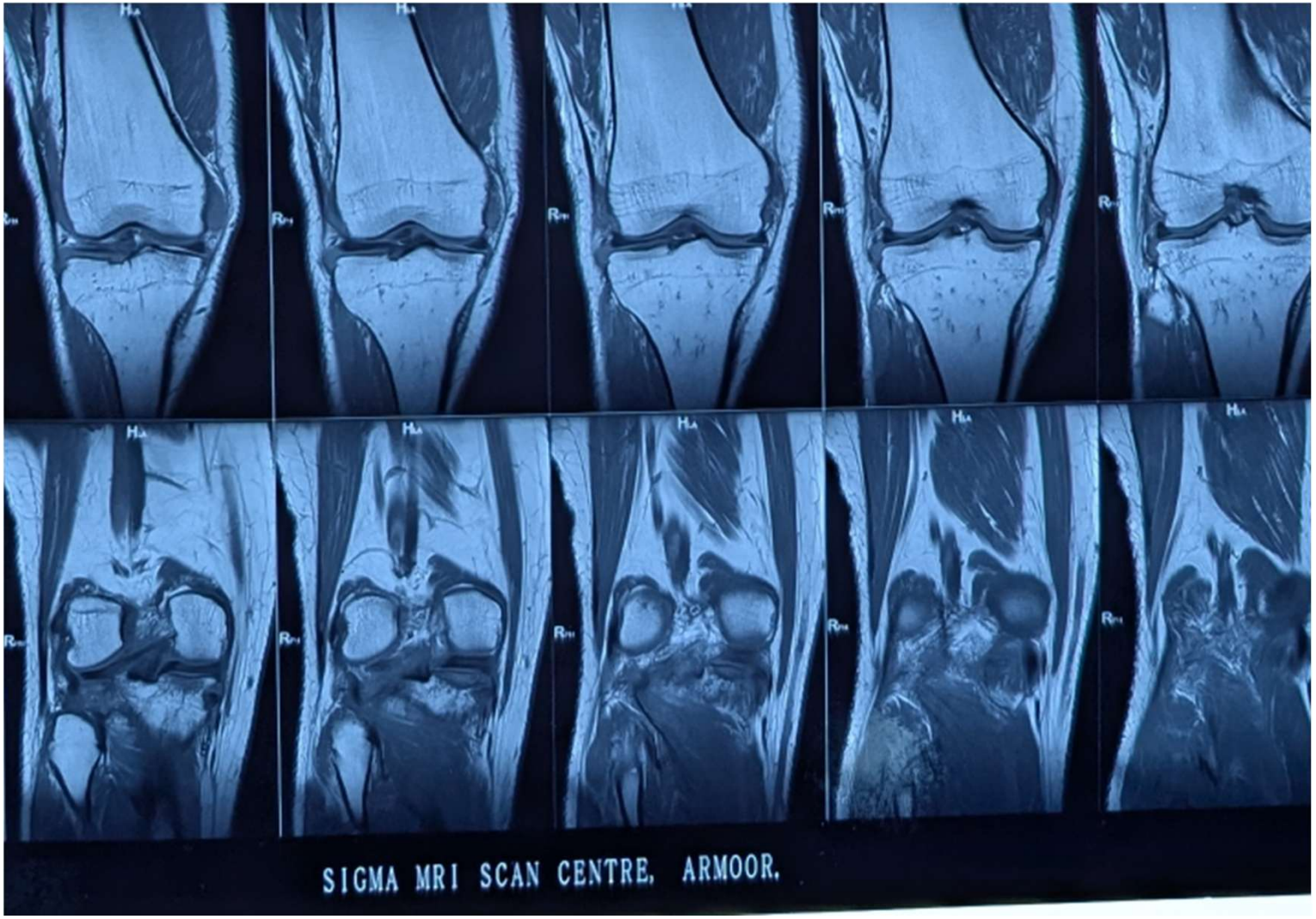
Stable to Valgus - varus stress

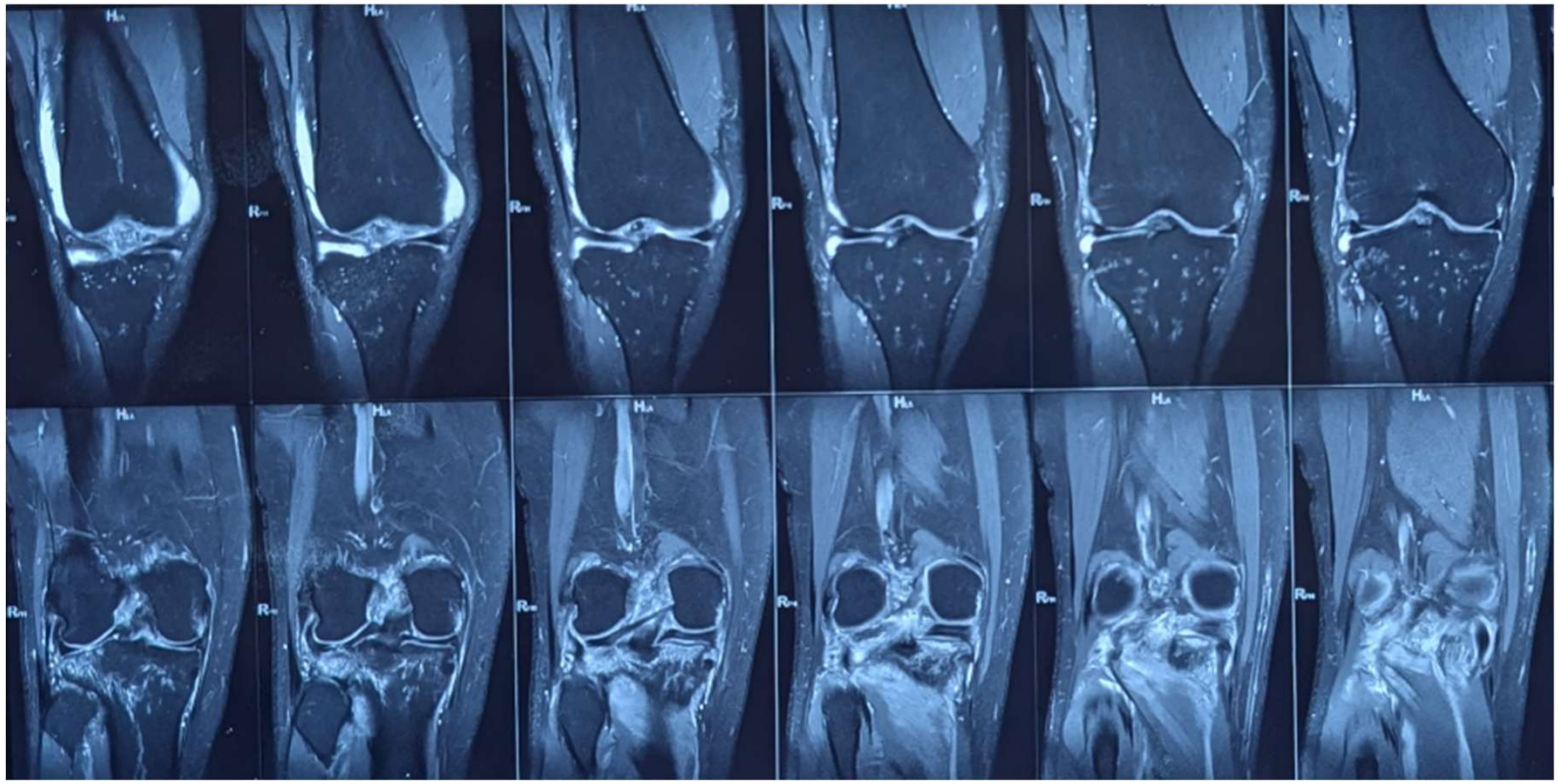
No distal neurovascular deficit

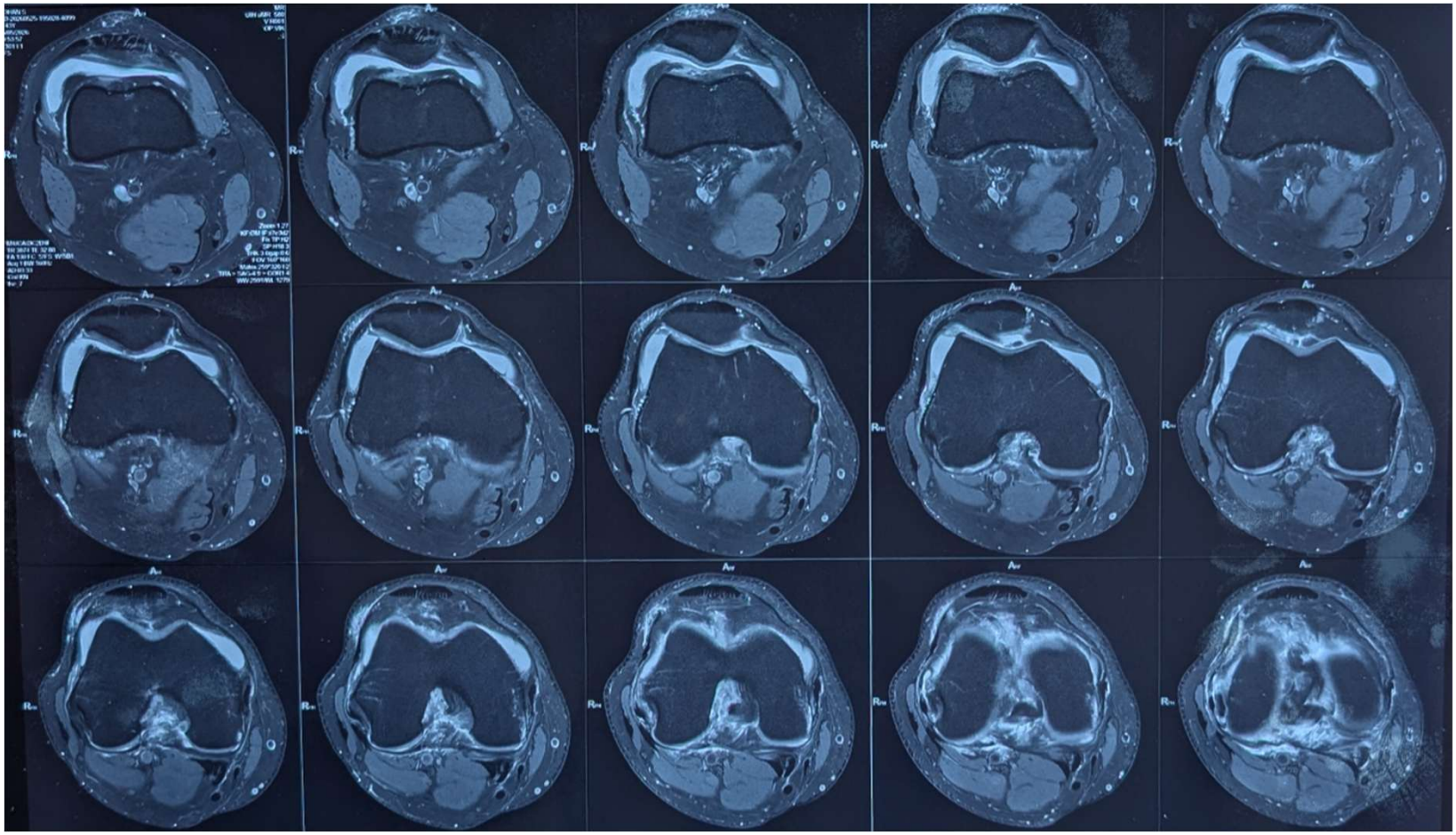
MRI FILMS AND REPORT






SIGMA MRI SCAN CENTRE, ARMOOR.





IMPRESSION:

Complete/near complete tear of ACL in midportion

Minimal collection in tibio-femoral joint space extending to suprapatellar recess

Mild Hoffa's fat pad oedema

Sprain of PCL near femoral attachment site

Sprain of LCL and MCL near femoral attachment site

Case 2

Arthroscopic ACL Reconstruction + Meniscal Repair using QuadPro	**Dr. Nikhil Likhate**

MrR
31/Male
Social Worker

HISTORY

Complaints of pain and instability of left knee ~ 1 month

H/O twisting injury 1 month back

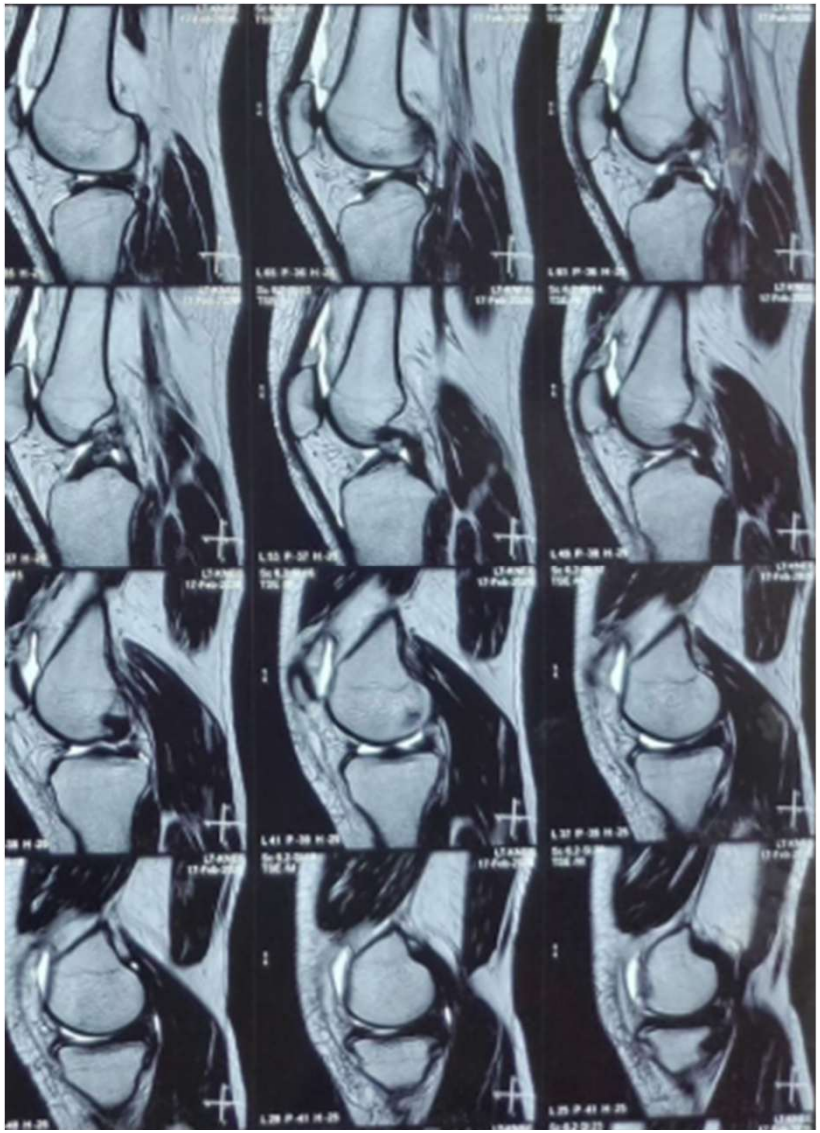
H/O of giving way

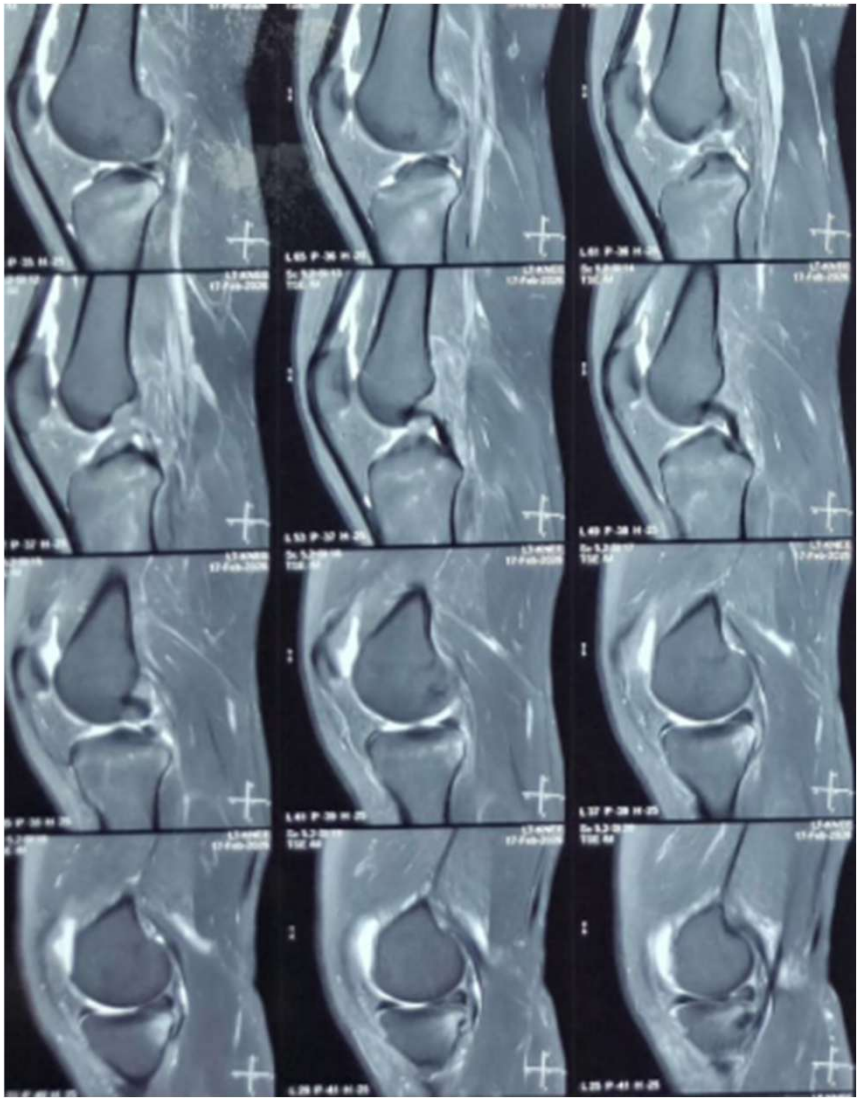
NO H/O: Locking of knee

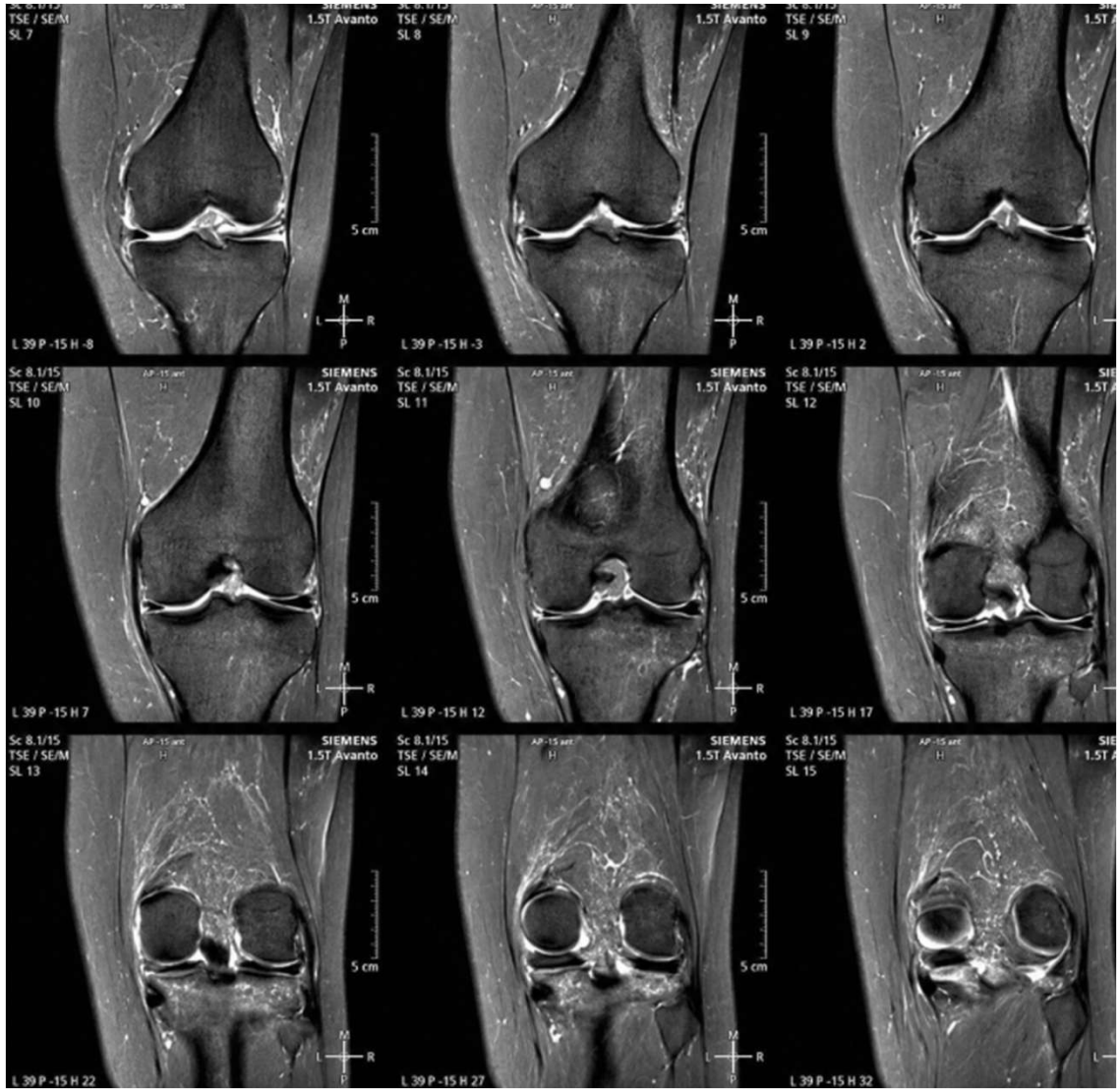
O/E

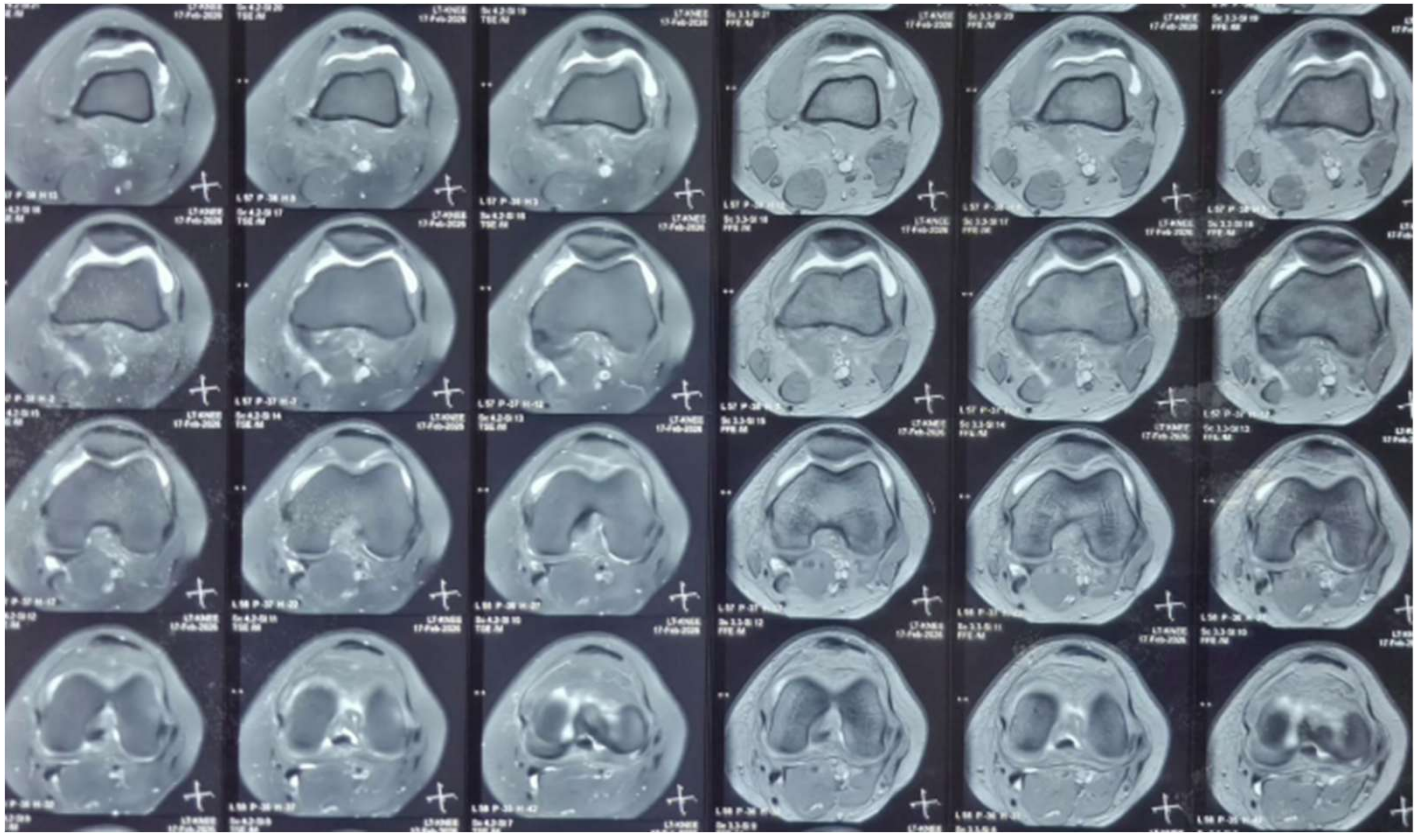
- Grade I swelling / effusion (+)
- Anterior drawer test- positive
- Lachman test – positive
- Pivot test - positive
- Valgus and varus stress test negative
- Range of Motion: 0–110°
- No distal neurovascular deficit

MRI FILMS AND REPORT






SIEMENS
1.5T Avanto
TSE / SE/M
SL 7
5 cm
L 39 P -15 H -8
SL 8
L 39 P -15 H -3
SL 9
L 39 P -15 H 2
Sc 8.1/15
SL 10
L 39 P -15 H 7
SL 11
L 39 P -15 H 12
SL 12
L 39 P -15 H 17
SL 13
L 39 P -15 H 22
SL 14
L 39 P -15 H 27
SL 15
L 39 P -15 H 32



Impression

1. **Complete Grade III segmental midsubstance rupture of the anterior cruciate ligament**
2. **Posterior cruciate ligament buckling,** representing a secondary sign of anterior tibial translation.
3. **Pivot-shift osseous injury complex**
   a. Extensive posterolateral tibial plateau marrow contusion with trabecular microfracture
   b. Mild medial tibial plateau marrow edema
4. **Posterior horn medial meniscus – Grade II intrameniscal signal alteration** (Stoller classification) without definite articular surface extension.
5. **Moderate reactive joint effusion.**

- Imaging constellation is highly characteristic of an **acute pivot-shift internal derangement** with **complete ACL incompetence, associated lateral compartment impaction injury, and secondary biomechanical alterations.**

Dr. Pavan Rao
Consultant Radiologist
Reg- APMC/FMR/B/200

Case 3

HTO + DFO	**Dr. Sachin Tapasvi**

H/O

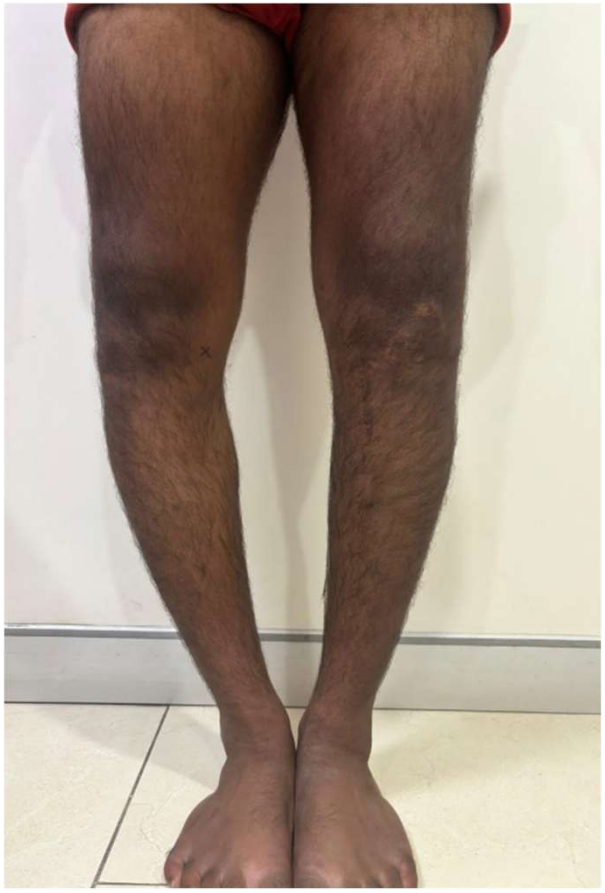
- Deformity of the both knee since 6 years
- No h/o trauma
- Gradually progressive deformity
- He underwent surgery one year back for left knee- TWO LEVEL OSTEOTOMY
- Ongoing limping with right leg

O/E

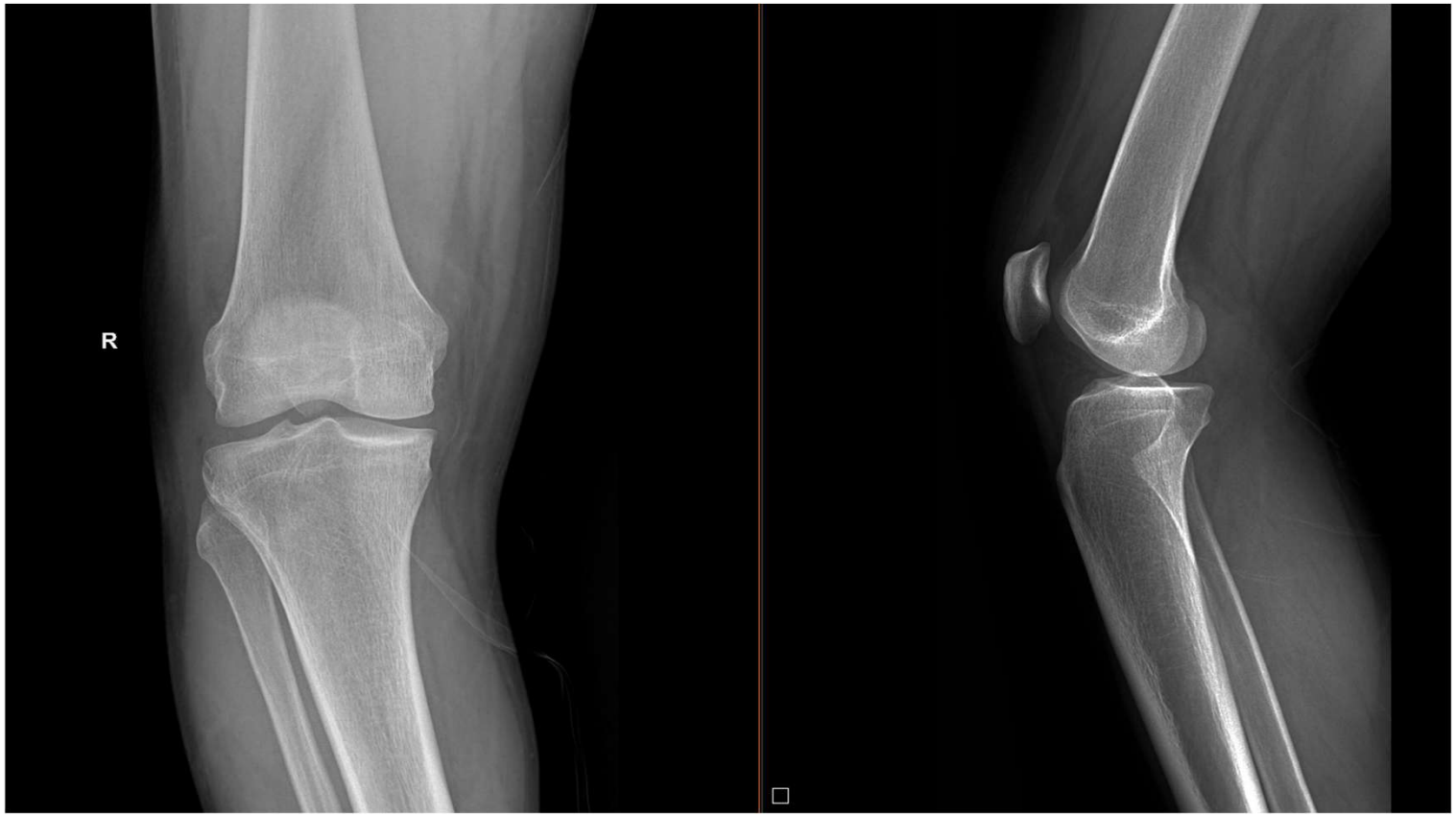
Right knee-Genu varum of right knee

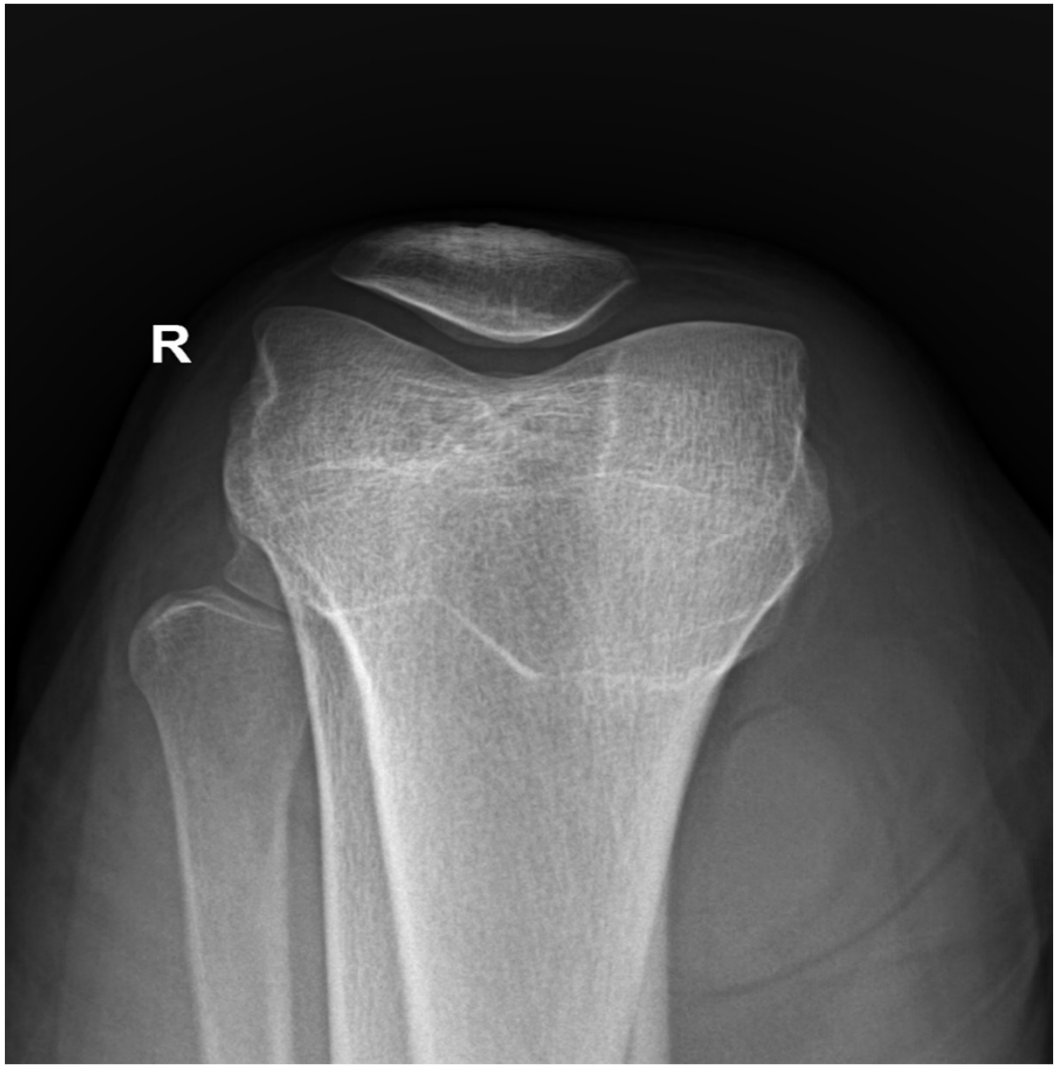
Left knee – healed surgical scar

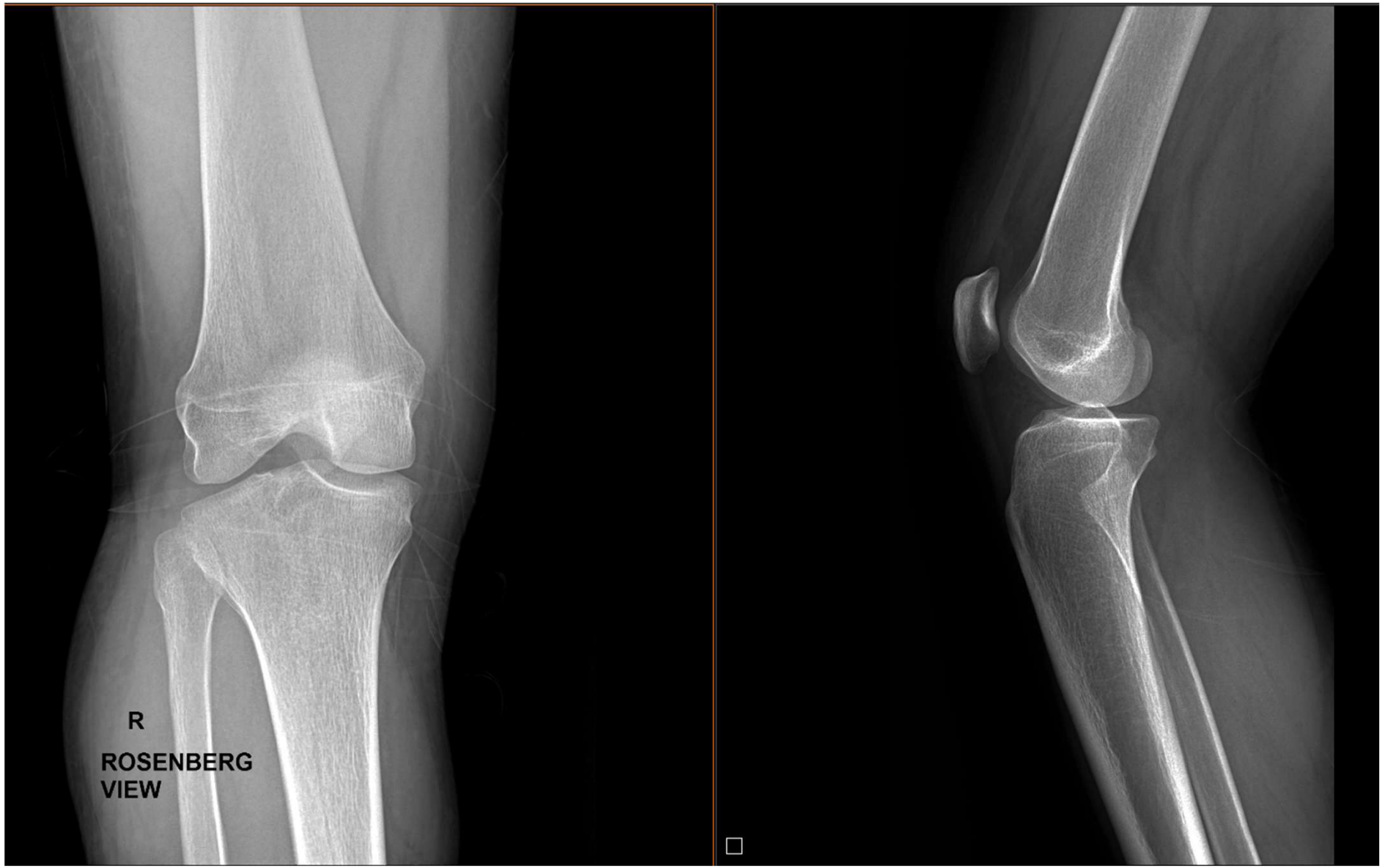
CLINICAL PHOTOS

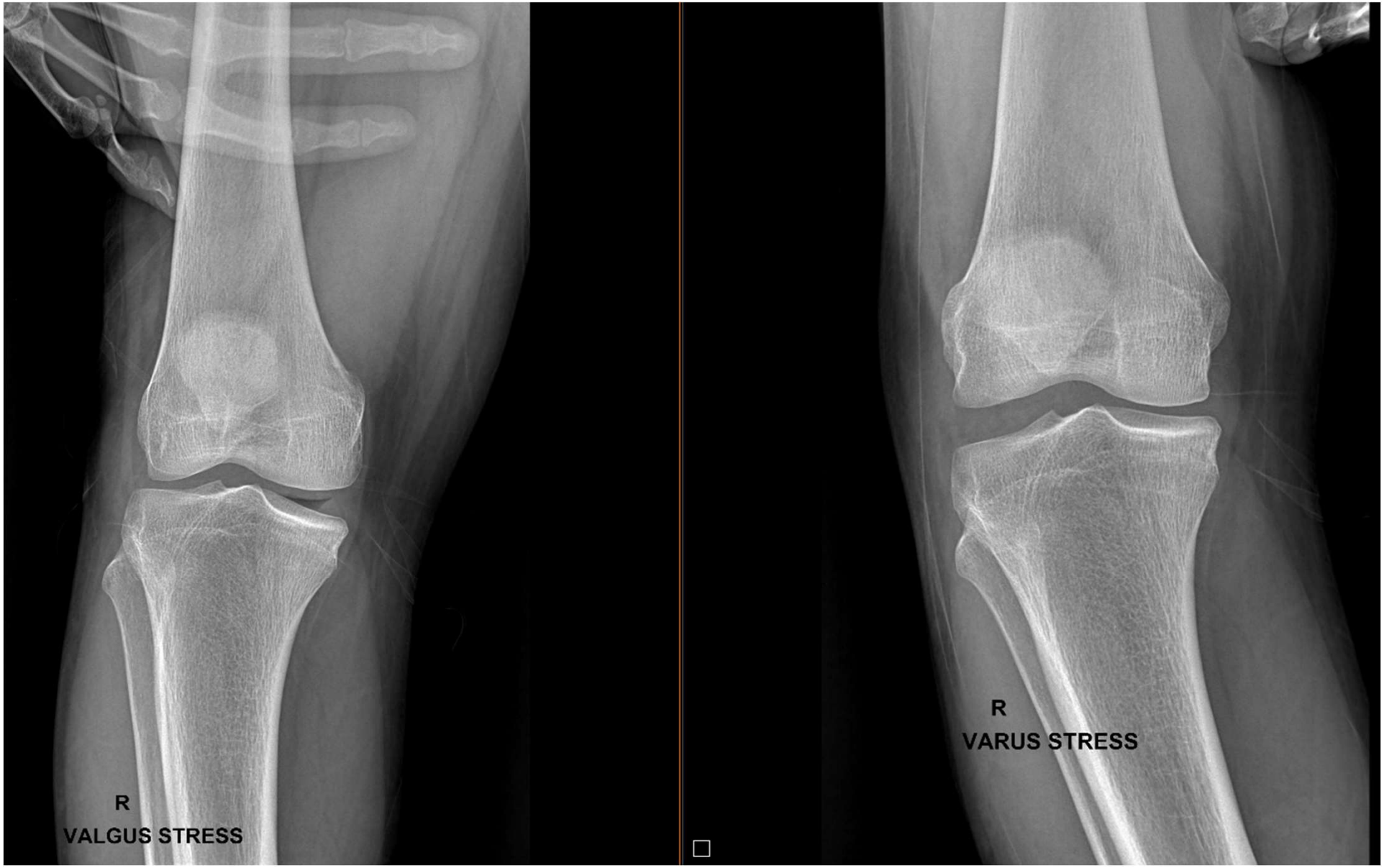


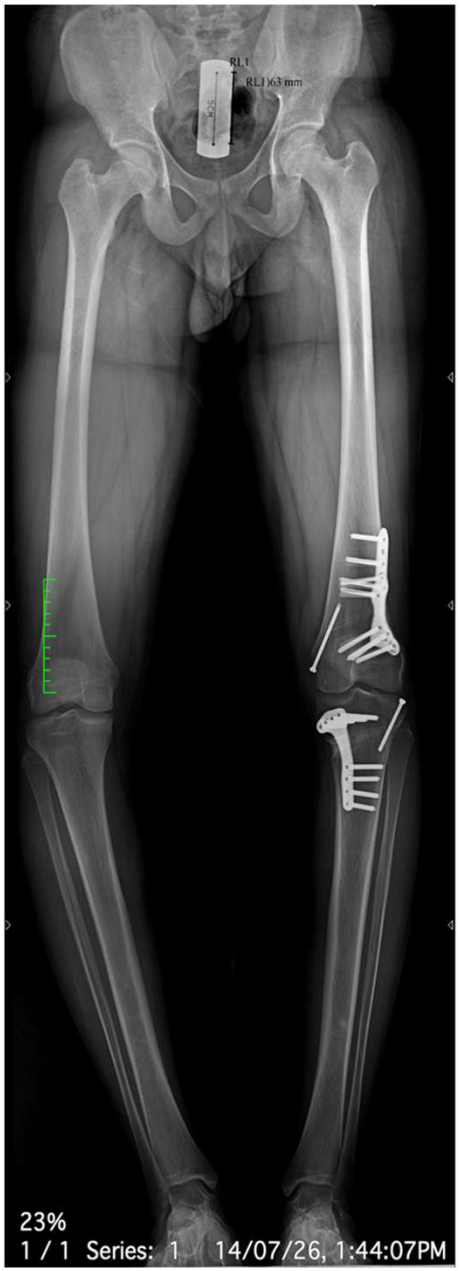
RADIOGRAPH

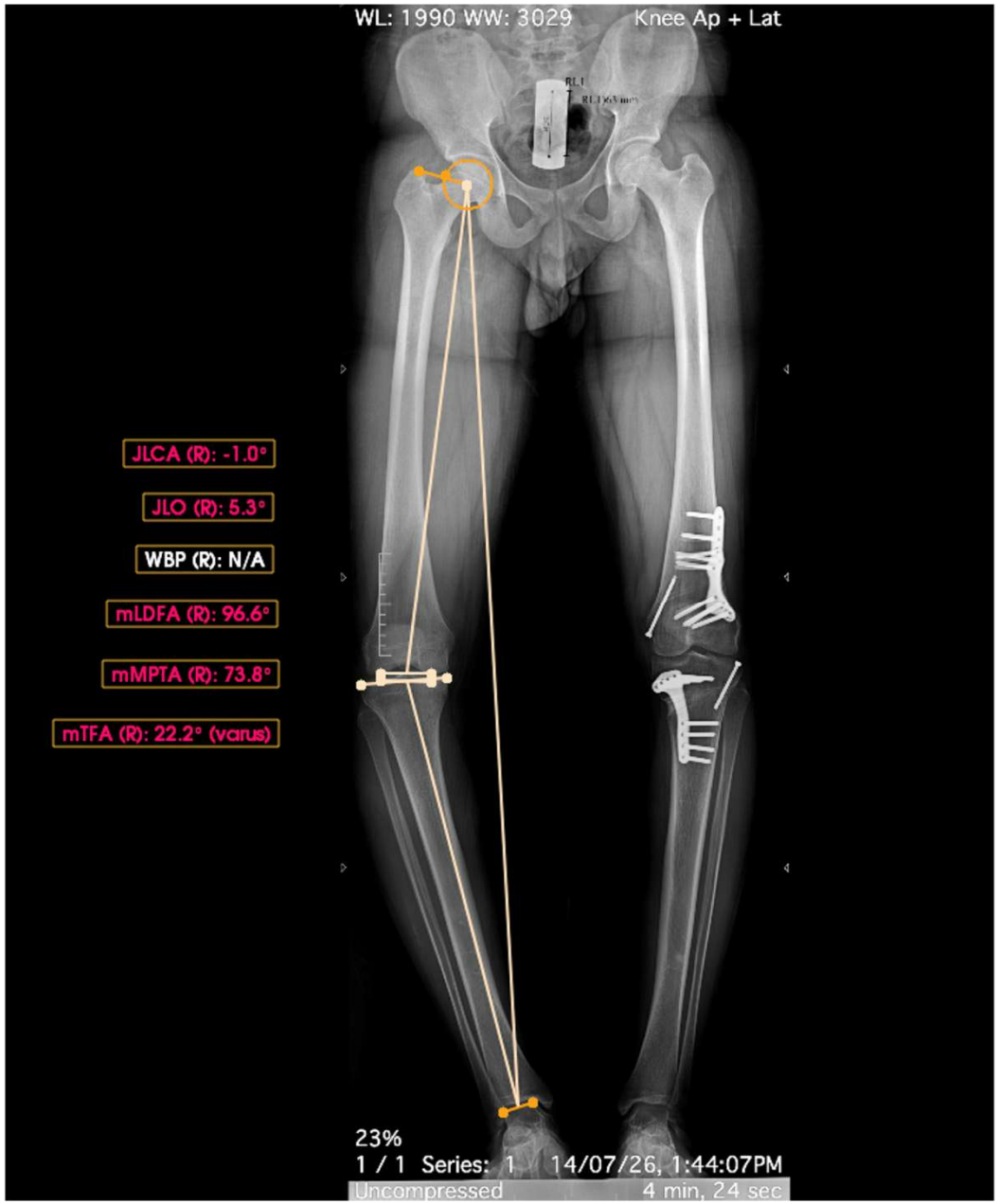


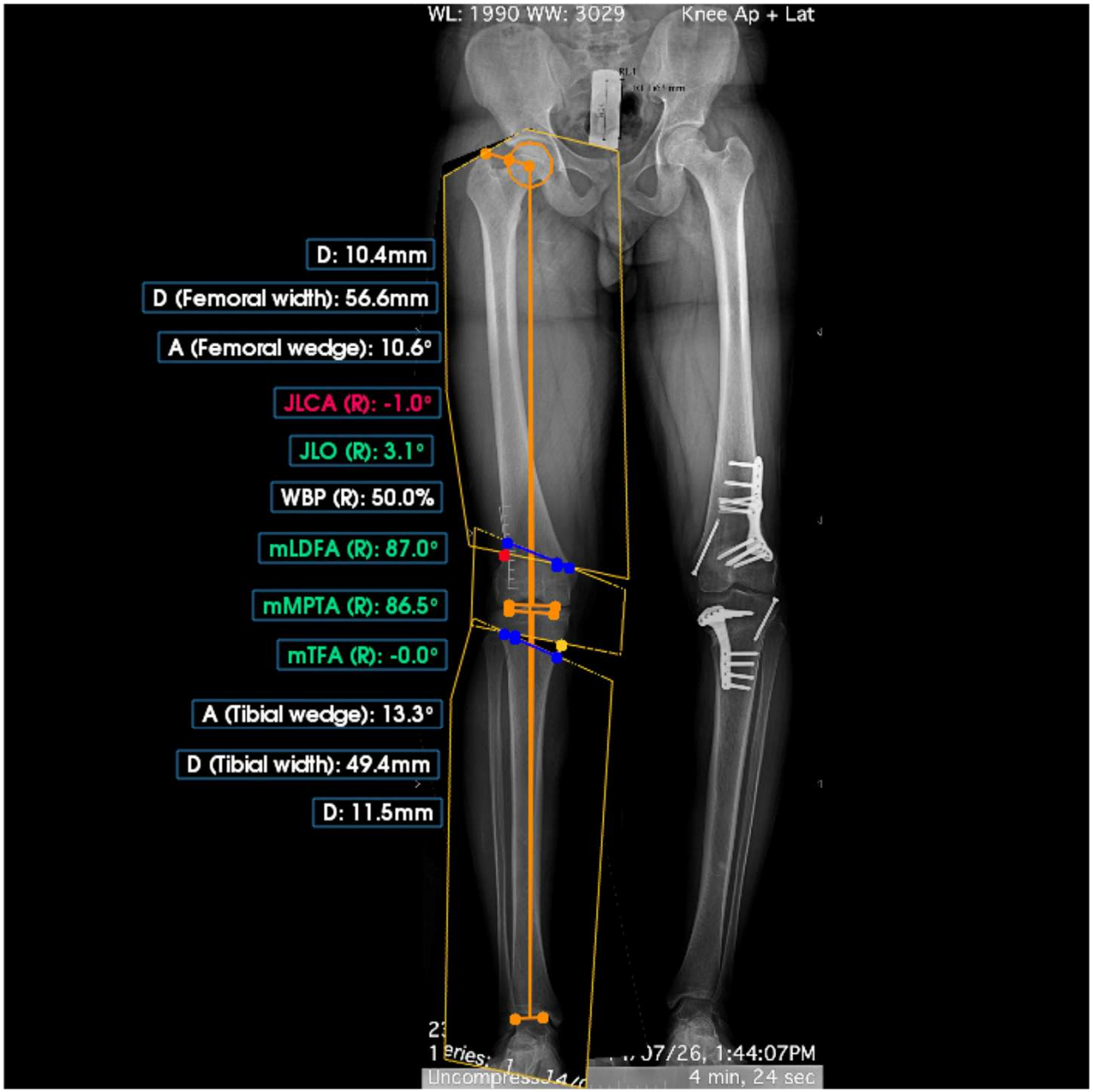

R

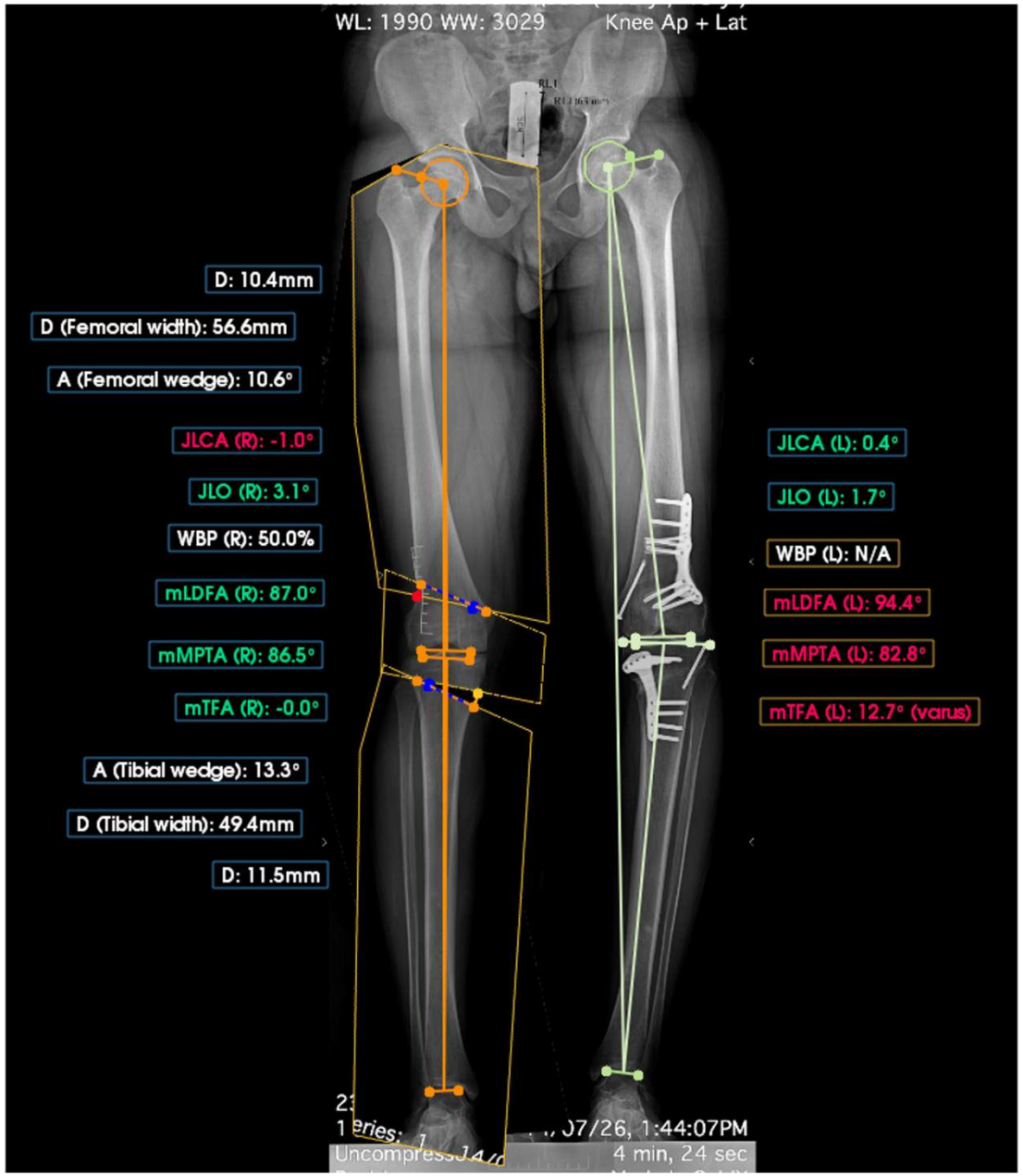

R
ROSENBERG
VIEW


R
VALGUS STRESS
R
VARUS STRESS


RLI
RLI 63 mm
23%
1 / 1 Series: 1 14/07/26, 1:44:07PM


WL: 1990 WW: 3029
Knee Ap + Lat
JLCA (R): -1.0°
JLO (R): 5.3°
WBP (R): N/A
mLDFA (R): 96.6°
mMPTA (R): 73.8°
mTFA (R): 22.2° (varus)
23%
1 / 1 Series: 1 14/07/26, 1:44:07PM
Uncompressed 4 min, 24 sec


WL: 1990 WW: 3029
Knee Ap + Lat
D: 10.4mm
D (Femoral width): 56.6mm
A (Femoral wedge): 10.6°
JLCA (R): -1.0°
JLO (R): 3.1°
WBP (R): 50.0%
mLDFA (R): 87.0°
mMPTA (R): 86.5°
mTFA (R): -0.0°
A (Tibial wedge): 13.3°
D (Tibial width): 49.4mm
D: 11.5mm
4 min, 24 sec


WL: 1990 WW: 3029
Knee Ap + Lat
D: 10.4mm
D (Femoral width): 56.6mm
A (Femoral wedge): 10.6°
JLCA (R): -1.0°
JLO (R): 3.1°
WBP (R): 50.0%
mLDFA (R): 87.0°
mMPTA (R): 86.5°
mTFA (R): -0.0°
A (Tibial wedge): 13.3°
D (Tibial width): 49.4mm
D: 11.5mm
JLCA (L): 0.4°
JLO (L): 1.7°
WBP (L): N/A
mLDFA (L): 94.4°
mMPTA (L): 82.8°
mTFA (L): 12.7° (varus)
07/26, 1:44:07PM
4 min, 24 sec

Case 4

Arthroscopic PCL Recon with BTB + /- PLC repair +/- Meniscal Repair	**Dr. Chirag Thonse**

Mr A
34 / M

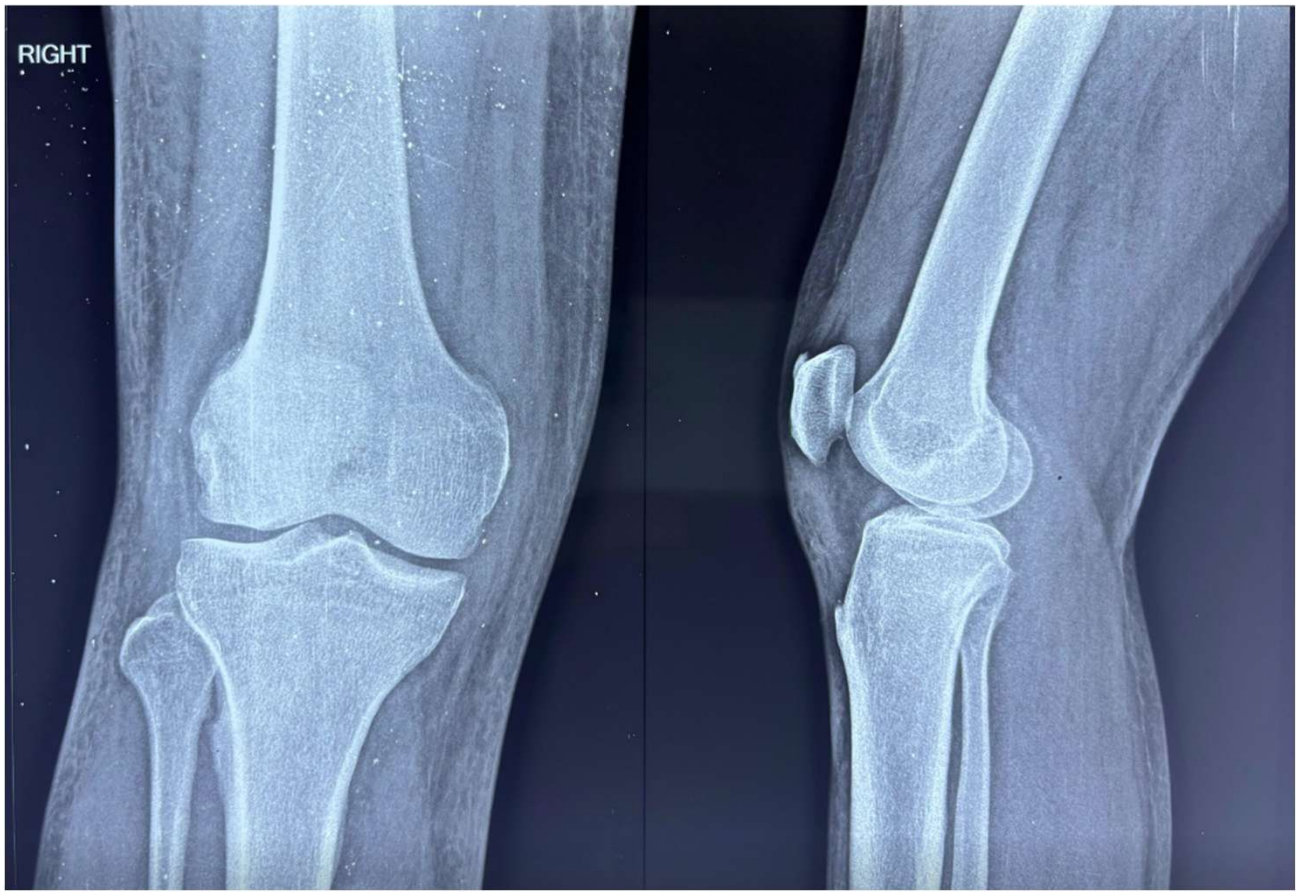
HISTORY

- Pain and swelling in the right knee since one month
- h/o trauma - hit by car
- h/o instability episodes present
- no h/o locking episodes

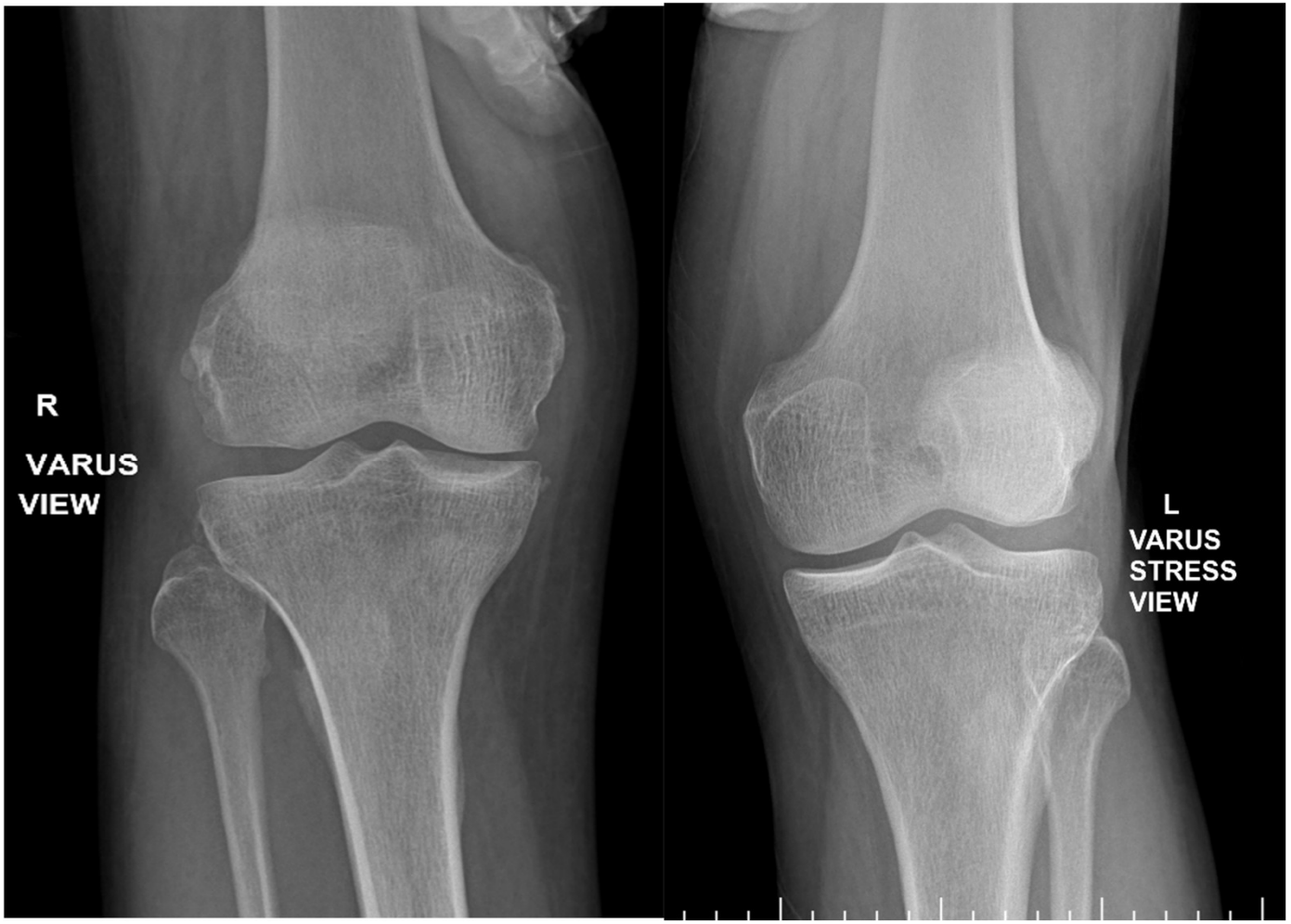
O/E

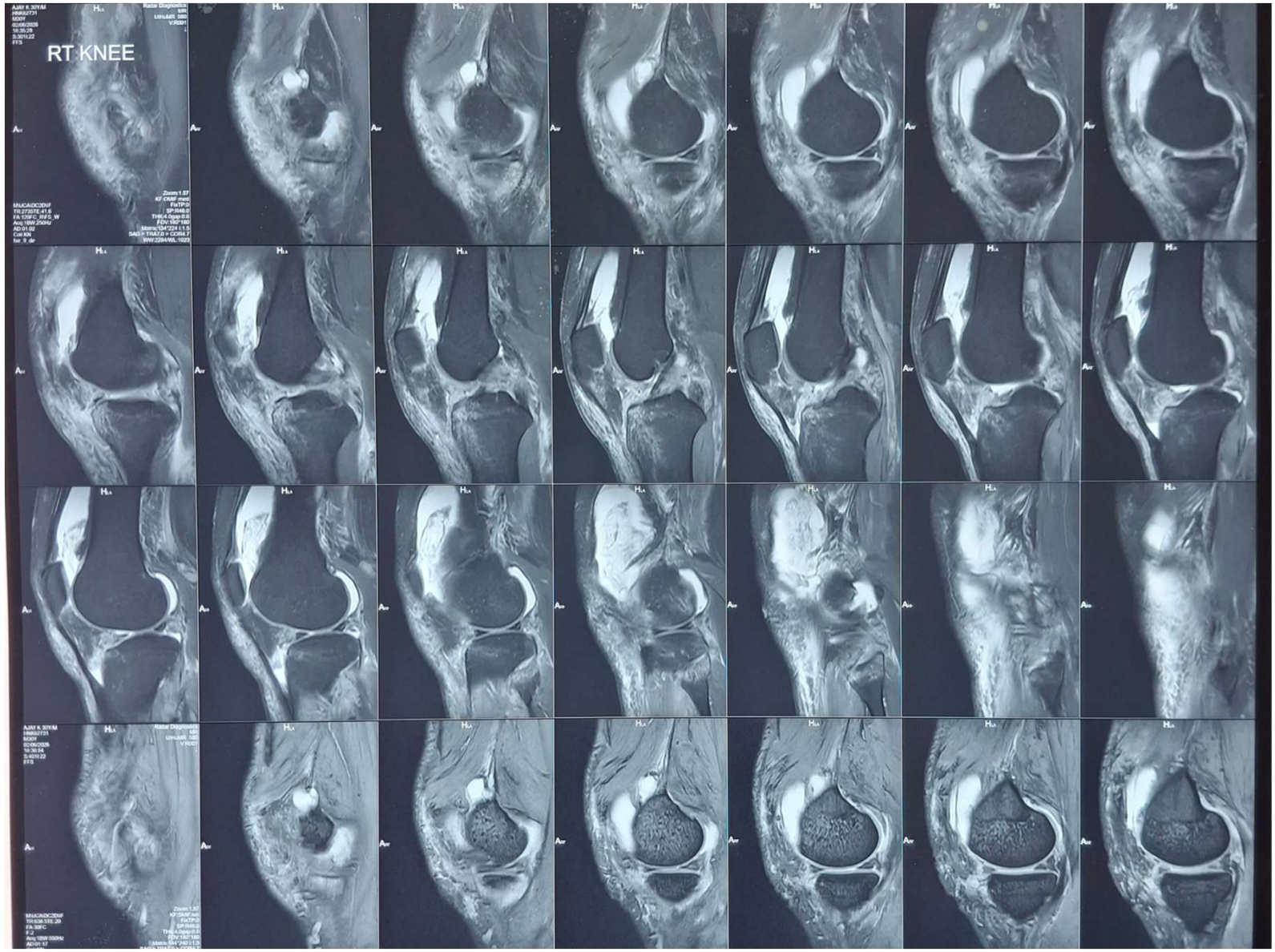
- Healed abrasion over the knee
- Grade -1 effusion +
- Knee ROM - 0 -120
- Posterior drawer test – positive
- Anterior drawer test - fixed bony end point
- Valgus and varus stress test – negative
- Dial test -Negative

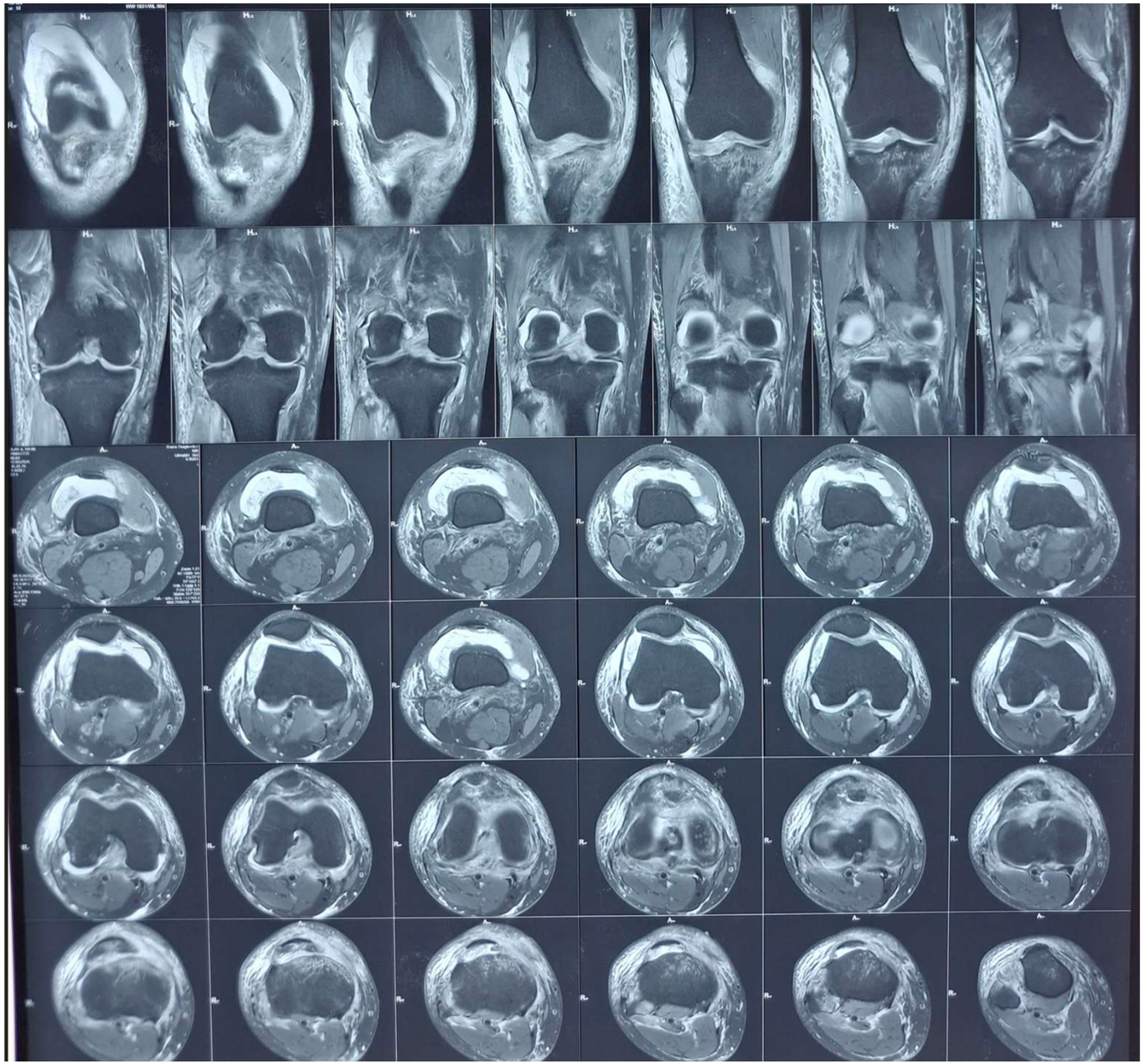
Radiograph

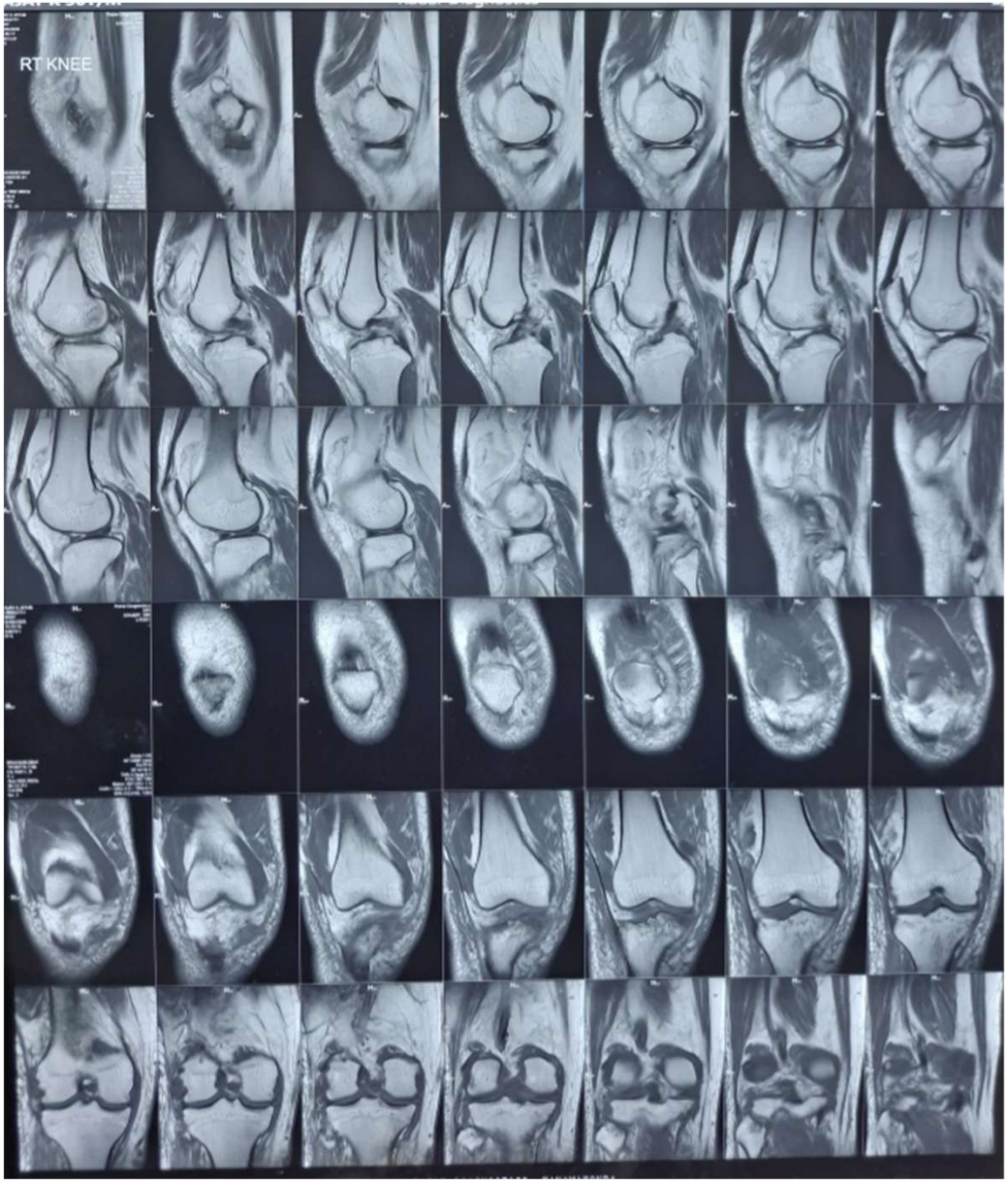


Stress radiograph




RT KNEE




RT KNEE

MRI RIGHT KNEE JOINT

TECHNIQUE:

- **PDFS 3 planes**
- **T2 Sagittal, T1 Coronal**
- **GRE sequences done.**

Findings:

- ***Bony contusions noted involving proximal fibula, anteromedial tibial plateau, posterolateral femoral condyle***
- ***Near full thickness tear noted involving femoral attachment, midsubstance of PCL with bulky and heterogeneous tibial attachment***
- ***Posterior radial root tear of medial meniscus with associated complex tear in posterior horn of medial meniscus and meniscal extrusion by ~4.4mm.***
- ***High grade injury of MPFL complex, LCL, oblique popliteal ligament.***
- ***Low grade sprain of ACL & MCL.***
- ***Large joint effusion with extensive soft tissue edema noted predominantly in extensor compartment.***
- Rest of Menisci are normal.
- Articular cartilage is normal.
- Patella and patello-femoral joint are normal.
- Rest of patellar retinaculae are normal.
- Quadriceps and patellar tendons are normal.

For clinical correlation

DR. KAPIL SAKINALA
MD (Radiodiagnosis)

DR.SANTHOSH REDDY BANDI
DMRD, DNB (Radiodiagnosis)

DR . R. SRIKANTH
MD (Radiodiagnosis)