

Meniscal ramp lesions

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Commentary

Meniscal ramp tears are lesions of the posterior third of the medial meniscus with rupture of the tibialmeniscus ligaments that usually occur after violent contraction of the ischiotibials in response to anterior subluxation of the tibia following ACL rupture. They may be present in up to 20% of ruptures, most commonly in patients with increased tibial slope and in chronic ruptures.¹ They are called “Hidden Lesions” as they are not visualized by classical inspection with conventional ports, so for their diagnosis a systematic arthroscopic evaluation of the posteromedial recess of the knee is necessary.²

At MRI we may find posteromedial bony edema of the tibial plate, or a peripheral rupture of the medial meniscus, or just edema of the posteromedial structures. However, due to the extended position of the knee during the examination, the posterior recess is eliminated, making diagnosis difficult.³ This lesion is crucial to the biomechanics of the knee, both in terms of anterior and rotational stability. In knees with ACL rupture, the concomitant lesion of the meniscal ramp increases not only anterior translation but also external and internal rotation with consequent greater degrees of the “pivot-shift” phenomenon. Thus, isolated ACL reconstruction in the presence of an untreated ramp lesion only restores anterior translation, failing to restore normal knee rotations.⁴

Their classification is anatomically descriptive into 4 types and has no influence on treatment or prognostic value.⁵ The suture of these lesions may be carried out with all-inside suture devices, catching the tibial meniscus ligaments in one of the passages, or with suture hooks through the posteromedial portal. Although the latter adds greater technical difficulty, it has a lower failure rate.⁶

Even if the presence of the ramp lesion does not significantly alter the outcome and functional scores of the ACL reconstruction, this lesion should be diagnosed and treated, as rates of subsequent meniscal lesion have been described in up to 1/3 of patients.⁷

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None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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