Pes anserinus tendinitis - Popliteus and biceps tendinitis - Fabellitis and medial gastrocnemius
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Back to the medical school 1
4 stades of Blazina modified by Roels et Martens
Stade 1: Pain after sport practice without sport limitation
Stade 2: Pain at the beginning of the training and with fatigue
Stade 3: Pain limiting the sport practice
Stade 3 bis: permanent pain=> stop sport practice
Stade 4: tendon rupture

Back to the medical school 2
Three classical signs
Pain at the palpation of the tendon
Pain during isokinetic tests
Pain during maximal passive stretching

Pes anserinus tendinitis
- First description in the literature: 1937
- Moschcowitz reported « knee pain almost exclusively in women, who complained of pain when going downstairs or upstairs, upon rising from a chair, or referred difficulty when flexing the knees »


Pathology of the crazy runner

Anatomy
High level of constrains
- 3 loges
- 3 different proximal insertions
- 1 commune distal insertion
- 3 nerves
Anatomy

Anserine Bursa
One of the 13 bursa of the knee

Real Problem?

- Bursa?
- Tendon?

Old Model

Classical causing factors
=Overuse and maluse

- Bikking with automatics pedals
- Long distance runners, trail +++
- Thight hammstring and inadequate stretching
- Improper training program: everyday practice, rarely on a twice a week runner or biker

Other causing factors

- Diabetes, osteoarthritis, rhumatoid arthritis
- Trauma, post-surgery
- Bone exostosis
- Damage to the medial meniscus
- Pes planus, Genu valgum.
- Infection, Foreign body reaction

Diagnosis

- Clinical +++
- Pain pain in the medial aspect of the knee when going upstairs or downstairs
- Sensitivity to palpation (digital pressure) on the area of insertion
- Provocative maneuvers: not always positive
Diagnosis
- Echo
- MRI
⇒ Can be normal
⇒ Oedema
⇒ Eliminate another cause of pain:
  ⇒ Overload+++  
  ⇒ Sub-chondral fracture
⇒ Meniscus?

Treatment
« No Sport »

Conservative treatment
- Not the same sport everyday
- Training adaptation
- Stretching
- Infiltration: Echo-guidance

Gastrocnemius
The medial head more commonly than the lateral head
Medial head more active
CLINICALLY PAIN

Diagnosis
US Godolinium MRI

Eliminate a deep veinous thrombosis

Accuracy of ultrasound-guided versus unguided pes anserinus bursa injections. Smith J. Mayo Clinic
Rupture of a popliteus cyst?

Conservative Treatment

• Deep transverse massages
• No sport 6 weeks
• Ice
• No infiltration

Fabella= little bean
11 to 13% of the knee
Pain from chondromalacia younger patients
Pain from arthritis in older patients
Pulpation at the posterior aspect of the knee

Confirm the diagnosis

• Ultrasound + infiltration test

Treatment

• Conservative with infiltration, anesthetic
• Resection under arthroscopy


• Remove arthritic hypertrophic fabella at the time of TKA

After TKA

Femur oversize
Popliteus

- Anatomy
  - Internal rotator of the tibia on the femur
  - Assists in flexion of the knee
  - Stabilizer of the posterolateral corner of the knee (flexion)
  - More a problem of the muscle than a tendon problem

Diagnosis

- Pain and discomfort postero-lateral aspect of the knee on a mid-flexed knee
- Pain when running downhill or descending stairs
- Pain when resistance to knee flexion with tibia in external rotation

MRI

- Injected MRI may be needed

Conservative Treatment

- Rehabilitation
- Guided infiltration
- Correction of the static problem

Instability is another problem

Biceps tendinitis

- Biceps
- Long head: bi-articular
- Short: mono-articular 2 different innervation
Diagnosis

• Pain
• Snapping
• Associated with postero-lateral lesion

Conclusion

• Overuse and mal-use problem
• Anatomical factors
• Comprehension
• Prevention
• Cooperation between sport doctors, radiologist and sometimes surgeons