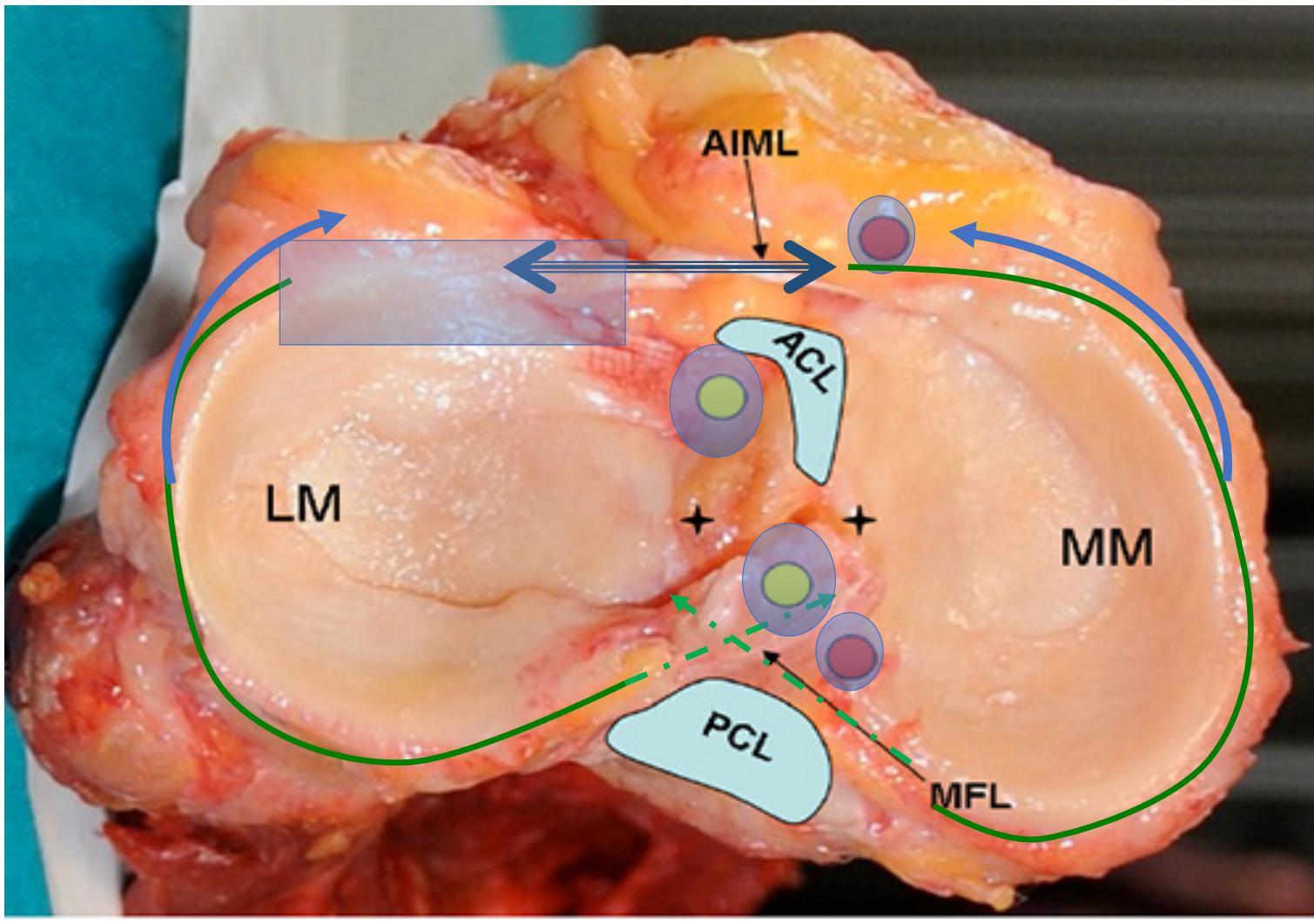
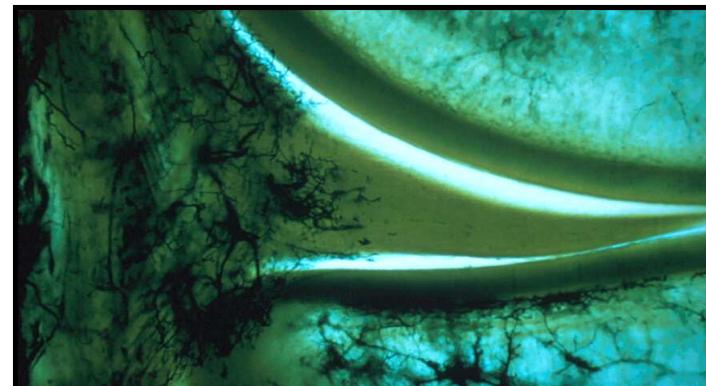
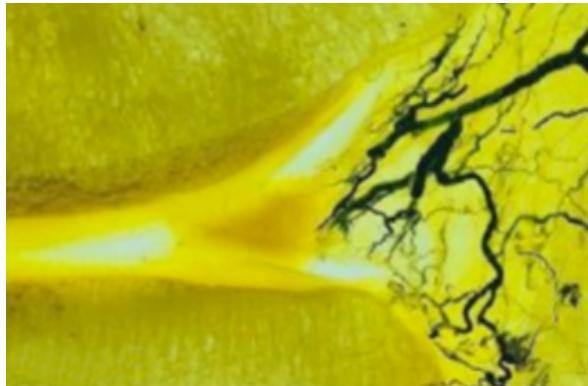


Outside-In meniscus Sutures



Vascularisation Centripète



Innervation

Evaluation of the Neurosensory Function of the Medial
Meniscus in Humans

Baransel Saygi, M.D., Yakup Yildirim, M.D., Nadire Berker, M.D., Demet Ofluoglu, M.D.,
Evrim Karadag-Saygi, M.D., and Mustafa Karahan, M.D.

Uniquement la périphérie
Essentiellement les racines => nociception

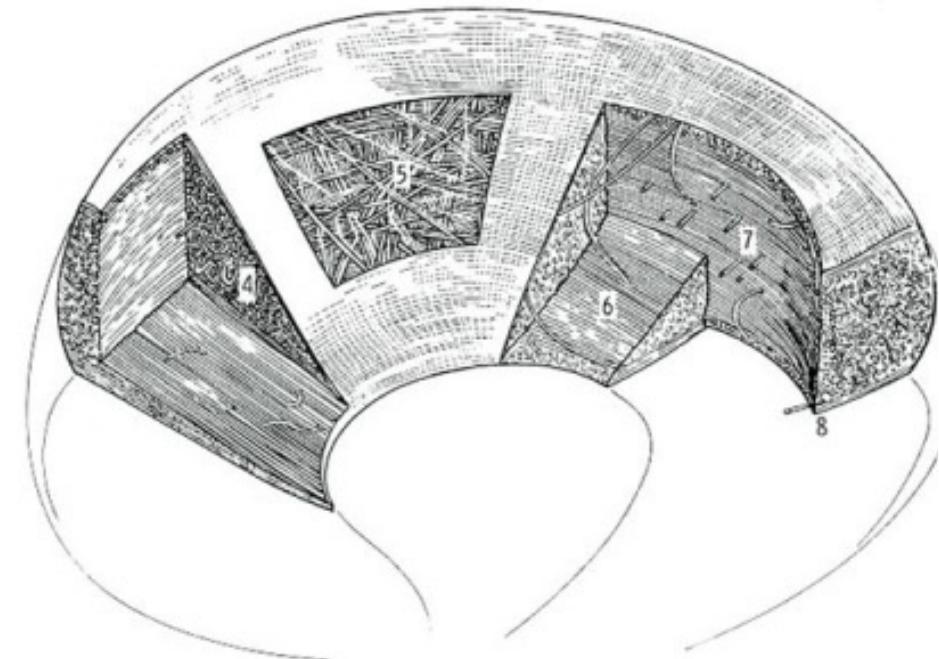


Micro-Architecture

Le tissu méniscal est principalement composé d'eau (72 %), de collagène (22 %) (Type 1++)

Les fibres de collagènes qui couvrent la surface méniscale sont orientées vers les surfaces tibiale et fémorale

Les fibres centrales sont horizontales et circonférentielles avec quelques fibres radiales occasionnelles



Biomécanique méniscale

ME Mobile ++ => lésion traumatique

MI transfert de charge => lésion Degen

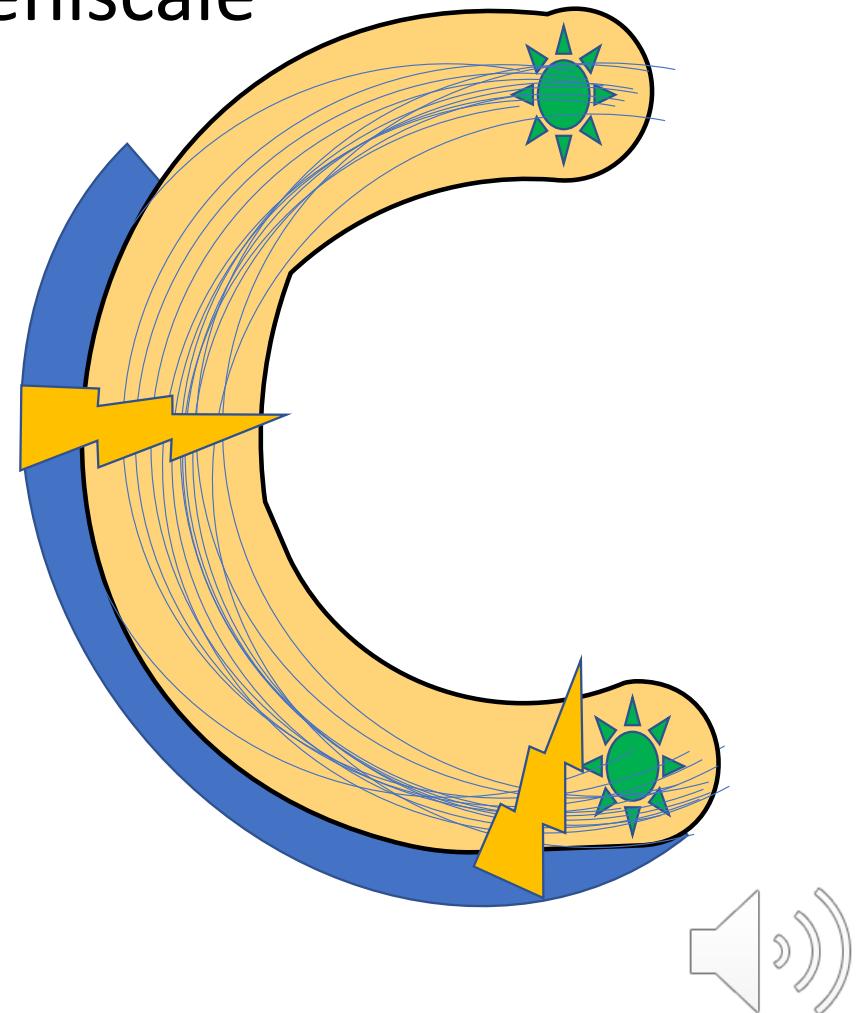
Désinsertion des racines

Fissure radiaire complète

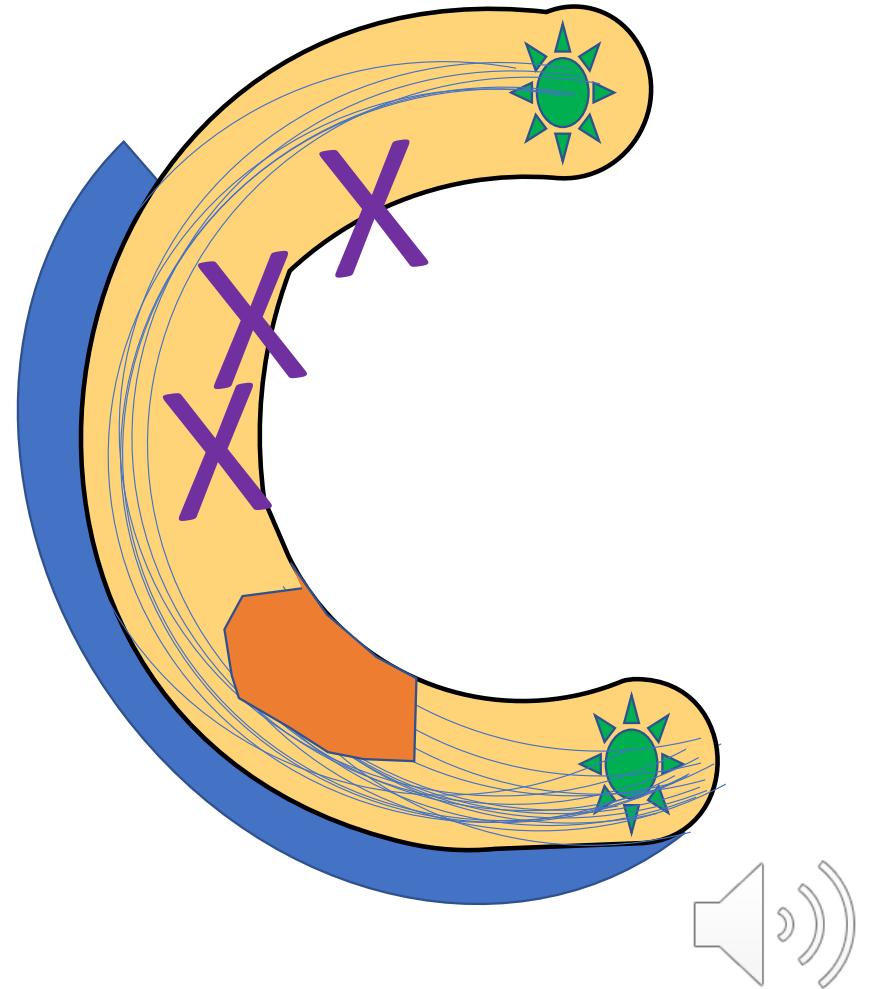
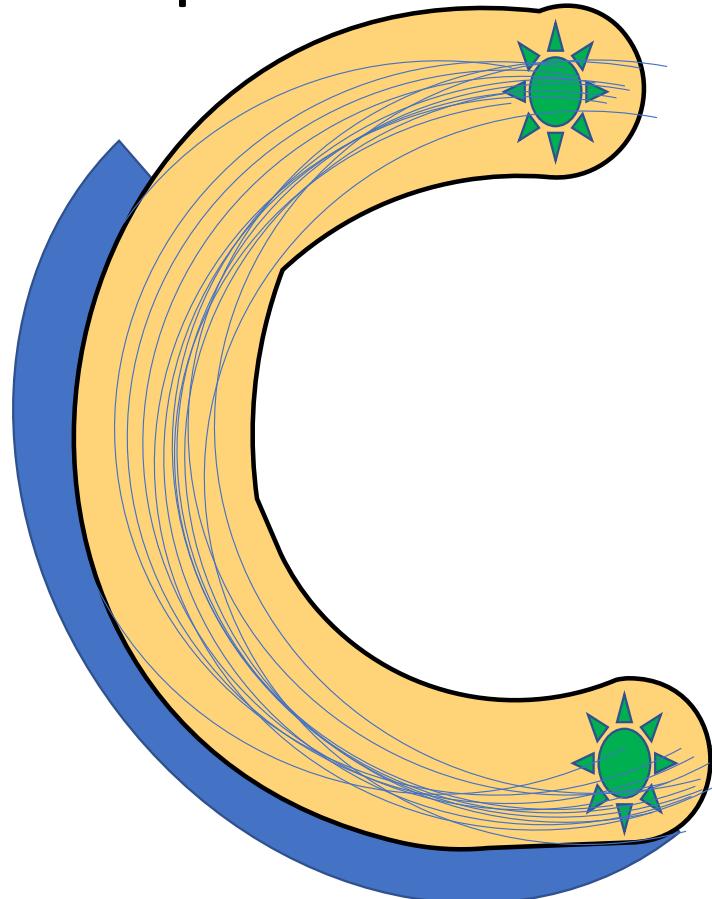
Désinsertion Capsulo-synoviale étendue

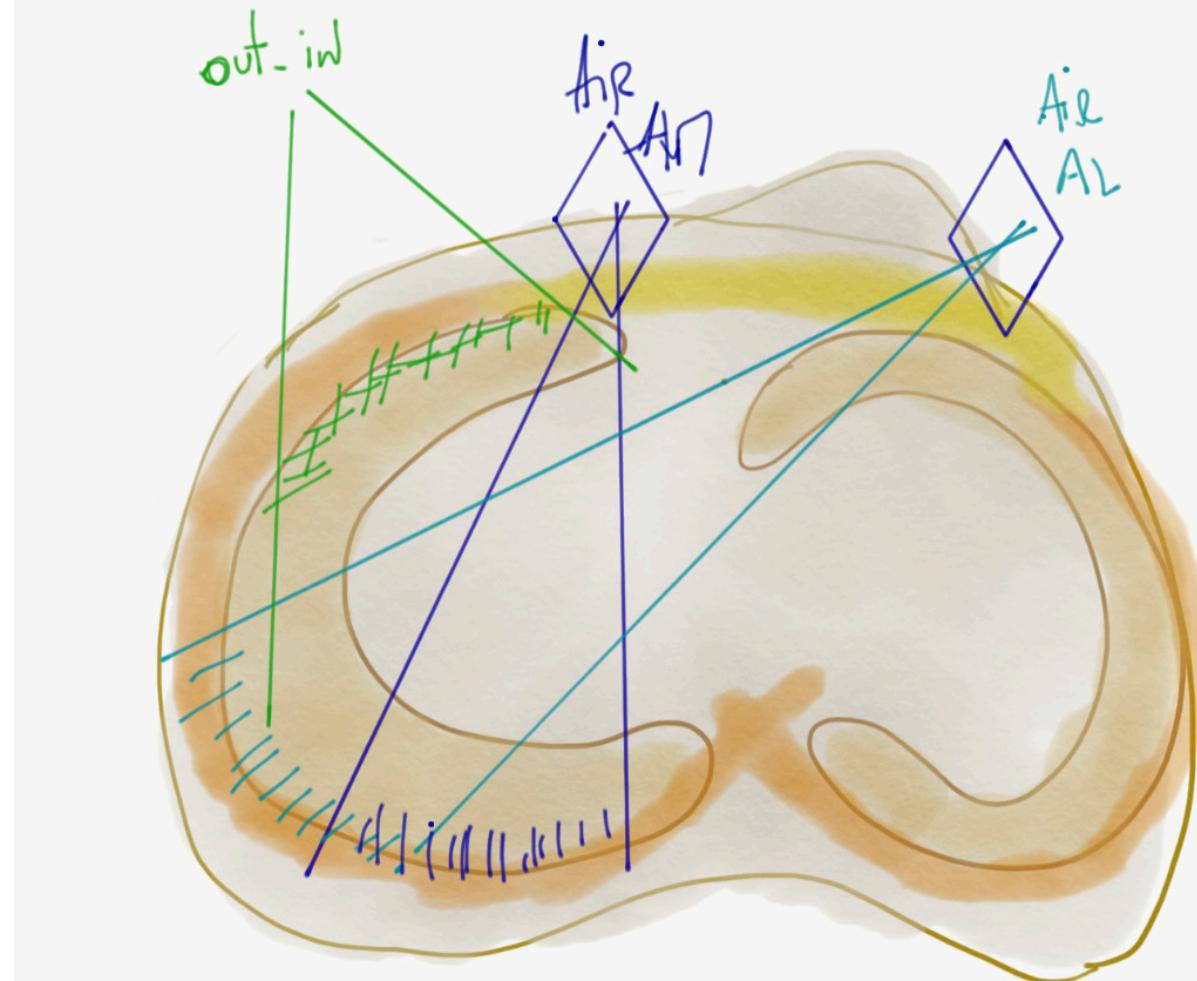
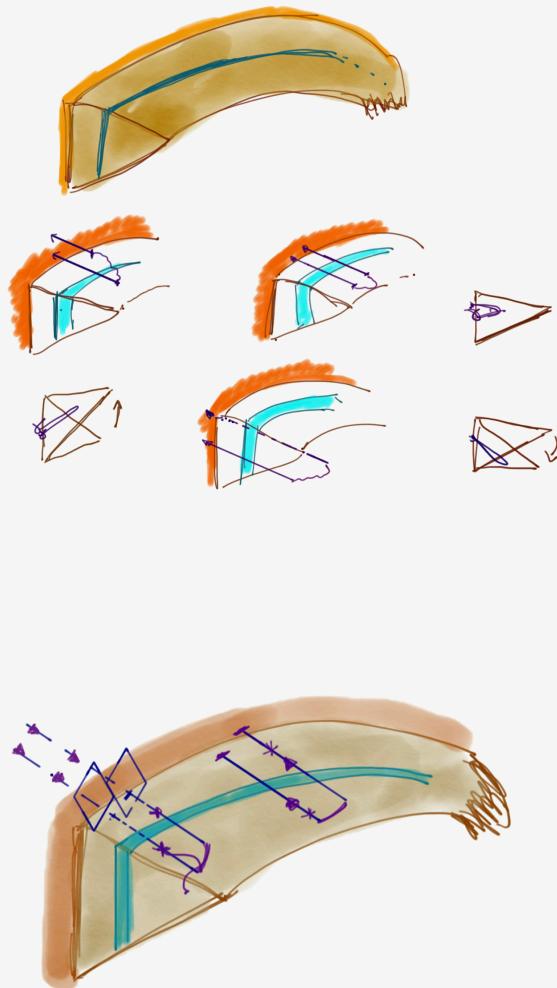
NON TRAITEES

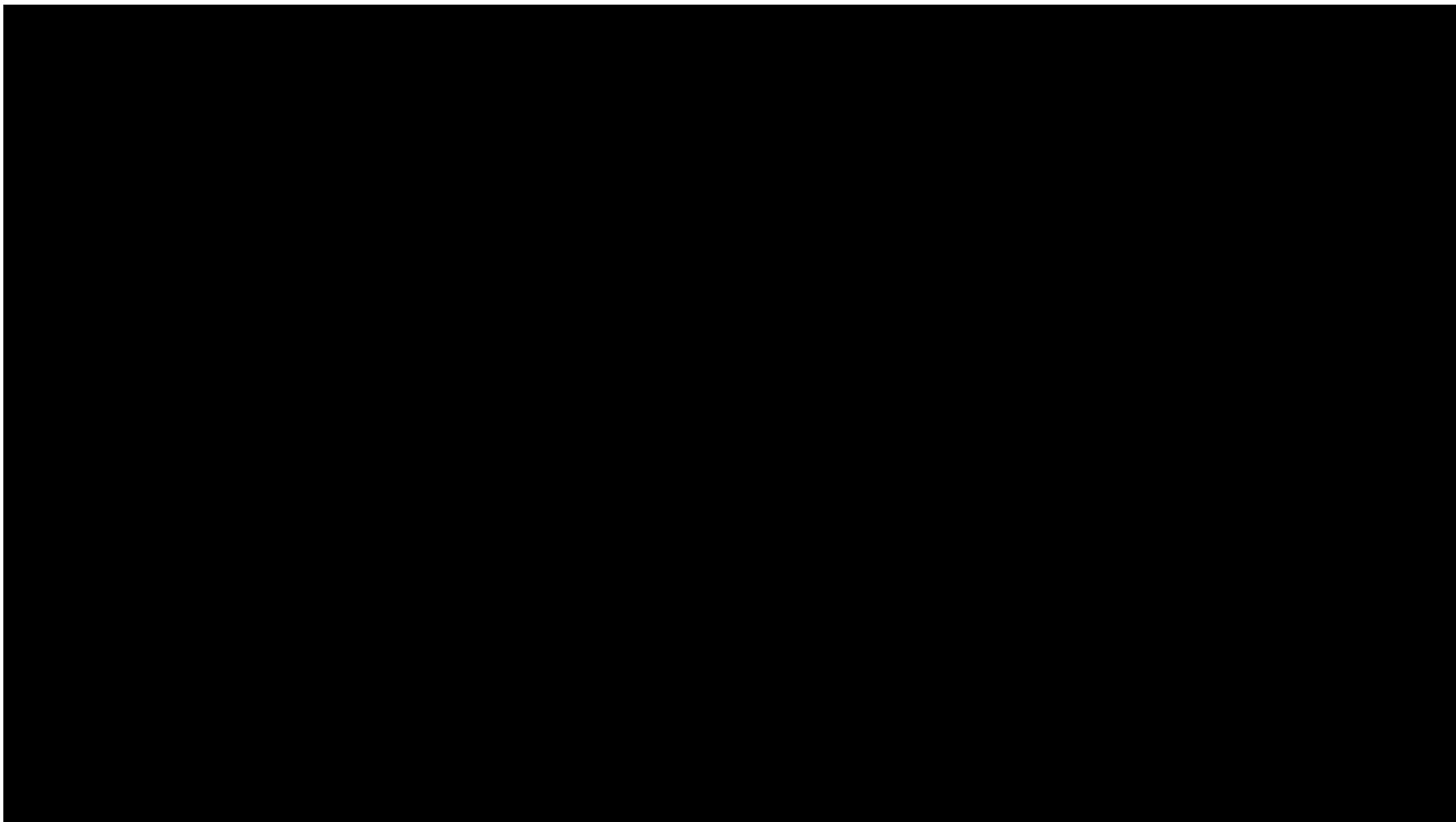
=> Equivalent à Ménisectomie totale



Concept de méniscectomie économe



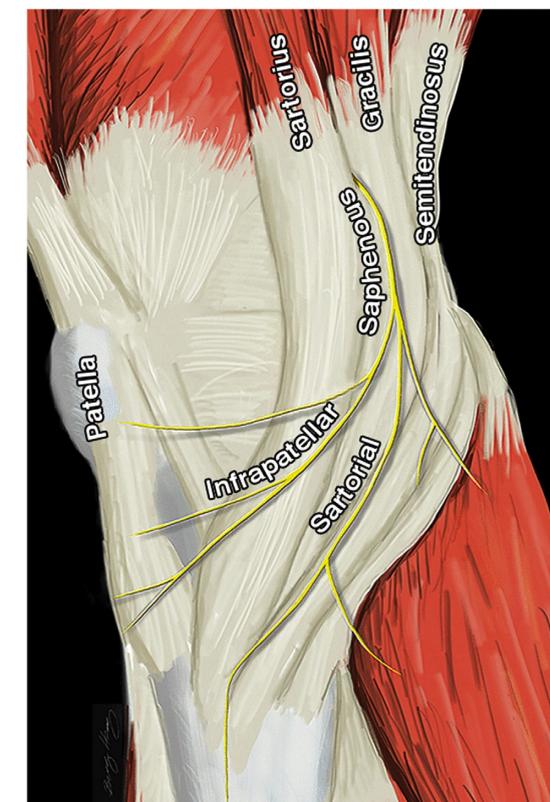
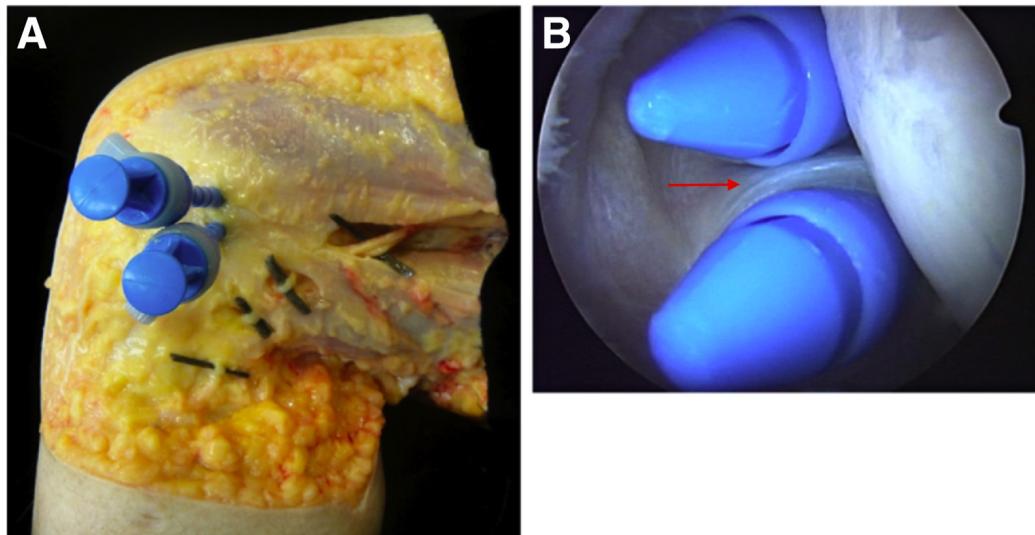




Technical Note

How to Avoid Iatrogenic Saphenous Nerve Injury During Outside-In or Inside-Out Medial Meniscus Sutures

Lampros Gousopoulos, M.D., Charles Grob, M.D., Philip Ahrens, Ph.D., M.D.,
Yoann Levy, M.D., Thais Dutra Vieira, M.D., and Bertrand Sonnery-Cottet, M.D.



INTRO

ACL-associated meniscus injuries

n=300

1/3
isolated

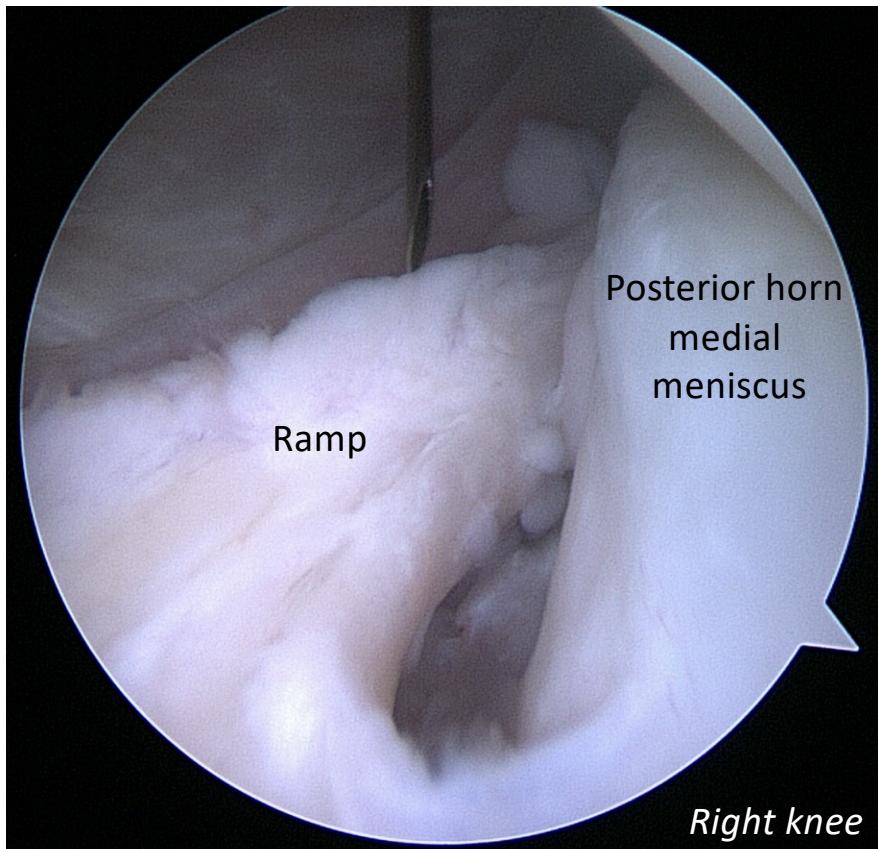
2/3
with
meniscus

	Total (%)	Medial (%)	Lateral (%)
Isolated ACL lesion	34,6	-	-
Medial ramp	17,0		-
Lateral root	10,0	10,0	
Medial ramp & lateral root	3,8		3,8
Other medial	11,4	11,4	-
Other lateral	17,3		17,3
Other bimeniscal	5,9		5,9
TOTAL	100	38,1	37

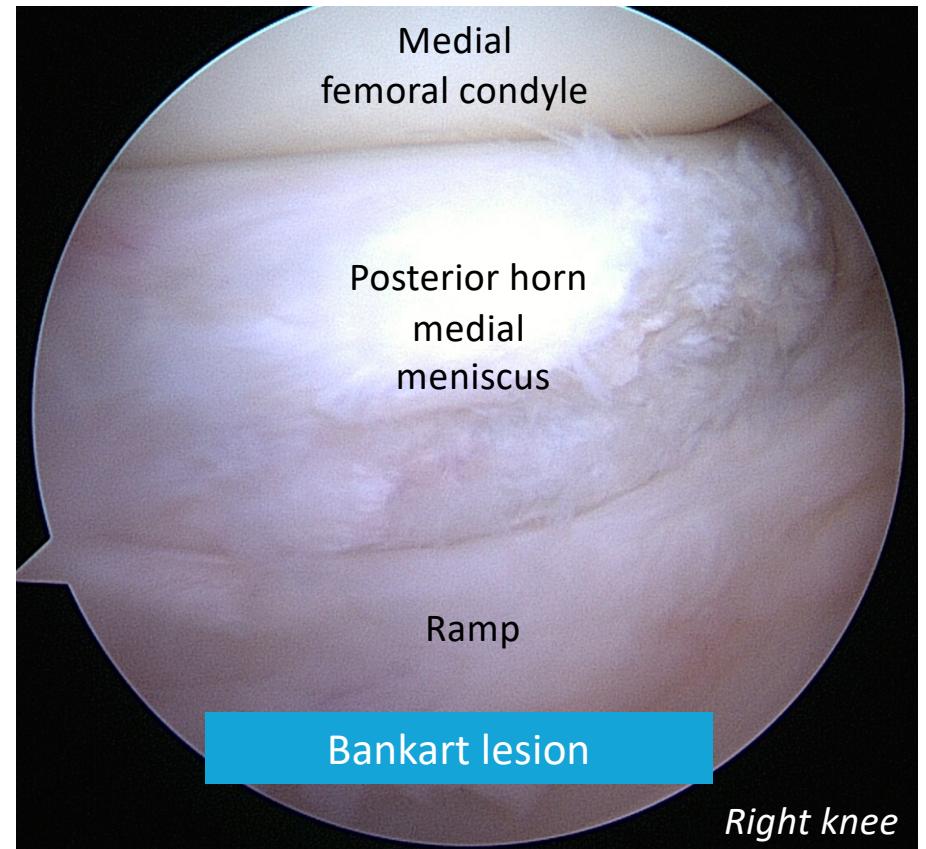
MEDIAL RAMP LESIONS MORE FREQUENT THAN OTHER TYPES OF MEDIAL MENISCUS LESIONS

Arthroscopic diagnosis ?

Intercondylar view

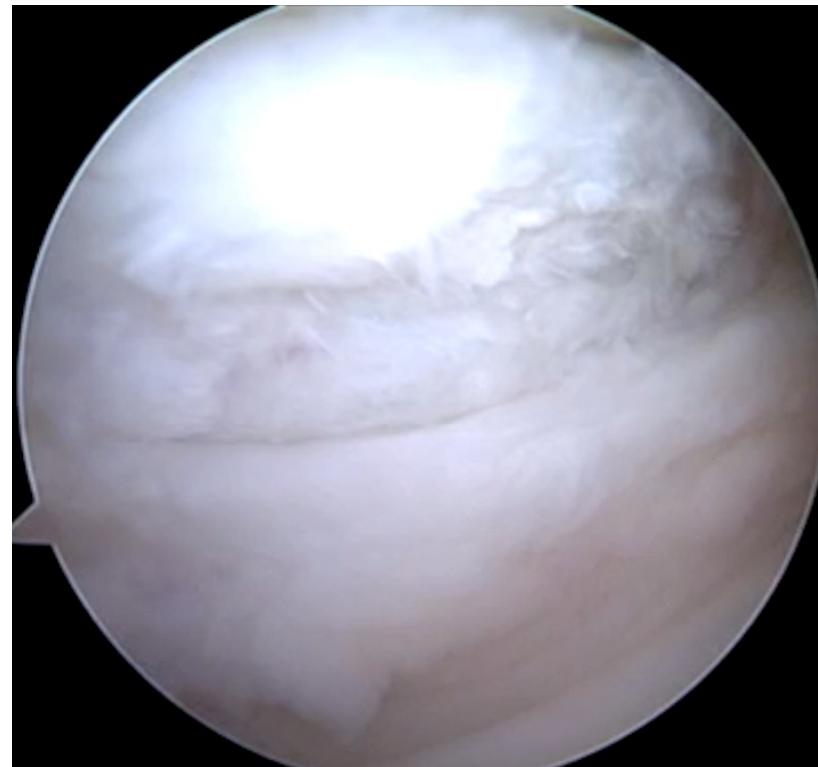


Posteromedial view



Arthroscopic diagnosis ?

Gapping in extension



No healing without repair !

**Letter to the editor: comment on the article
"Non-treatment of stable ramp lesions does not
degrade clinical outcomes in the setting of primary
ACL reconstruction" by Balazs GC et al**

S Cerciello ^{1 2}, M Ollivier ³, N Pujol ⁴, B Kocaoglu ⁵, P Beaufils ⁴, R Seil ^{6 7 8}

Affiliations + expand

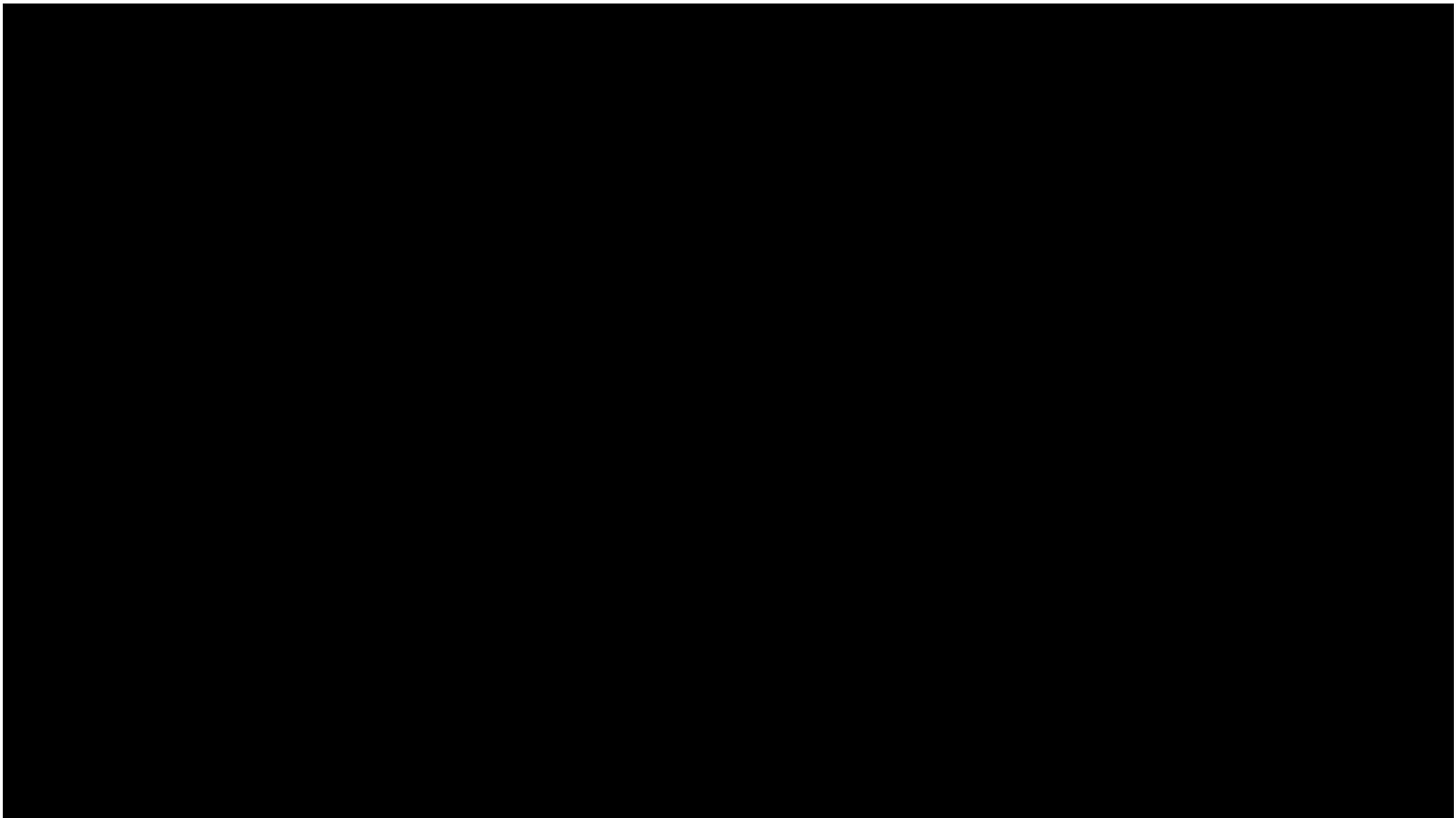
PMID: 32839850 DOI: 10.1007/s00167-020-06235-7

**Editorial Commentary: Medial Meniscal Ramp Lesions:
Lessons Learned From the Past in the Pursuit of
Evidence**

Romain Seil, M.D.



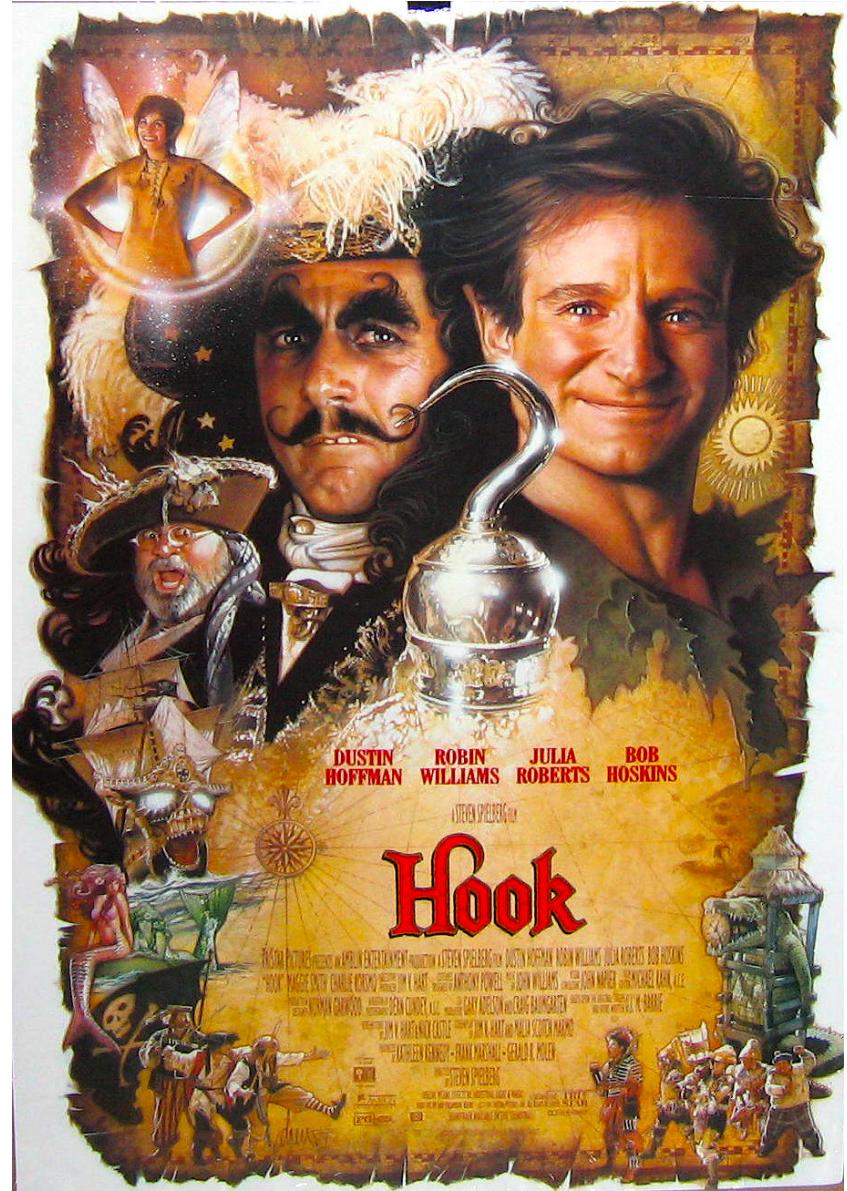
- ✧ **Unstable, undiagnosed and untreated ramp lesions**
may be first step of 'knee decompensation'
- ✧ Secondary medial meniscus lesions (bucket handles)
- ✧ Posterior horn & tibial attachments = **functional unit**
serving as basis for dynamic stability of the medial
femoral condyle
- ✧ Once this unit is injured, the knee functions like a
door with a broken hinge



Tips and tricks

Large skin opening
High and Parallel (ramp)
needle check
(during ACL) Finish with the ramp !

Thanks you





THANKS ! Matthieu.ollivier@ap-hm.fr



Institut du Mouvement et de l'appareil Locomoteur