

Méniscectomies : techniques



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DIU arthroscopie 2019



Technique

- Exploration « méniscale »
 - Visualiser le ménisque
- Bonne installation
 - Palper
 - Analyser la lésion :
stable, taille, localisation, typ
 - Lésions associées



Ménisque

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 - Visualiser le ménisque
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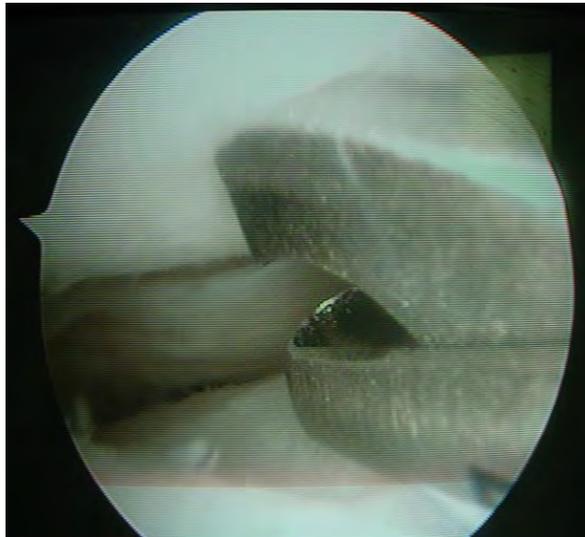
Porte d'entrée AE/AI +++



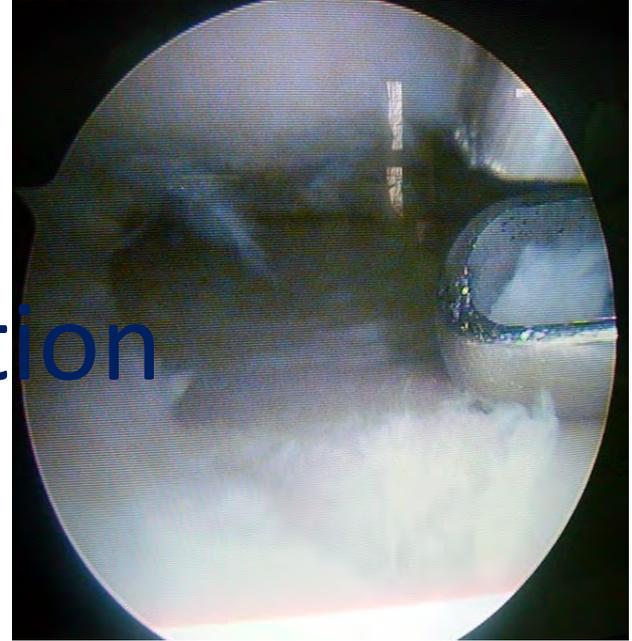
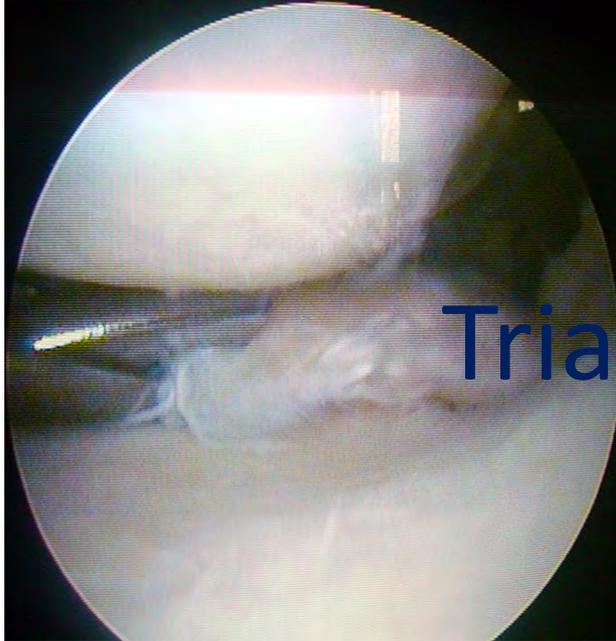
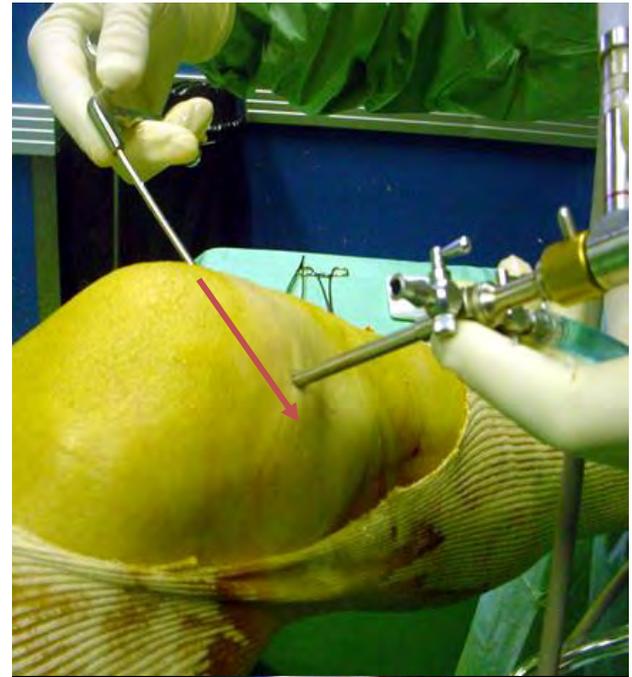
Ménisque

- Exploration « méniscale »
 - Visualiser le ménisque
 - Palper
 - Analyser la lésion :
stable, taille, localisation, type
 - Lésions associées
- Méniscectomie « facile »





Interligne articulaire

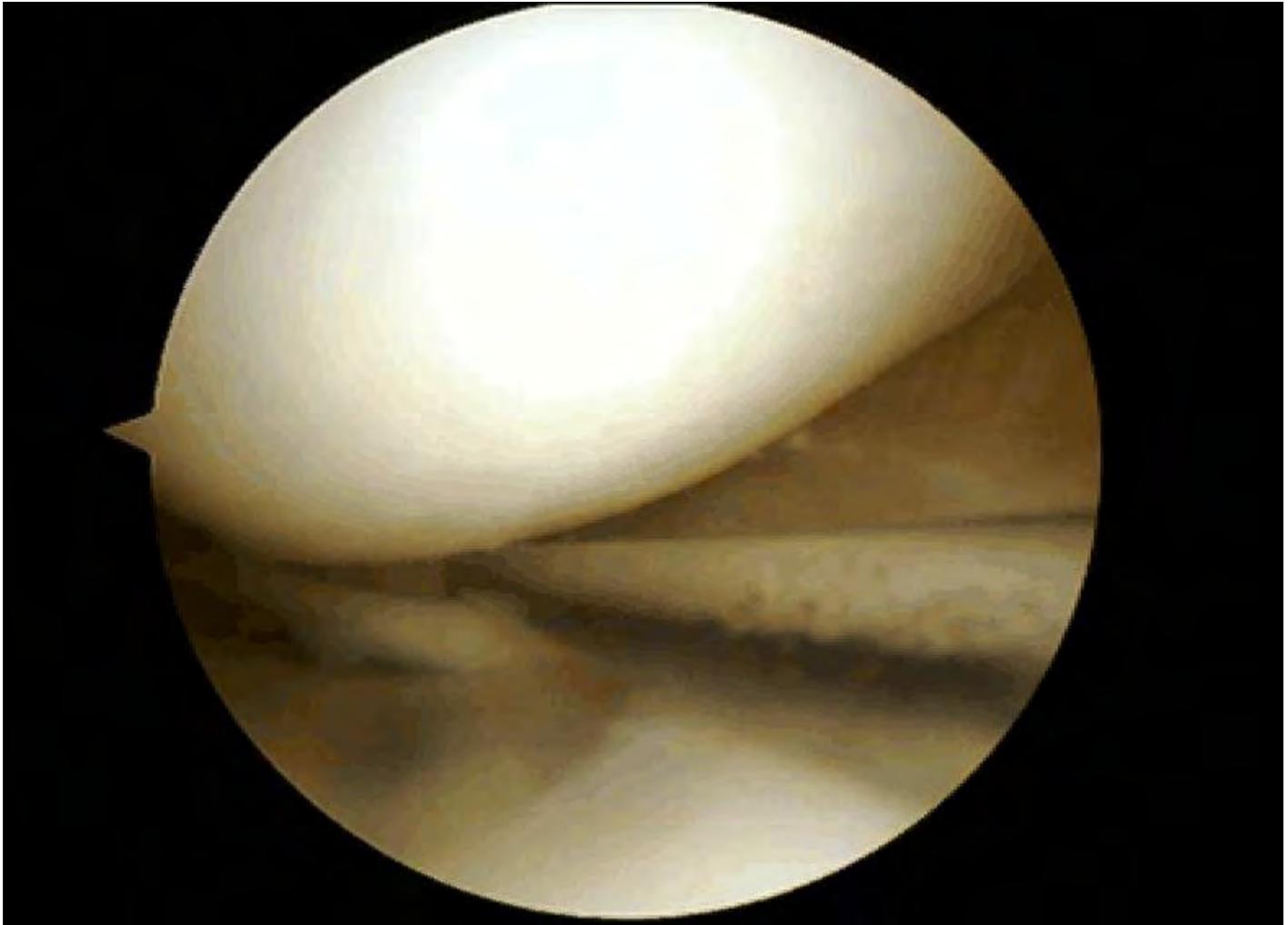


Triangulation

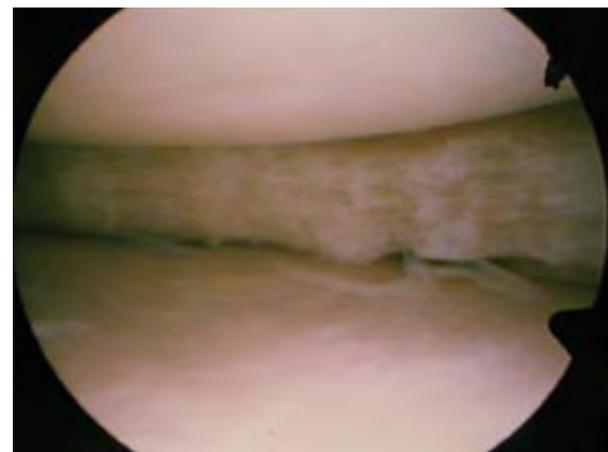
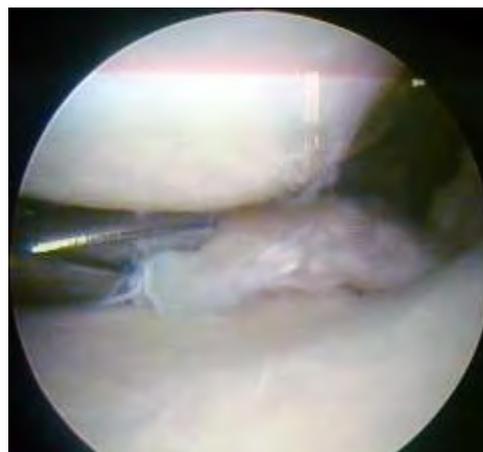


Ectomie

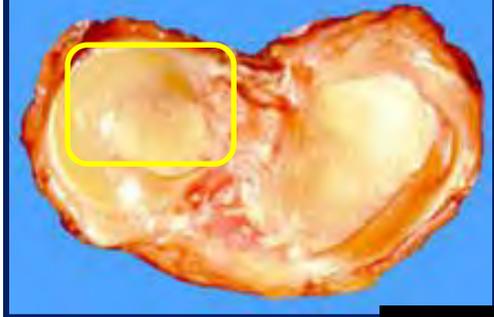
- MI



Méniscectomie



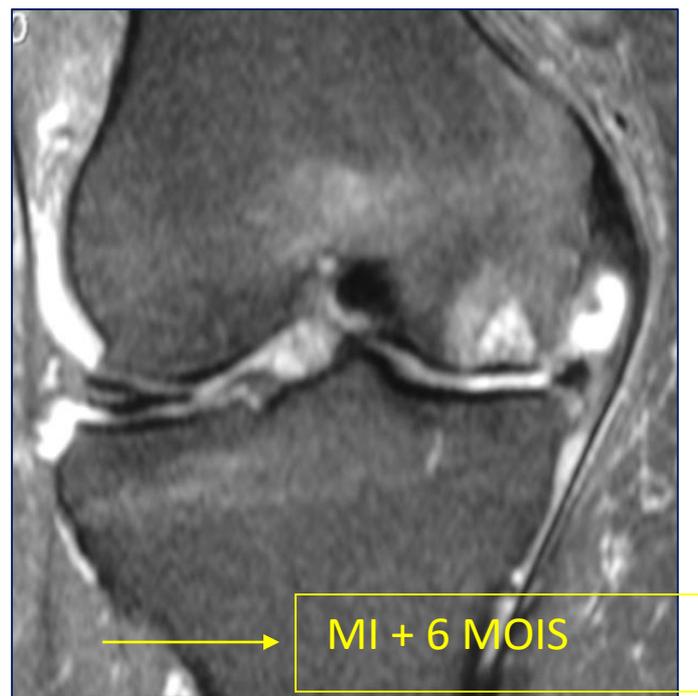
économique



Ectomie ?

- ME

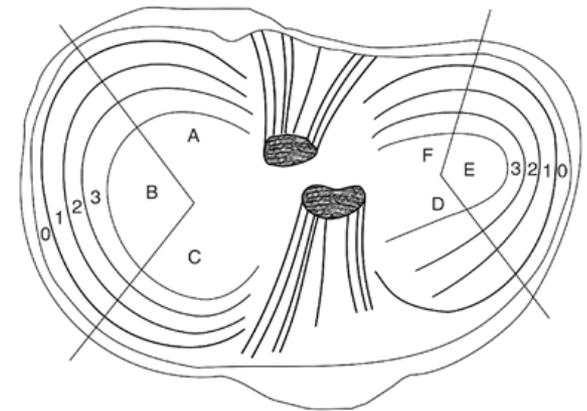




CRO



- Côté
- Garrot
- Compartiments (statut cartilagineux)
- 3 Tiers (Central-Moyen-Périphérique)
- 3 Segments (Ant.-Moyen-Post.)
- SPO



Description de la lésion

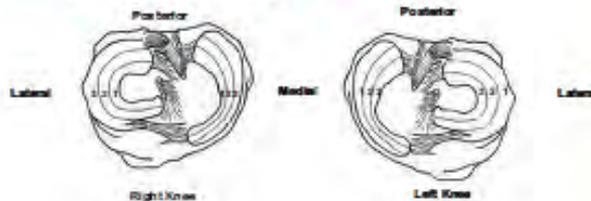
1. TEAR DEPTH

- Partial
- Complete

2. LOCATION (refer to diagram for description)

Rim Width (circumferential location):

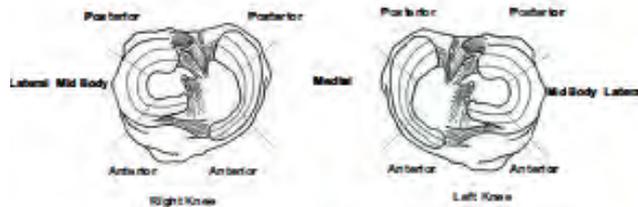
- Zone 1
- Zone 2
- Zone 3



3. RADIAL LOCATION

Posterior–Mid body–Anterior Location:

- Posterior
- Mid Body
- Anterior

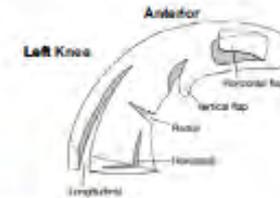


4. CENTRAL TO THE POPLITEAL HIATUS

- YES
- NO

5. TEAR PATTERN (refer to diagram for description)

- Longitudinal-vertical: extension is a bucket handle tear
- Horizontal
- Radial
- Vertical flap
- Horizontal flap
- Complex



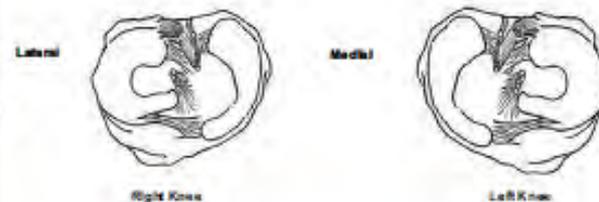
6. QUALITY OF TISSUE

- Non-degenerative
- Degenerative
- Undetermined

7. LENGTH OF TEAR IN MM

8. INDICATE THE AMOUNT OF

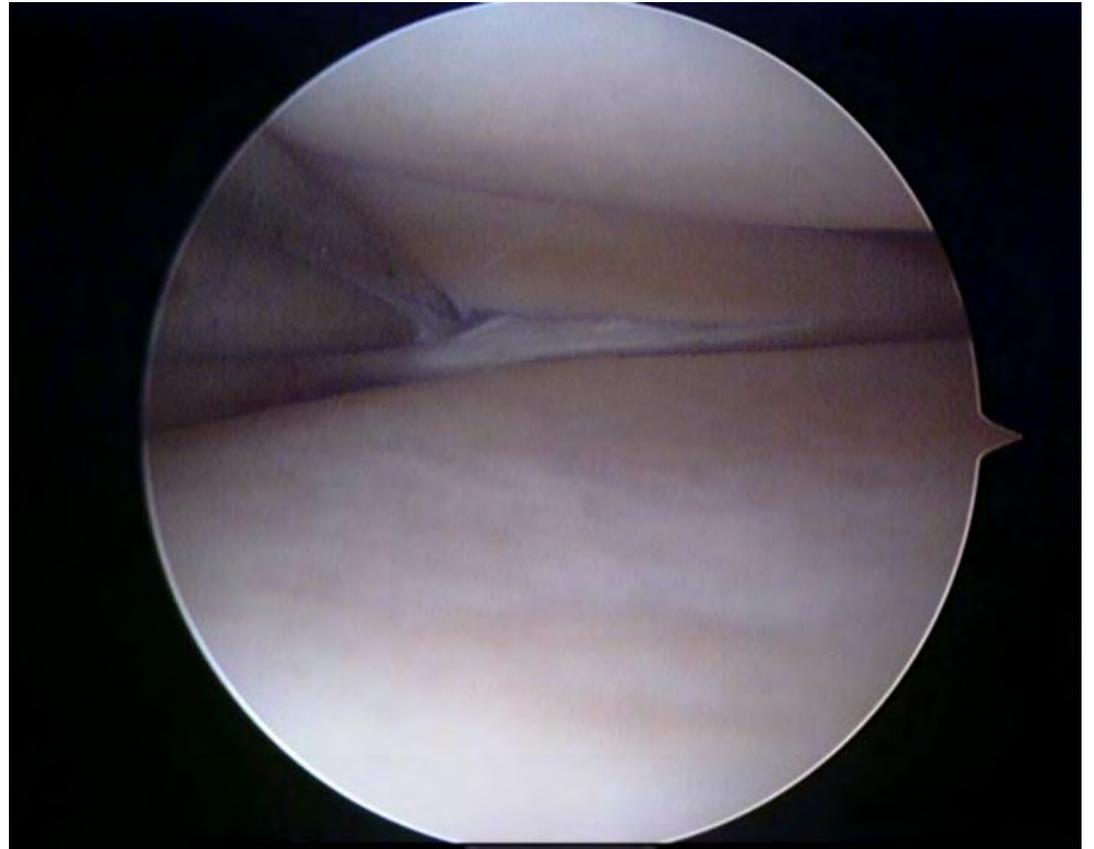
meniscus that was excised by drawing on the diagram and crosshatching the part that was removed.



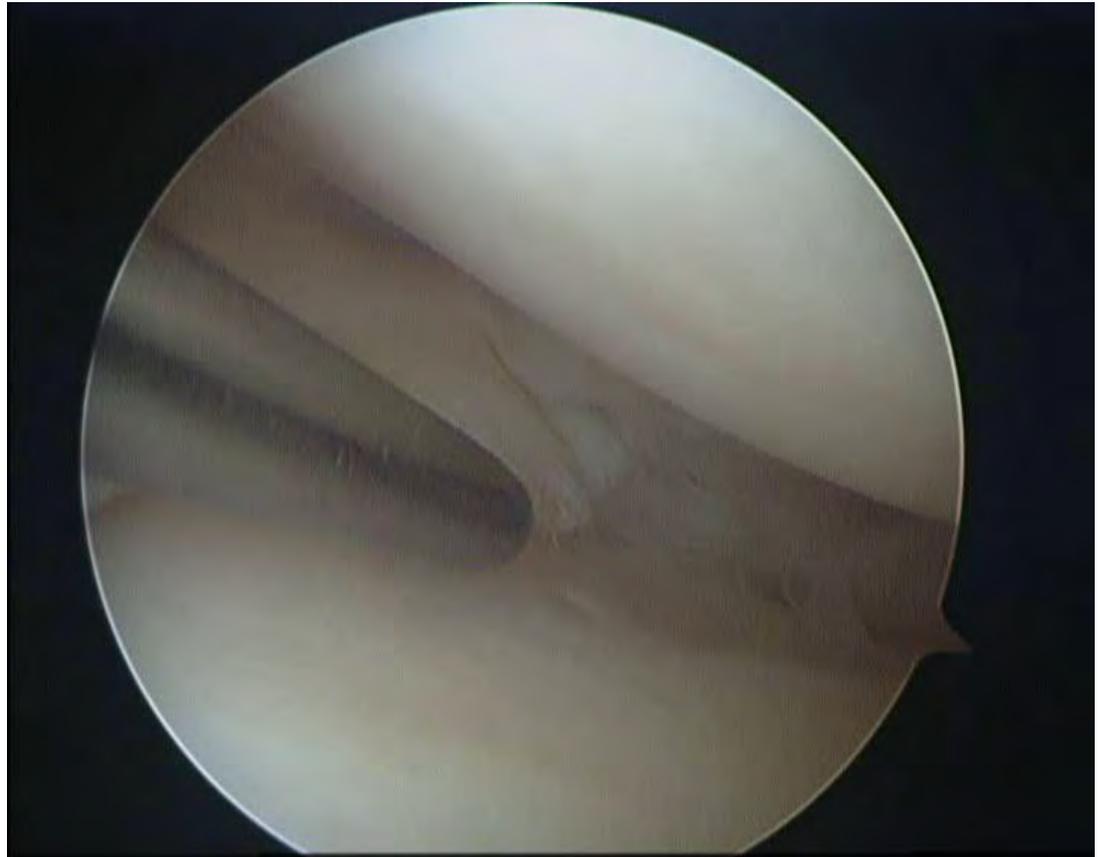
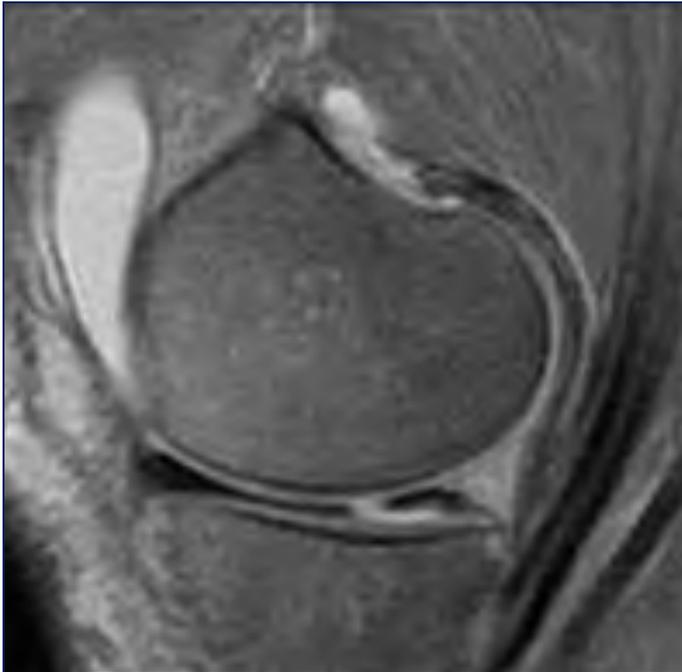
9. WHAT PERCENT OF THE MEDIAL MENISCUS WAS EXCISED?

 %

Quelle lésion ?



Quelle lésion ?



Quelle lésion ?



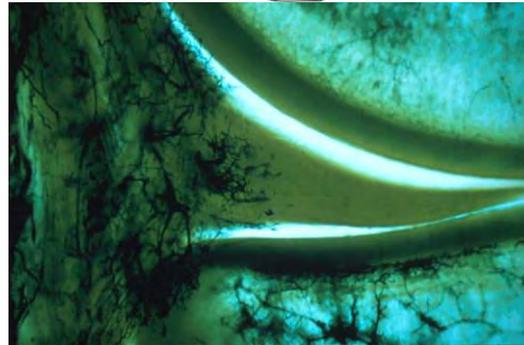
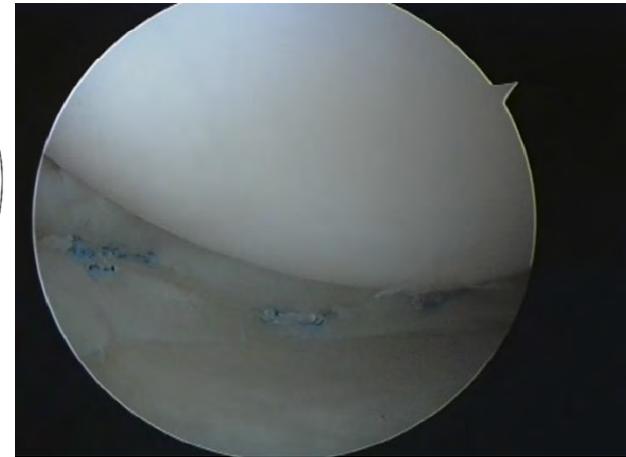
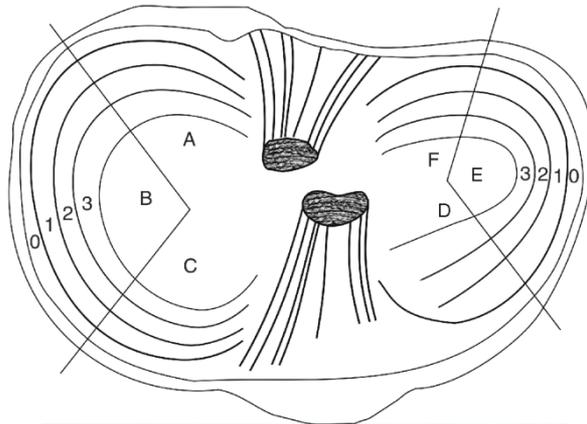
Quelle lésion ?



(Kyste)

Considérations anatomiques

- Lésion en zone « vasculaire » (zones 0,1 and 2)
- Tissu méniscal normal



Genou stable

Réparation

- patient jeune - enfant
- Zone vascularisée
- Ménisque « normal »
- Lésion verticale
lésion horizontale (clivage)
- ME > MI



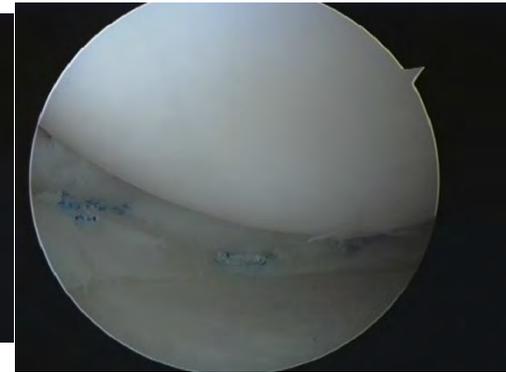
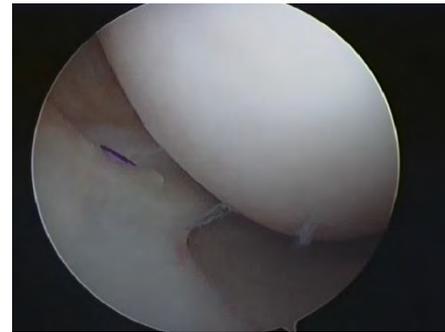
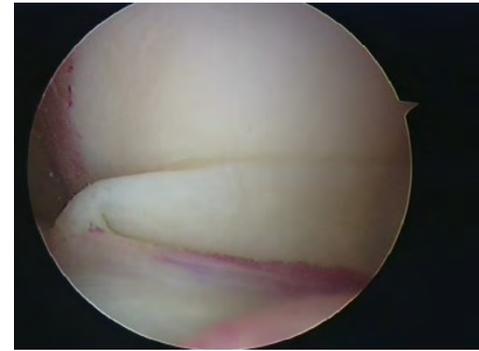
Méniscectomie

- Patient + âgé
- zone avasculaire (blanche)
- Ménisque dégénératif
- Lésion radiaire
lésion horizontale ?
lésion complexe +/-
- ME (à éviter ...)

Méniscectomie et suture méniscale sont complémentaires et non pas “contradictoires”

Genou instable

- Toute lésion méniscale périphérique, symptomatique et/ou instable

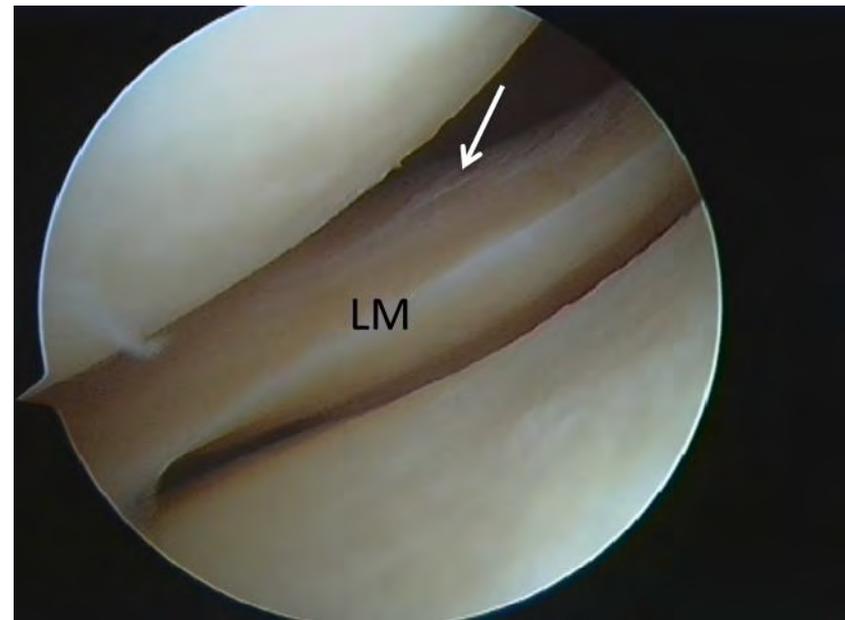


- **Combiner avec une reconstruction du LCA+++**
- Une lésion méniscale est une indication de reconstruction du LCA



Genou instable

- Alternative = Abstention
- MM <10mm
- ML : abstention vs réparation



**Meniscal injury in the plastic reconstruction of the anterior cruciate ligament.
Meniscal suture or abstention. P. Beaufils et al. RCO 1992**

Conclusion

Traumatique
Chirurgie



Ttt médical

Dégénératif

Conclusion

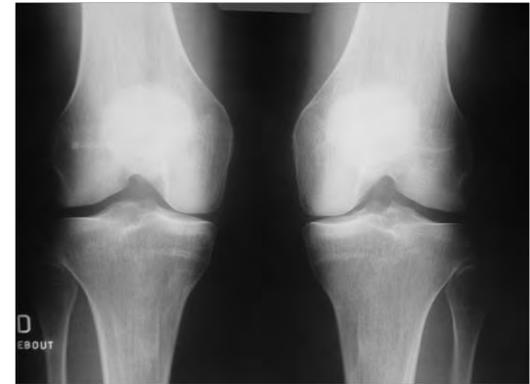
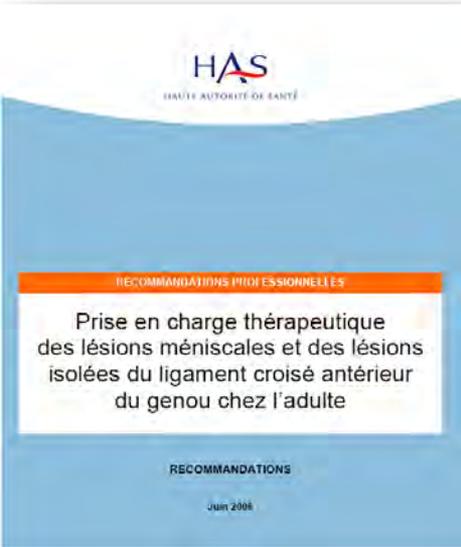
>40 ans, MI, aspect

Méniscectomie



Suture

<40 ans, ME, aspect, LCA



Conclusion

- ... When in doubt, cut it out ?
Prefer a demanding suture than a straightforward meniscectomy ...

