

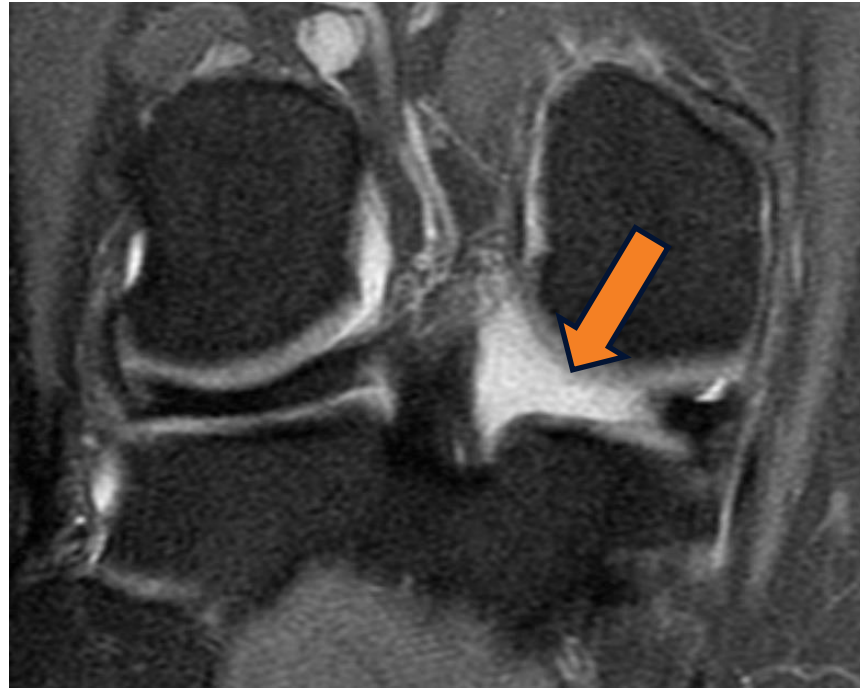
# Medial meniscus root tear with bone fragment: *Repair technique*

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# Patient

- 36-year old male police officer
- Injury while kicking in a door, two months prior
- Pain and some swelling
- Exam showed some medial meniscal signs
- No instability or other findings

# MRI Coronal



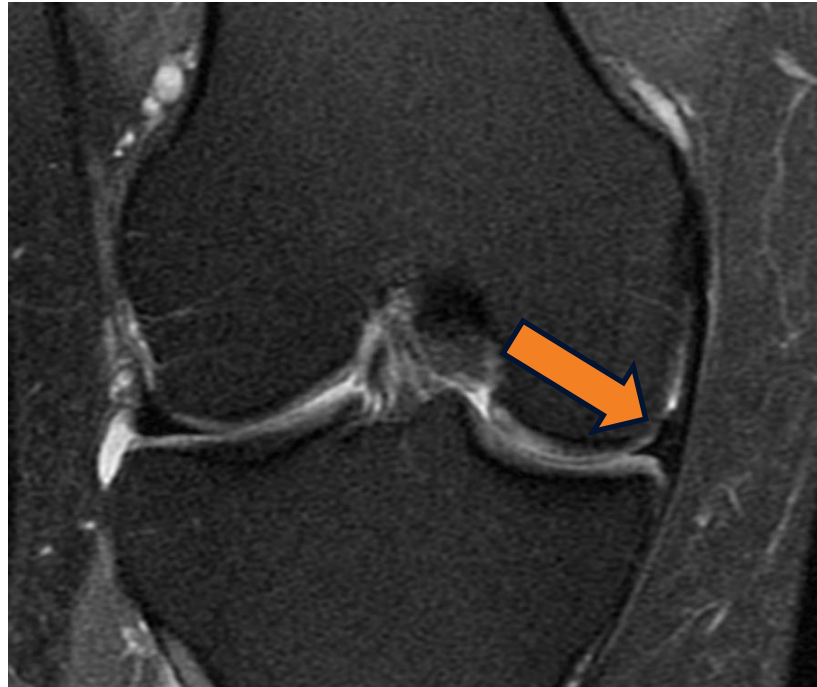
-Posterior horn largely absent

# MRI Coronal



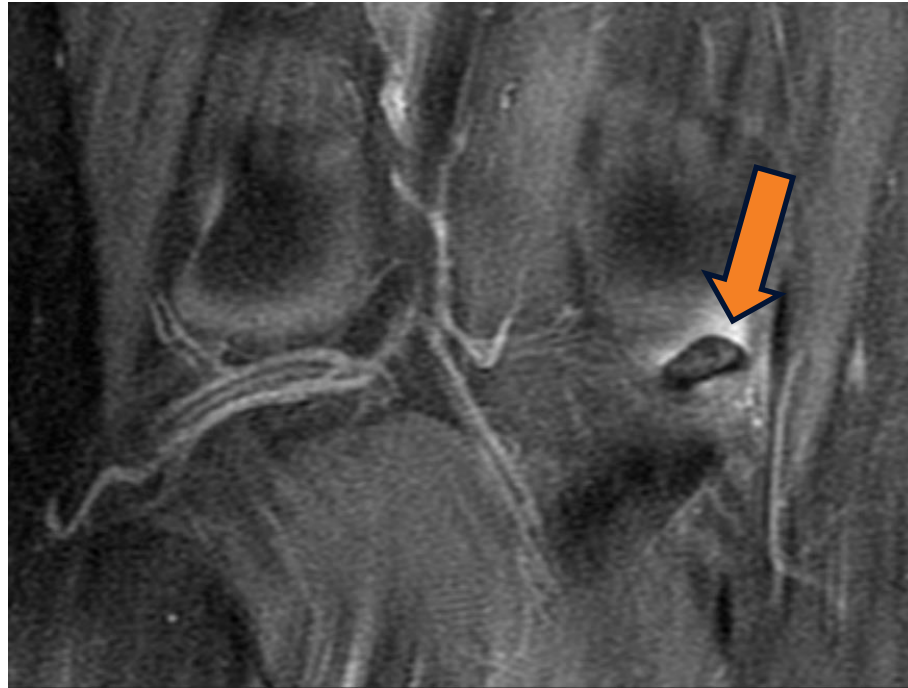
Root attachment absent

# MRI Coronal



Some extrusion

# MRI Coronal



Posterior horn meniscus flipped

# MRI Sagittal



Extensive Ghost Sign

# MRI Sagittal



Extensive Ghost Sign



# MRI Sagittal



Flipped meniscus

# MRI Axial



Not an ideal cut, but flipped PH noted

# Video

# Surgery Notes

- Fragment was both a bony avulsion root tear and meniscocapsular tear at the PH
- Bony surfaces on both fragment and tibia bed well prepared, as well as meniscocapsular surfaces
- PH mattress suture used to secure meniscocapsular section and provide additional fixation for root
- Anchor (swivelock) used for transtibial fixation – more reliable tension maintenance.
- Notch microfracture performed at completion
- Patient returned to full activity and work at 4 months post-op

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