Discoid Meniscus

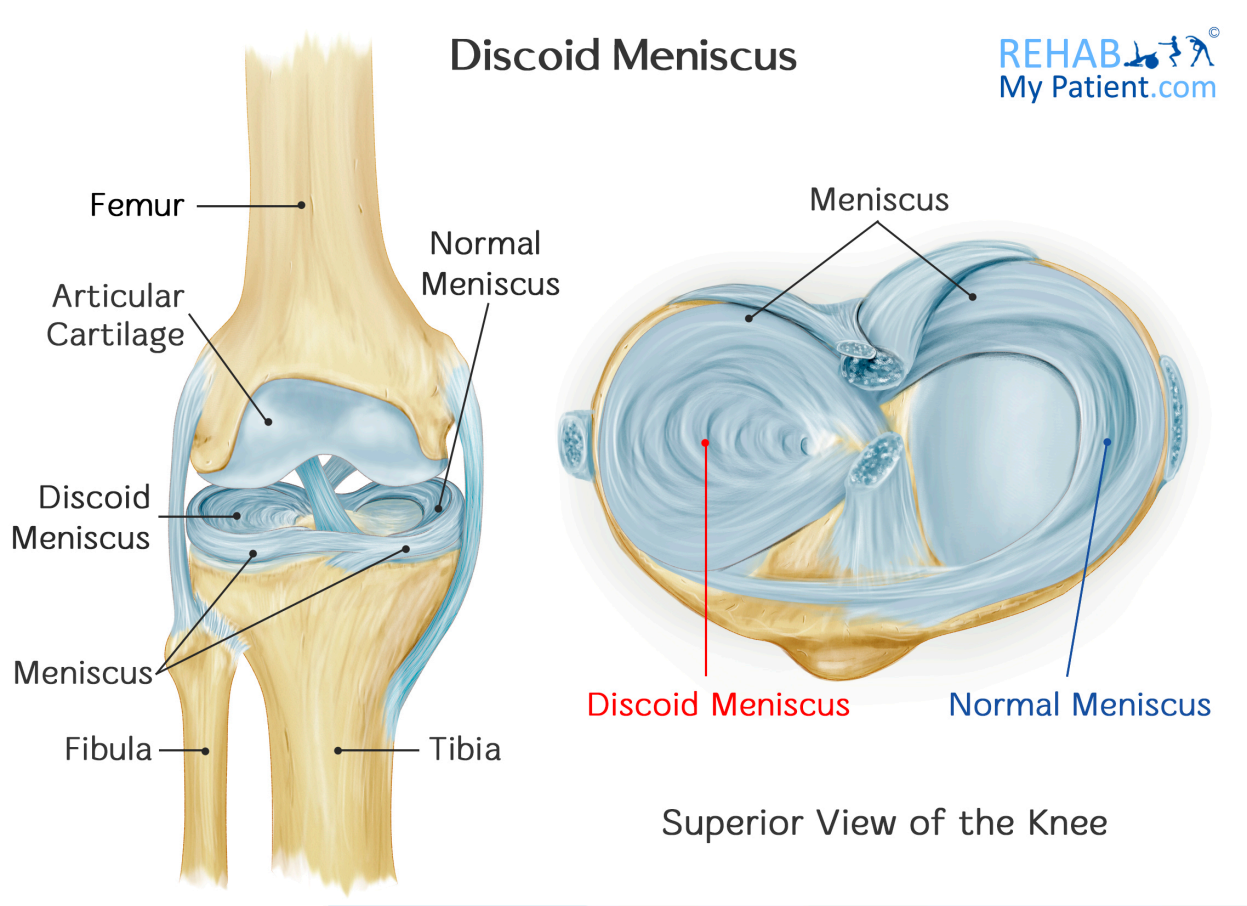
Discoid meniscus is a condition where the meniscus of the knee is shaped abnormally. It is more susceptible to injuries than the meniscus that is shaped normally. Some individuals who have the condition end up going through their entire lives and don't experience a single problem. But having a discoid meniscus does leave the meniscus vulnerable to tears or sports injuries. Symptoms can begin in childhood.

Discoid Meniscus Anatomy

The meniscus is a piece of cartilage that is shaped like that of a wedge. It acts as a shock-absorber between the shinbone (tibia) and the thighbone (femur). It protects the articular cartilage covering the ends of your bones and helping the knee to bend and straighten easily.

Two menisci are located in the knee: the lateral meniscus along the outside and the medial meniscus located on the interior part of the knee. When the menisci are healthy, they are shaped like a crescent moon.

It is the meniscofemoral ligaments that attach the tibia and the meniscus together to prevent it from floating around on the inside of your knee. The ligament provides blood supply to a small part of the meniscus.



How to Treat Discoid Meniscus:

1. **Surgery**
   Knee arthroscopy tends to be one of the most common surgical procedures. During this procedure, a small camera is inserted into the joint of the knee. The camera will display the pictures onto a television screen. The surgeon will use the images to guide all of the small surgical instruments. Most of these surgeries are done on an outpatient basis. Within a few hours after the procedure, patients will get to go home.
   To prevent any pain during the procedure, anesthesia is administered. Regional and local anesthetic will numb certain parts of the body, while the patient will stay awake. With general anesthesia, the patient is put to sleep. Most of the time, children are provided general anesthesia for the procedure.

   In many instances, the best form of treatment is to remove the part of the meniscus that is torn. Depending on the degree of the tear, some are able to be repaired instead of having to be removed. In these instances, a surgeon will use stitches to attach the meniscus to the joint lining.

2. **Rehabilitation**
   After surgery is performed, your knee might be placed into a brace or wrapped with a soft bandage. It may be necessary to use crutches for a small time period. Young children might need to use a wheelchair to get around for a few weeks because if they don't have the strength or balance to use crutches. Once the healing process is complete, you might need to go through physical therapy to help restore mobility and strength.
   Rehab exercises focus on improving range of mobility to the knee, reducing swelling and inflammation, and improving strength. Ultimately functional exercise may be used to help return to play or sport.

Tips:

- Injuries to the meniscus often happen with a twisting motion of the knee.
- Children who have never had any major injuries could end up with popping and locking in the knee.
- It is believed that an abnormal attachment of the ligament happens that stretches the meniscus when the child is developing.
- Inability to extend the knee fully is a sign of discoid meniscus.
- A torn meniscus often causes swelling and stiffness in the knee. The knee may also feel like it's going to give way or collapse.