

Knee Pain

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Interesting Case History

I recently treated a patient with a very interesting presentation of lateral knee pain:

Daryl (not his real name) is a 50 year old hockey player who developed acute right knee pain during a game 2 months ago.

History. After a mid-week training session, & a drill that required a lot of sudden twisting, he noticed mild lateral knee pain. The pain settled over the next 2 days. He played the following weekend, and while sprinting felt sudden severe lateral knee pain. He thought about coming off the field, but was able to continue playing with pain. After the half-time break he had difficulty running, but this improved when he warmed up. However decelerating and twisting were quite painful. He got through the game, but after driving home had difficulty getting out of the car. He had two days where walking was very painful, and he limped for the next week. He didn't notice any swelling. The pain was aggravated by stairs, loading between 10° to 30°, and with twisting. Running was impossible. He rested and did light exercise, and the pain gradually improved. After 6 weeks he could run with mild-discomfort, and with the knee being sore for the rest of the day. That's when he decided to seek help.

Past history. Daryl played rugby union until his mid-20's, and has always remained relatively fit, with regular jogging and boxing training. He took up field hockey 5 years ago. He has had a few left-sided hamstring tears, suffers chronic left groin pain, but otherwise has been injury free during hockey. He recalls a right medial collateral ligament sprain playing rugby, but only missed one game & has had no other injuries to the right leg (apart from a few ankle sprains as a teenager). He has no history of knee pain.

Examination. He is average height, and weight was 72kg. Biomechanically (single leg stance and squat), he had poorer control on the left than the right. Ankle dorsiflexion was good range and equal side to side. Squatting was painful early in range. When questioned about his pain he pointed to an area on his antero-lateral knee, right over the joint line. He had a mild effusion and mild quadriceps wasting. Ligament tests were normal. Palpation of the joint-line did not reproduce his pain, and the medial and patellofemoral compartments were not tender on palpation.

Diagnosis. My opinion was an acute injury to his lateral compartment, possibly a meniscal tear. As the pain was still significant at 6 weeks post injury I arranged for him to see Leo Pinczewski. He felt that the effusion suggested an articular cartilage injury. He ordered an MRI. The results were surprising.

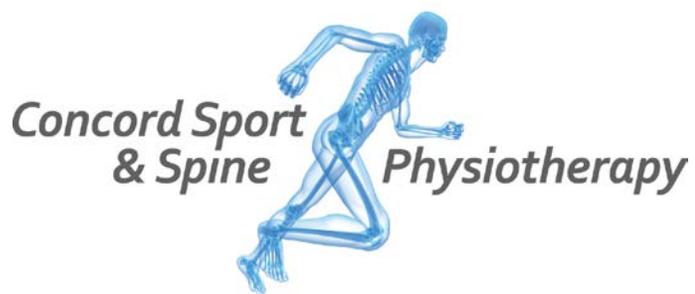
MRI. The medial compartment had mild wear & tear. The lateral compartment was in Dr Pinczewski's words "pristine". However the patellofemoral compartment was not. The patella had evidence of chondromalacia. More notably, 50% of the lateral trochlear groove was worn down to bone. This was the source of the symptoms. Dr Pinczewski informed me that the one of the most common misdiagnoses in the knee is patellofemoral pain masking as lateral compartment dysfunction. While the presentation was quite unusual, with no prior history, the joint had been degenerating for some time. It is possible that during the game a sudden twist caused some articular cartilage to shear off, exposing more of the pain-sensitive bone. It is likely that the joint will remain symptomatic, and hockey may need to be played at a much slower pace than previously. Daryl's jogging days are over.

Management. There is currently no proven surgical procedure to restore lost articular cartilage. Arthroscopic 'shaving' is commonly performed for such injuries, but quality research has shown this to be either of no help or to worsen the condition. Daryl needs to manage his injury with appropriate medications, activity modification, pain-free strengthening, and patellofemoral taping for sport. He is having trouble coming to terms with the sudden change this has made to his lifestyle.

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