

The spectrum

# Discoid meniscus

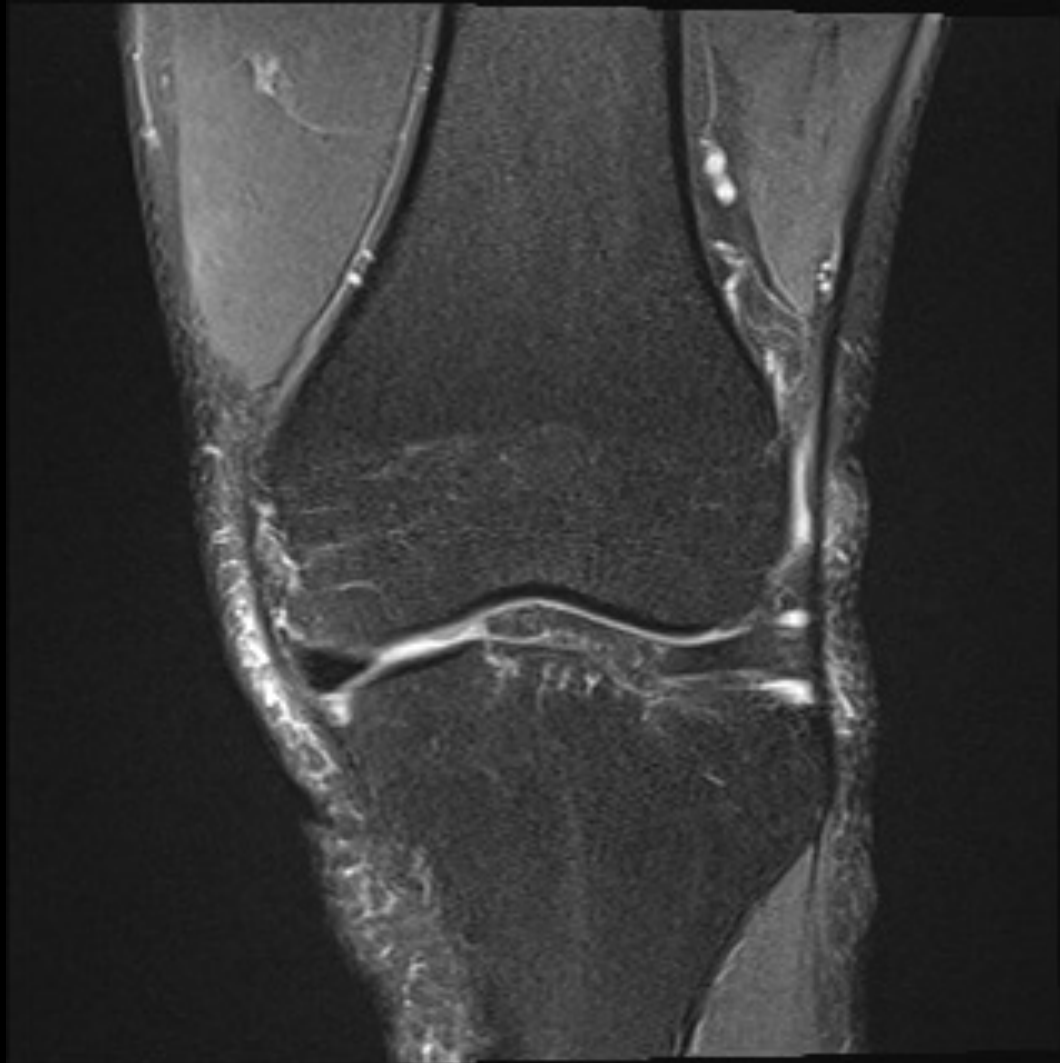
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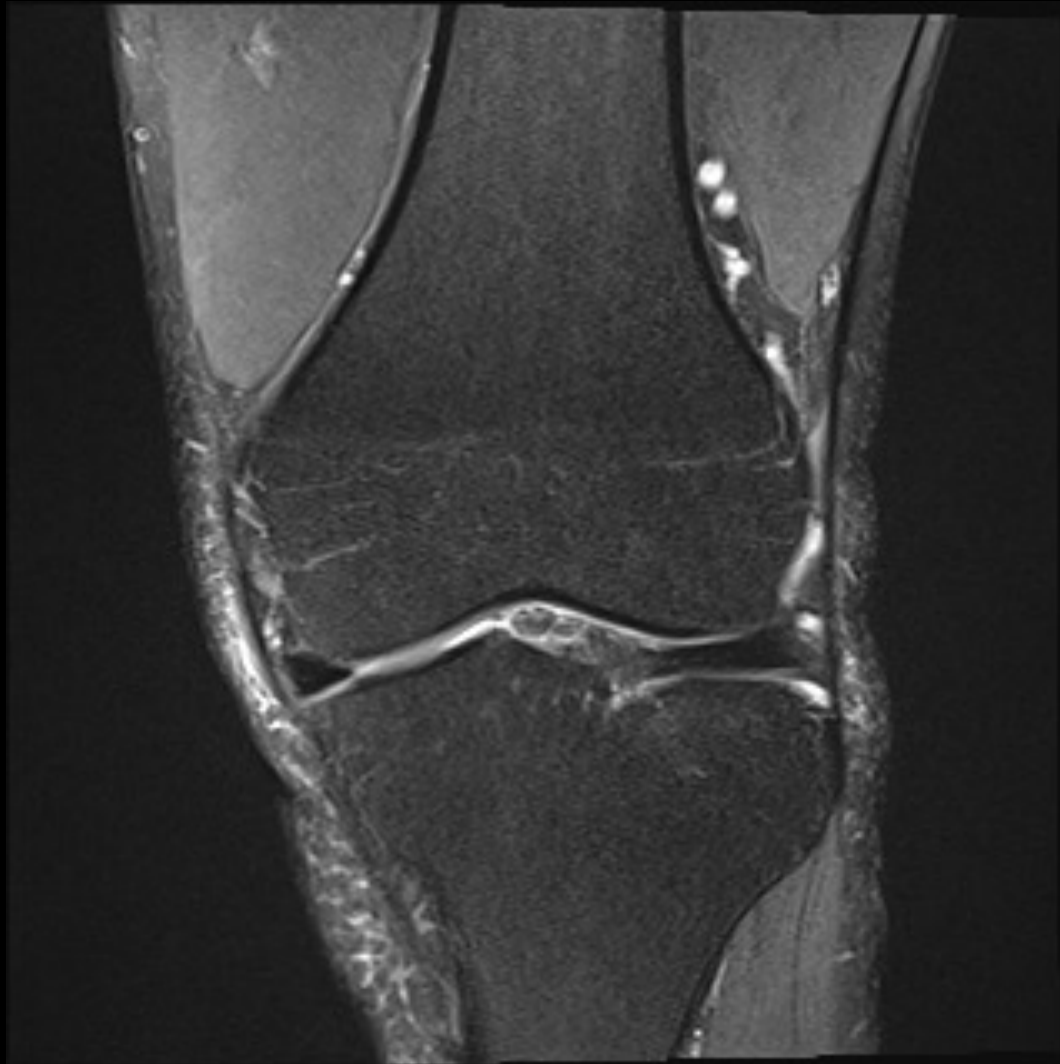
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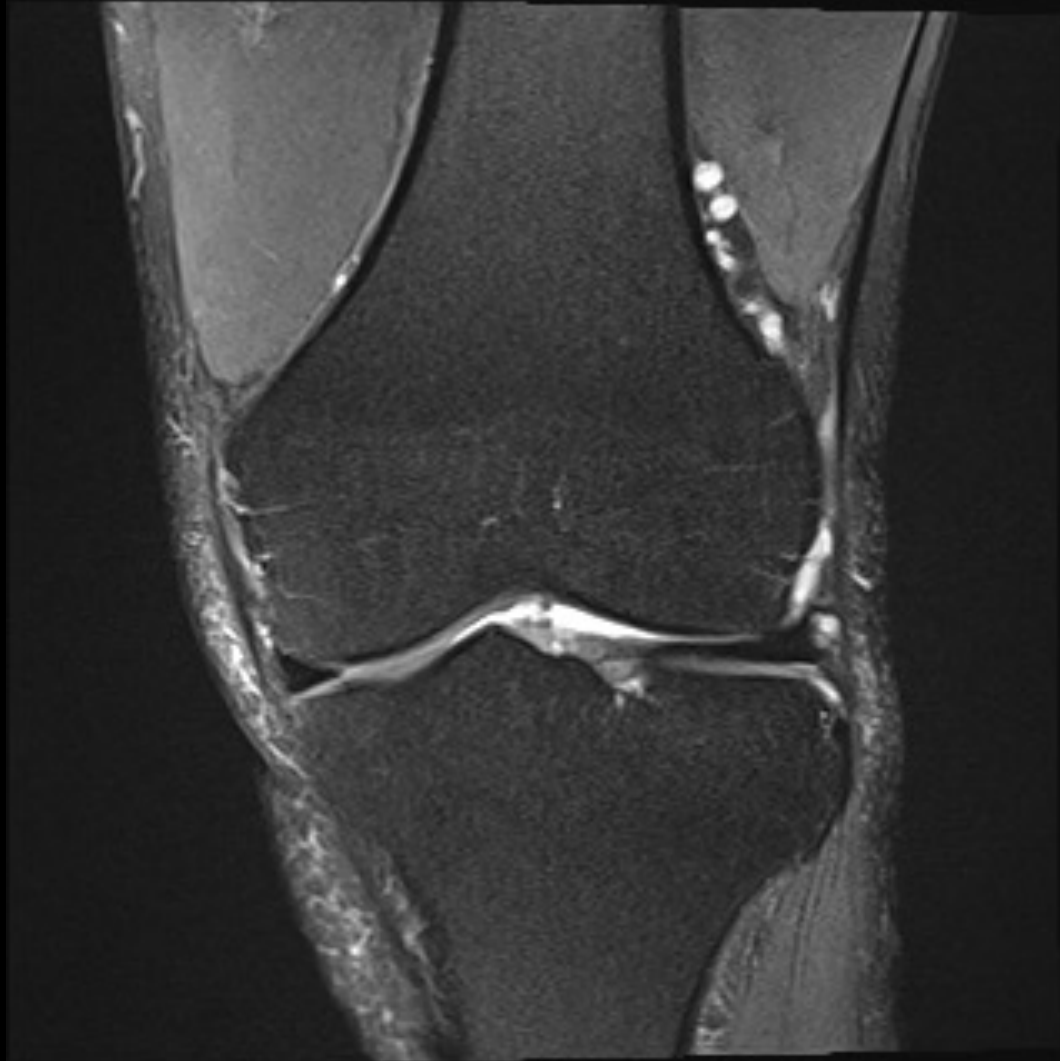
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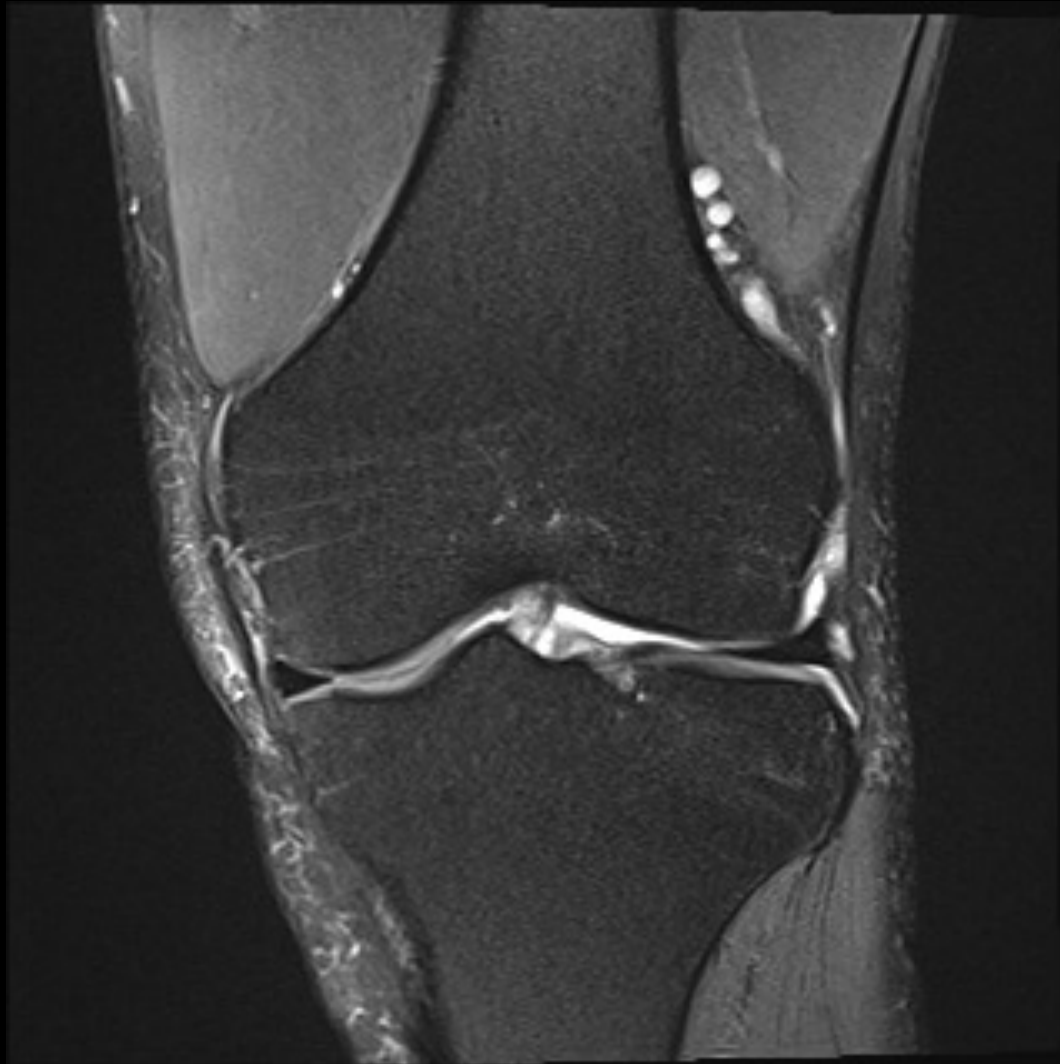
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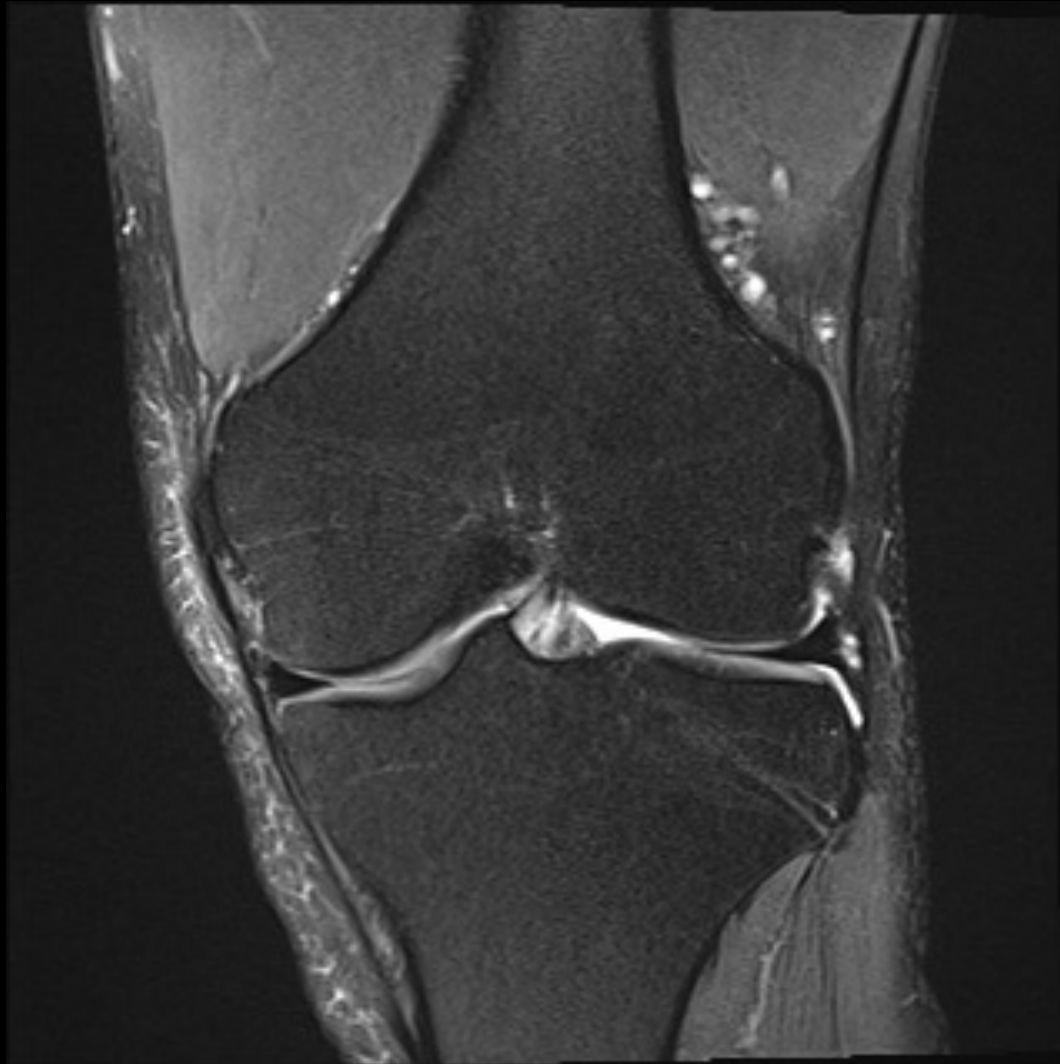
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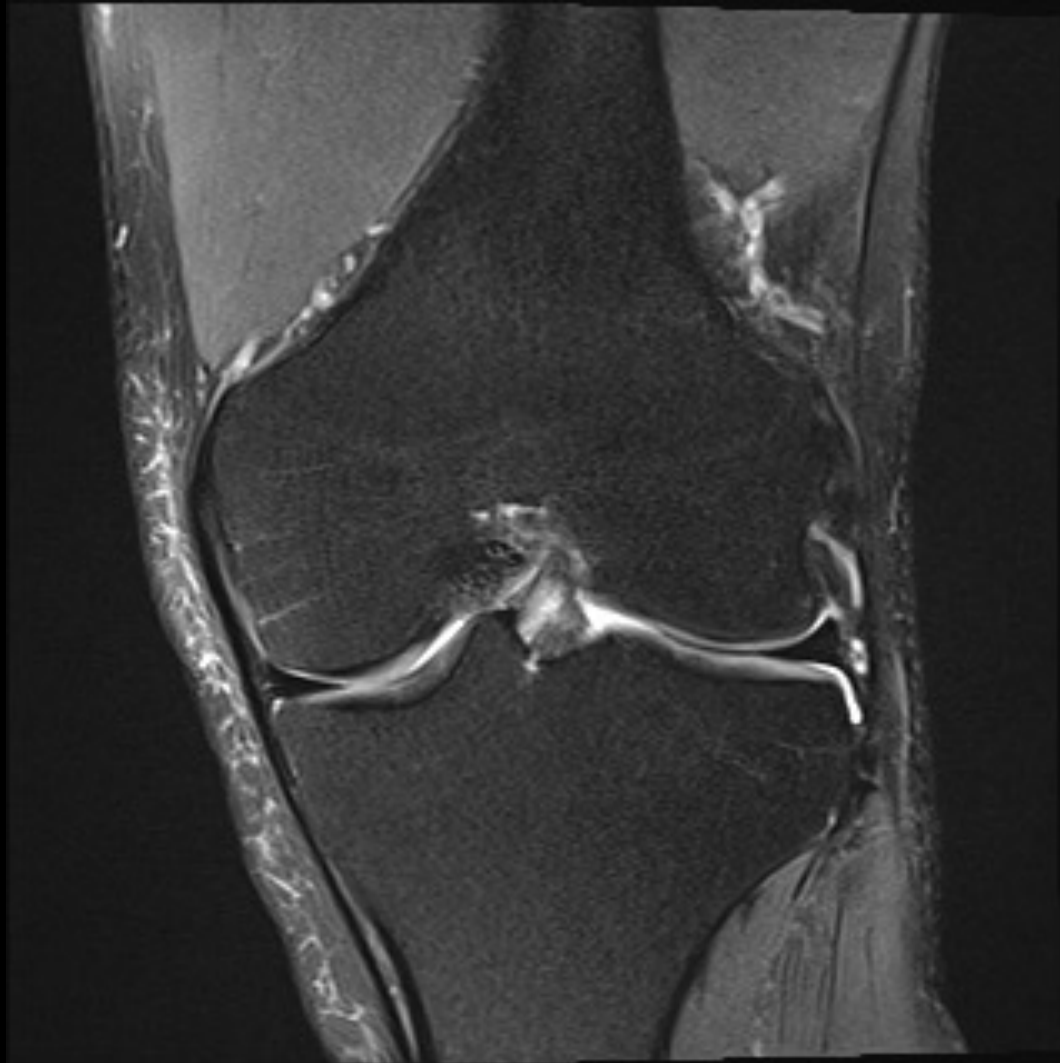


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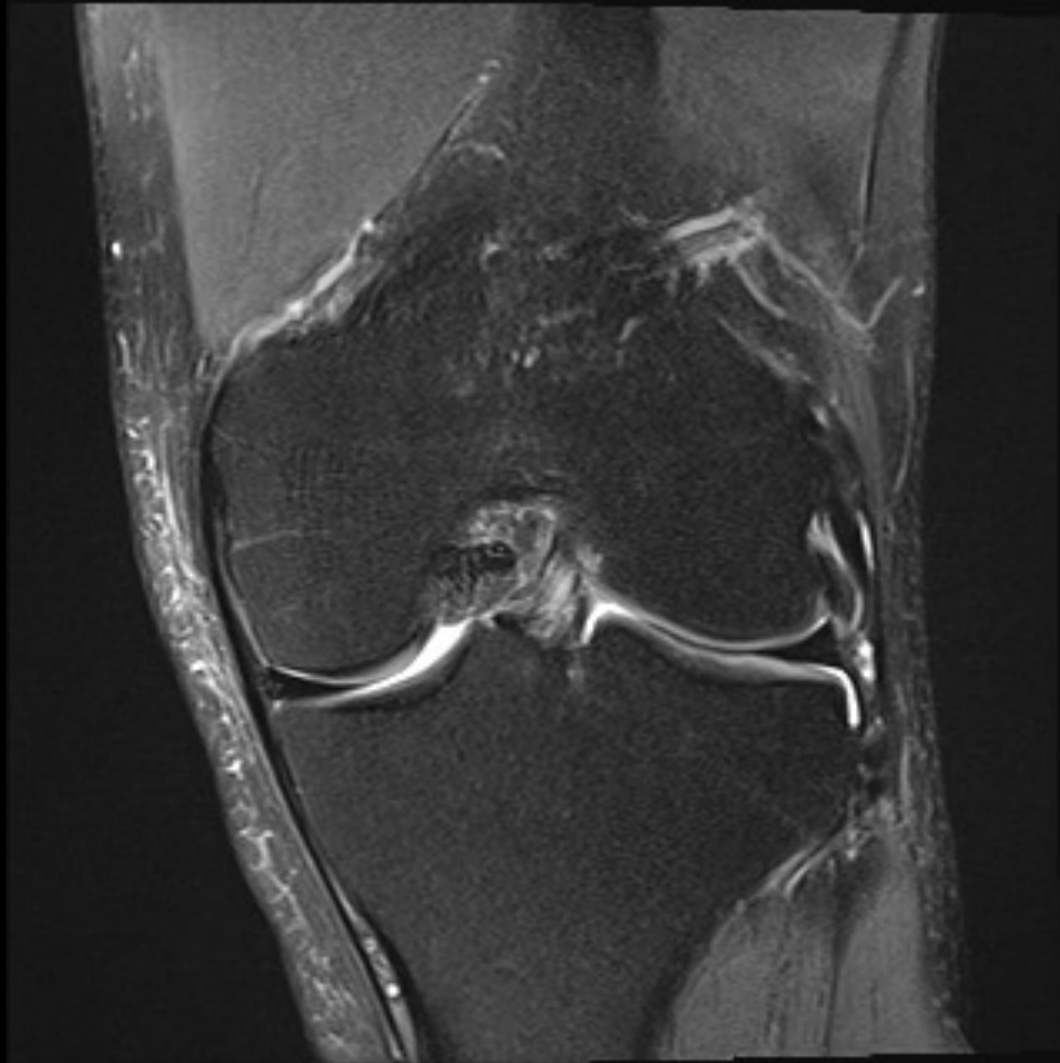




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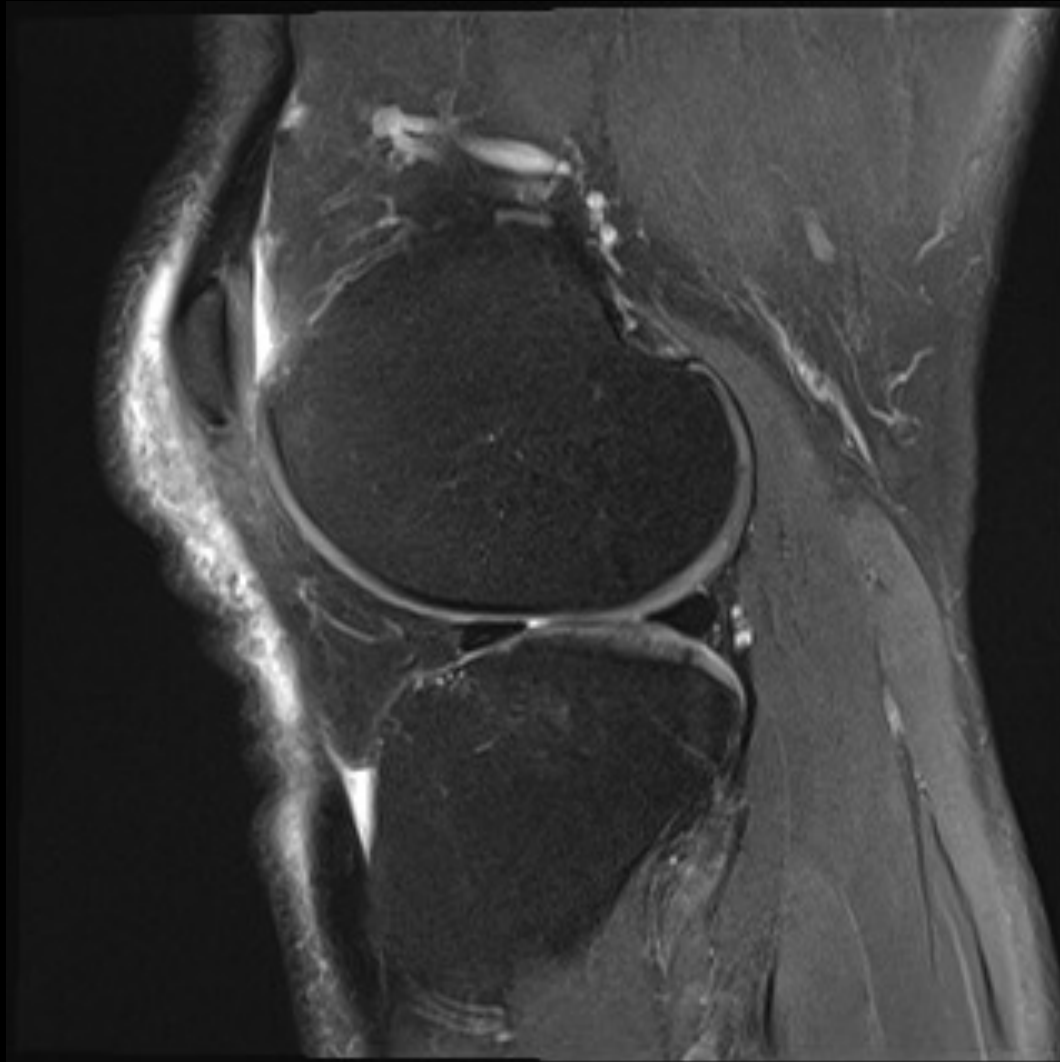
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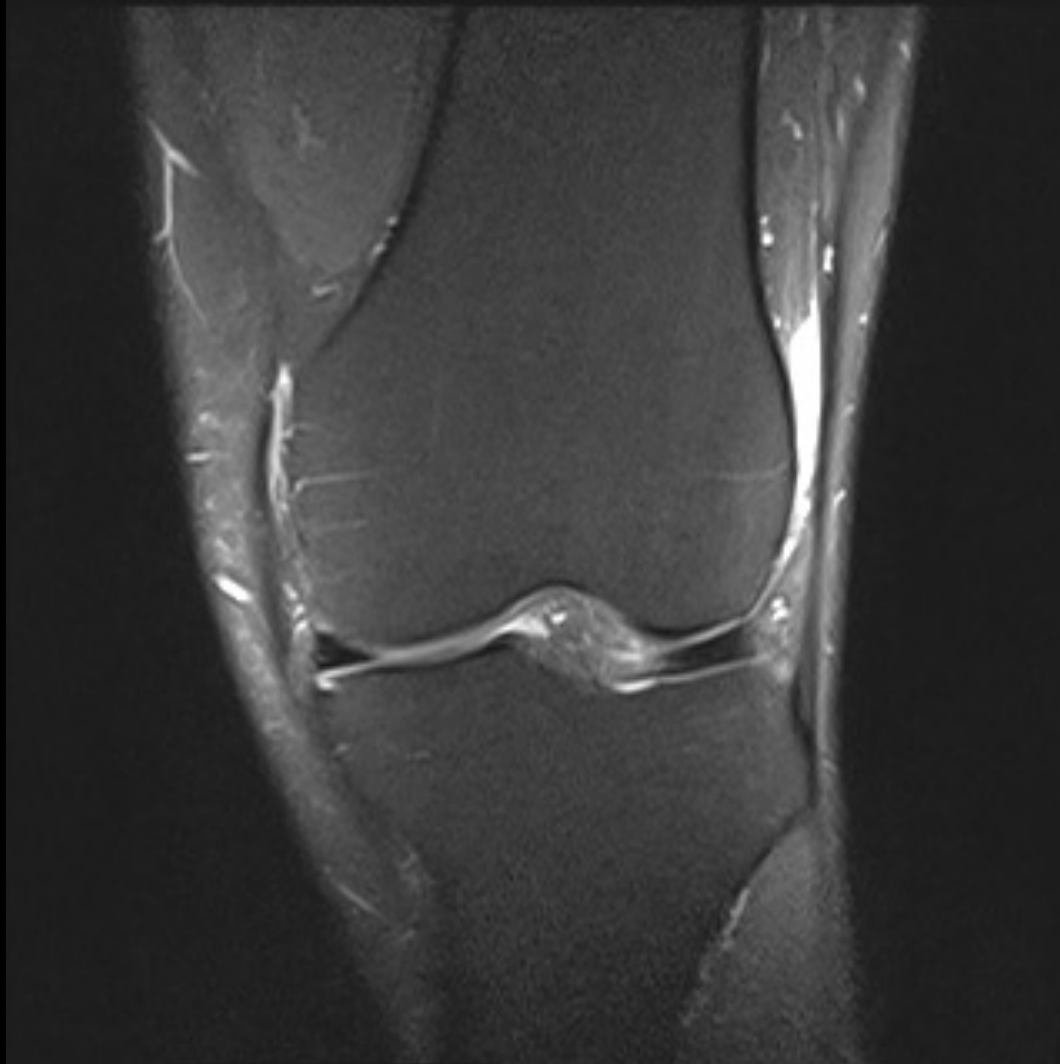
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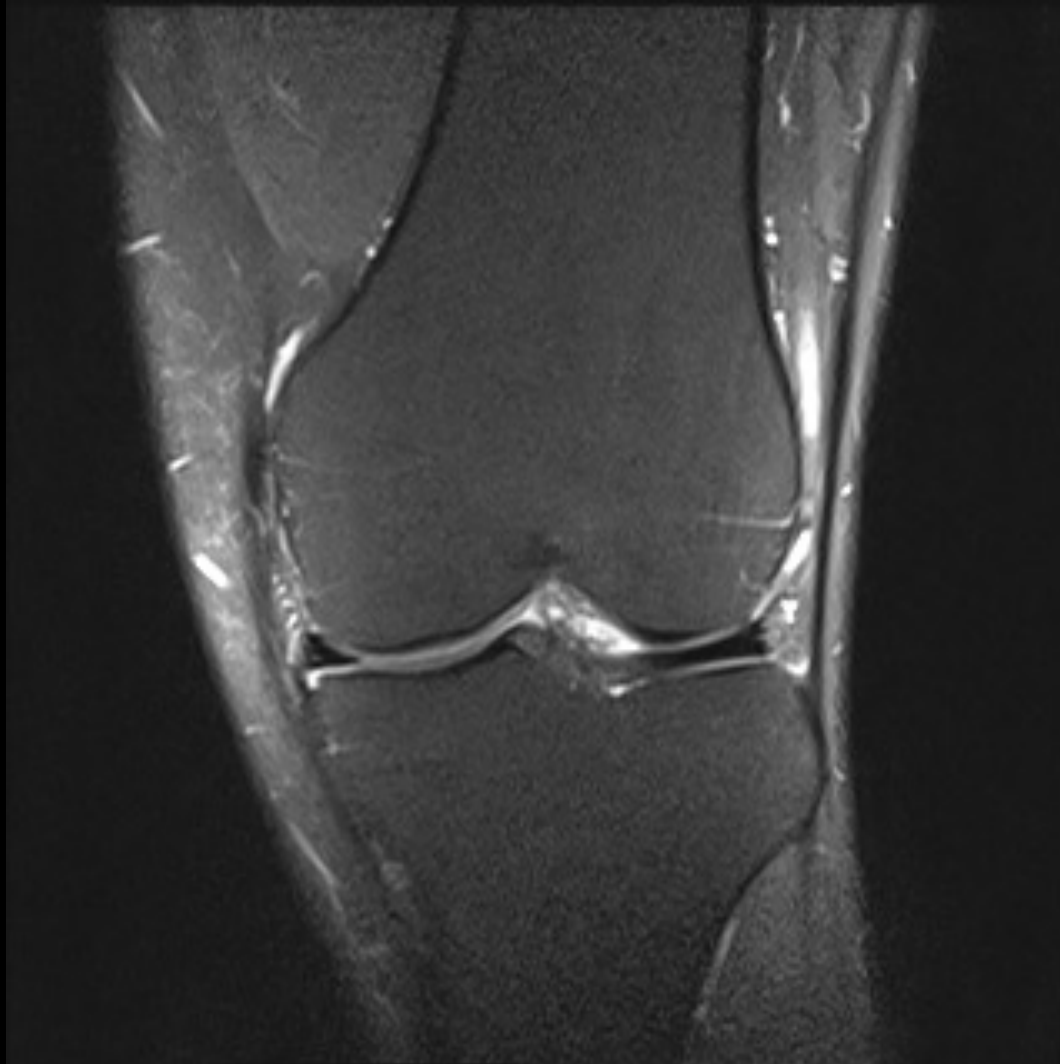
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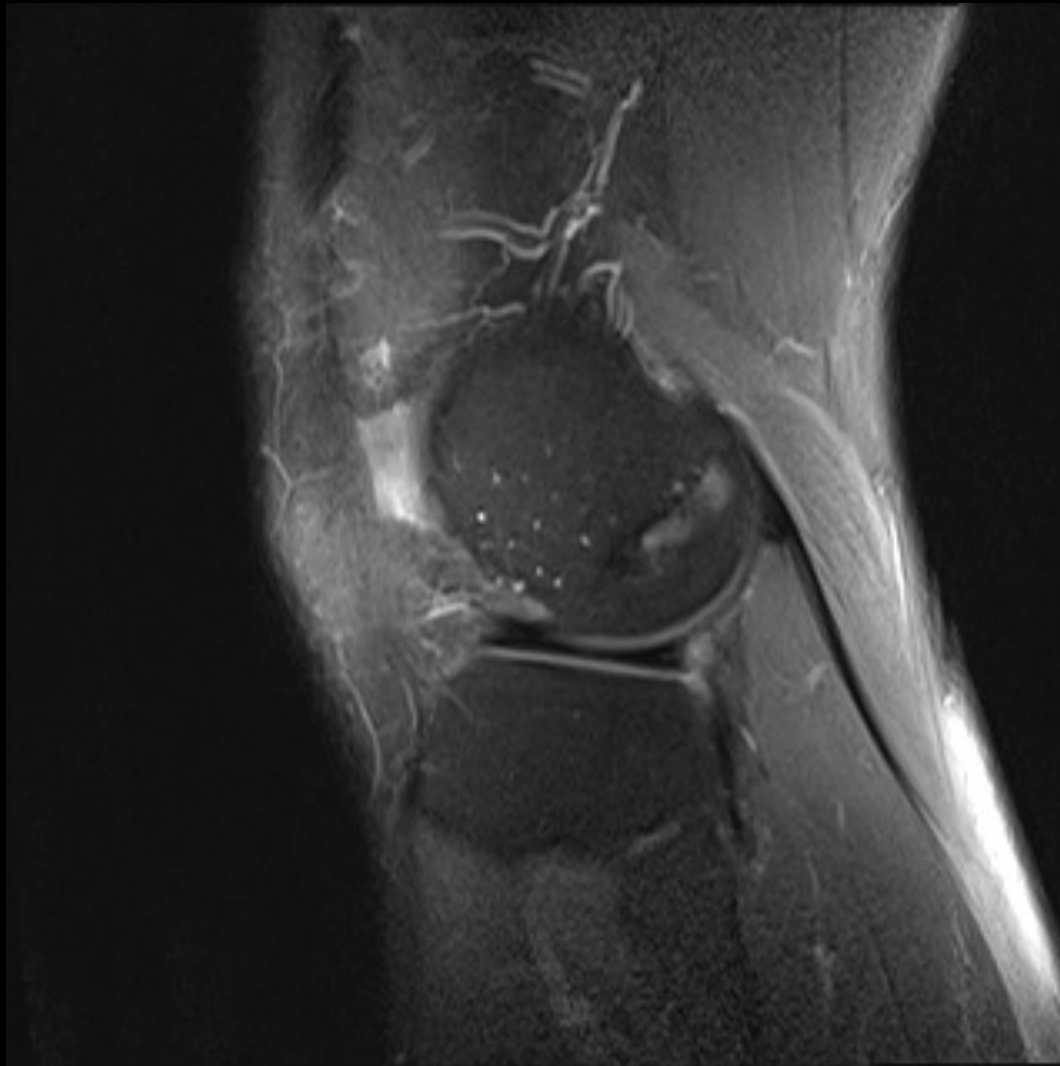
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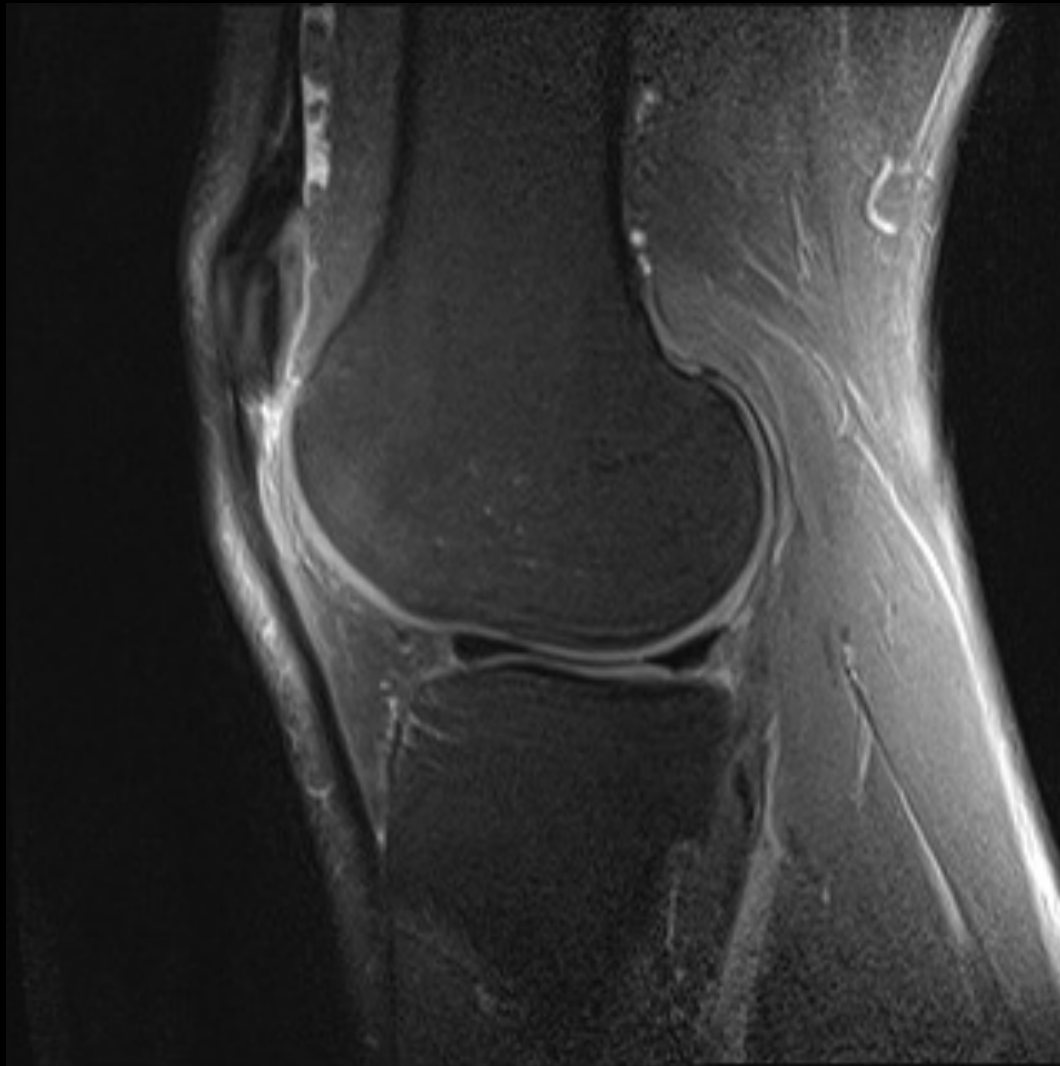


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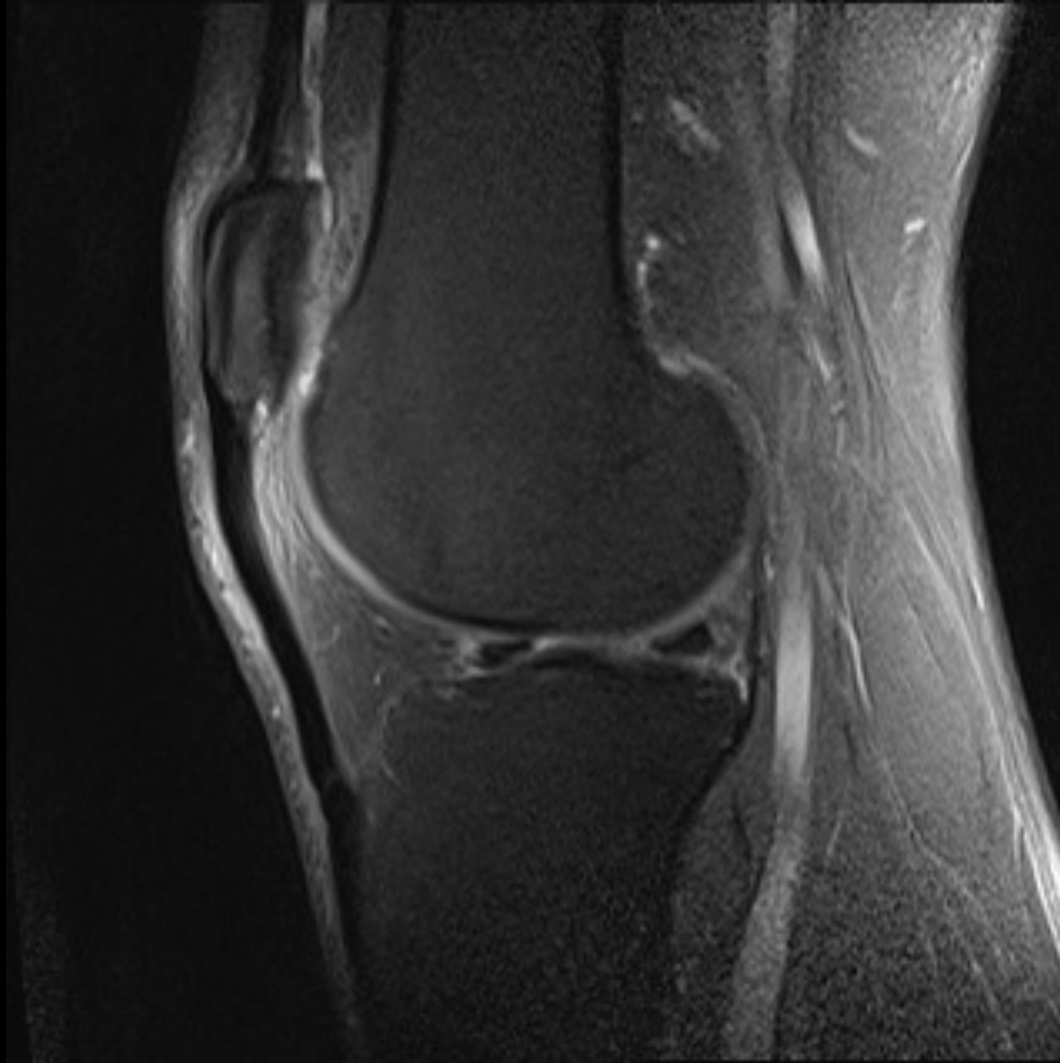
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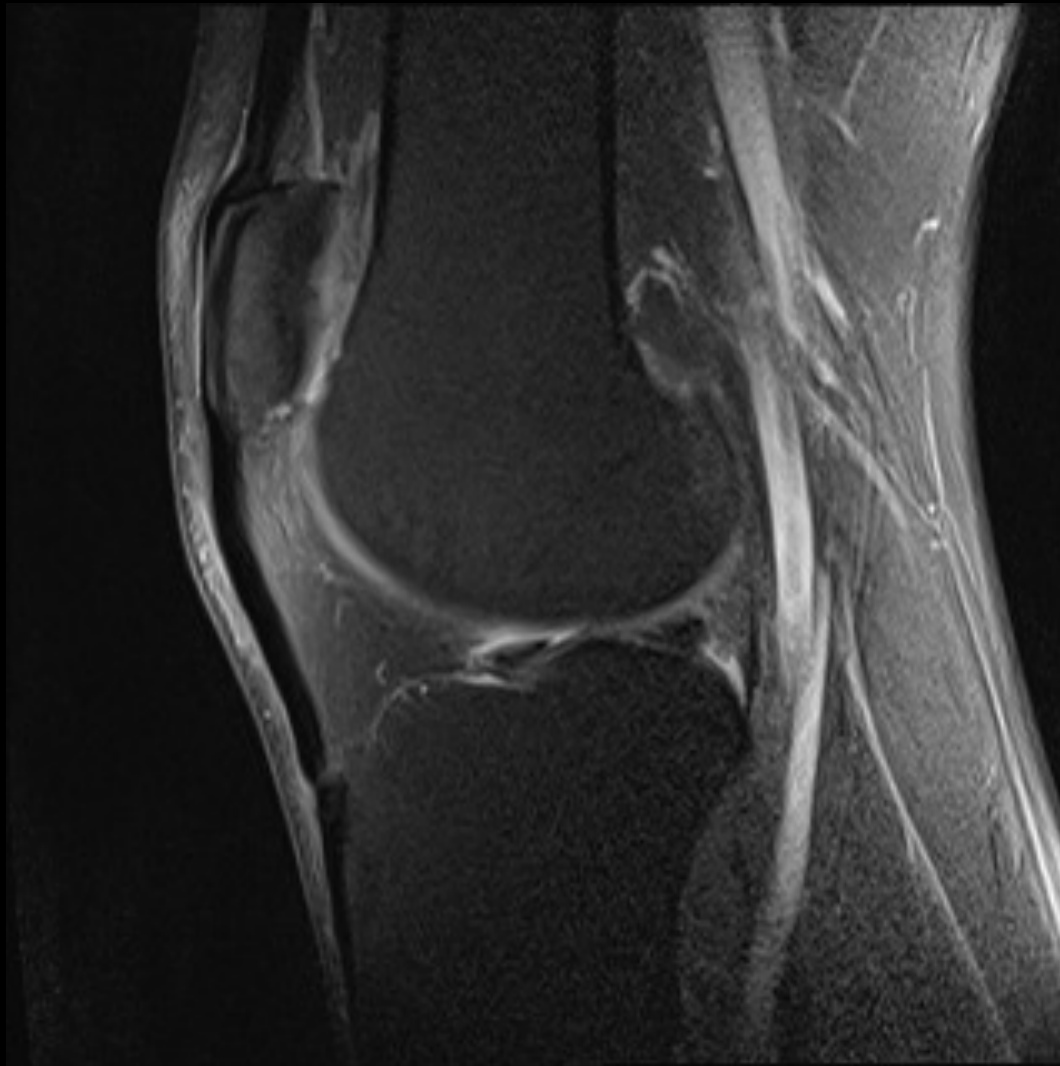
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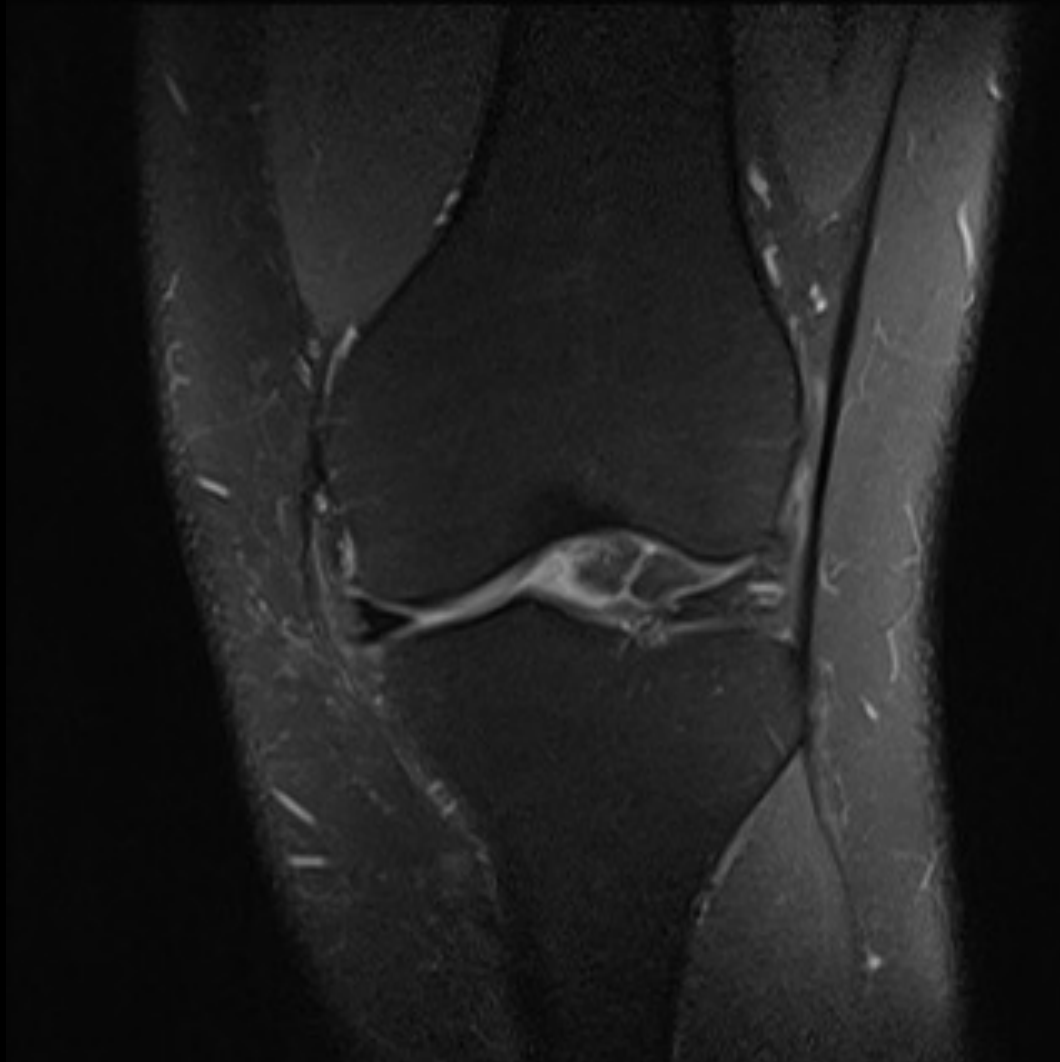
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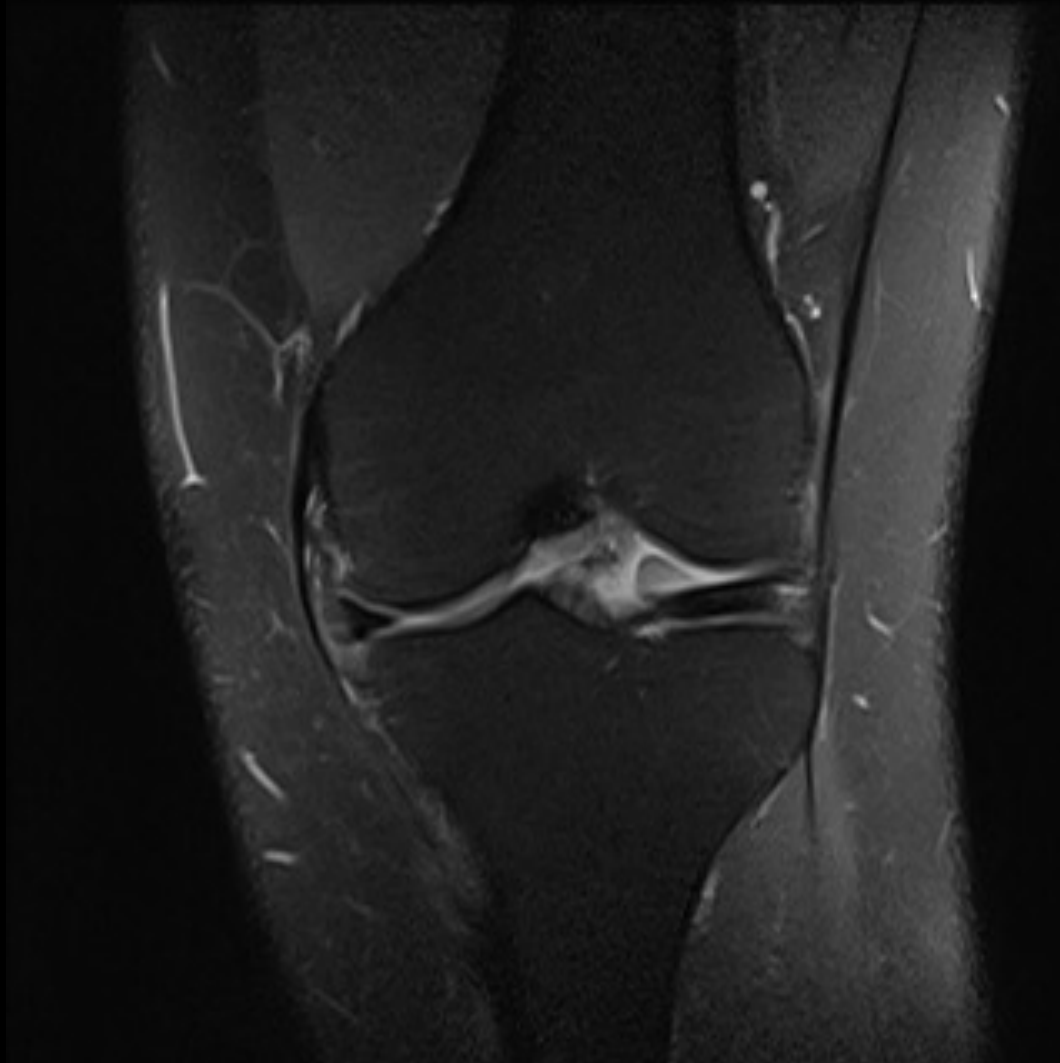
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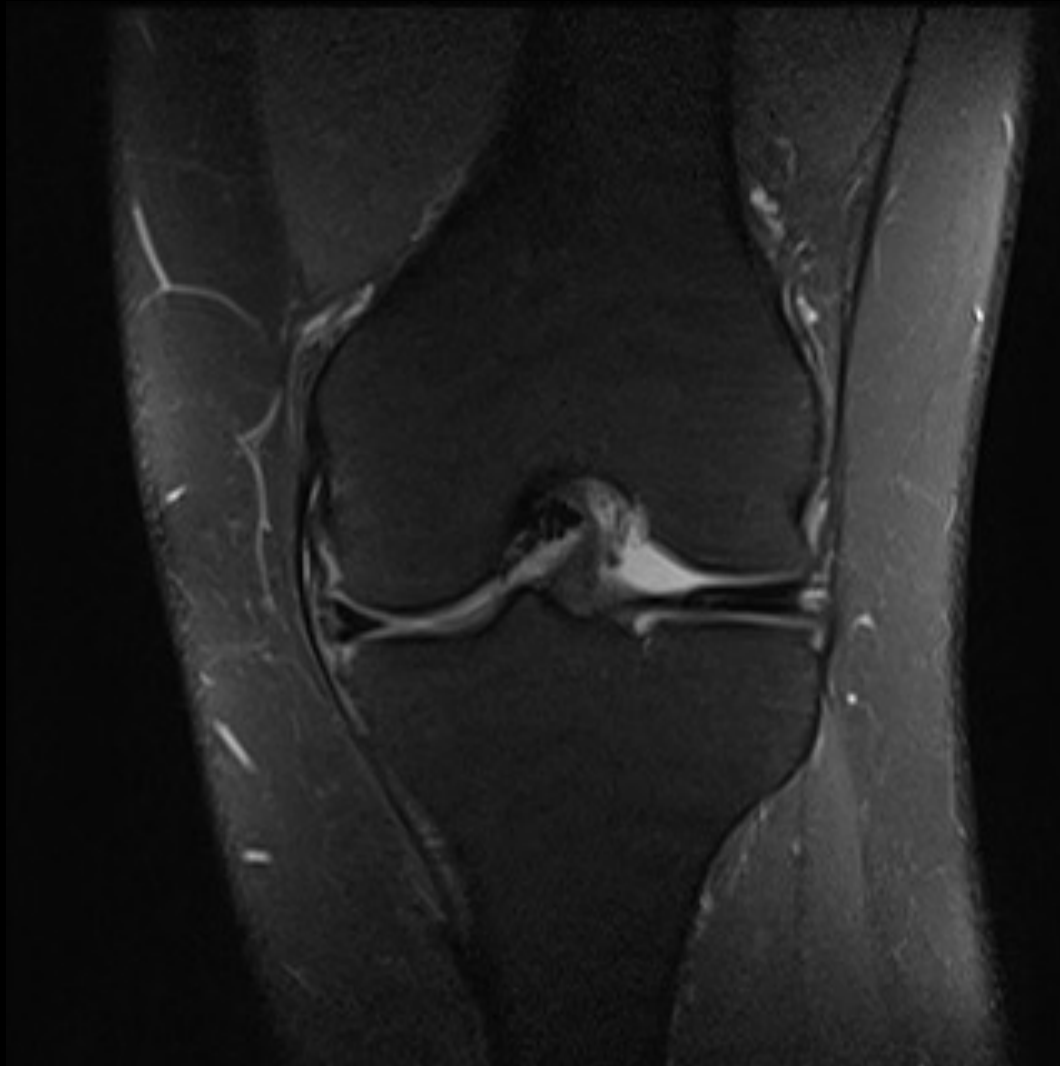


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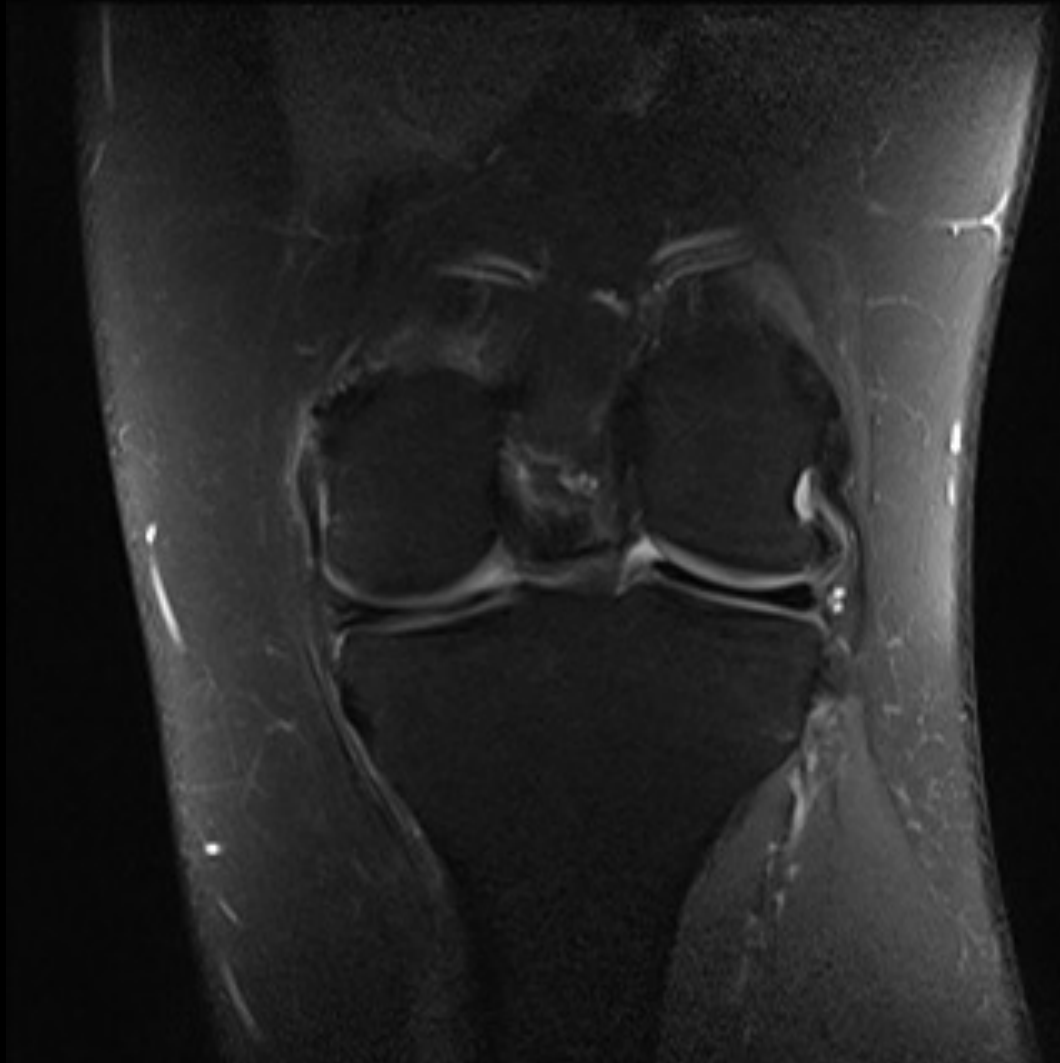
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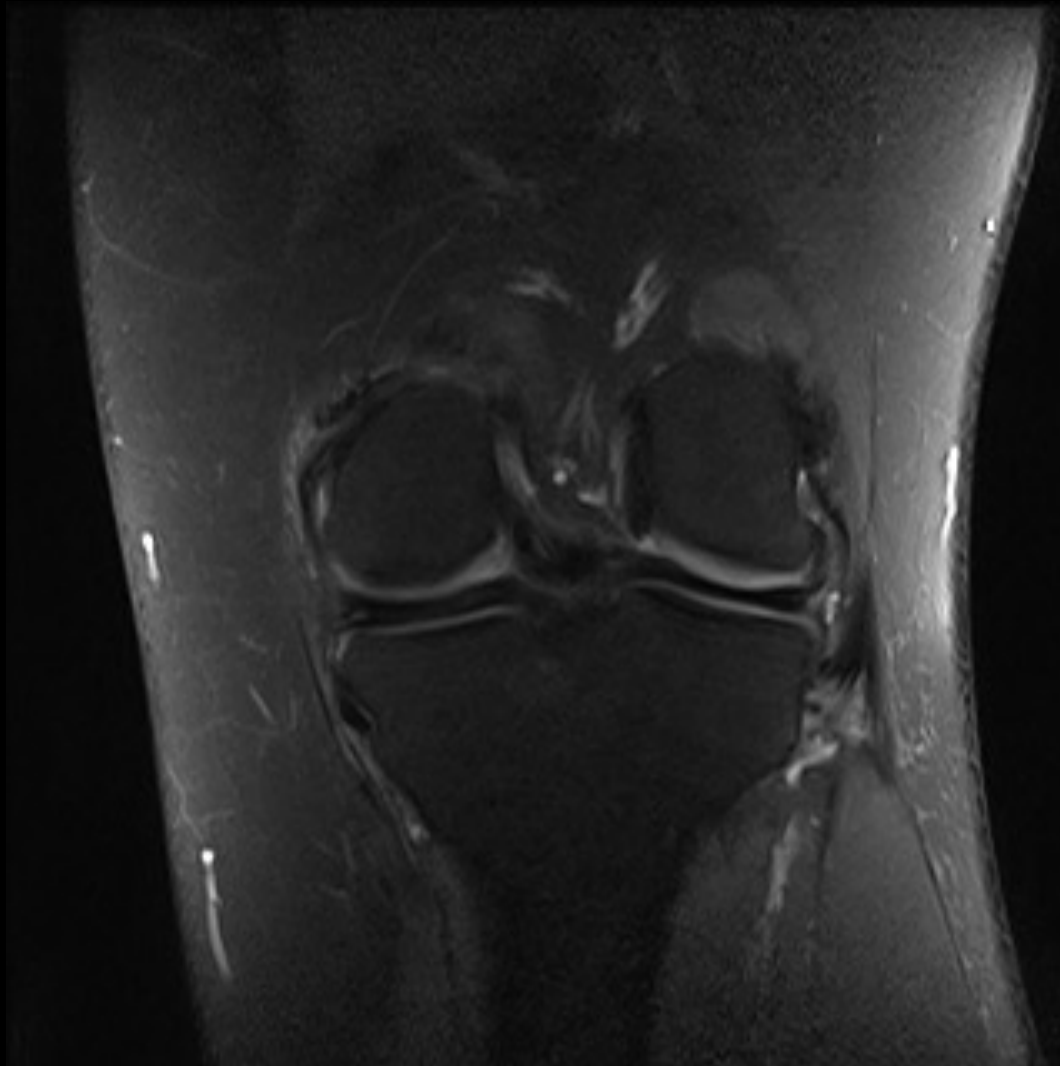
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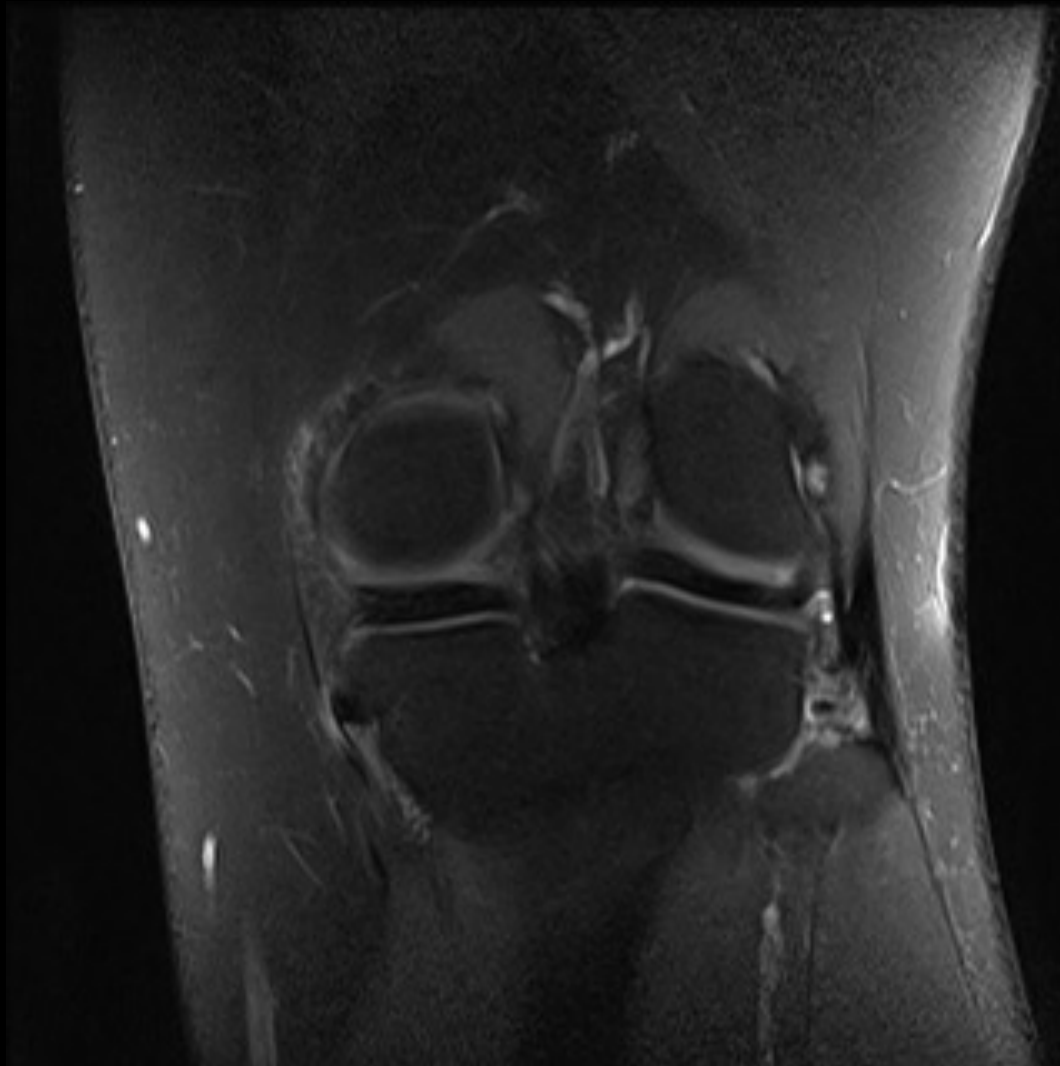
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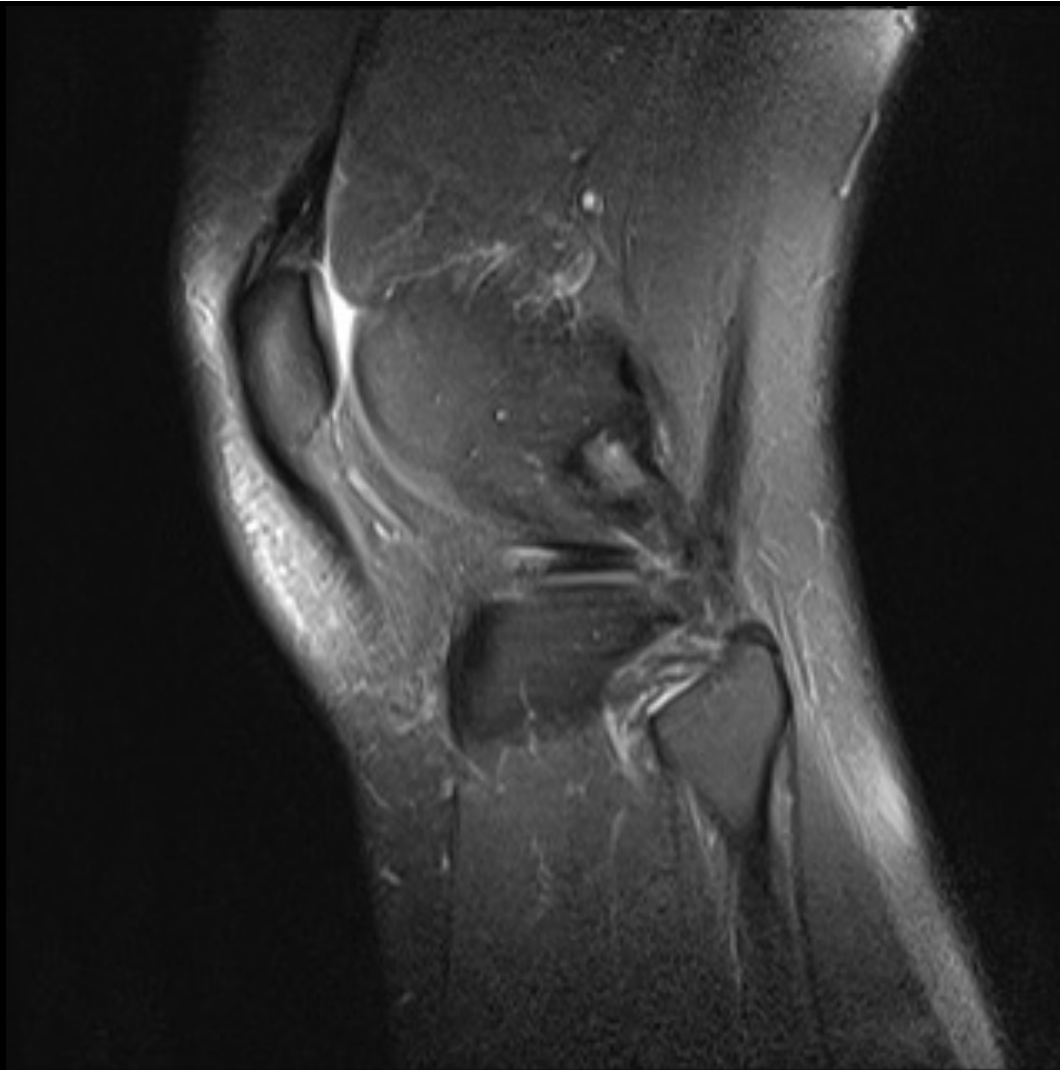
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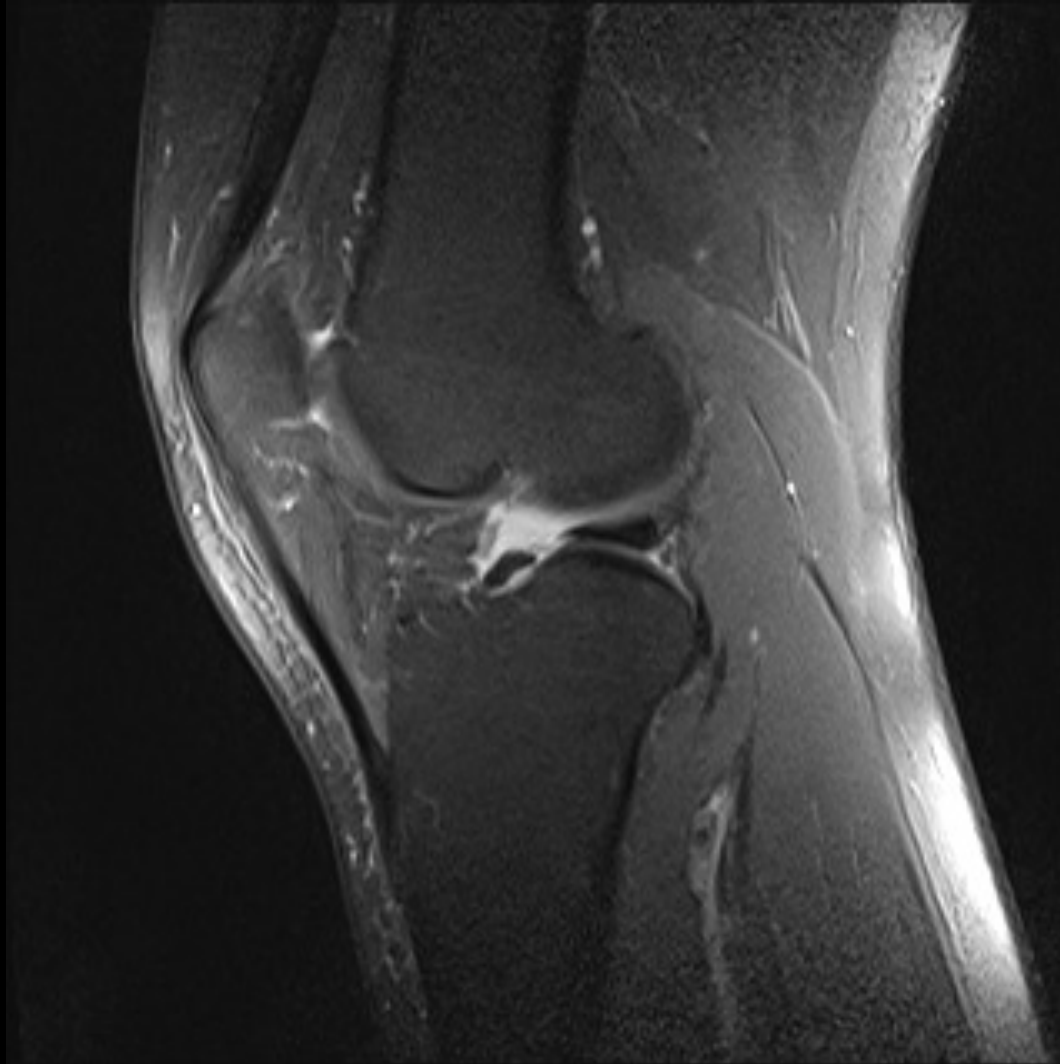
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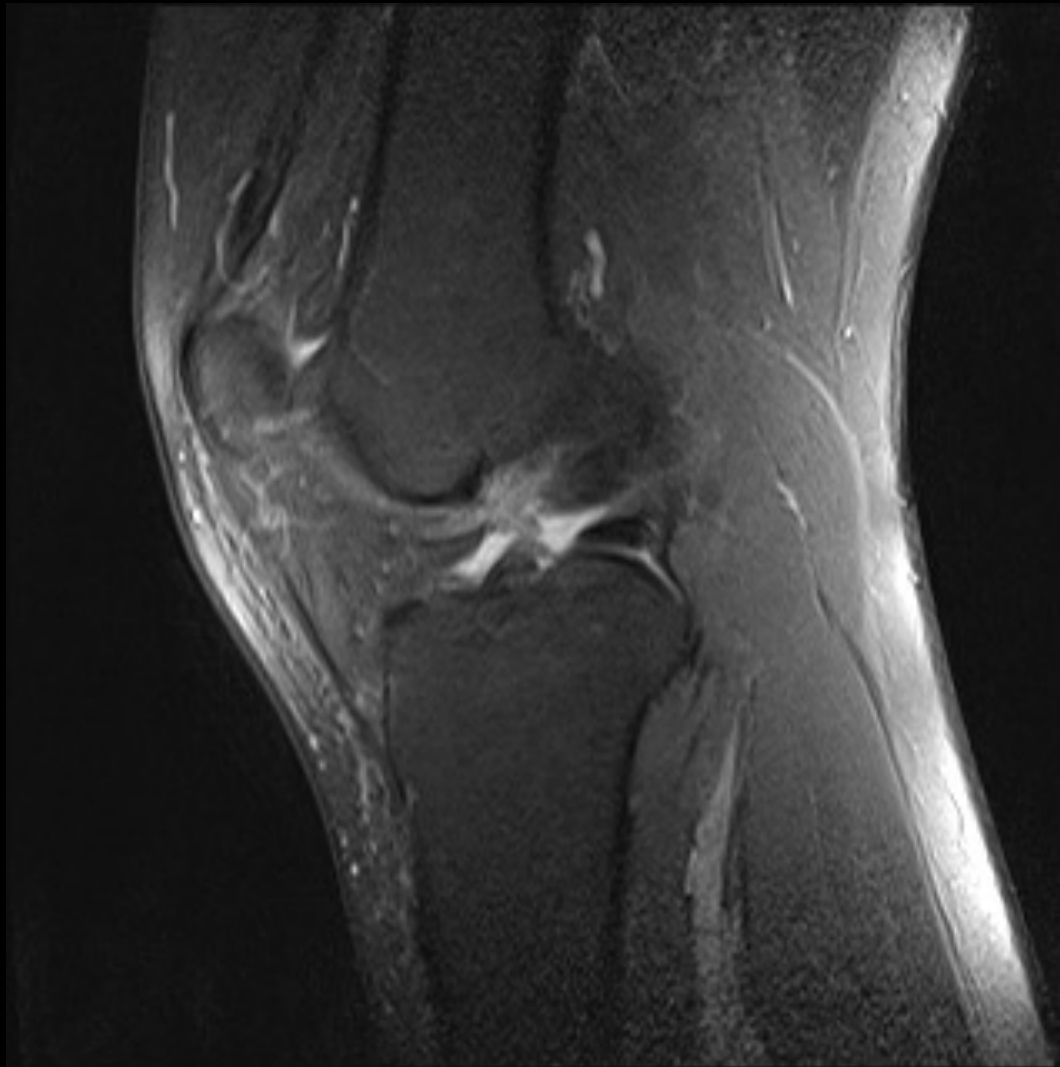
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# Discussion

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# Discoid meniscus

- On sagittal images, a continuous bow-tie appearance on 3 or more 4 mm slices (12 mm)
- Up to 2 mm higher than the opposite meniscus

# Incidence

- Lateral discoid menisci are more common
- 20% Bilateral
- Incidence 1.4-15.5%

# Clinical significance

- Susceptible to tears and degeneration
- Pain, clicking, snapping

# Etiology

- Failure of fetal discoid form to involute
- Deficient normal meniscal attachments

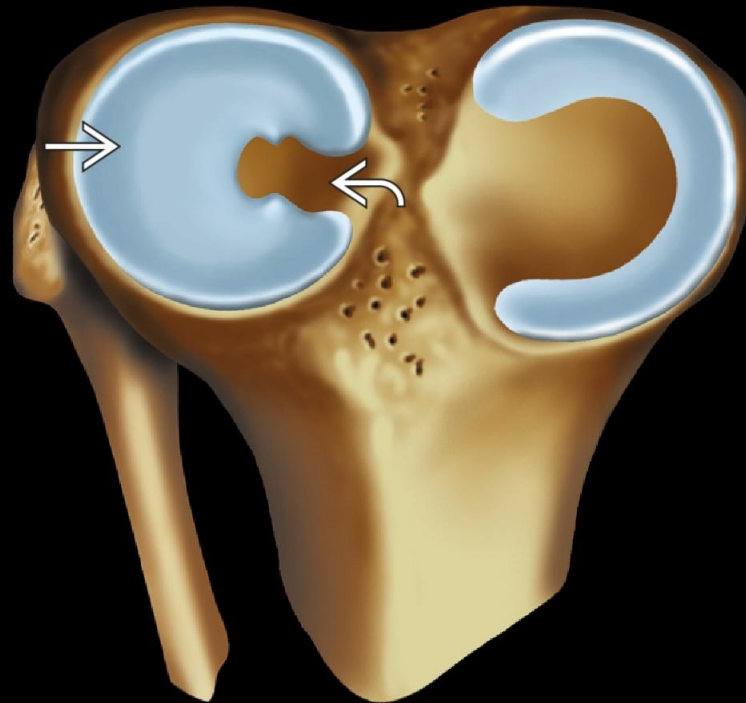
# Watanabe arthroscopic classification

- Complete (type I)
- Incomplete (type II)
- Wrisberg variant (type III)

# Complete

- Extends to the intercondylar notch
- No anterior or posterior horn equivalents identified
- Stable

# Complete



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# Incomplete

- More common
- Stable



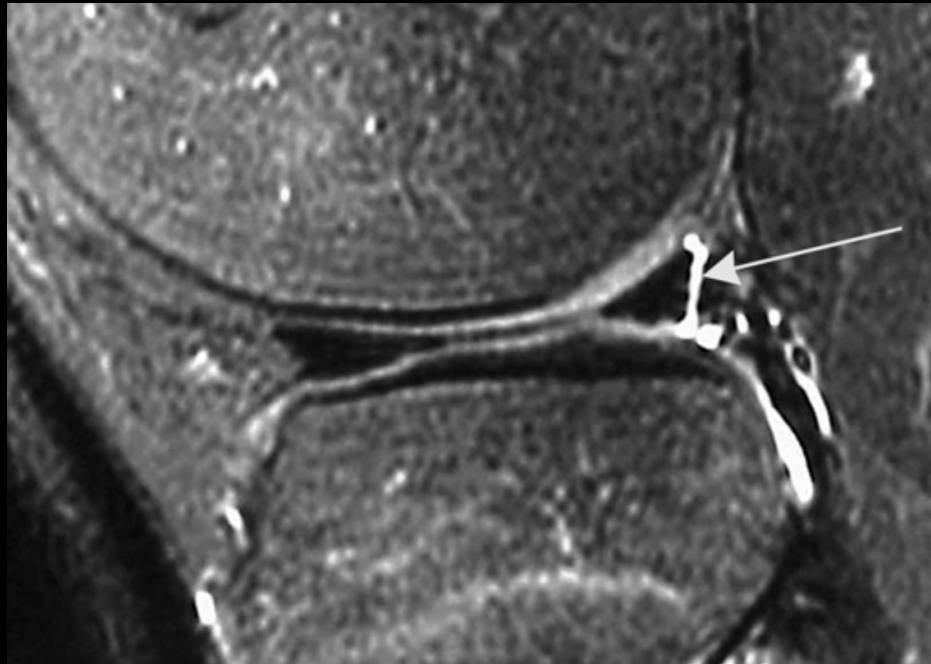
# Incomplete



# Wrisberg variant

- Posterior meniscofemoral ligament (ligament of Wrisberg) the only posterior attachment
- No posterior attachment of the lateral meniscus from coronary ligaments, or fascicles
- Can only see the fascicles on MRI, not coronary ligaments
- Unstable

# Wrisberg variant



AJR 2006; 187:384-387

# References

- Magnetic Resonance Imaging in Orthopaedics and Sports Medicine.
- StatDx. Accessed 1/7/2015.
- MRI Appearance of Wrisberg Variant of Discoid Lateral Meniscus. AJR. August 2006.
- Caffey's Pediatric Diagnostic Imaging. Online edition. Accessed 1/7/2015.
- Practical Pediatric Imaging. Hank Baskin. 2014.