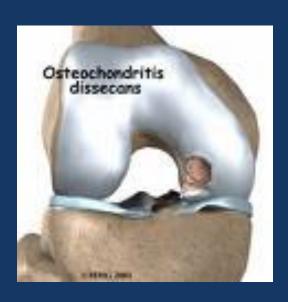
Location of OCDs in the Knee

Most common location

- Lateral aspect of the posterior medial femoral condyle 70%
- Inferior and central lateral femoral condyle 20%
- Patellar 10%
- Trochlear 1%
- 25% bilateral



Diagnosis

Radiographs

- AP, Lat, Tunnel, Sunrise
- Tunnel view (best view) see posterior femoral condyles
- In children < 7yo, irregularities of the distal femoral epiphyseal ossification centers may mimic OCD



MRI Diagnosis

- Stage 1: small signal, no clear margins
- Stage 2: OCD fragment, clear margins w/o synovial fluid below cartilage or between femur and fragment
- Stage 3: Fluid partially visible between fragment and bone
- Stage 4: Fluid completely surrounding fragment
- Stage 5: fragment displaced



OCD Treatment

- No clear consensus
 - > Unloader brace
 - > Crutches
 - > Physical Therapy
 - > Activity modification
- Common Principle: Cease offending repetitive insult to knee, cease impact activity
- If open physes non operative treatment x 6 months:
 - > 50% of OCD heal within 6-18 months of non-op treatment

Surgery

Indications:

- all patients with detached or unstable lesions
- symptomatic patients approaching physeal closure (within 6-12 months) and unresponsive to nonop RX
- stable lesions that have not healed in 6-9 months



Uncommon diagnosis #2



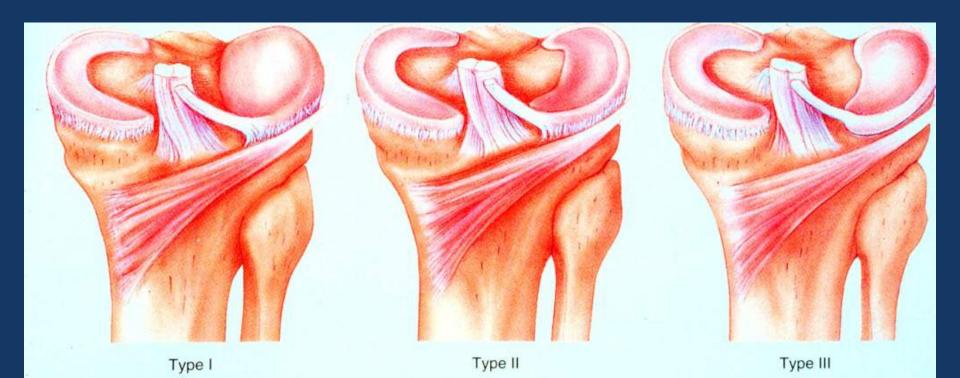
Discoid Meniscus

Classification (Watanabe)

Type I: Complete

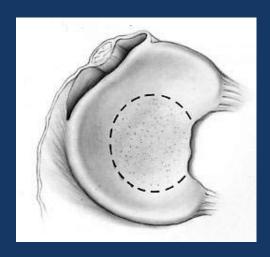
Type II: Incomplete

Type III: Wrisberg Variant



Treatment

- Incidental, Asymptomatic Observation
- Complete Menisectomy: Degenerative Changes
- Saucerization
 - Torn or Symptomatic Discoid Lateral Meniscus
 - Meniscal Repair





CASE 2- 10 yo male soccer player

- CC: Reporting ankle and or foot pain for 3 months
- HPI: Comes and goes, worse during soccer season
- Radiation of pain around the ankle and up the calf
- Denies one injury, numbness or tingling



Physical Exam

- Limited ROM in passive dorisiflexion (~10)
- Pain with active plantar flexion
- Denies pain with palpation of the;
 - Achilles
 - Attachment of the Achilles
 - Plantar facial tubercle
 - Medial and lateral malleoli
- Reports pain with lateral calcaneal squeeze test

Differential

- Posterior ankle impingement
- Flexor hallucis longus, peroneal, achilles tendonitis
- Calcaneal stress fracture
- Tarsal coalition
- Osteochondritis dissecans (OCD) of talar dome
- Calcaneal apophysitis "Sever's disease"
- Haglund deformity
- Inflammatory process



Diagnosis Case #2



Calcaneal Apophysitis - Sever's

- Traction apophysitis similar to Osgood and SLJ
- Contraction of the gastroc and soleus muscles
- Frequently seen just before or during adolescent growth
- Repetitive microtrauma
- Resolves with maturation and closure of the apophysis

Radiographs

- Diagnosis is clinical, no established diagnostic criteria
- Sclerosis can be present
- Fragmentation is more frequently see in severs



MRI

- Can help localize inflammation to the apophysis
- Discern if pathology boney or soft tissue
 - Tenosynovitis of the peroneals, flexor halucis longus
 - Achilles tendon injury at the myotendinous junction
- Rule out disorders of the body of the calcaneous
 - Stress fracture
 - Lytic lesion
 - Osteomyelitis



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