E-Poster

EP-755

Meniscal Cyst Complicating a Cleavage Tear of the Lateral Meniscus of the Knee: A Case Report

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

A lateral meniscal cyst is a fluid-filled sac that develops within or around the meniscus, usually as a consequence of a tear in the lateral meniscus. It is commonly linked to a horizontal meniscal tear and occurs more frequently in the lateral meniscus than in the medial one. This condition primarily affects young and middle-aged adults and is often identified in athletes or individuals with a history of recurrent knee microtrauma.

CASE DESCRIPTION

We present the case of a 30-year-old amateur football player who developed a firm mass in the mid-lateral region of his right knee following a varus trauma four years ago. Initially, the mass was accompanied by knee locking and post-exertional pain, gradually increasing in size over time. Over the past year, it became stable, ultimately forcing the patient to stop playing sports. On clinical examination, a hard mass was palpated above the lateral tibial plateau, with no evidence of iliotibial band syndrome or involvement of ligamentous or neural structures. Standard anteroposterior and lateral knee radiographs appeared normal. However, ultrasound imaging revealed a well-defined, septated, anechoic lateral meniscal cyst measuring 26.1 mm in length and 6.1 mm in height, along with meniscal subluxation and an anechoic horizontal tear of the lateral meniscus. After multiple unsuccessful attempts at conservative management, the patient underwent open surgical drainage of the cyst, along with suturing of the meniscal tear. Postoperatively, the knee locking resolved, and there was a marked decrease in pain following intense physical activity, enabling the patient to return to playing football.

DISCUSSION

Meniscal cysts are diagnosed through imaging, with magnetic resonance imaging (MRI) being the preferred method for detecting both the cyst and the underlying meniscal injury. Ultrasound can help visualize the cyst and assist in guided aspiration, while standard X-rays are typically unremarkable but may reveal associated bone changes. If symptoms persist, surgical intervention is often required, involving cyst drainage and arthroscopic repair of the meniscal tear. With proper treatment, the prognosis is favorable, though recurrence may occur if the underlying meniscal damage is not adequately addressed.

CONCLUSION

Meniscal cysts are often associated with underlying meniscal tears and primarily diagnosed through imaging. Conservative treatment may provide temporary relief, but persistent or severe cases often require surgical intervention, typically through arthroscopic repair and cyst drainage. Early diagnosis and a tailored therapeutic approach are essential to ensure optimal recovery.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-755

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