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ARTHROSCOPIC RESECTION OF SYMPTOMATIC SYNOYIAL PGICAE OF THE KNEE

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It is still difficult to explain how and why the synovium becomes symptomatic? Structural changes of the plicae and the symptoms are very different in numerous reports. Repeated blunt trauma on the knee have resulted in an unusually large number of patients presenting with this clinical syndrome.

Our purpose was to review the current knowledge on the syndrome as well as our own results to determine in the patients clinical presentation including arthroscopic findings which may be prognostic of good or bad results. A review of all patients undergoing arthroscopic resection of the symptomatic plicae mediopatellaris and infrapatellaris without other intraarticular pathology waft conducted. Among these patients no other plicae was observed which might, be .responsible for the symptoms.

21 patients out of 407 diagnostic arthroscopies (4.9%) performed at our institution during the study period met our inclusion criteria. Clinical data was as follows: 21 patients with symptomatic plicae, 18 plicae synovialis mediopatellaris 13 women , 8 men with an average age of 25.1 (1.6-37).

Clinical results were evaluated using a similar scale used in Bardaker's 1980, Nottage's (1983), and other plicae studies in order to compare our results with the others in the literature. Results were graded as excellent (no symptoms, return to unlimited activity), good (occasional. mild symptoms, return to most or all activity) and poor (little or no change in symptoms, persistent limitation of activity). Follow-up was obtained in 19 patients at. an average of 24 month: (6-39) which to date is the longest follow asp of our c.auntry's reported series.

Excellent or good results were obtained in 80% of patients. 15 patients had an impingement lesion defined as a localised femoral condylar ridge or groove of the articular surface that impinged upon the plicae with increasing flexion. All of these patients had an excellent or good result. Other factors associated with a favourable outcome include specific prevperative diagnosis localising symptoms to the medial compartment, onset of pain after a period of increased athletic activity or after a twisting injury and - young age. Poor prognostic factors included associated chondromalasia and a nonspecific pre-operative diagnosis. Based on our clinical experience, when a specific diagnosis was made pre-operatively, and a matching groove in the femoral condyle is noted at arthroscopy, excision of a thickened or fibrotic plicae should give a favourable result in a high percentage of cases. In our opinion most operative failures probably resulted from an inaccurate diagnosis.