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Ramp lesion - menisco-capsular tears

Fahad Nasser Al-Khalaf
Al Razi Orthopedic Hospital, Kuwait

Meniscal tears are seen frequently with ACL injuries. Literature shows about 40% meniscal injuries are associated with ACL rupture. Since the late 1980's medial meniscus posterior horn injuries has been described. Recent literature has shown more detailed classifications of the posterior horn injuries and its meniscocapsular separation which is now known as ramp lesions. Ramp lesions are difficult to diagnose. Images such as MRI have low sensitivity for diagnosing meniscocapsular tears. The gold standard diagnostic tool is arthroscopy. Since ramp lesions are at the "blind spot" of the posterior knee compartment, it became a standard step in the diagnostic arthroscopy to visualize the postero-medial compartment to roll out ramp lesion in the setting of ACL rupture which its incidence can be up to 17%. Unrecognized large ramp lesions can be responsible for failed reconstructed ACL. Biomechanical and laboratory studies shown that un-repaired RAMP lesions can be responsible for increased tibio-femoral joint laxity and increased tibial external/internal rotation which increases the stress over the reconstructed ACL and might be a direct cause of graft failure. Surgical repair of ramp lesion can be technically demanding with increased risk of saphenous nerve injury. Different approaches have been proposed for repair, and each repair can carry its own advantages and disadvantages. Out side-in technique carries the highest risk and should be done with caution. All-inside and inside-out techniques demonstrated higher success and it's more supported by literature. There is no specific rehab protocol for ramp lesion repair. Currently ACL rehab protocol is used for isolated ramp or concomitant ramp and ACL reconstruction with similar result as isolated ACL rehab.

Biography

Fahad Nasser Al-Khalaf has completed his Medical Bachelor's degree at the Royal College of Surgeon in Ireland-Dublin, in 2006. In 2014, he completed his Orthopedic Training and Saudi Board of Orthopedic Surgery at King Faisal Specialist Hospital and Research Center-Riyadh, Kingdom of Saudi Arabia. In 2017, he completed his Sport Medicine Surgery Fellowship at Queens University-Kingston, Ontario Canada. Currently, he is an Orthopedic and Sport Medicine Surgery Specialist practicing at Al Razi Hospital-Ministry of Health in Kuwait.

dr.alkhalaf@gmail.com

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