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Does magnetic resonance imaging delay diagnosis of symptomatic acute anterior cruciate ligament rupture?

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Background: Anterior cruciate ligament (ACL) tears are common injuries. Clinical diagnosis has often proved unreliable and MRI has often been used because of its high specificity and accuracy.

Objective: To ascertain the role of MRI in the diagnosis of suspected ACL injury and assess whether it may delay diagnosis.

Methods: Retrospective analysis of 78 patients undergoing primary ACL reconstruction following acute injury.

Results: MRIs were performed in 72 of 78 patients (92.3%); MRI scan was used for gaining the diagnosis in 47.4% of patients, the remainder being diagnosed clinically. In the MRI-diagnosed group, the mean time to MRI was 75 days, with total delay to patient receiving diagnosis of 110 days. Patients in the MRI-diagnosed group waited longer for diagnosis and attended more outpatient appointments.

Conclusions: Despite evidence to the contrary, MRI is over-used for obtaining diagnosis or confirming isolated acute ACL injury. MRI is a largely unjustified cost and should be avoided in favour of clinical review by a specialist at an appropriate juncture.

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