

Case study #5 Rt knee...Lisa B.

A pleasant 59 year old female presents with chronic right knee pain and is status post partial arthroplasty. Patient is very active and an avid swimmer. Right knee pain becomes excessive at times especially with activities such as swimming.

Patient came to our clinic to have an initial sonographic exam of her right knee to evaluate for possible treatment with Placental Tissue Matrix.

The following are the findings of the initial US exam:

DOB: 05/09/56

DOE: 4/5/16 Rt. Knee

The Rt.Knee

Comprehensive knee imaging protocol was performed on this patient with a partial arthroplasty.

No excessive supra-patellar fluid/effusion is demonstrated. The Quadriceps tendon attachment is mildly irregular with small focal calcification at the enthesis. This is best seen on short axis. And is likely a post surgical finding.

Imaging of the patellar tendon demonstrates fiber non-visualization at the deep proximal portion as seen with jumpers knee. On long axis view of the patellar tendon, the inferior pole of the patella appears to be irregular. No sonographic evidence of bipartite patella. The fat pad is excessively bright due to machine settings. Deep to the hyper-echoic portion of the fat pad it does seem to be depleted.

Comments regarding the meniscus are made with qualification due to lack of information relative to the extent of the partial arthroplasty.

There appears to be irregularity in the area of the lateral meniscus. The medial meniscus appears to be extruded beyond the joint line, however it is unknown if this is native anatomy.

The medial collateral ligament is unremarkable. The pes anserine bursa is unremarkable as is the biceps femoris tendon at the posterior fibular head attachment.

The short axis sunrise view does not demonstrate any anechoic cartilage interface. Again, it is unknown if this is native anatomy.

Popliteal fossa images are unremarkable for vascular abnormality or cyst.

Findings:

Question of extent of native anatomy.

Post surgical calcific enthesophyte of the quadriceps tendon.

The possibility of medial and lateral meniscus irregularity/tear cannot be ruled out. Proximal Patellar tendinosis with partial thickness tear

Hoffa's Fat Pad depletion

Suggested treatment sites and volumes

Supra-patellar/intra-articular: Infra-patellar fat pad: Patellar tendon (deep, proximal)

Patient decided to undergo treatment with PTM under US guidance. One PX50 with 2.5 CC's of added saline.

Patient returned approx. 90 days status post product placement for her follow up sonogram. Patient states that she feels overall 90% improvement compared to pre-treatment condition. She is very happy with the results and states that her pain has been significantly reduced with a greater range of motion allowing for great improvement with activity!

The following are the findings of the follow-up US exam:

DOB: 05/09/56

DOE: 8/11/16 Rt. Knee

The Rt. Knee

Images of the right knee were performed in follow up from an examination performed on 4/5/16 on this patient with a partial arthroplasty.

Supra-patellar image demonstrate notable decrease size in a quadriceps tendon calcification.

Infra-patellar tendon images show demonstrable increase fibrous echo-texture of the patellar tendon at its inferior pole insertion.

Medial meniscus images suggest increased fibro-cartilage substance/ echodensity; however initial images have excess gain setting.

Findings:

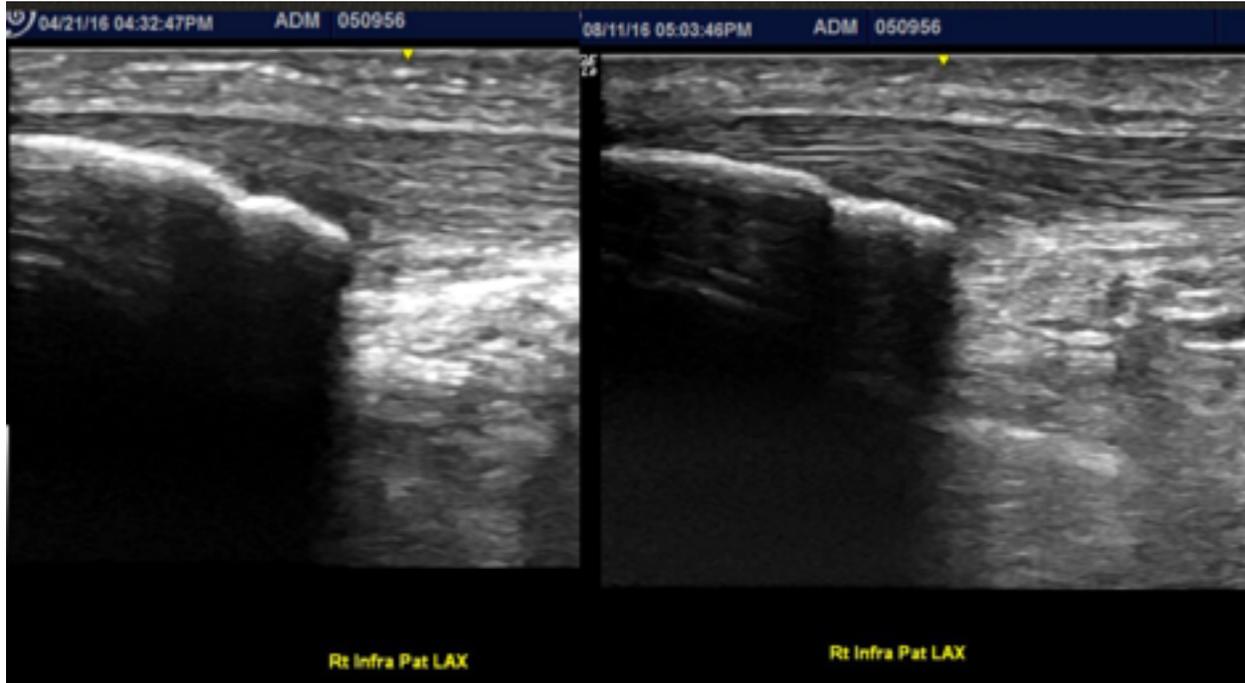
Question of extent of native anatomy.

Post surgical calcific enthesophyte of the quadriceps tendon diminished/resorbed.

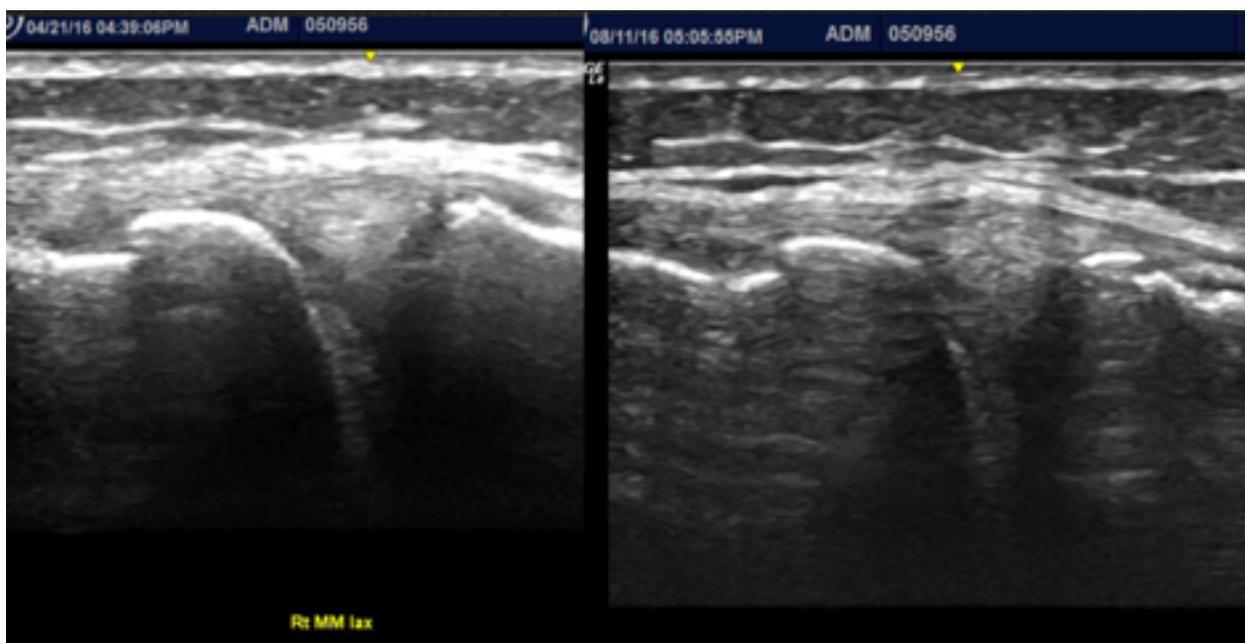
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Minimal if any MM remodeling
Proximal Patellar tendinosis increased fiber echo-texture.

Below is a pre and post image of the Infra-Patellar tendon enthesis demonstrating demonstrable increase in fibrous echo-texture of the patellar tendon at its inferior pole insertion.



Below is a pre and post image of the right Medial Meniscus which suggests increased fibro-cartilage substance/echodensity.



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