The spectrum

Discoid meniscus
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Discussion
Discoid meniscus

- On sagittal images, a continuous bow-tie appearance on 3 or more 4 mm slices (12 mm)
- Up to 2 mm higher than the opposite meniscus
Incidence

- Lateral discoid menisci are more common
- 20% Bilateral
- Incidence 1.4-15.5%
Clinical significance

- Susceptible to tears and degeneration
- Pain, clicking, snapping
Etiology

- Failure of fetal discoid form to involute
- Deficient normal meniscal attachments
Watanabe arthroscopic classification

- Complete (type I)
- Incomplete (type II)
- Wrisberg variant (type III)
Complete

- Extends to the intercondylar notch
- No anterior or posterior horn equivalents identified
- Stable
Incomplete

- More common
- Stable
Wrisberg variant

- Posterior meniscofemoral ligament (ligament of Wrisberg) the only posterior attachment
- No posterior attachment of the lateral meniscus from coronary ligaments, or fascicles
- Can only see the fascicles on MRI, not coronary ligaments
- Unstable
Wrisberg variant

AJR 2006; 187:384–387
References

- MRI Appearance of Wrisberg Variant of Discoid Lateral Meniscus. AJR. August 2006.