

Does the Meniscal Symptom Index include the symptoms most important for middle-aged patients with degenerative meniscal tears eligible for surgery?

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AIM

A Meniscal Symptom Index (MSI) assessing four symptoms (localized pain, clicking, catching and giving way) has been published and used to clinically diagnose patients with meniscal tear.

The aim of this study was to compare the self-reported frequency and severity of symptoms assessed by the MSI to other self-reported knee symptoms in patients with a MRI-verified degenerative medial meniscal tear deemed eligible for meniscal surgery.

CONCLUSION

Middle-aged patients with a degenerative meniscal tear eligible for arthroscopic partial meniscectomy frequently report pain, giving way and to a large extent clicking, but seldom symptoms of catching. In addition they reported a range of functional limitations affecting quality of life.

Our findings question the validity of self-reported mechanical symptoms in diagnosing a clinically relevant degenerative meniscal tear.

RESULTS

The percentages of patients reporting symptoms related to the four items included in the MSI were as follows;

- Knee pain (KOOS item P1) 100 %
- Giving way (KOOS item Q3) 98 %
- Clicking (KOOS item S2) 79 %
- Catching (KOOS item S3) 40%

Of these symptoms, knee pain had the highest severity (94 % reported at least moderate pain) while at least moderate problems with catching was only reported by 22%.

Several other individual KOOS items relating to pain and other symptoms were reported more frequently than catching and clicking (FIGURE 1). In addition, 90-98 % of the patients reported mild to extreme problems with items related to sport/recreation and knee-related quality of life.

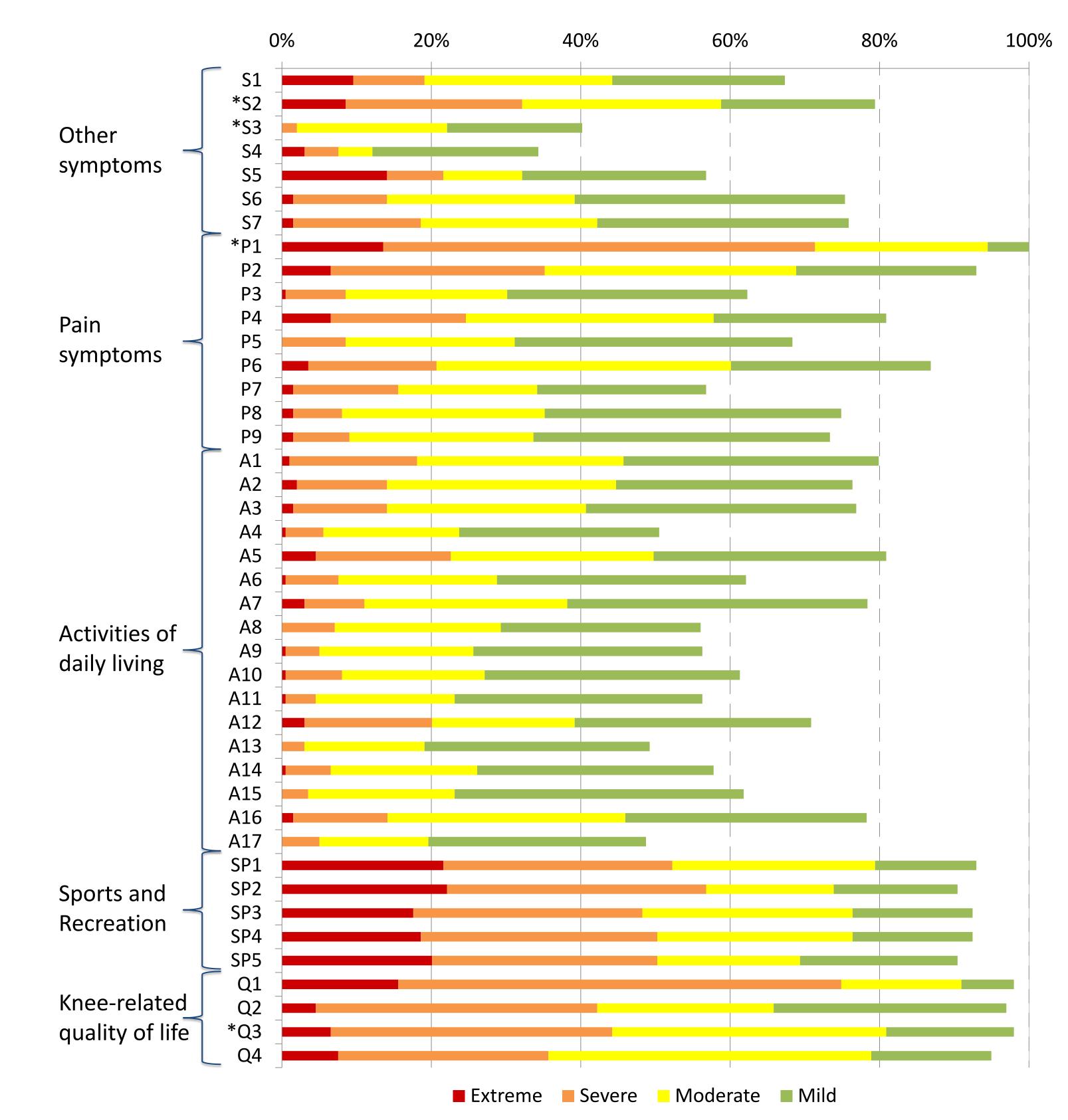


Figure 1: Frequency and severity of all 42 KOOS items

METHODS

We included baseline data from two ongoing randomized controlled trials of 35-60 year old patients with degenerative medial meniscus tears, at least 2 months of knee pain and no previous significant trauma, deemed eligible for arthroscopic partial meniscectomy. Only patients with no or mild knee osteoarthritis (OA), Kellgren and Lawrence grade 0-2 were included. Eligibility for surgery was based on clinical examination by an orthopedic surgeon and presence of a degenerative meniscal tear on MRI. The 42 individual items from the patient reported outcome measure Knee injury and Osteoarthritis Outcome Score (KOOS) were analyzed individually with regards to presence and severity.



