

CASE REPORT

MUCOID DEGENERATION OF THE ANTERIOR CRUCIATE LIGAMENT: A CASE REPORT

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ABSTRACT: A case of muroid degeneration of the anterior cruciate ligament (ACL) is reported based on specific imaging features on MRI. It is a very rare cause of knee pain and can be diagnosed preoperatively on MRI.

KEYWORDS: Muroid Degeneration, ACL, MRI.

INTRODUCTION: CLINICAL HISTORY: A 43-years-old male patient with nonspecific left knee pain of 6 months duration. There were no clinical signs or symptoms consistent with instability. MRI of the knee was performed.

IMAGING FINDINGS: PDW fat suppressed and FSE image show diffuse increased signal along the entire course of anterior cruciate ligament. (Fig. 1) appearing indistinct on T1W images (Fig. 2). The individual fibers appeared well defined and intact on T2 (Fig. 3) and PDW SE image (Fig. 4). These changes were consistent with diffuse ACL muroid degeneration. Increased signal between intact, almost parallel fibers (Fig 3 and 4) bears similarity to a stalk of celery (Celery Stalk Sign").^[1] There were no secondary signs of anterior cruciate ligament injury.

DISCUSSION: Muroid degeneration of the anterior cruciate ligament was first reported by Kumar et al in 1999.⁽²⁾ Since then, there have been some cases of muroid degeneration of the ACL reported in the English literature.⁽³⁾ In many of these case reports, the presenting complaint was knee pain with a mechanical block to extend without evidence of knee instability. The pathogenesis of muroid degeneration of the ACL is unclear, but age related degeneration. Congenital or acquired synovial tissue entrapment between ACL fiber has been implicated.⁽⁴⁾

Finding of muroid degeneration of the ACL on MRI showed well-defined ACL, showing intact fibres with intervening increased signal intensity lesion on all sequences, normal orientation of the ligament, and celery-stalk appearance.⁽⁵⁾ His appearance can mimic acute or chronic interstitial partial tears of the ligament.⁽⁴⁾ Anterior cruciate ligament muroid degeneration is typically not associated with ligament instability and secondary signs of anterior cruciate ligament are absent. Patients may be symptomatic or asymptomatic with Pain being a common complaint at presentation. Patients may also be unable to fully flex or extend the knee.

Either mechanical irritation due to the bulk or a chemically mediated reaction has been postulated to be a cause of pain.¹ Mucinous degeneration of the anterior cruciate ligament was described as a potential pitfall for the diagnosis of a ligament tear.⁽⁶⁾ Intraosseous ganglia, at the femoral and tibial attachments, are observed in 77% of the cases with muroid degeneration of the ACL.⁽⁶⁾

Hodler et al,⁽⁷⁾ Correlated between MRI appearance and histologic findings in cadaveric specimens, found focal areas of signal increase in 29 of 38 ligaments. In 17 of these 29 ligaments,

CASE REPORT

muroid and/or eosinophilic degeneration was found, which appeared to have caused the focal MRI signal change. The absence of clinical signs and symptoms consistent with instability also helps to avoid misdiagnosis.⁽¹⁾

MRI is useful in preoperative diagnosis of myxoid degeneration of anterior cruciate ligament (ACL) if careful attention to clinical details and MR imaging findings of the celery stalk sign is kept in mind. This would avoid unnecessary arthroscopic intervention in asymptomatic patients.

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Fig. 1: PDW Fat suppressed Sag. Image show intact but spread out fibres of ACL with intervening high signal intensity.

Fig. 2: T1 W Sagittal Image shows indistinct ACL fibres.

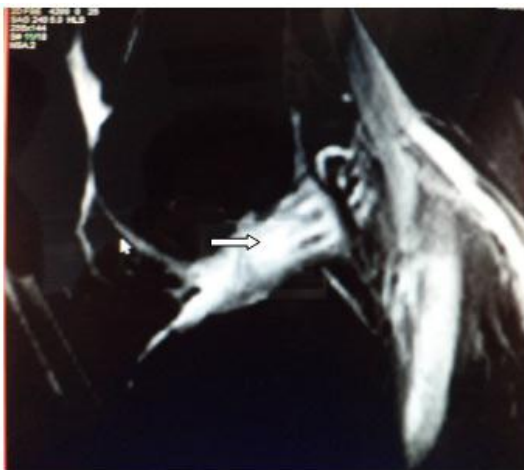


Figure 1



Figure 2

CASE REPORT

Fig. 3: PD WI clearly demonstrate the intact ACL fibres.

Fig. 4: T2WI Sagittal I demonstrate intact fibres with intervening high signal intensity.



Figure 3



Figure 4

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