

MEDIAL PLICA SYNDROME

What is medial plica syndrome of the knee?

A plica is a thin wall of synovial (joint) tissue that is an extension of the synovial capsule of the knee. The plica on the inner side of the knee, called the “medial plica”, is the synovial tissue most prone to irritation. The plica can be exposed to direct injury, and it can be injured in overuse syndromes. Athletes involved in running, bicycling and rowing may be prone to this condition. Blunt trauma to the area may result in an inflammatory response, secondary thickening of this tissue and the development of symptoms. When the plica becomes irritated, “plica syndrome” results.

What are the symptoms of medial plica syndrome?

The most common symptom of medial plica syndrome is pain and tenderness along the distribution of the plica, along the medial (inner) side of the kneecap. The pain is due to the plica catching, rubbing or being pinched between the kneecap and thigh bone. An irritated plica will not necessarily cause your knee to swell. Patients may describe a band like sensation in the affected region and often when asked to describe their symptoms and the localization of their discomfort they will place their index and middle finger and rub them along the medial (inner) aspect of the kneecap with their knee bent.

How is medial plica syndrome diagnosed?

It is a clinical diagnosis, usually made by exclusion of other pathology. Imaging studies are not particularly helpful in making the diagnosis. The symptoms of pain and tenderness to palpation along the distribution of the plica are most reliable for making the diagnosis. These symptoms may mimic a medial meniscal tear, so your physician should make certain that the possibility of a meniscal tear is excluded. Patient may have some symptoms related to twisting as well as discomfort with stair climbing.

What is the treatment for a symptomatic medial plica?

Symptomatic plica syndrome is best treated conservatively, with relative rest, anti-inflammatory medication and physical therapy. Occasionally, a cortisone injection can be considered as an adjunct to conservative treatment. If these measures do not alleviate the symptoms, then surgical excision of the plica may be necessary.

The surgery is performed arthroscopically, on an outpatient basis. A small camera is inserted into the knee along with the instruments necessary to perform the excision. An inflamed or thickened plica shelf that may be impinging on the articular surface of the thigh bone or kneecap would be visualized, then excised.

Post-operatively, you can start range of motion and strengthening exercises immediately. Icing is encouraged to minimize any pain and swelling. Outpatient physical therapy is initiated several days after surgery and will continue for about six weeks. Most patients can return to all activities, including sports, by six to twelve weeks post-operatively. Frequently patients may note a significant improvement within one week postoperatively when surgical treatment is required.