

## MR Criteria for Diagnosing Meniscal Tears

### No prior meniscal surgery

- 1) **Not a tear:** No distortion or definite signal to the superior or inferior surface of the meniscus. When in doubt don't diagnose a tear
- 2) **Possible tear.** Distortion or definite signal to meniscal surface on only one image.
  - a) Special considerations for free edge & root pathology
    - i) Vertical linear free edge cleft, call it a radial tear
    - ii) Linear non vertical signal into free edge, call it a free edge tear
    - iii) Ill defined free edge signal in the meniscus (not in the root), call it fraying
    - iv) If the root is irregular & increased signal only on one or more image without discrete cleft, call it fraying or degeneration
- 3) **Tear:** Distortion or definite signal to meniscal surface ear on two more images in one or more planes, not necessarily contiguous.

### Post operative meniscus on MRI and MR arthrography

- 1) Tear:
  - a) Fluid T2 or increased fat sat T1 signal into meniscus on two or more images as above
    - i) Possible tear = 1 image only
  - b) PD meniscal signal to surface or distortion of a meniscus in a pattern not expected for postoperative
    - i) Very subjective so should under call
  - c) Displaced fragment
  - d) Note: if there is PD linear signal but no fluid on T2 in a pattern that might be a treated tear, it's indeterminate (i.e. lack of T2 fluid does not exclude re-tear/persistent tear). Dictate as "may be postoperative change or recurrent tear"