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INJURY TO THE CRUCIATE LIGAMENT WITH MENISCAL SYMPTOMATOLOGY

Two cases are to be reported which further amplify the features of the internal lesions of the knee.

Here the injuries involve the anterior cruciate ligament with locking symptoms simulating dislocation of the meniscus.

Both of these patients were women in their forties who had been exposed to twisting injury to the knee-joints. In both cases the primary lesion healed within a few weeks. After this they were troubled for about a year with locking of the knee that was unlocked relatively easily by the patients themselves through twisting movements.

In both cases the knee showed normal mobility; no looseness to the side. There was a slight "drawer symptom" in one case, not in the other. The X-ray plates were normal in both cases.

Operation carried out on the basis of manual diagnosis. In both cases the menisci were normal, but the upper part of the anterior cruciate ligament was worn out. The anterior cruciate ligament was removed. Sutures; healing by first intention. Knee in plaster for 6 days; then treatment with functional exercise.

Both patients obtained a perfectly normal functional ability and stability of the knee.

Evidently the loose ligament has in certain positions been able to give obstructive symptoms of a similar character as locking of the joint, which was unlocked easily by certain movements of the knee. No functional insufficiency has resulted from the absence of the ligament.

DISCUSSION

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For the diagnosis of lesions of the cruciate ligaments of the knee, the symptom designated as "das Schubladenphenomen" and "genou à ressort" is particularly significant. In this connection I beg to refer to my paper in Acta Orthopaed. Scandinav., *5:* 36, 1934, entitled: "Ueber Verlezungen der ligamenta cruciata des Kniegelenkes und deren Behandlung". From this paper the following points are evident:

1) that the drawer symptom may be positive (usually only to a slight degree) in persons with a perfectly negative past history, and in whom this sign is to be looked upon as an anatomical variation;
2) that this phenomenon in rare cases may be bilateral and *voluntary,* even highly positive, in persons with a perfectly negative past history;
3) that this sign may be negative even in old cases of complete rupture of the ligament;
4) that presence of this phenomenon in the injured knee and its absence in the non-injured knee *as a rule is conclusive evidence.*

Keeping these points in mind and, furthermore, that the sign may be negative in recent injuries during the painful stage, it may be said in general that the drawer symptom is of great diagnostic value.

Of course, the cruciate ligaments have an important consolidating function—something that seems obvious indeed even a priori with a view to their coarse and strong structure and to the flat shape of the joint surfaces. That the drawer symptom is absent occasionally in rupture of the anterior cruciate ligament is probably due to the circumstance that the collateral ligaments of the knee-joint and the remaining posterior cruciate ligament in such cases may give a relatively good firmness of the joint.