

LATERAL MENISCUS ZIP LESION

MÁRCIO L. DUARTE¹, ÉLIO V. DUARTE², ÉLCIO R. DUARTE³,
CLÁUDIA C. DUARTE⁴, ANA E. DUARTE⁵

¹Universidade de Ribeirão Preto - Campus Guarujá, Guarujá-SP, ²Associação Paulista para Desenvolvimento da Medicina, São Paulo-SP, ³Irmandade da Santa Casa de Misericórdia de Santos, Santos-SP, ⁴Clínica de Olhos Dra. Cláudia Cristina, Cacoal-RO, ⁵Retired consultant physician, Brasil

E-mail: marcioluisduarte@gmail.com

A 46-year-old man experienced right knee pain after a motorcycle accident, with no history of surgeries or other conditions. During a physical exam, he reported pain during the Appley and McMurray tests. His radiographs were normal. Magnetic resonance imaging revealed a longitudinal tear at the junction of the posterior horn of the lateral meniscus and Wrisberg's ligament, extending 1.7 cm in a mediolateral direction, consistent with a zip lesion (Fig. 1). Additionally, the MRI identified a complete tear of the anterior cruciate ligament (ACL) and a horizontal tear of the posterior horn of the medial meniscus. He was referred for arthroscopic surgery to repair these injuries.

In ACL tears, anterior tibial translation can cause the anterior part of the posterior horn of the lateral meniscus to shift forward, while the posterior section remains fixed due to tension on Wrisberg's ligament. This tension can create a longitudinal tear in the lateral meniscus, resembling a zipper, known as a "zip lesion" or "Wrisberg rip". These tears, located at the junction of the Wrisberg meniscofemoral ligament and the posterior horn of the lateral meniscus, must extend over 1.4 cm from the lateral edge of the posterior cruciate ligament to differentiate from a "Wrisberg pseudotear".

Figure 1 |

