Case Presentation

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Knee Pain

ABSTRACT
Two cases with similar clinical presentations are reported. In both cases, imaging evaluation showed comparable findings involving the capsuloligamentous structures of the medial aspect of the knee.
Keywords: Knee; calcifications; pain
Level of Evidence: IV

Gonalgia

RESUMEN
Se presentan dos casos con un cuadro clínico similar. En ambos, los estudios por imágenes mostraron hallazgos comparables, localizados en relación con las estructuras capsuloligamentarias de la cara medial de la rodilla.
Palabras clave: Rodilla; calcificaciones; dolor.
Nivel de Evidencia: IV

INTRODUCTION

Two cases with similar clinical presentations are reported. In both cases, imaging evaluation showed comparable findings involving the capsuloligamentous structures of the medial aspect of the knee.

CASE 1

A 40-year-old man presented with predominantly medial knee pain, with pain-related functional limitation and no relevant history of trauma. Imaging studies, including plain radiographs and magnetic resonance imaging (MRI), were requested due to suspected involvement of the medial capsuloligamentous compartment. Laboratory tests showed no clinically significant abnormalities; acute-phase reactants were not elevated, and there were no signs of systemic involvement.

CASE 2

A 50-year-old man presented with medial knee pain. As an initial evaluation, a soft-tissue ultrasound focused on the medial aspect of the knee was requested. Based on the findings, the evaluation was completed with MRI for better anatomical characterization of the lesion and its relationship to adjacent capsuloligamentous structures.

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IMAGING FINDINGS AND INTERPRETATION

CASE 1

The knee radiograph (Figure 1) showed faint calcifications projected over the medial aspect. On MRI (Figures 2 and 3), multiple foci of signal void with a multilobulated morphology and irregular margins were observed around the capsule and anterior to the femoral insertion of the medial collateral ligament, associated with edema of the adjacent soft tissues. The medial collateral ligament was thickened, with altered signal intensity in its proximal segment, consistent with reactive changes.

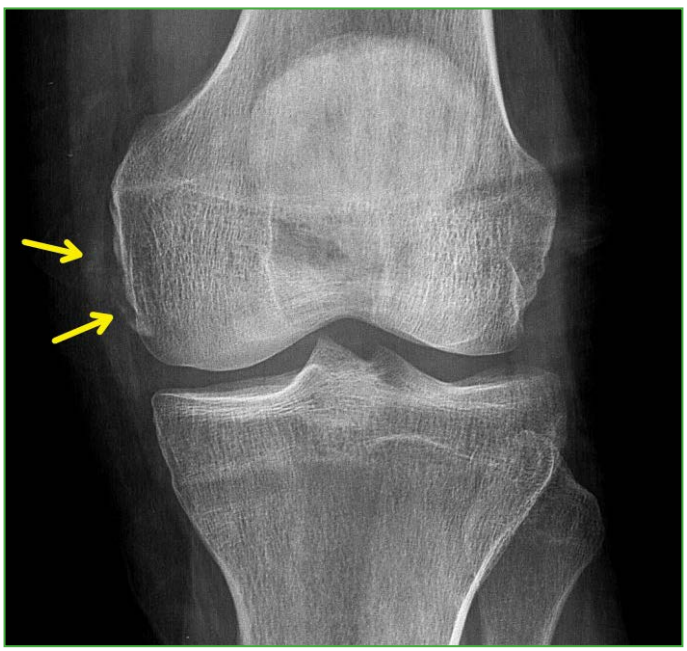

Figure 1. Case 1. Anteroposterior knee radiograph. Faint periarticular calcifications are observed in the medial compartment, projected anterior to the medial femoral condyle, at the femoral insertion of the medial collateral ligament (arrows).

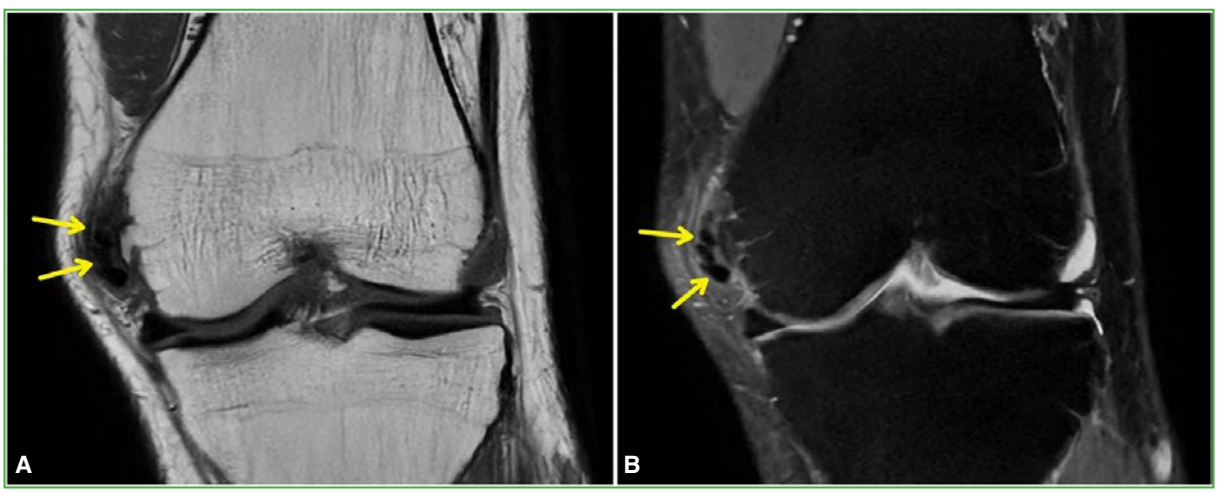

Figure 2. Case 1. MRI of the knee, coronal images: T1-weighted (**A**) and proton density fat-suppressed (**B**) sequences. Multiple foci of signal void corresponding to calcifications are identified, associated with edema of the adjacent soft tissues.

Figure 3. Case 1. MRI of the knee: axial proton density fat-suppressed (**A**) and sagittal proton density (**B**) images. At least two foci of signal void (arrows) are identified in a pericapsular location, anterior to the femoral insertion of the medial collateral ligament (arrowhead).

CASE 2

Ultrasound of the medial aspect of the knee (Figure 4) showed two focal echogenic foci with mild posterior acoustic shadowing, located immediately anterior to the femoral insertion of the medial collateral ligament. MRI (Figures 5 and 6) confirmed, in the same medial pericapsular location, two foci of signal void associated with perilesional inflammatory edema, without evidence of ligament discontinuity.

In both cases, imaging studies demonstrated calcium deposits at the insertion of the medial capsuloligamentous complex, associated with inflammatory changes in the adjacent soft tissues.

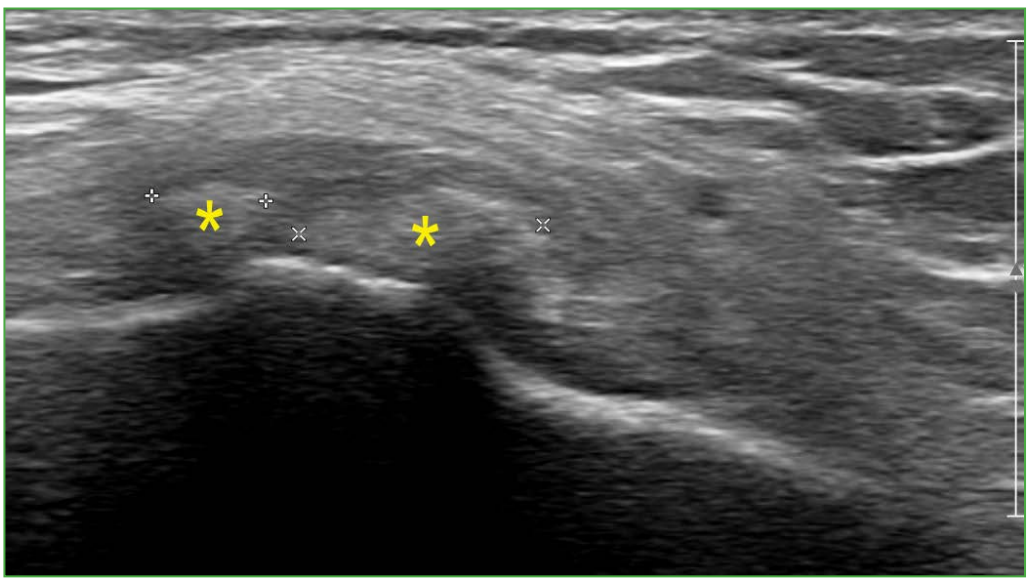

Figure 4. Case 2. Knee ultrasound, longitudinal view. Two focal echogenic foci (*) are observed immediately anterior to the femoral insertion of the medial collateral ligament, with mild posterior acoustic shadowing, consistent with soft-tissue calcifications.

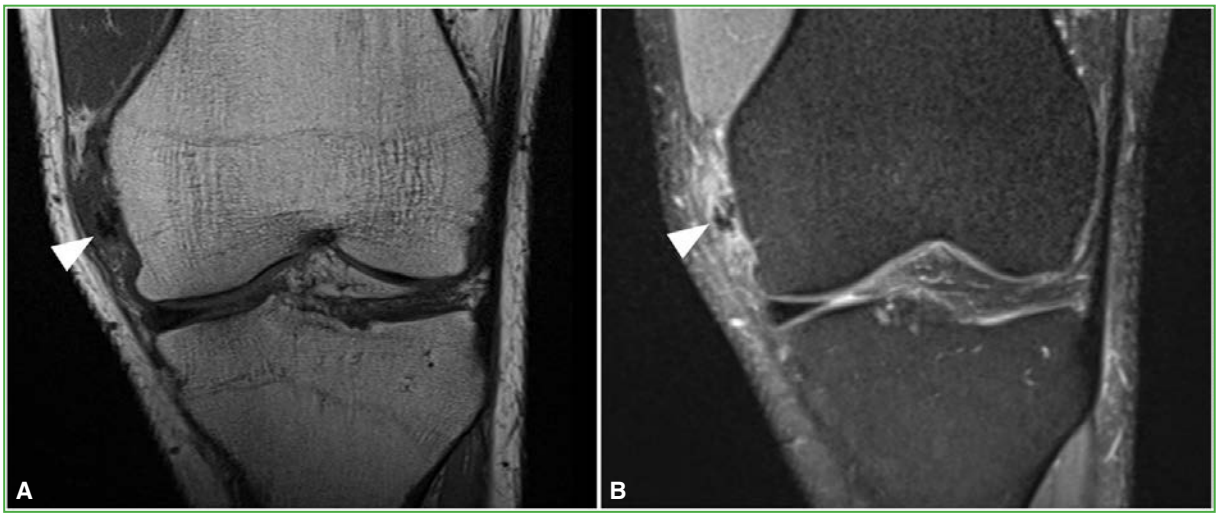

Figure 5. Case 2. MRI of the knee, coronal images: T1-weighted (**A**) and proton density fat-suppressed (**B**) sequences. Two hypointense foci are observed adjacent to the femoral insertion of the medial collateral ligament (arrowheads), with perilesional hyperintensity on fluid-sensitive sequences, consistent with edema.

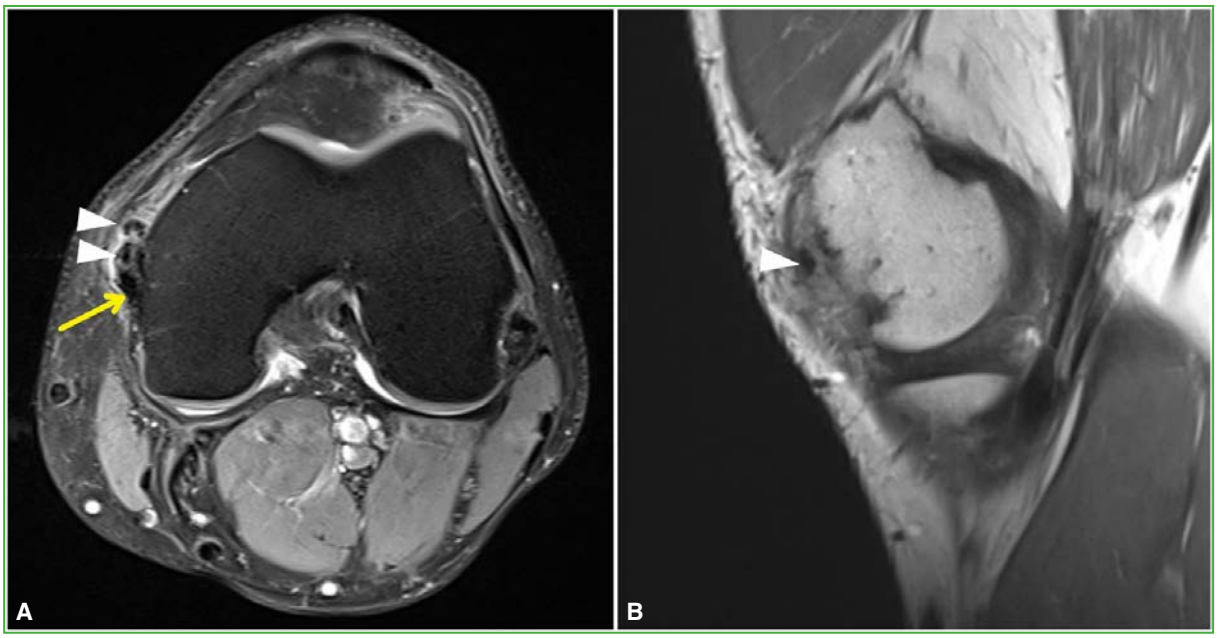

Figure 6. Case 2. MRI of the knee: axial proton density fat-suppressed (**A**) and sagittal proton density (**B**) images. Pericapsular calcifications (arrowheads) are identified at the insertion of the medial collateral ligament (arrow), with adjacent soft-tissue edema on fat-suppressed sequences.

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