

The lateral meniscus

We are proud to introduce this special series for *Annals of Joint* dedicated exclusively to the lateral meniscus, from its anatomy and biomechanics to its most complex surgical procedures. But why focus on a such restricted topic and not explore the whole meniscal knowledge? It is clear that the medial and the lateral meniscus are very different from each other, from anatomy to biomechanics, from lesion patterns to treatment outcomes. This is why we want to provide the reader with a special series with a very focused perspective, in order to make them aware of the great importance of the lateral meniscus for the overall knee health, and to present how to deal with all the possible pathologic scenarios: from the easiest one to the most complex.

We have always been fascinated by the role of the lateral meniscus. Its peculiar biomechanic makes it a fundamental structure for the knee homeostasis. In fact, even the removal of a small amount of lateral meniscal tissue can have destructive effects on knee cartilage and subchondral bone and, at long term, can lead to osteoarthritis even in young patients. And we know that this is much more evident in the lateral side compared to the medial one.

This is why the motto "save the meniscus" should be especially applied to the lateral meniscus! And this implies that a modern orthopaedic surgeon should know every aspect of the lateral meniscus pathology, from the simplest longitudinal lesions to the more complex lesions such as the root detachment, and even to be familiar with the meniscal replacement approaches using scaffolds and transplants. This is fundamental in order to apply every effort in preserving this important structure as much as possible, since it could really make the difference for the health of our patient's knees.

We are also proud to gather in a single special series, most of the worldwide leading experts on meniscal pathology, which shared with us their experience covering all the knowledge around the lateral meniscus. Anatomy, Biomechanics and Biology of meniscus are presented reporting the cutting-edge evidences to provide solid bases for a deep understanding of why lateral meniscus is so important, and to have the background for pathologies and their treatment. A special focus has been dedicated to surgical techniques aimed to treat lateral meniscus lesions and to their outcomes. All types of lesions are covered with an iconographic and step-by-step approach: suture of "simple" tears according to different techniques, refixation of root tears and centralization for meniscal extrusion, treatment of discoid meniscus or the management of the more subtle hypermobile meniscus. Also, a relevant space has been dedicated to the "replacement" approach, both with scaffold and with allograft transplants according to different techniques involving soft tissues or bone plugs. Finally, the special series is completed with an updated perspective on the post-operative management after meniscal surgery and the critical aspect of the return to sport.

We hope that you enjoy the reading of this special series, and this reading could raise the awareness on the "save the meniscus" approach, and how to practically apply it!

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Joint* for the series "The Lateral Meniscus". The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at https://aoj.amegroups.com/ article/view/10.21037/aoj-21-33/coif). The series "The Lateral Meniscus" was commissioned by the editorial office without any funding or sponsorship. AG served as the unpaid Guest Editor of the series. SZ served as the unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Annals of Joint* from March 2021 to February 2023. SZ is the Editorin-Chief of the *Journal of Experimental Orthopaedic* (JEO) and is an unpaid consultant for DePuy, Smith and Nephew and Stryker. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or

Page 2 of 2

integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.



Alberto Grassi



Stefano Zaffagnini

Alberto Grassi (Email: alberto.grassi3@studio.unibo.it; alberto.grassi@ior.it) Stefano Zaffagnini (Email: stefano.zaffagnini@unibo.it) II Clinic Rizzoli Orthopaedic Institute, Bologna, Italy. Received: 19 November 2021; Accepted: 09 December 2021; Published: 15 July 2022. doi: 10.21037/aoj-21-33 View this article at: https://dx.doi.org/10.21037/aoj-21-33

doi: 10.21037/aoj-21-33 **Cite this article as:** Grassi A, Zaffagnini S. The lateral meniscus. Ann Joint 2022;7:21.