35 y/o M status post gun shot wound presents w/ knee pain

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Pellegrini Stieda lesion
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What is it?
Post traumatic ossification at or near the medial collateral ligament adjacent to the margin of the medial femoral condyle.

Most common etiology
Presumed mechanism of injury is a Stieda fracture (avulsion of the medial collateral ligament at the medial femoral condyle). Calcifications begin to form a few weeks after injury.

Clinical presentation
Most patients are asymptomatic while a small proportion have medial knee pain.
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**Imaging features**
Plain radiograph: calcification adjacent to the medial femoral condyle, often linear in shape.

MRI: ossicle or enthesophyte with bone marrow signal at the medial femoral condyle. Medial collateral ligament is usually thickened.

**Rx**
Mild and moderate cases are managed conservatively with steroid injections and range of motion exercises. Surgical excision of calcifications and MCL repair is considered for refractory cases.

**Top differential**
Reverse Segond – bone fragment in the medial articular surface of the proximal tibia (PCL)
Segond fracture – lateral tibial plateau (ACL)
Arcuate sign – avulsion of the head of the fibula
References