Introduction

A 50-year-old male presented with recurrent effusion around the left knee joint. There was no history of trauma to the knee or recent episode of fever. On clinical examination, suprapatellar fullness with decreased range of movement was noted. However, there was no tenderness or redness of the overlying skin. There were no complaints in other joints of the body or a similar family history. He was advised X-ray of the knee joint (anteroposterior and lateral view) which showed advanced degenerative changes in the form of reduced tibiofemoral joint space, osteophyte formation with subchondral sclerosis, and cystic changes. A large suprapatellar fullness was also seen (Fig. 1). He was advised magnetic resonance imaging (MRI) to look for any synovial or intraarticular pathology (Figs. 2, 3 and 4).

Questions

1. What are the MRI findings and the role of MRI in this case?
2. What are the possible differentials in this case?
3. What is the line of management?

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