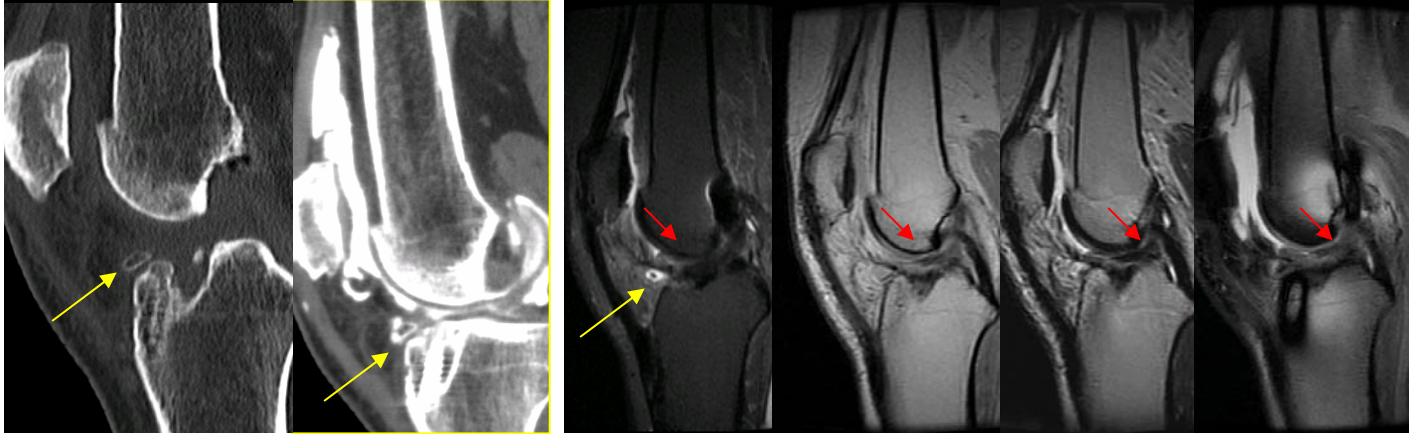


**CASE REPORT: CYCLOPS LESION OF THE KNEE**



**Fig. 1**

**Fig. 2**

**Fig. 3**

**Fig. 4**

**Fig. 5**

**Fig. 6**

**CLINICAL PRESENTATION:** This is a 35-year-old female who was referred by an orthopedic surgeon to AIC with knee pain. Patient had a history of ACL repair several years back. A CT fluoroscopy-guided MR arthrogram study was performed.

**IMAGING FINDINGS:** **Fig. 1** is a sagittal “plain” CT demonstrating postoperative changes and loose bodies in front of the ACL graft in the infrapatellar Hoffa’s fat pad (yellow arrow). **Fig. 2** is a post-arthrogram sagittal CT image showing the loose body surrounded by contrast (yellow arrow). **Fig. 3** is a sagittal STIR image demonstrating fluid around the loose body again (yellow arrow). **Fig. 4, 5, and 6** are sagittal MRI images (proton density, T2 weighted, and T1 weighted with Fat Sat, respectively) demonstrating a dark structure abutting the anterior leading edge of the ACL graft (red arrows).

**DIAGNOSIS:** The yellow arrows point to an osseous loose body, but the red arrows are consistent with a Cyclops lesion following ACL repair. The photographs on the right demonstrate an arthroscopic photo of a Cyclops (top photo) and intraoperative pre- and post-ACL debridement pictures (middle and bottom photos).

**DISCUSSION:** A cyclops lesion is a fibrocartilaginous nodule that may form anterior to an ACL graft from residual ACL stump or following a minor ACL tear (without surgery). Cyclops syndrome was first described by Jackson and Schaefer in 1990 in patients who had undergone ACL reconstruction with a patellar graft. The authors termed this condition Cyclops syndrome due to the fact that at arthroscopy a soft-tissue nodule with surface vessels is seen that resembles the eyeball of the Cyclops of Greek mythology. A Cyclops lesion limits ACL extension and may result in loss of knee extension. Surgical repair is usually necessary in symptomatic patients.

MRI helps to evaluate of the integrity of the ACL or the graft and to determine causes of tunnel impingement following a graft as well as other concomitant causes of knee pain such as meniscal tears or loose bodies.

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