INTRODUCTION

The increased number of patients undergoing arthroscopy or surgery of the knee injuries lead to increased numbers of patients who require imaging after surgery because of failure to improve, recurrent symptoms, or new injury\(^1\).

The most common procedures include partial meniscectomy & meniscal repair, anterior cruciate ligament (ACL) reconstruction, & cartilage repair procedures\(^1\).

As in preoperative patients, magnetic resonance (MR) imaging is the most valuable imaging method for postoperative evaluation of the knee. Surgical changes increase the difficulty of diagnosis of abnormalities in the knee with MR imaging\(^1\).

Specific findings of a return meniscus following meniscal repair or partial meniscectomy are increased signal intensity extending through the site of repair on T2-weighted images, displaced meniscal fragments, and abnormal signal intensity at a site distant from the repair\(^2\).

Findings of ACL graft disruption on T2-weighted MR images include absence of intact graft fibers and increased signal intensity similar to that of fluid within the expected region of the graft\(^3\).
Partial tears of the graft appear as areas of increased signal intensity affecting a portion of the graft with some intact fibers still present on T2 WI\(^{(3)}\).

MR imaging has been shown to be accurate in the evaluation of cartilage repair tissue\(^{(4)}\).