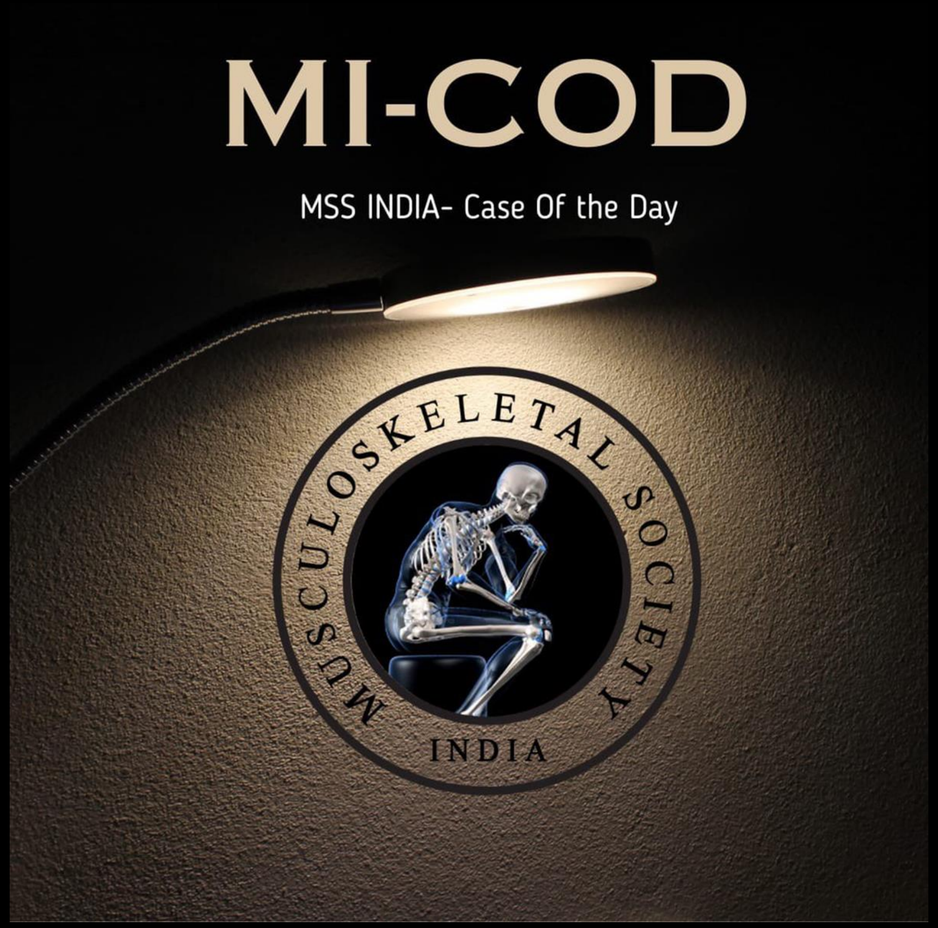
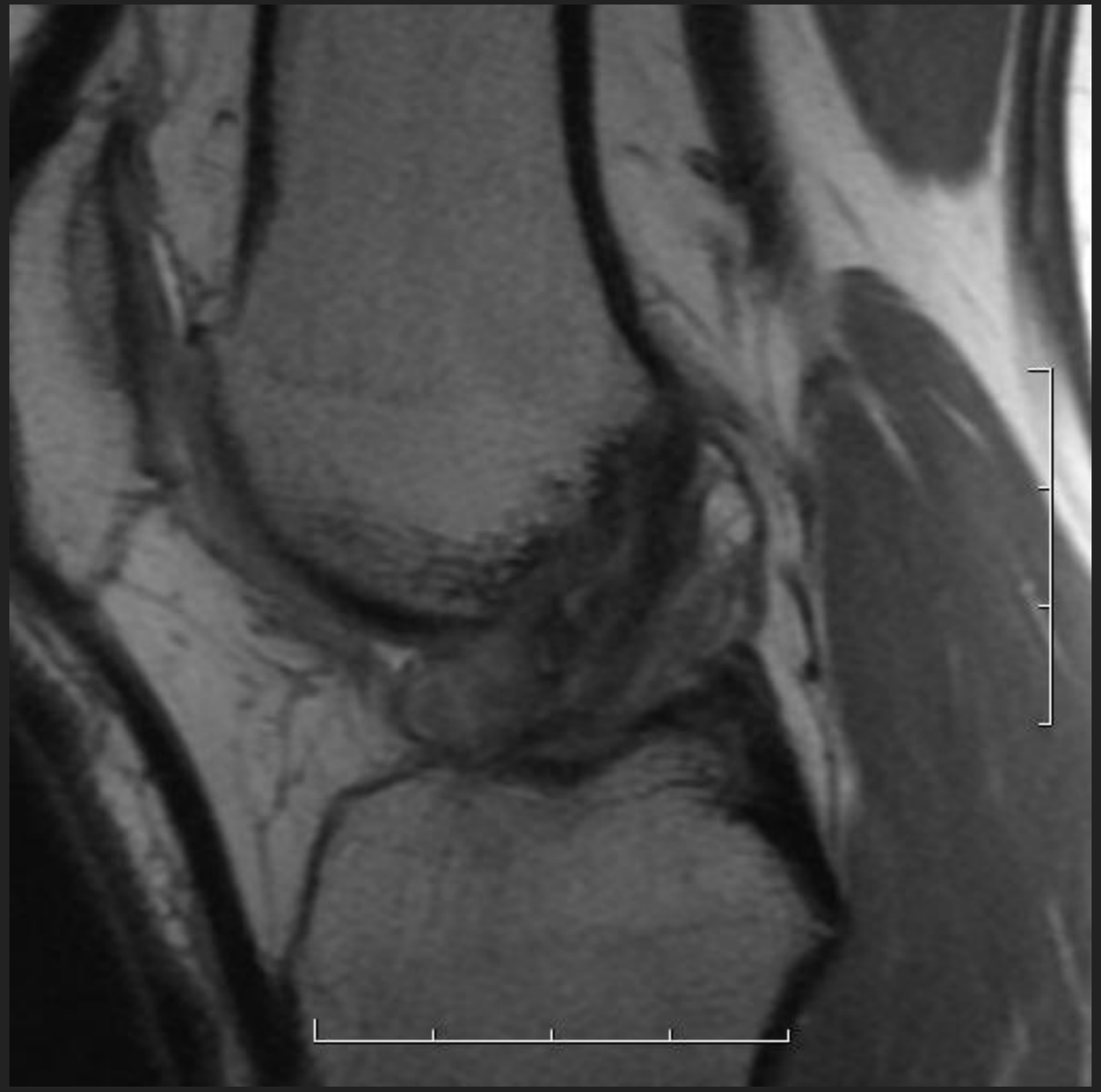
MICOD -25/08/2023

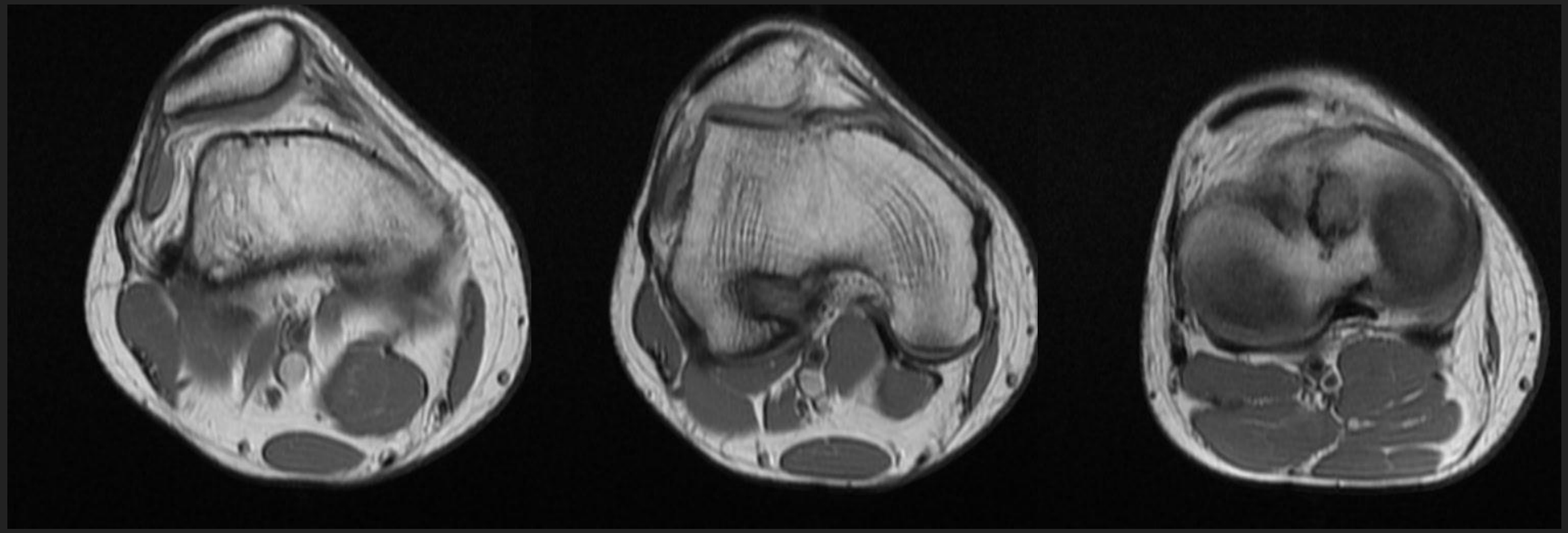
Case contributor – Dr. Nafisa Shakir Batta

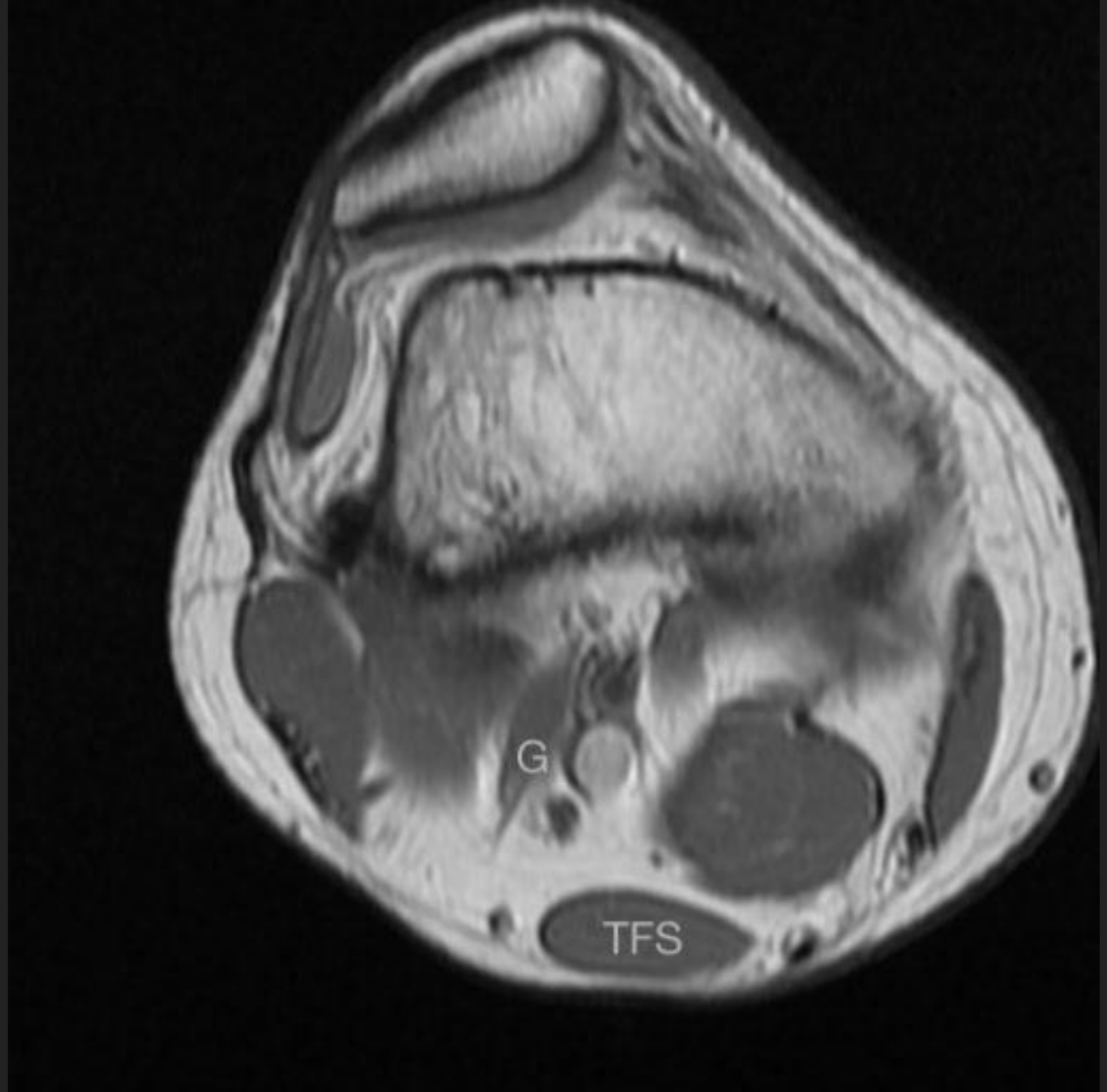


H/O POST SINGLE BUNDLE ACL RECONSTRUCTION

17YRS FEMALE ATHELETE WITH RESTRICTED FLEXION EXTENSION



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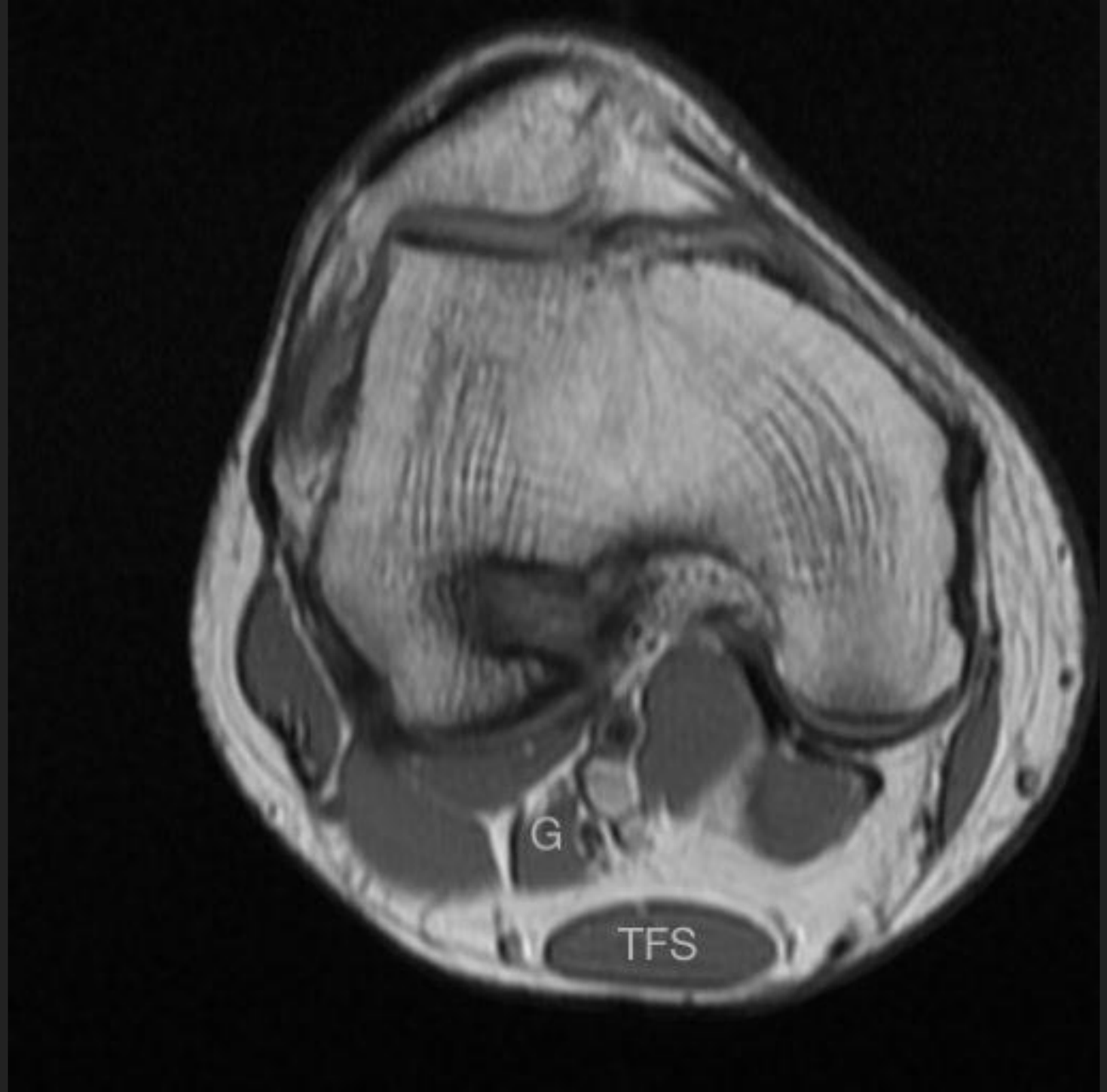
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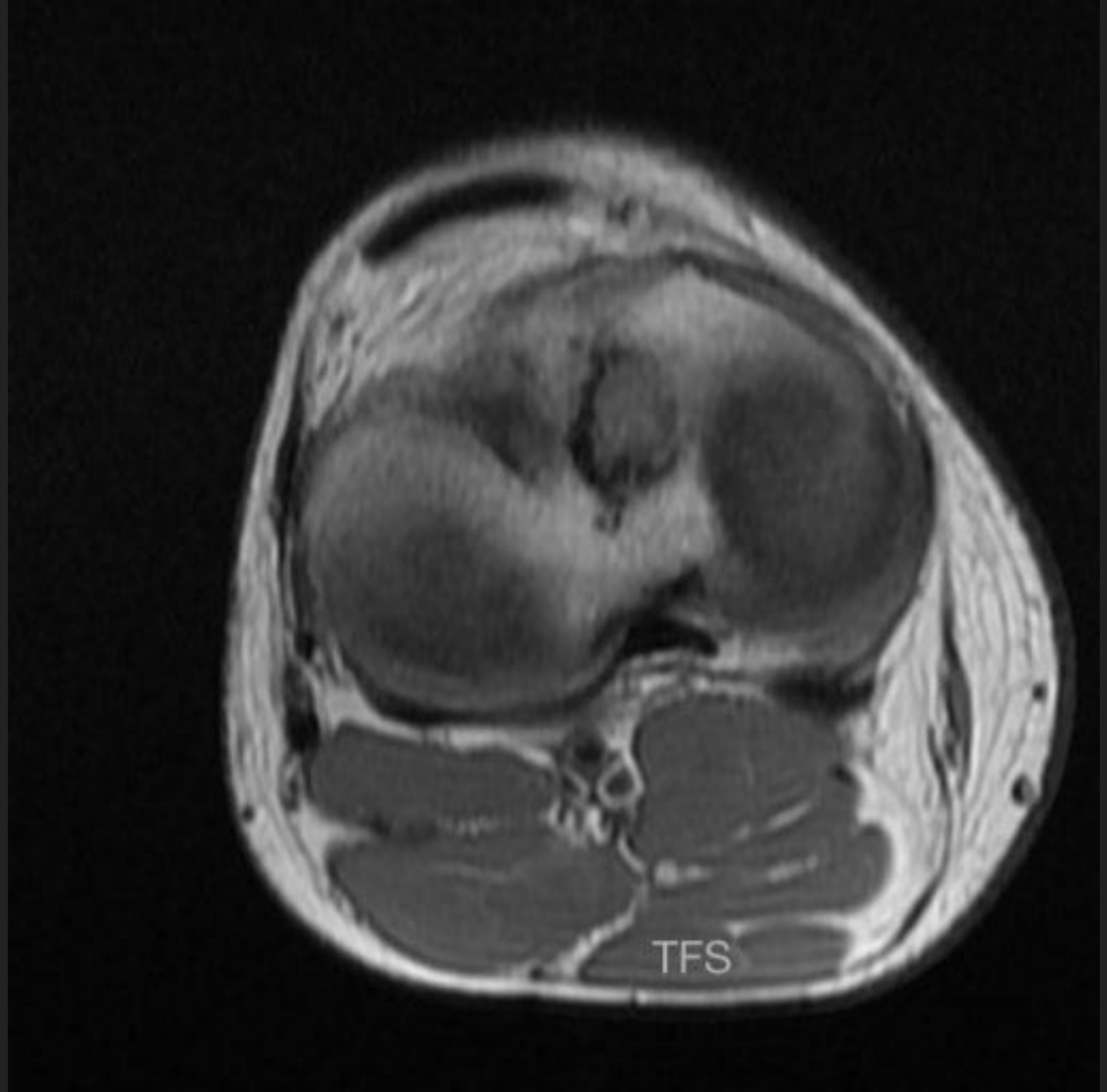
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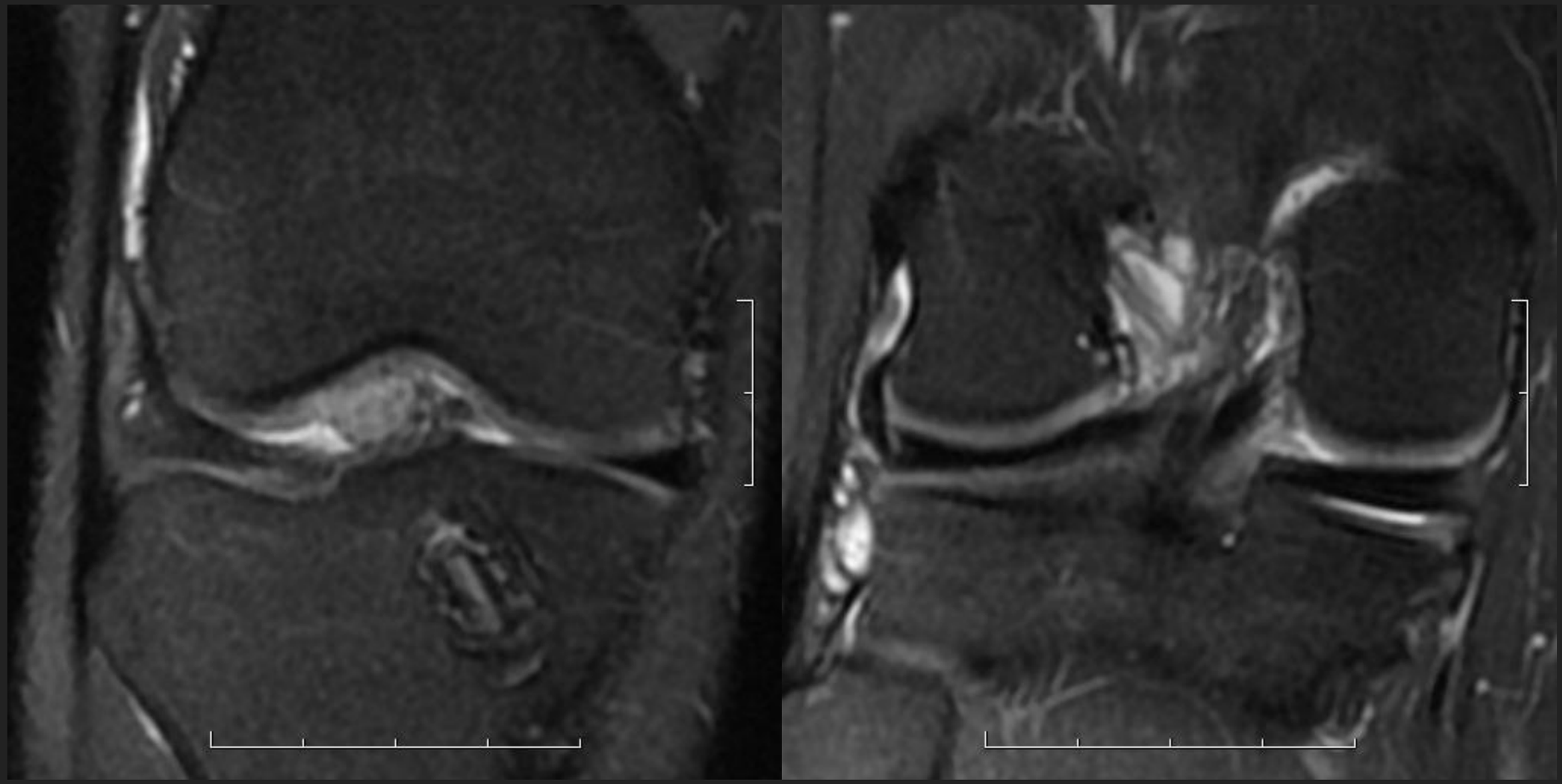

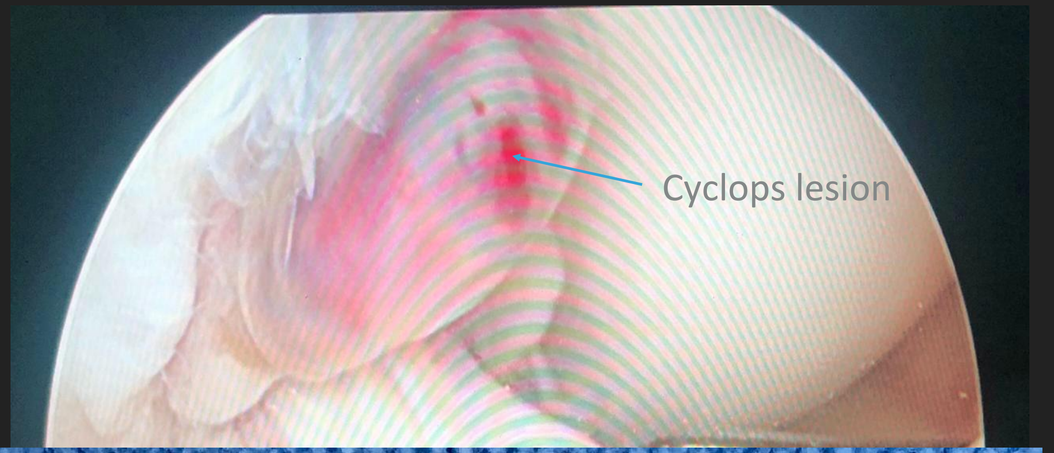

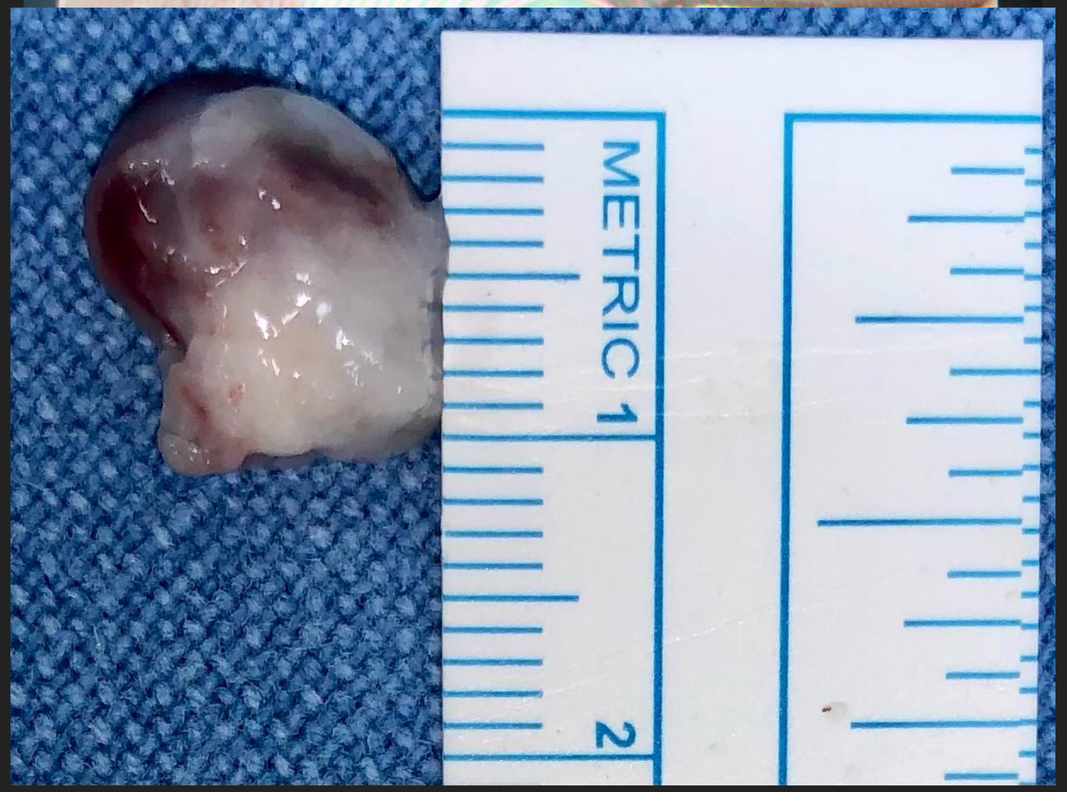

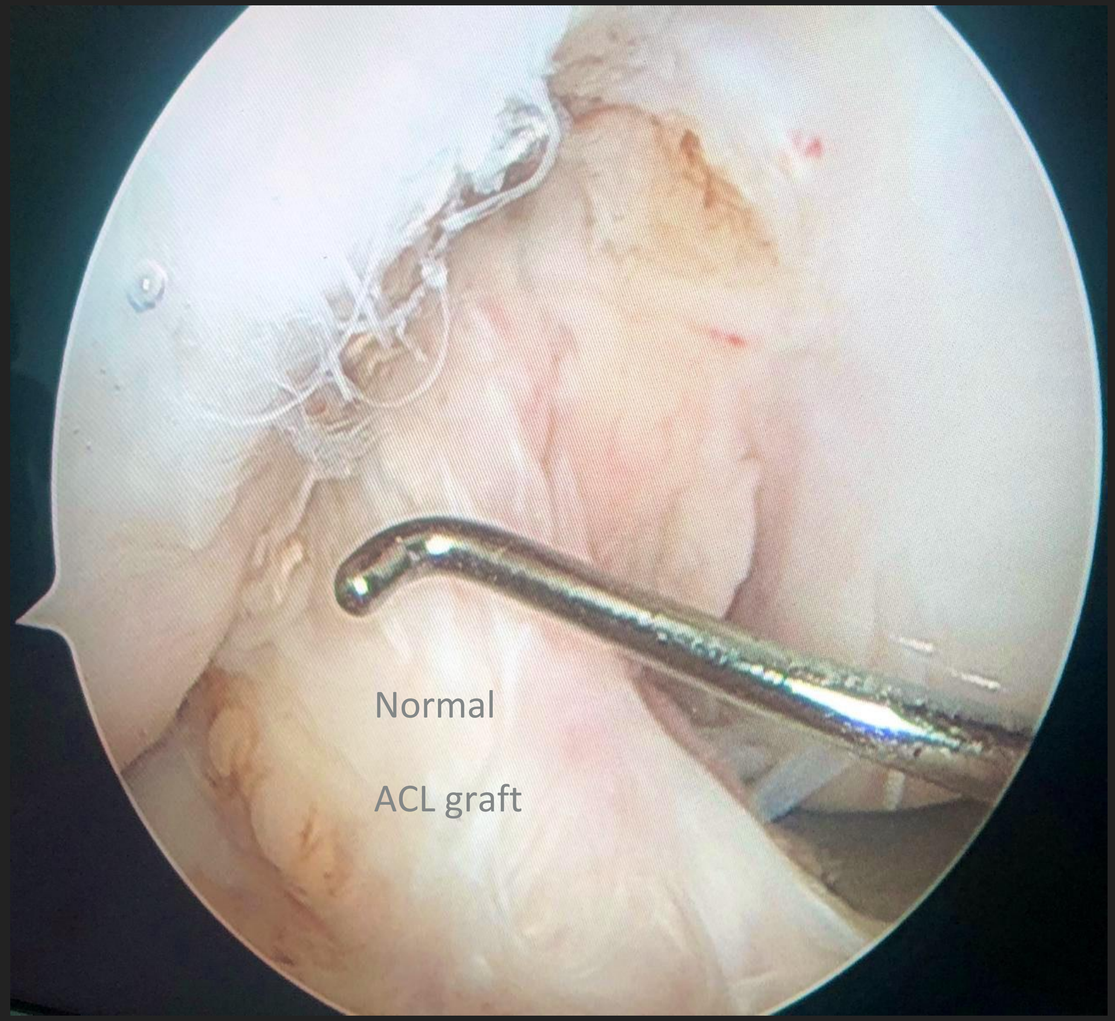

IMAGE COURTESY : DR. RAJU EASHWARAN

FINAL DIAGNOSIS

CYLOPS, GRAFT GANGLION CYST,

3RD ACCESSORY HEAD OF GASTROCNEMIUS AND

TENSOR FASCIA SURALIS MUSCLE

The cyclops lesion, a well-known complication of ACL reconstruction surgery, is an ovoid fibroproliferative nodule found anterior to the ACL graft.

Muellner et al. described two histologic subtypes. –True and Cyclopoid

The true cyclops is hard and composed of fibrocartilaginous tissue with active central bone formation and no granulation tissue or inflammatory cell infiltration. T he true cyclops lesions are more likely to be symptomatic.

The second type, termed a “cyclopoid” lesion, is soft and composed largely of fibrous and granulation tissue with occasional cartilaginous islands.

Cyclops lesions can be found in up to 25% of ACL reconstructions at 6 months after surgery. Despite such prevalence, cyclops lesions generally have minimal or no clinical symptoms, and their presence does not portend an inferior clinical outcome, with only 2% of cyclops lesions prompting surgical intervention.

Symptomatic lesions present with loss of extension, snapping, catching, and painful extension with walking and/or running resulting in the “cyclops syndrome”.