

CASE DESCRIPTION

- 68-year-old female
- History of left knee meniscectomy
- Presentation: 4 months of focal left lateral knee pain and tingling along the lateral lower leg.
- Previous Treatments: meloxicam, PT, knee steroid injection without improvement
- Physical Exam: Full strength, intact sensation, pain with flexion beyond 120 degrees, + Tinel's over the left lateral femoral condyle
- Imaging:
 - MRI knee showed a degenerative meniscal tear, moderate osteoarthritis, and a baker's cyst. It did not note fabella.
 - Limited diagnostic ultrasound showed a fabella over the lateral femoral condyle with subluxation of the common peroneal nerve (CPN) with dynamic knee flexion, matching her symptoms.
 - EMG showed mildly reduced velocity/amplitude of the CPN at the fibular head.
- Interventions:
 - Diagnostic injection (3 ml Normal saline, 1 ml lidocaine 1%, and 0.5 ml kenalog) at the fabella with hydrodissection around the CPN provided 100% relief immediately.
 - Fabellectomy provided this patient with 95% improvement 1-month post-surgery.



Figure 1. Ultrasound Lateral Left Knee, Labeled: common peroneal nerve (CPN), fabella in red, and lateral femoral condyle in bottom right of image.

Key Points:

Ultrasound is a valuable tool to visualize a fabella.

Hydrodissection can diagnose the rare condition of Fabella Syndrome to help determine when flabellectomy is necessary.



Figure 2. Left Knee T1 weighted MRI, Sagittal View with red arrow pointing to the fabella.

DISCUSSION

- Fabella is a sesamoid bone typically located in the posterior-lateral head of the gastrocnemius muscle.
- Present in 10-30% of the population. ^{1,3}
- Symptom: range from asymptomatic to Fabella Syndrome
- **Fabella Syndrome:** mechanical pain over the lateral femoral condyle and lateral leg pain. ¹⁻³
- Treatment: Conservative management (PT and NSAIDS²) and in rare cases fabellectomy. ¹

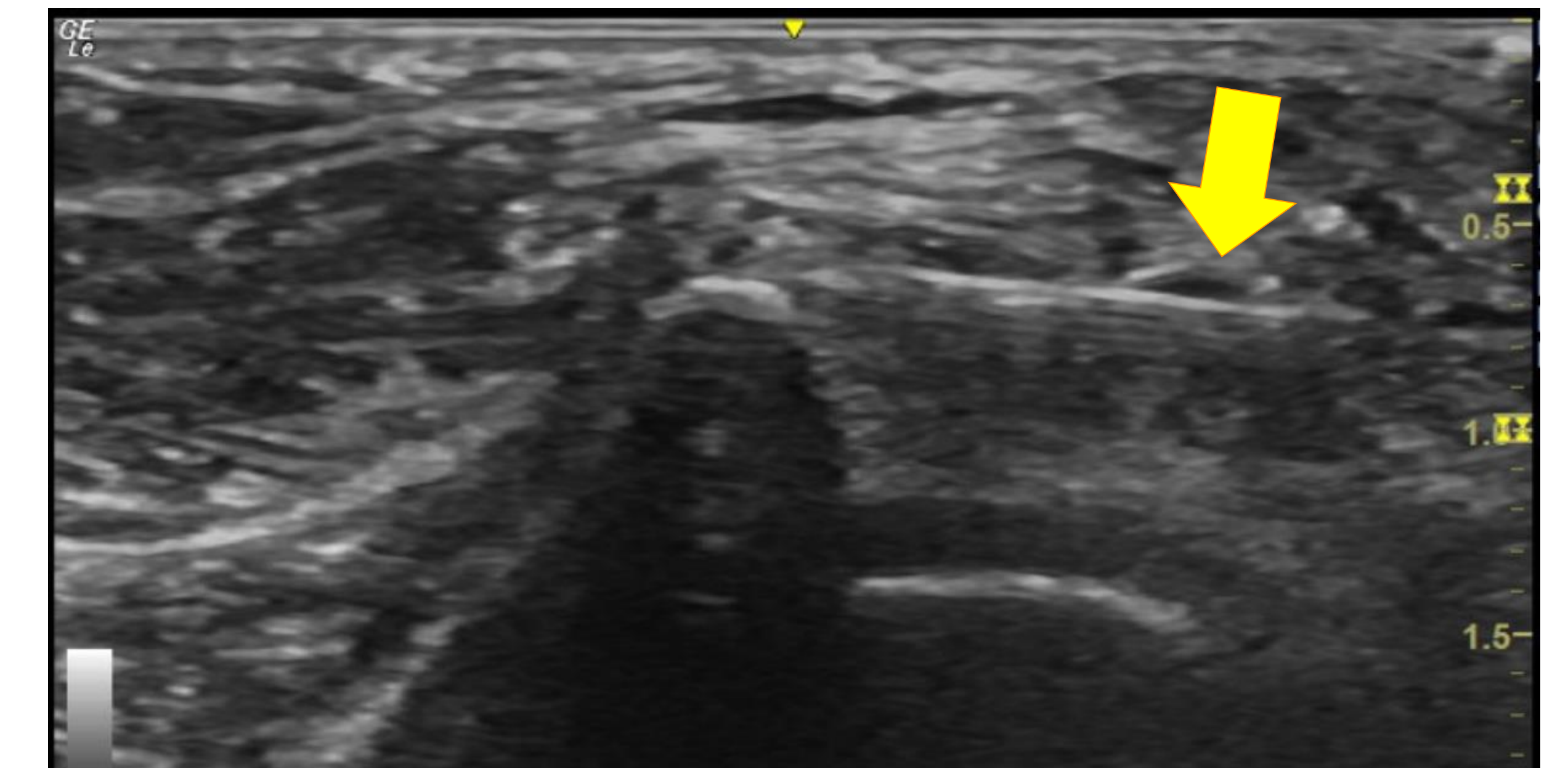


Figure 3. CPN Hydrodissection: Needle labeled with yellow arrow with trajectory between CPN and fabella for hydrodissection.

CONCLUSION

- Fabella Syndrome is a rare condition that can cause functionally limiting posterolateral knee pain and CPN neuropathy.
- This case highlights the value of ultrasound evaluation and ultrasound guided injection in establishing this rare diagnosis.
- Impact on Practice: Limited diagnostic ultrasound and hydrodissection performed by a physiatrist can provide evidence for when fabellectomy is necessary for a patient to achieve pain relief.

REFERENCES

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2. Ernat, J. J., Peebles, A. M., & Provencher, M. T. (2022). Open Excision of a Painful Fabella. *Arthroscopy techniques*, 11(4), e577–e581.
3. Woliński, F., Bryliński, Ł., Kostelecka, K., Teresiński, G., Buszewicz, G., & Baj, J. (2024). Common fibular nerve palsy due to the Fabella: A review. *Clinical anatomy (New York, N.Y.)*, 37(1), 73–80.