

MEDIAL COLLATERAL LIGAMENT BURSITIS: A RARE BUT TREATABLE CAUSE OF KNEE PAIN UNMASKED BY ULTRASOUND

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Background

Persistent medial knee pain in older adults is frequently attributed to osteoarthritis (OA), often overlooking less common yet treatable periarticular conditions. Medial collateral ligament (MCL) bursitis is an underdiagnosed source of knee pain that can mimic or coexist with OA. The use of musculoskeletal ultrasound (MSK-US) at the point of care not only refines diagnosis but also enables targeted interventions, potentially altering patient outcomes. This case highlights the successful management of MCL bursitis using ultrasound guidance, with both symptomatic relief and imaging-confirmed structural resolution.

Case report

A 73-year-old woman presented with chronic medial knee pain of mixed mechanical and inflammatory pattern, worsened by weight-bearing. Radiographs showed moderate medial compartment gonarthrosis. Despite conservative management, including physiotherapy, NSAIDs, and analgesics, her pain remained localized to the medial aspect of the knee with significant functional limitation. During a Physical and Rehabilitation Medicine (PRM) consultation, bedside MSK-US identified an exuberant bursitis adjacent to the MCL, precisely matching the site of maximal pain (US images will be presented). An ultrasound-guided injection was performed into the MCL bursa using 1% lidocaine and 14 mg of betamethasone, with no complications. The patient experienced progressive pain relief, and at 3-month follow-up, reported substantial clinical improvement. Repeat ultrasound confirmed resolution of the bursitis, with notable approximation of the deep and superficial layers of the MCL, indicating structural recovery.

Conclusion

This case illustrates the diagnostic and therapeutic value of ultrasound in identifying MCL bursitis, a rare but significant cause of persistent medial knee pain that must be considered for the differential diagnosis. Ultrasound-guided corticosteroid injection resulted in both clinical and imaging-confirmed resolution, demonstrating that targeted periarticular interventions can offer effective pain relief and structural normalization. Incorporating routine MSK-US in the evaluation of refractory knee pain can refine diagnoses and personalize treatment strategies, avoiding unnecessary escalation of OA management.

Keywords: Medial, collateral, ligament, bursitis, ultrasound