INTRODUCTION

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The knee, being the largest weight bearing joint in the body, is subjected to immence forces during accidnetal injuries.

The functional stability of the knee depends mainly on the ligamentous and muscular restraints.

The ligaments of the knee are composed of the medial and lateral collateral ligaments, the anterior and posterior cruciates and the capsule. Their function in stabilizing the knee is passive and secondary to the active muscle tone and control. Therefore, they are more likely to be ruptured when the muscles are relaxed or weak.

The functions of the collaterals and cruciates ligaments together with the capsule are closely inter-related in maintaining the functional stability of the knee joint so that it is difficult to ascribe a specific function or functions to any particular ligament.

It is clear that in mechanical perfection all are important, but practically there are degrees of

importance. The medial ligament takes pride of place from the clinical view point because of the implications of total rupture and the frequency of minor injuries. The anterior and posterior cruciates ae also of importance: the former because of inevitable involvement in total rupture of the medial structure and the frequency of solution of continuity associated with meniscus tears; the latter because of the frequency with which injuries are missed or misdiagnosed and the outcome in terms of disability.

The further the matter is pursued the more obvious it becomes, that the ligaments cannot be placed in individual literary compartments. If ruptures of the anterior cruciate ligament are the most common ligamentous lesions in the knee joint they are not the most important. Rupture of the medial ligament is considered first, (Smillie, 1978).

The aim of this work is to evaluate the results of early surgical intervention for acute injuries of the medial compartment ligaments and the anterior cruciate ligament.