

KNEE CONDITION

Osteochondritis Dissecans (OCD)

OCD Lesions of the Knee — Patient Condition Guide



Cartilage & bone (osteochondral) lesion of the knee · for education; your anatomy may differ

OVERVIEW

Osteochondritis dissecans (OCD) is a condition — most common in growing athletes — in which a segment of bone beneath the joint cartilage loses its blood supply. The affected bone and its cartilage cap can soften, separate, or even break loose into the joint. Dr. Pettit was diagnosed with juvenile OCD in both knees at age 12; treating this condition is personal for him, and it shaped his career in cartilage restoration.

SYMPTOMS

- Activity-related aching, often poorly localized
- Swelling after sports
- With unstable lesions: catching, locking, or giving way
- Symptoms often develop gradually without a single injury

DIAGNOSIS

X-rays identify most lesions and allow assessment of the growth plates; MRI stages the lesion — the key question is whether the fragment is stable. Staging drives every treatment decision.

TREATMENT OPTIONS

Stable lesions in growing athletes frequently heal with activity modification and a period of protected loading. Unstable or non-healing lesions are treated surgically to preserve the joint: arthroscopic drilling to stimulate healing, fixation of viable fragments, or — for unsalvageable lesions — cartilage restoration procedures such as osteochondral allograft transplantation or MACI, all of which Dr. Pettit performs.

RECOVERY OUTLOOK

Healing potential is best before skeletal maturity — early diagnosis matters. Return to sport after drilling or fixation typically takes 3–6 months; after cartilage restoration, 6–12 months with a structured protocol.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/osteocondritis-dissecans.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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