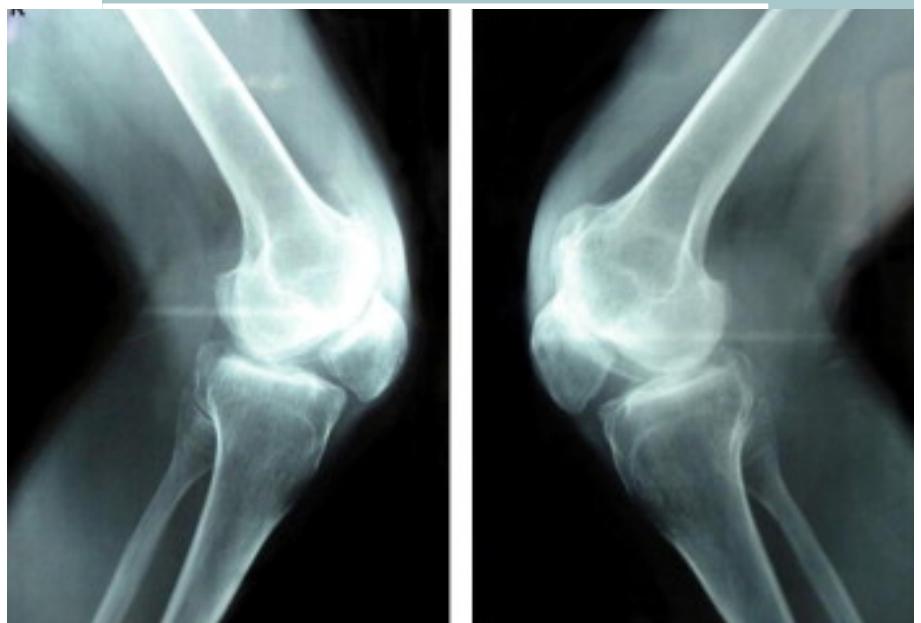


Patella baja= difficult primary TKR?

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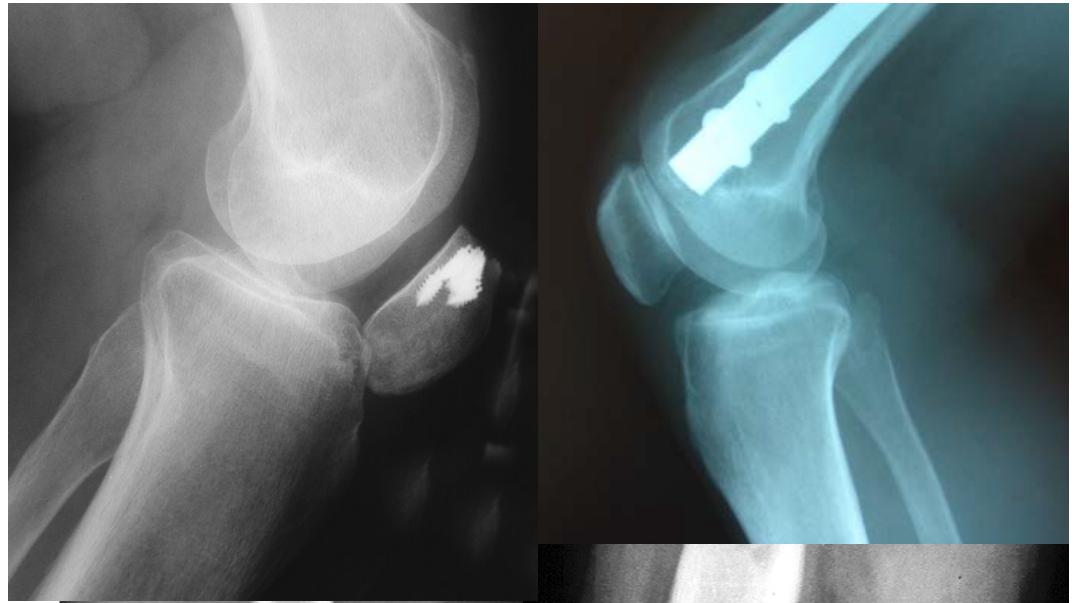
Potential difficulties before TKR

- Axis
- Slope
- Stiffness
- Patella baja
- Ligaments...
- Bone
- Skin
- Problem for Surgical exposure?
- Eversion/lateralisation of the patella



Patella baja

- Risk factors of patella baja:
- Surgery++++
- HTO
- Fracture
- Chronic Quad tendon rupture



What is called a patella baja/infera?

- Index
- Caton-Deschamps <0.6
- Blackburne- Peel < 0.54
- Insall-Salvatti < 0.8
- ...
- Different measurements! Lot of controversies

Knee Surg Sports Traumatol Arthrosc
(2005) 13: 539–544

KNEE

DOI 10.1007/s00167-004-0572-y

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Evaluation of patellar height and measurement methods after valgus high tibial osteotomy

ISI (range)

1.05 (SD: 0.10) (0.83–1.39)

BPI (range)

0.80 (SD: 0.13) (0.60–1.23)

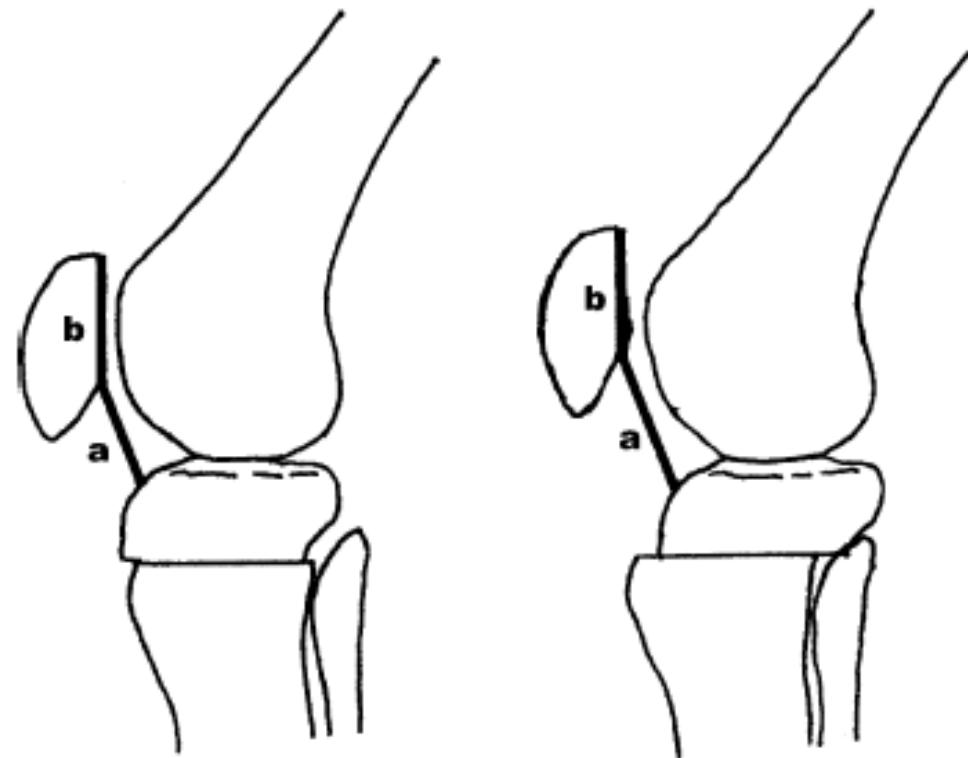
CI (range)

0.91 (SD: 0.14) (0.60–1.45)



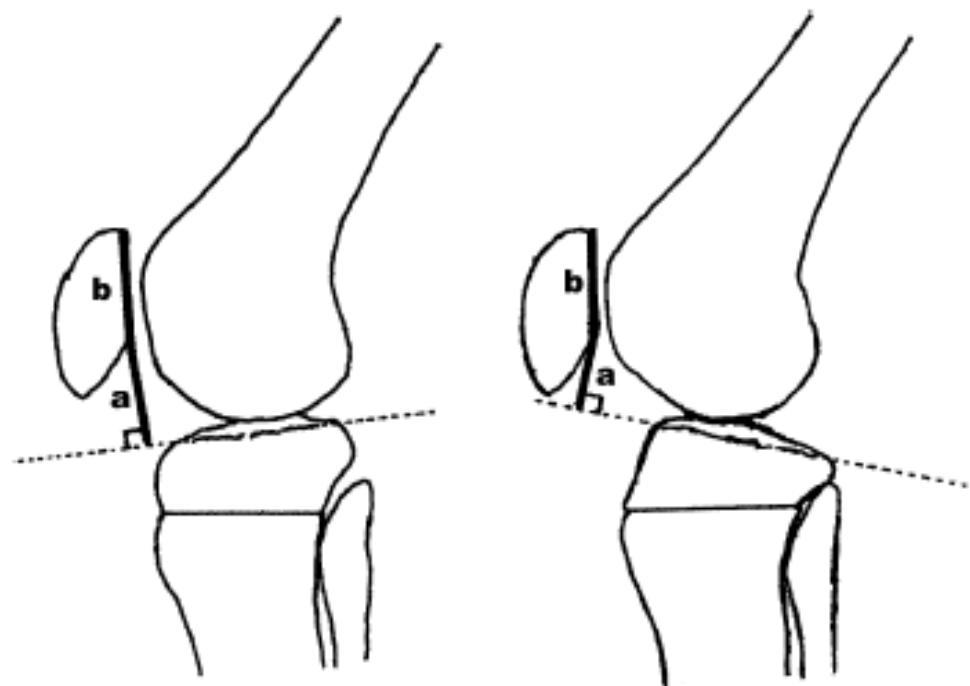
What is it?

- Index
- Caton-Deschamps 1977
- Depends on translation if malunion (HTO)
- ...
- Different measurements!



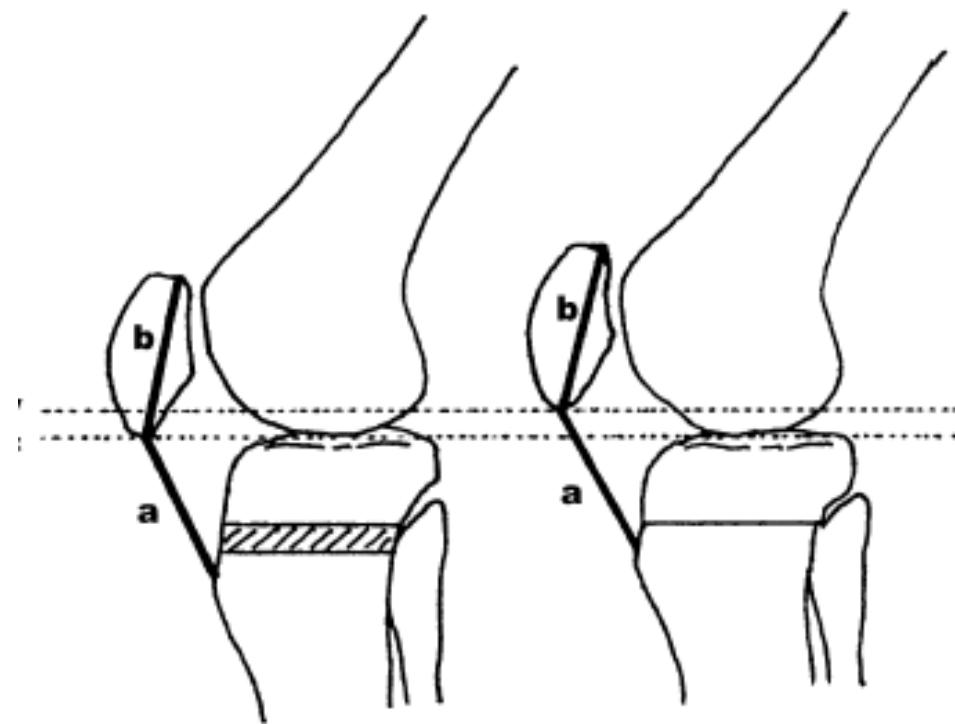
What is it?

- Index
- Blackburne- Peel 1977
- Tibial slope!
- ...
- Different measurements!



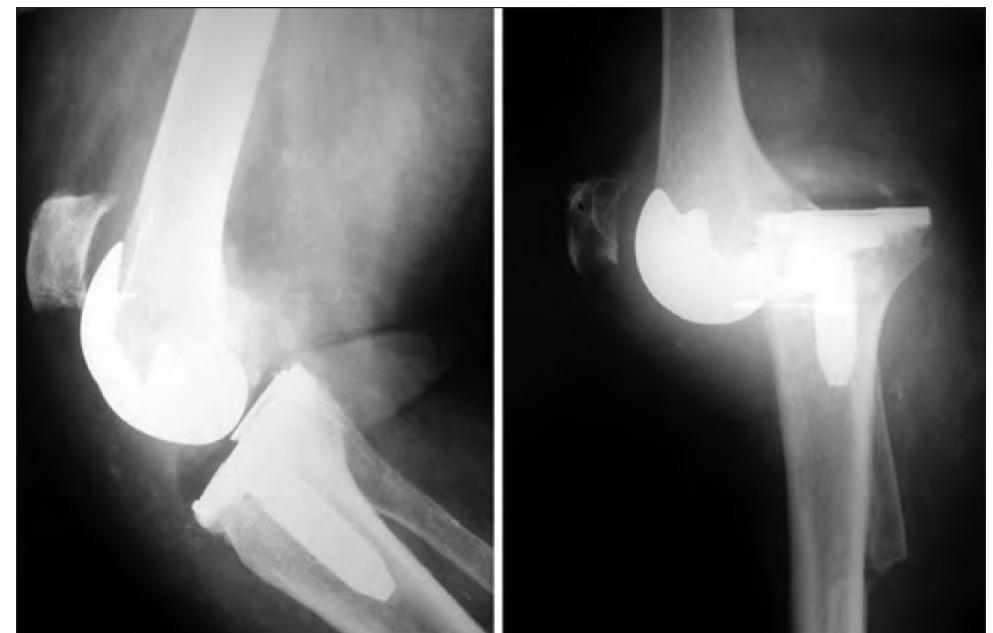
What is it?

- Index
- Insall-Salvati 1971
- Depends patellar tendon length++
- ...
- Different measurements!



Is it important before TKR?

- Take clinical examination (stifness) and patellar height
- IF Loss of flexion (90° - 100°)
- AND Patella baja:
- = Be careful!
- Highest risk= patellar tendon avulsion
- Rand JA Clin Orthop 1989



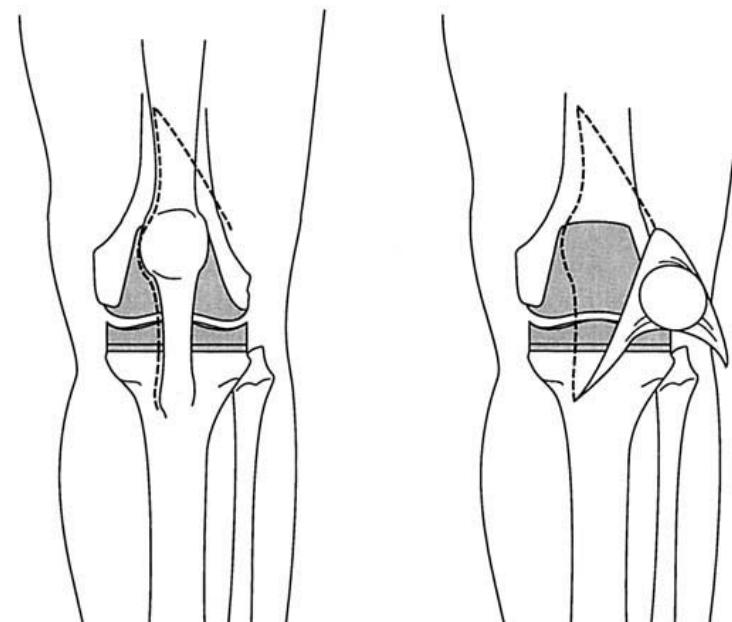
How to manage?

- Soft tissue procedures
- Bone



Quad Turn down

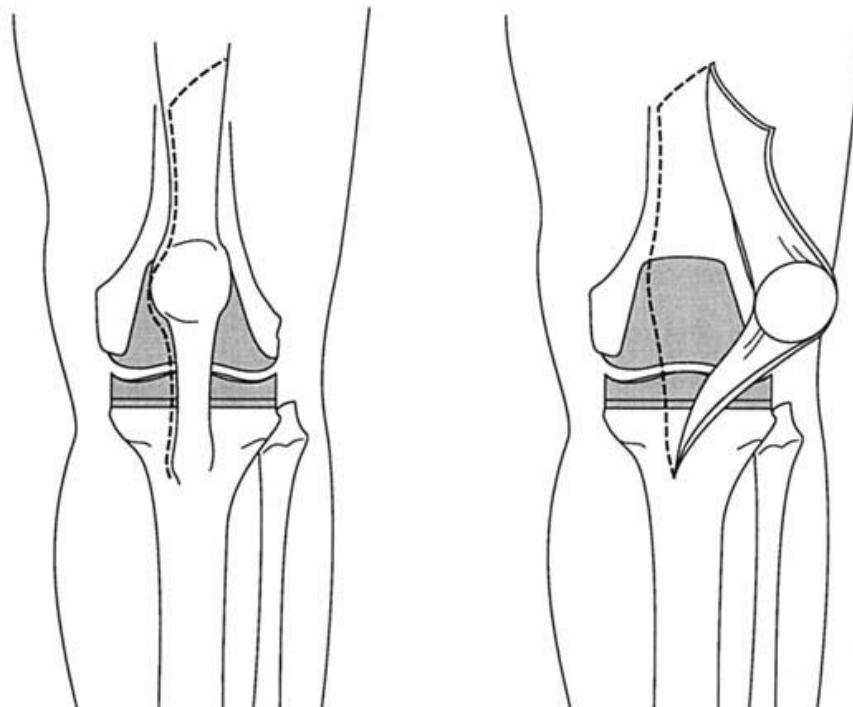
- VY
- Weaken extensor mechanism
- Delay rehabilitation



Campbell Orthop clin north am 1998

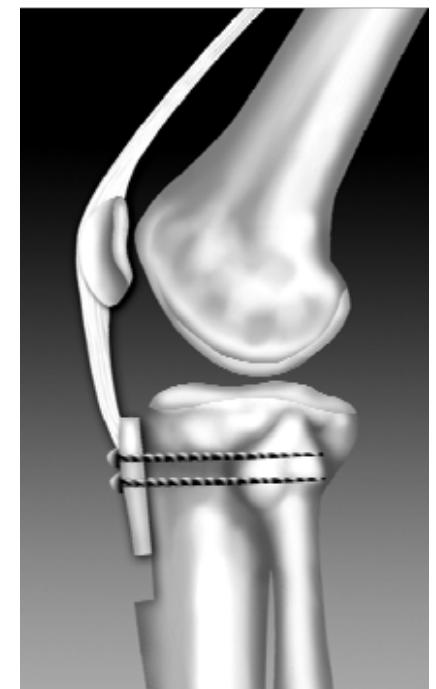
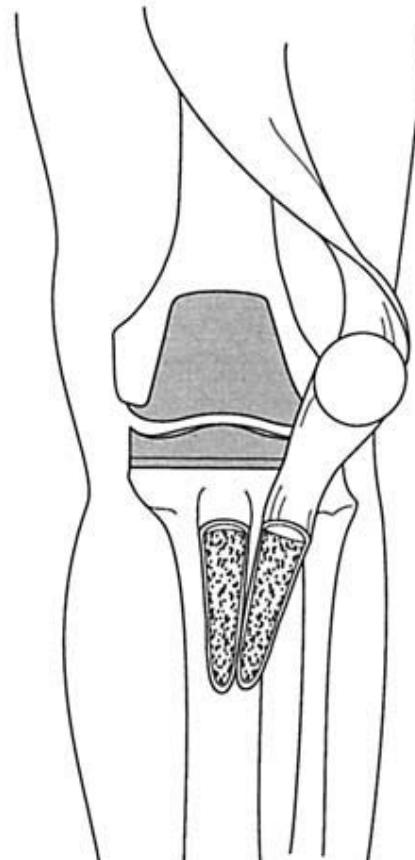
Rectus Snip

- 1943 Coonse and Adams
 - 80's Insall (1984-95)
 - Garvin Clin Orthop 1995: the evolution of the quadriceps snip
-
- Trousdale Clin Orthop 1993
 - Hsu J Arthroplasty 2012
 - ... Poor results?



ATT Osteotomy

- Dolin JBJS 1983
- Whiteside Clin Orthop 1990
- Friedrich N Oper Orthop 1999
- Quad muscle preserved
- Avoid patellar tendon avulsion
- Vascular supply patella
- Bone healing



ATTO : Indications

- Patella Baja
- Loss of knee flexion: stiffness++
- Patellar subluxation +/-

- Debette C Servien E Neyret P

Int Orthop 2014

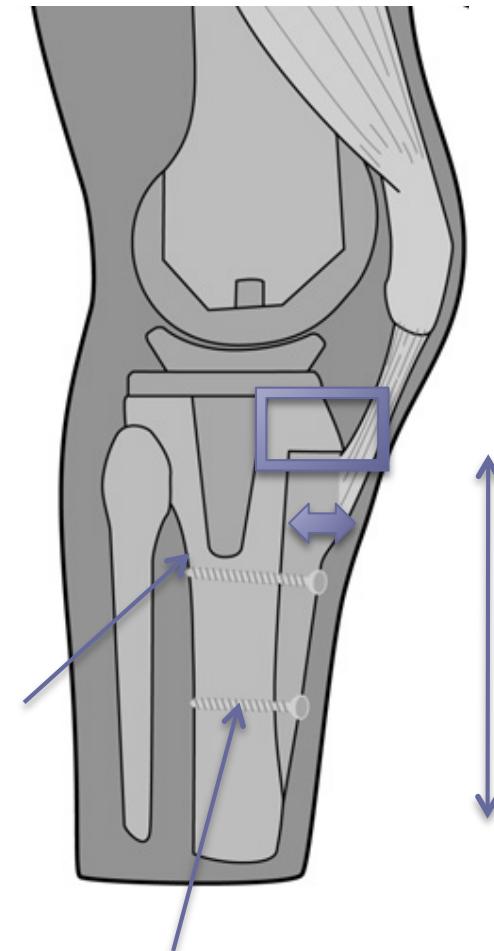
TKR and Stiff knee n=300

ATT Osteotomy in 8% knees



Technical key points

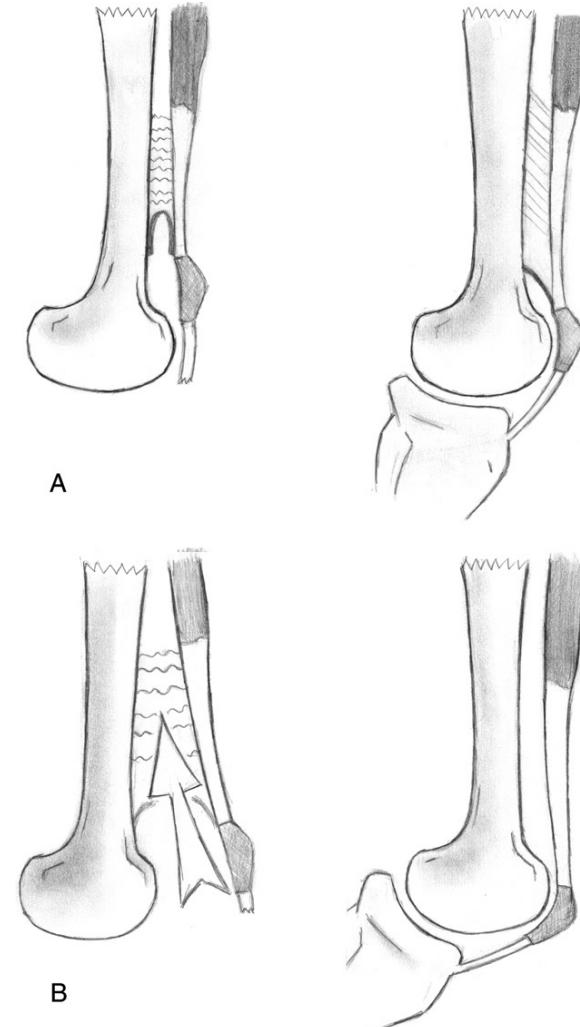
- >7cm
- Thickness 1cm
- Width 2cm
- Self locking
- Height: raise the patella?
- No Need for Stem
- 2 bicortical screws



Young J Arthroplasty 2008
Whiteside LA Clin Orthop 1990

Anterior quadriceps release

- Mean 34° knee flexion gain

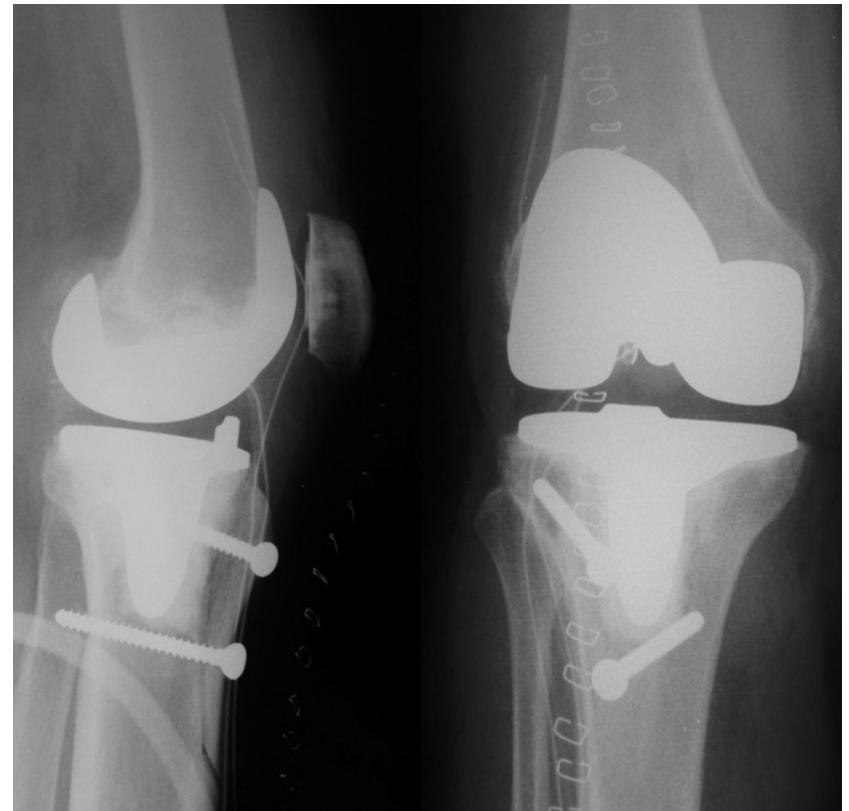


Results ATTO and TKR

Pre- and postoperative mean knee and function IKS scores

IKS SCORE		Group A	Group B	<i>p</i> <0.05*
Knee score	Preoperative	45	44	NS (<i>p</i> =0.81)
	Postoperative	91	91	NS (<i>p</i> =0.84)
Function score	Preoperative	54	54	NS (<i>p</i> =0.84)
	Postoperative	78	74	NS (<i>p</i> =0.09)

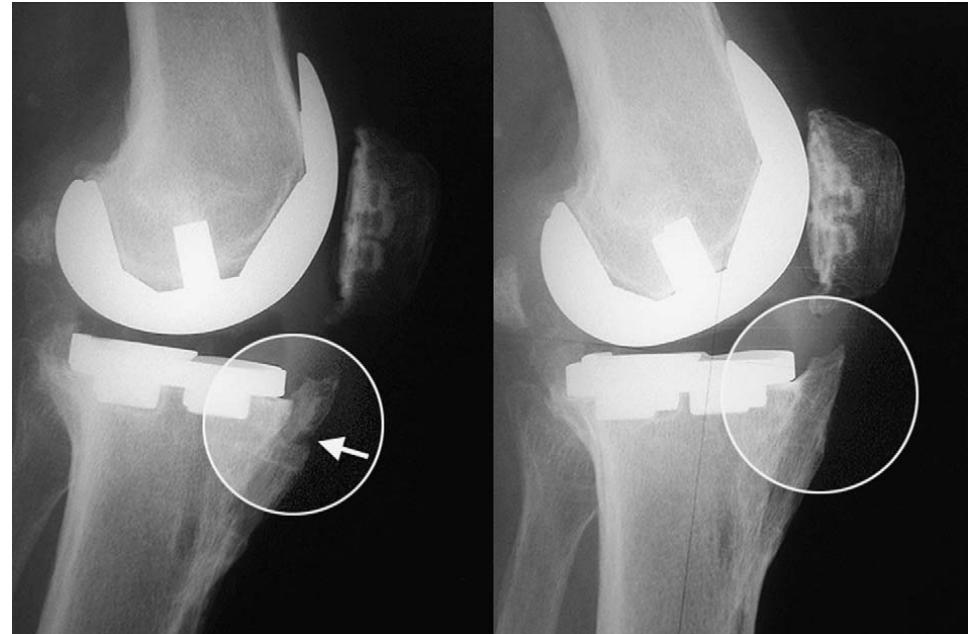
- N=113
- ATT fracture 2,38%
- Wound problems 3,18%
- Stiffness 4%



Piedade, Servien The Knee 2008

Results

- ROM : $73^\circ \pm 34.9$ to 88 ± 21.1
(mean gain of 15 ± 23.1)
- 3/20 fractures conservatively treated



Tabutin Orthop Traumatol
Surg Res 2011

Take Home Message

- Think about ATT osteotomy
- In difficult knees
- With patella infera
- And peroperative problems to mobilise patella

- Safe, reproducible
- Frequent minor complications
- Few major complications



