



8th Advanced Course on
Knee Surgery



Patello-femoral joint INSTABILITY

Clinical cases

Male

20 YO, Policemen student

Soccer

Bilateral anterior knee pain , NO LUXATION nor SUBL.

Full ROM

Cracking, locking +++

Subjective instability , NO dyslocation

Good quadriceps

Medical treatment : viscosupplementation (partial effect, 1 year)

Rehabilitation done

Full ROM

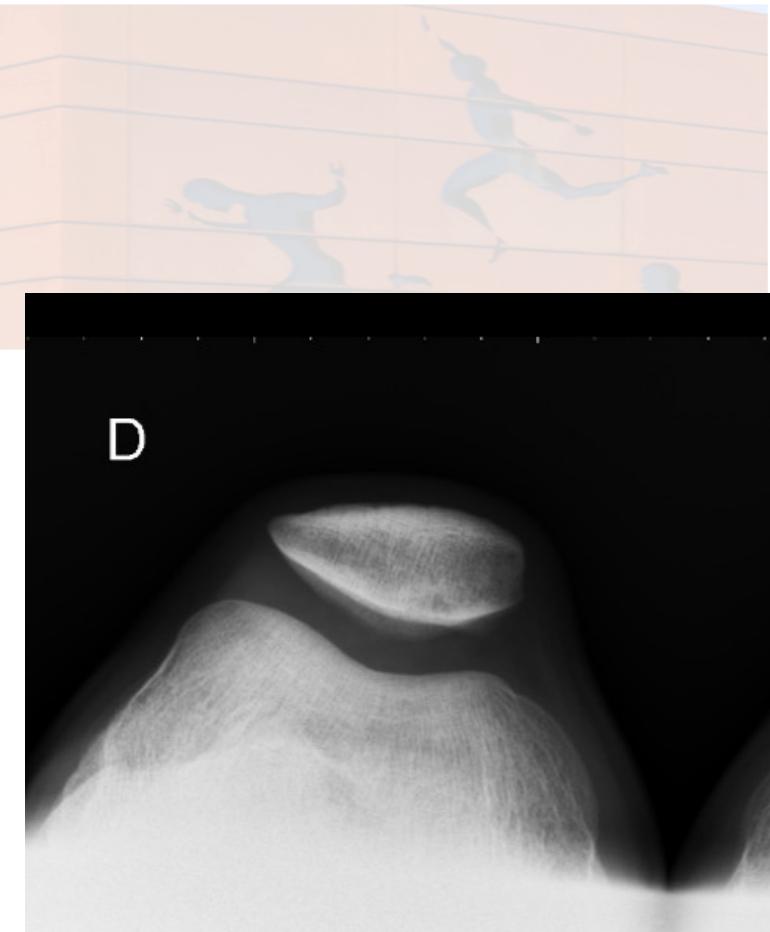
Smillie +

No tilt

No engagement

Zollen +





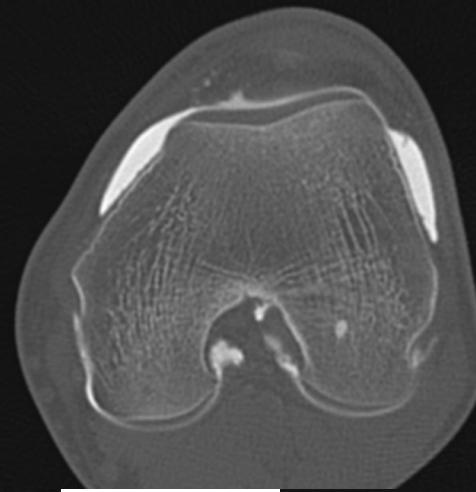
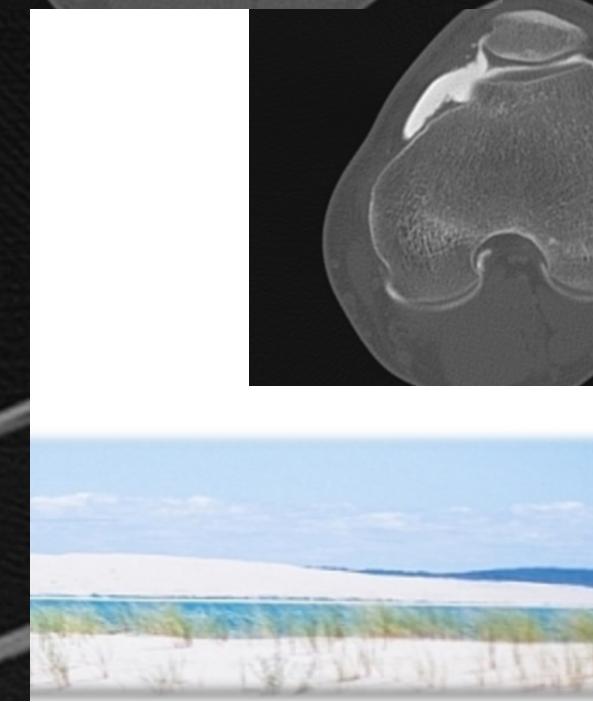
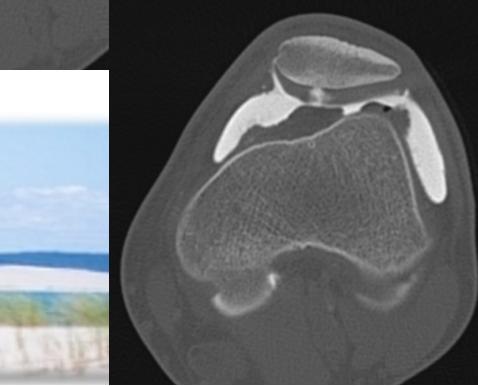
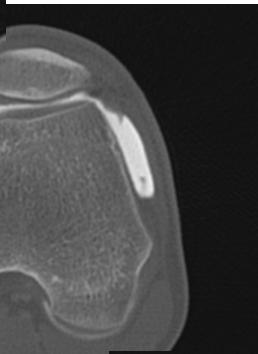


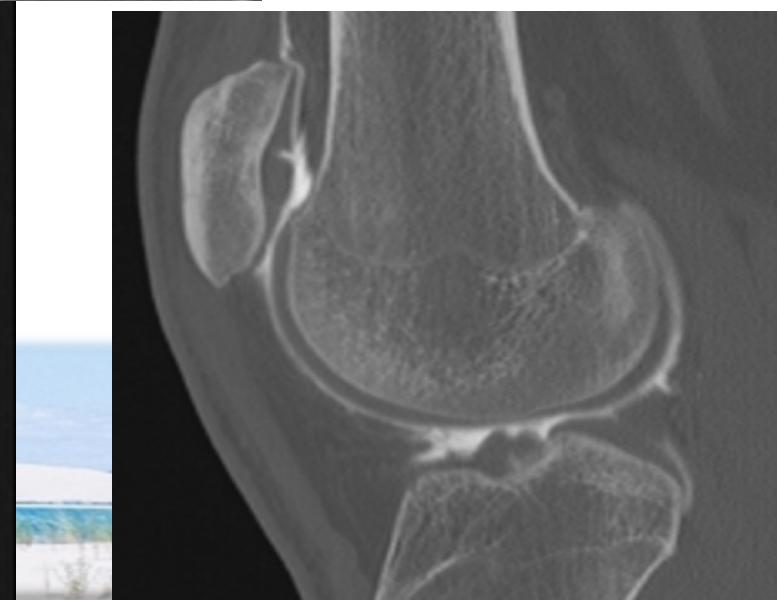
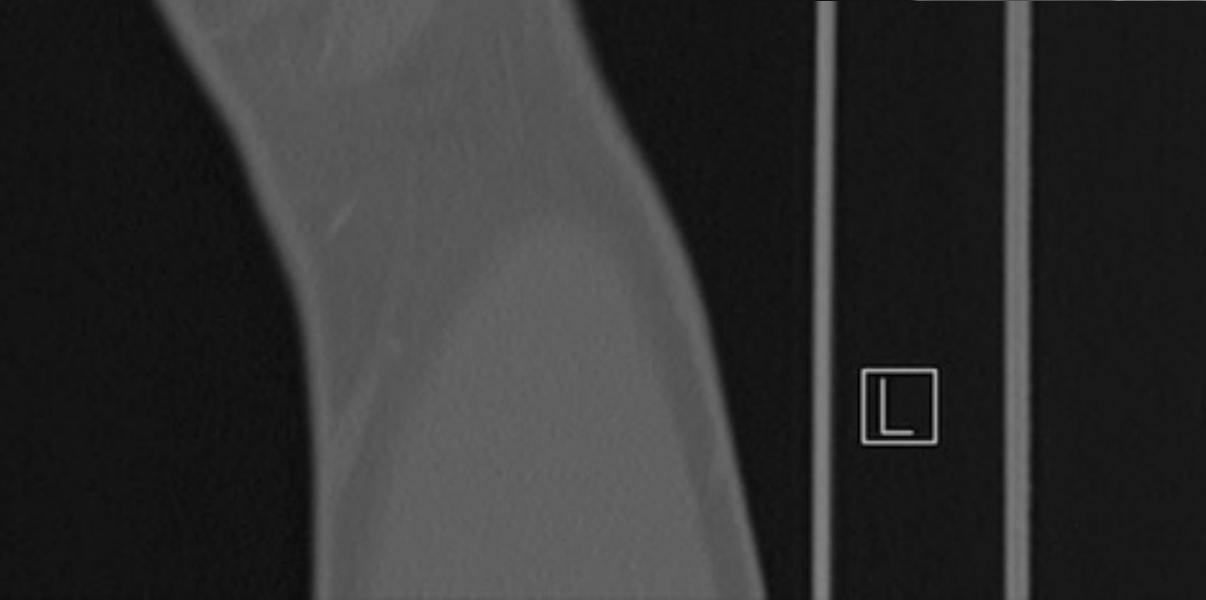
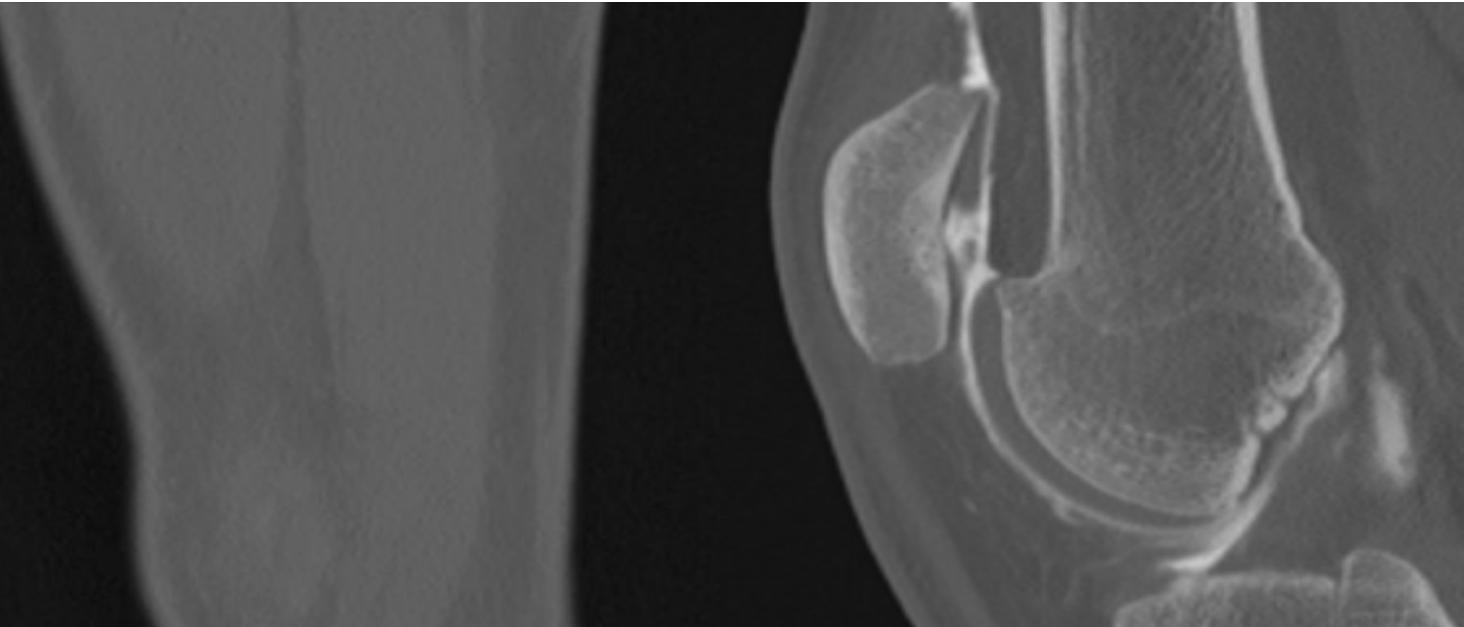
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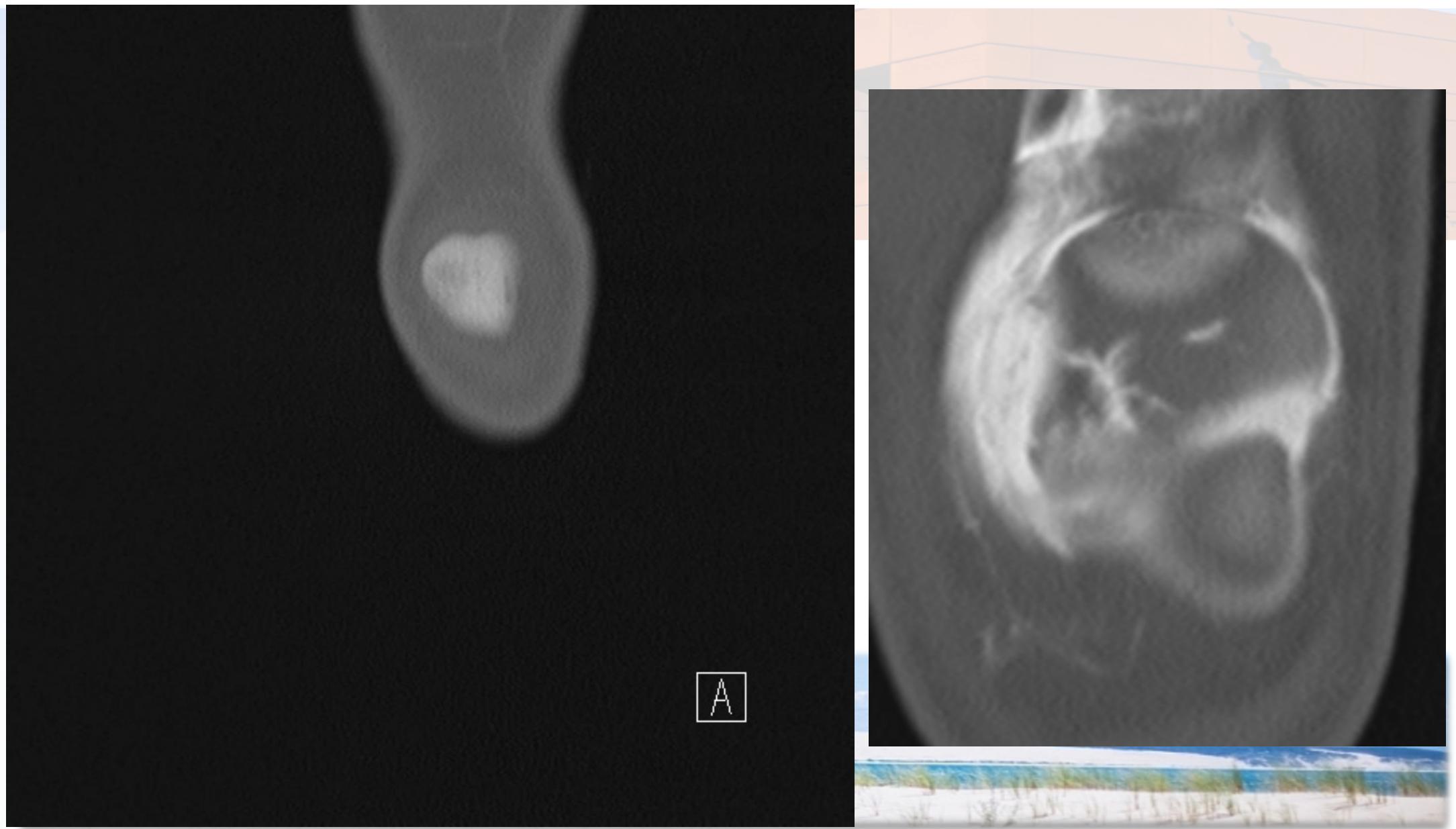


SCHUSS G

4.90 s/2ImGv









Diagnosis
Treatment options

- . Pain ?
- . Stability ?
- . Cartilage ?

Trochlear dysplasia

Patella alta > 1.2

TT-TG < 20 mm



Lady L ...

31 YO, Pharmacologist

LEFT knee

Recreational activity + swimming, NO SPORT

INSTABILITY +++ > pain

Multiple LUXATIONS and subluxation

PAIN climatic , ADL & sport

Permanent (very day, all the day) +/- night

Feel the subluxation in full extension

Lady L ...

Weak quadriceps

Smillie +++ & painfull

« recentrage » in extension + active « bayonet »

PAIN : medial & lateral facet , tendon

NO EFFUSION

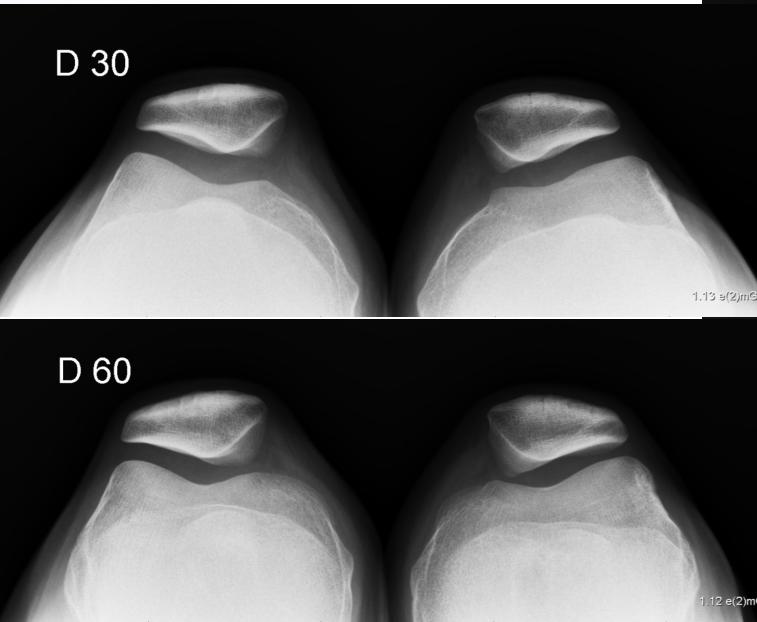
Lateral subluxation aspect in extension

Excessive external rotation of the tibia

Good Hip external rotation ER60 / IR30 bilateral & symetric



Original X'rays 2013





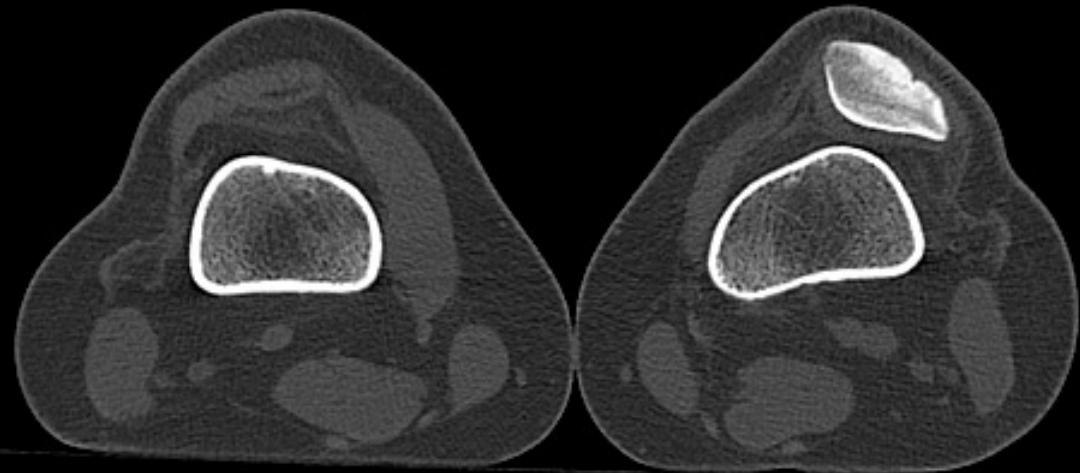
Diagnosis ?

Comment ?

Diagnosis ?

Treatment ?





Native CT-scan





Diagnosis ?

Comment ?

Diagnosis ?

Treatment ?



TTA transfer + Arizing femoral osteomie (Imaterial facette) + Medial reefing
2014



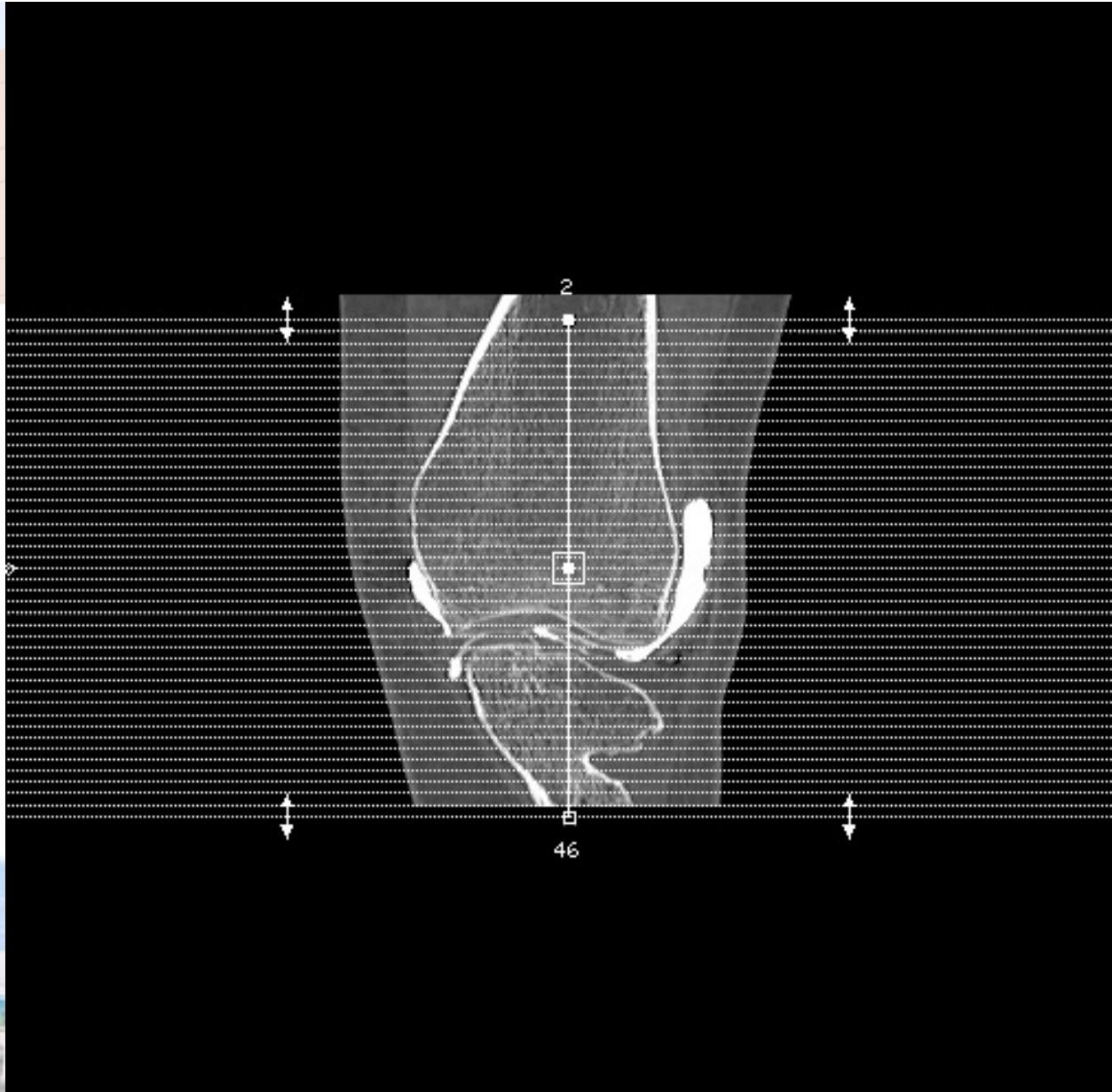


BUT ...

Stable ... at the begining
More stable > 20° of flexion
Less effusion
but persistant « bayonet »
No effect on sport activities

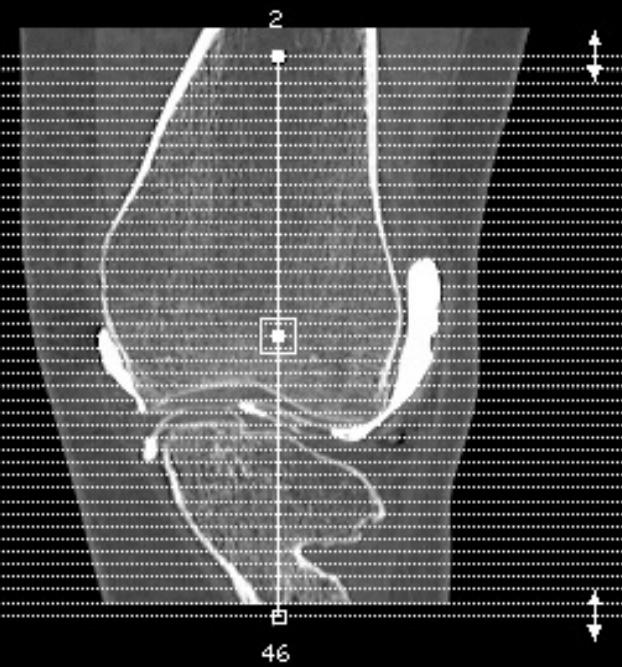
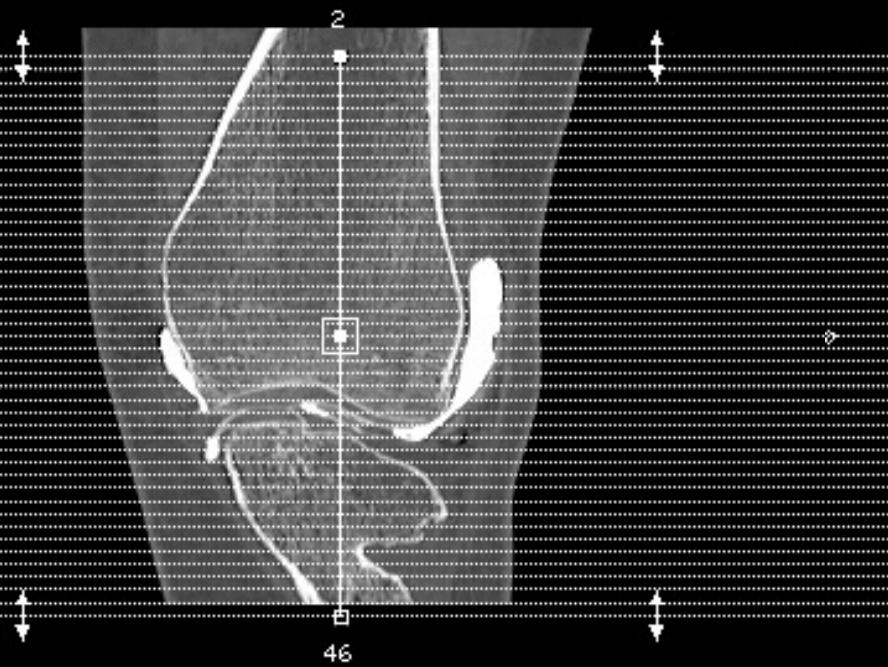


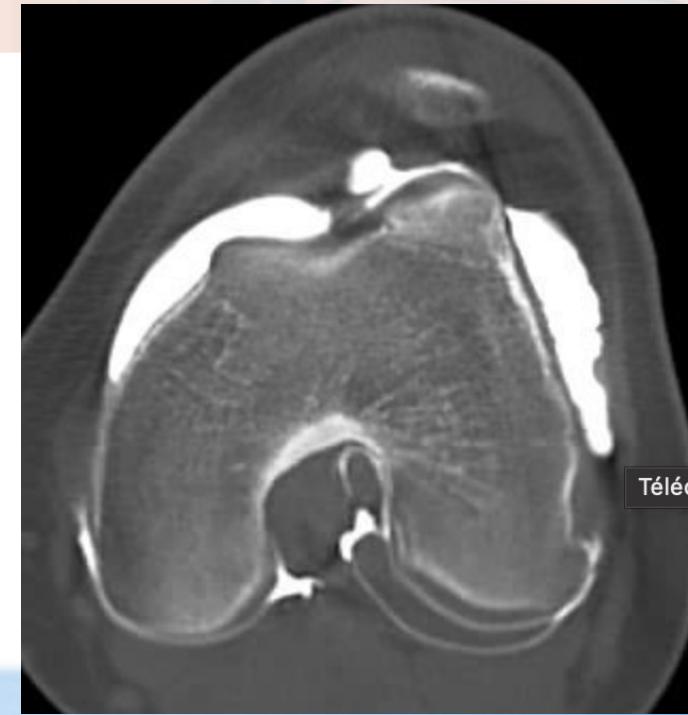
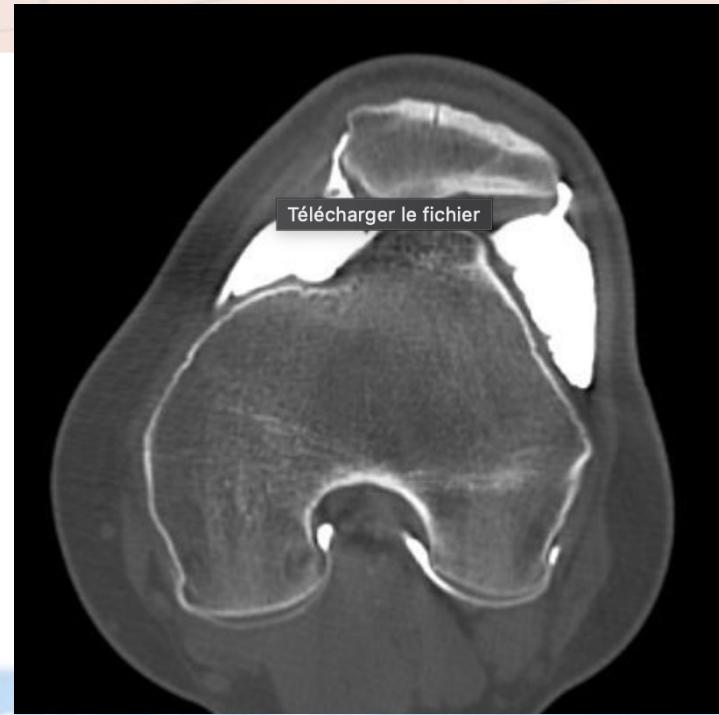
Trochleoplasty



ACT 2018

ACT 2021

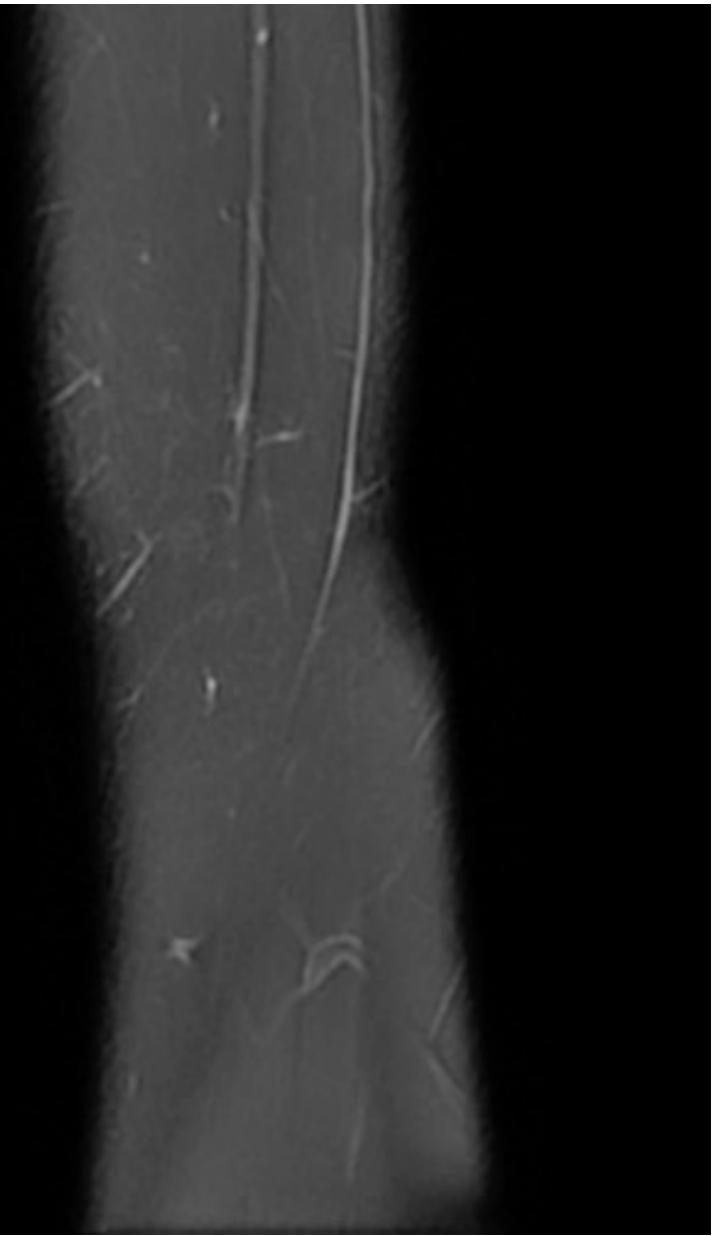
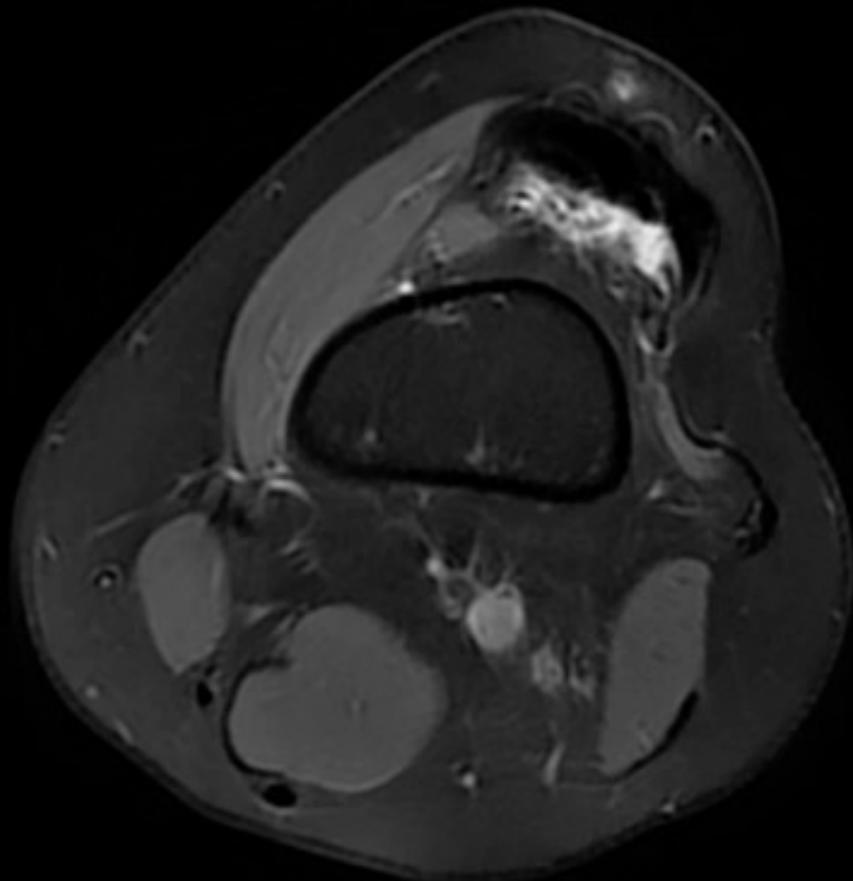




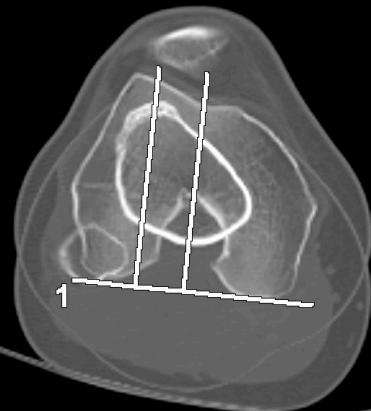
Télécharger le fichier

Télé

MRI 2020



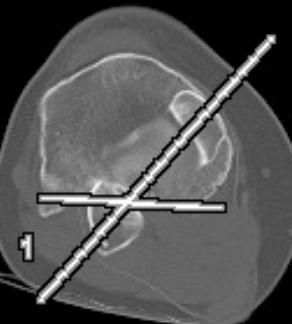
tagt droite 14mm



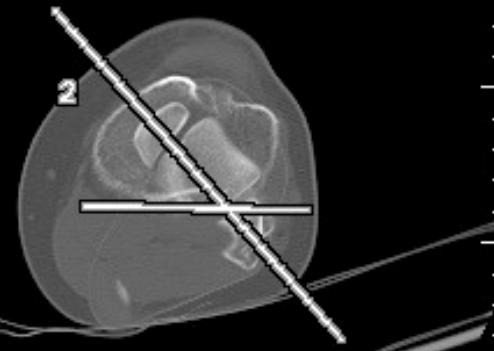
tagt gauche 15mm



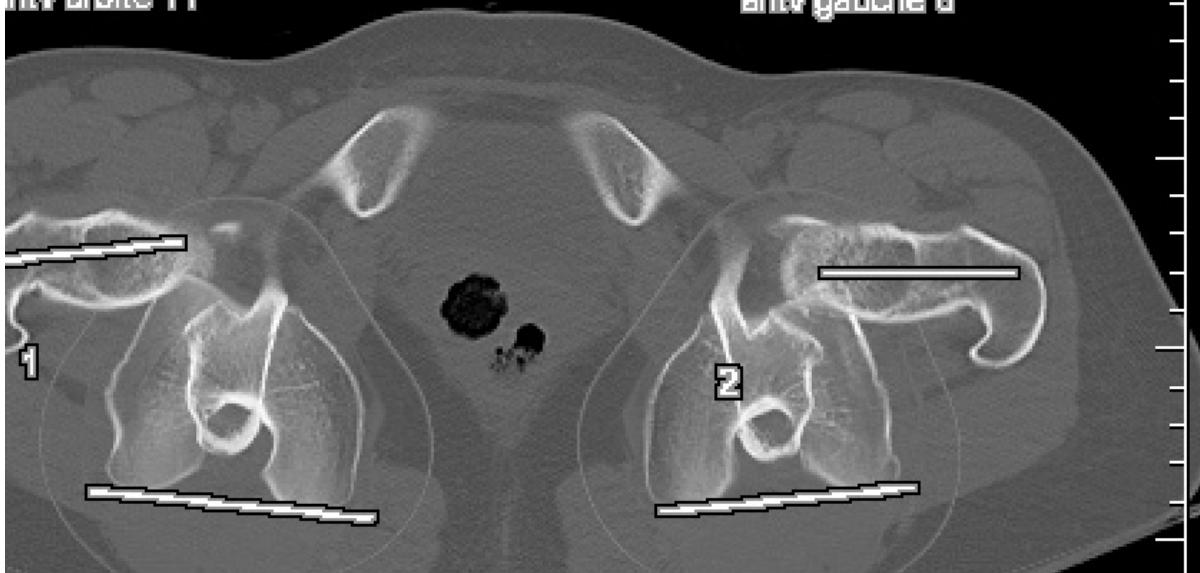
torsion fibiale droite 52°



torsion fibiale gauche 48°



antv droite 11°



antv gauche 6°

TT-TG 15 / 14 MM
Tibial torsion 48 °
Femoral anteverision 5 °





A NOW ?

...





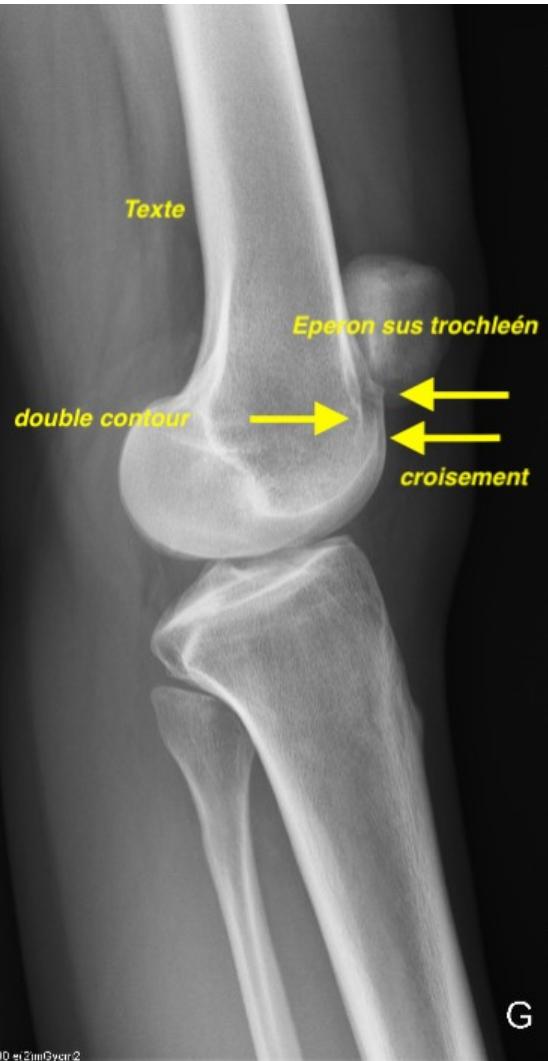
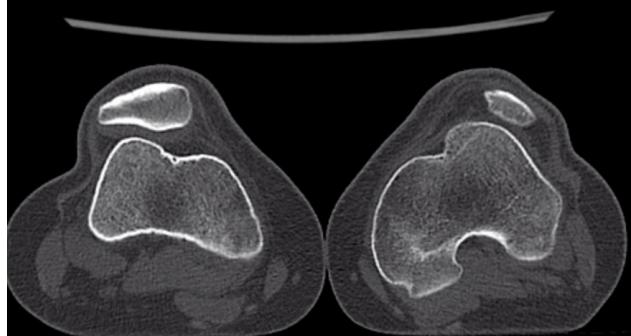
And NOW ?

Proposal by doctors

- Injections + rehab + NO SURGERY before PFProsthesis
- Femoral rotation osteotomy (IR 10°)+ Tibial internal rotation (10°) with TTA
deteachment + Dejour TROCHLEOPLASTY
- Modified DEJOUR trochleoplasty + MPFL reconstruction

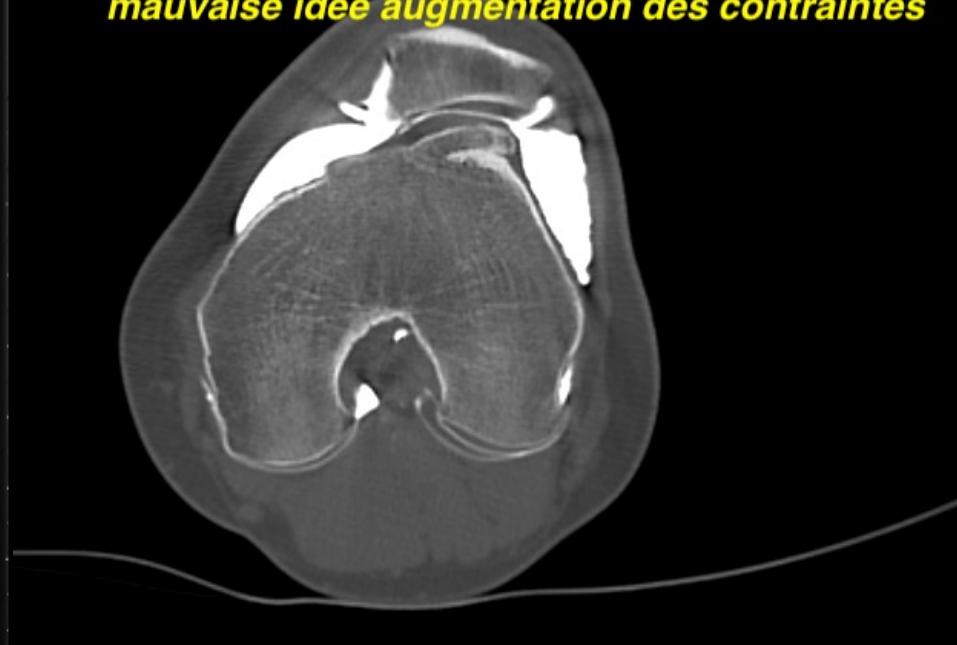


Lésion cartilagineuse
sur la bosse de la
trochlée



Ind expert opinion (DD)

**Trocheloplastie de relèvement
mauvaise idée augmentation des contraintes**



Initialement IPO sur dysplasie de haut grade

Indication de choix pour trochléoplastie creusement probablement TTA médialisation et MPFL et Section retinaculum

Chirurgie de [redacted] Aggravation de la dysplasie car le relèvement est une très mauvaise indication car il aggrave la proéminence, donc les contraintes, il a du aussi abaisser pour augmenter la stabilité mais cela augmente aussi les contraintes donc la stabilité oui ! mais les douleurs oui aussi ... !!!

Les rotations oui un peu excessives mais pour moi ne sont pas à corriger

Donc si indication chirurgicale il faudrait faire trochléoplastie de creusement et MPFL a priori pas de TTA à faire, pas d'ostéotomie de dérotation.

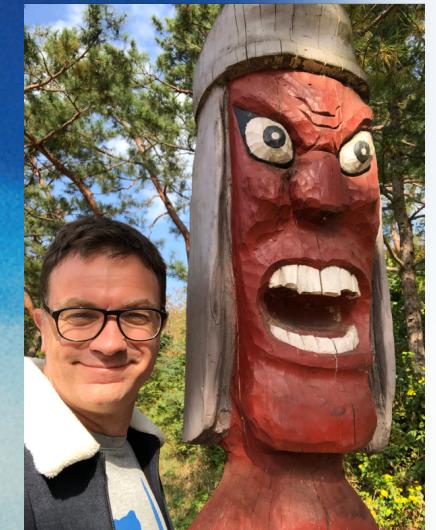
Le problème est de faire une chirurgie pour la douleur car on sait que cela ne résoudra pas tout mais si patiente motivée et TRES gênée OUI c'est possible.

Voilà mes réponses, si tu veux que je la vois c'est avec plaisir.

Toute mon amitié, c'est un très beau dossier qui montre que les trochléoplastie de relèvement sont toujours mauvaise pour le futur du genou ...



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MERISCIENCE

