

Management Patellar Dislocation

David DEJOUR
COROLYON - FRANCE

Patient classification

<p>At least one dislocation +</p> <p>Objective X-rays abnormalities</p> <ul style="list-style-type: none"> •Trochlear dysplasia •Patella Alta •TT-TG •MPFL rupture = tilt <p style="text-align: center; border: 1px solid red; padding: 2px;">Objective Patellar Instability</p>	<p>Pain and NO dislocation</p> <p>Normal standard X-Rays</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">Potential Patellar Instability</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">Patellar Painful Syndrome</p>
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How to Win The Olympic Patellar Games

Know Instability factors

Surgical Algorithm "le menu à la carte" de LYON

H. Dejour

1987

**Only for TRUE
dislocation !!!!!**

2009

Never forget that a BAD surgical indication could lead to ...

TT-TG = 0,5 mm

RSD

Arthritis

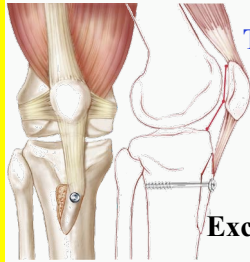
1987 Algorithm for PF Instability

Henri DEJOUR

	Side	Correction
Trochlear dysplasia	Type I, II, III	????
Patellar height	Index AT / AP	Distalisation Index = 1
TT-TG	> 20 mm	Medialisation 10 < TA - GT < 15
Patellar Tilt	> 20°	VMO Plasty

Tibial Tubercle Medialisation Is Indicated IF...

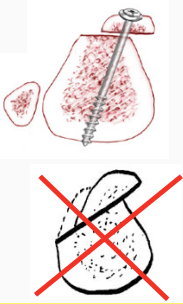
Technical Note




True Patellar Instability + Excessive TT-TG > 20 mm

Technical Note

Medialisation



- Medialisation
- No advancement



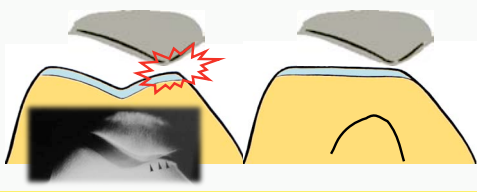
1. Kneeling pain
2. Skin healing
3. Unaesthetic aspect

Clinical results


Correlation
Medialisation & Trochlear shape

Flatter trochlea is, higher could be the transfer

Hypercorrection Hypercorrection




Tibial Tubercle Distalisation Is Indicated IF...




Distalisation relocates the patella where the groove is deeper

Distalisation if index > 1,2



I = 1,05



But also if
Index border line
No patella on the CT scan
No trochlear groove

→ Mild distal. = 5 mm

Patellar Tilt ??

1987
Patellar tilt
=
VMO dysplasia
=
VMO plasty

↓

Correction 5 ° !!!!!

2009
Patellar tilt

MPFL PLASTY +++

If Patellar Tilt > 20° and /or No Lateral End Point...

→ **MPFL reconstruction**

What about Trochlear Dysplasia ???????

High grade Trochlear dysplasia

Maltracking : Horizontal plane

Impingement : Sagittal plane

ALBEE Procedure *Elevating trochleoplasty*

ALBEE Procedure

- **Very efficient : Stability**
- **Increase lateral pressure**
- **Increase trochlear prominence**

Pain ?? Future arthritis ?? Medial Tilt !!!

High Grade Abnormalities

Trochlear Dysplasia Type B and D

Supra-trochlear spur
Double contour
Crossing Sign

Trochlea Bump +++ impingement with Patella

Deepening TROCHLEOPLASTY

Henri Dejour 1987 (Masse 1978)
Create a new groove – Remove the prominence +++
D. Dejour and All Sports Med Arthrosc 2007

More etiologic in case of prominence
Wait for the next topic for the technique.....

How to WIN the Patella Olympic Games

Identify instability factors
Correct them one by one