

Val d'Isère 2012

4th Advanced Course on Knee Surgery

How I do a Ilio.Tibial.Band release

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Arthroscopic Management

- Is it possible?
- How are the results?
- Why should we do it?

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Literature : earlier studies

Pathogenesis: excessive friction between the ilio-tibial tract and the lateral femoral condyle and inflammation of a bursa

Surgical treatment: open technique to **reduce the tension in the ITB**

- Noble (1979) : posterior incision ITB
- Martens (1989) : triangular resection
- Holmes (1994) : elliptical resection
- Drogset (1999) : more extensive resection, study of 45 patients (84.5% good results)

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Literature : New studies

Pathogenesis: probably a form of enthesopathy of the femoral attachment of the ITB

- The ITB is **firmly related to the distal femur** by fibrous strands, associated with a layer of richly innervated and vascularised fat (lateral recess).
- MRI studies showed **signal intensity alterations** in this fatty tissue in patients with ITBS.
- **No bursa** was found in cadaver studies, MRI studies and operated patients.
- MRI study: **movement of the ITB is an illusion** because of changing tension in its anterior and posterior fibers.

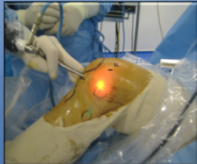
Nemeth, Sanders Arthroscopy 1996 , Fairclough et al J Anat 2008

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Arthroscopic treatment

Arthroscopic treatment: resection of the femoral attachment of the ITB and the surrounding fatty tissue

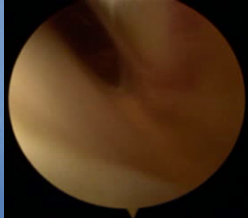



- Supine position with total ROM possible.
- Patient placed with knee in 30° flexion.
- 3 portals:
 - Anteromedial
 - Anterolateral
 - Superolateral

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Operation technique

- Inspection of the joint space
- Needle in lateral synovial recess
- Resection of the lateral synovial recess

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Material

- 36 patients, 38 procedures
- all the patients were recreational or professional athletes
- conservative treatment during at least 6 months
- Follow-up(> 6 months) : 35 knees available

Long distance running	22
Triathlon	5
Cycling	4
Athletics	3
Rugby	3
Soccer	1
Swimming	1
Fencing	1
Basketball	1

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RESULTS

- Running was started after two months, return to sports after three months

Results	Our study	Drogset et al
Excellent (no pain, complete return)	28 (80.0 %)	22(48.9%)
Good (much less pain)	6 (17.1 %)	16(35.6%)
Fair (little less pain)	1 (2.9 %)	6(13.3%)
Poor (unchanged or worsened)	0	1(2.2 %)

Associated lesions:

- In two patients a meniscus lesion was found, which required treatment.
- One patient with only a fair result had associated cartilage lesions

Sports of Drogset J.O., Roussel J., Gronowet T. (1999)
Surgical treatment of isolated lateral plica syndrome: A retrospective study of 46 patients.
Sports & Med Soc Sports 17:286-296

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CONCLUSION

- This study demonstrated that arthroscopic procedure is a valid technique with a good outcome
- Technically not demanding
- Advantages of arthroscopic surgery
 - Good intra-articular evaluation of associated lesions
 - Minimally invasive approach

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Thanks for your attention!

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