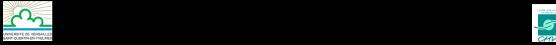


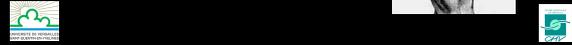
KNEE EXTENSOR MECANISM SURGICAL ANATOMY

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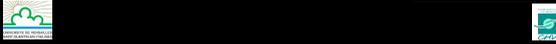
INTRODUCTION:

- Knee extensor mechanism is a complex anatomical structure:
- Gross anatomy is well described in classical anatomy textbook
- But fine anatomical details are also important to understand some of modern procedure
- But it's a real trap, because anatomical description could be too complex for a young fellow or resident or not so precise for a knee specialist, so I will try

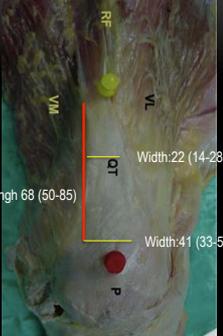
THE CLASSICS: QUADRICEPS MUSCLE

- Well known, Nothing new ...
- Four distinct muscle bellies:
 - One bi-articular muscle:
 - Rectus femoris innervation: roots L2, L3, L4
 - Three monoarticular muscle:
 - Vastus medialis innervation: roots L2, L3, L4
 - Vastus lateralis innervation: roots L3, L2, L4
 - Vastus intermedius innervation: roots L3, L2, L4
- Vascularization: Profunda Femoris artery

QUADRICEPS TENDON

- More complex than in classics books
- The quadriceps tendon was normally trilaminar,
 - anterior layer = rectus femoris, directly on patella
 - intermediate layer = VM and VL
 - VL blended with the lateral patellar retinaculum - direct tibial insertion
 - VM: more distal muscle fibers
 - deep layer: tendon of the vastus intermedius
- superficial fibers of this common tendinous attachment continue over the patella and become continuous with the patellar ligament

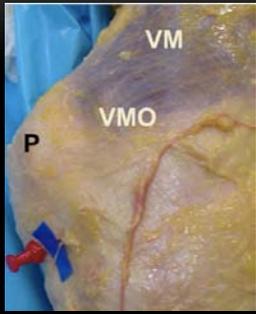
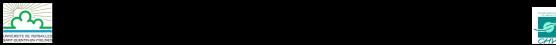


Andrikoula S et al, KSSTA(2006) 14: 214-220



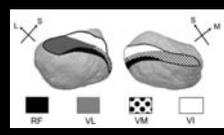
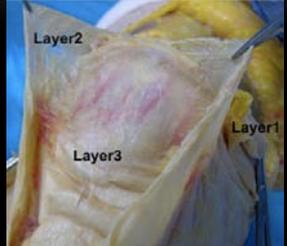
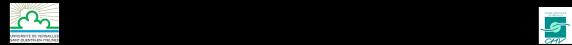
QUADRICEPS TENDON

- Distal part of vastus medialis (more distal) is so called vastus medialis obliquus (VMO) and for some authors a separate muscle
- « most distal fibers of the VM are almost horizontal as they pass anteriorly to the insertion into the common tendon and the medial border of the patella (P). »
- Like the VL, there's distal fibrous expansion that blended with the medial patellar retinaculum.

PREPATELLAR FIBROUS SOFT TISSUES

- Three layers:
 - superficial fascial layer:
 - Intermediate layers (VM/VL/ Rectus femoris superficial fibers)
 - Deep layer: rectus femoris

QUADRICEPS TENDON ANATOMICAL VARIATIONS

Zeiss J, Saddemi SR, Ebraheim NA. AJR 1992;159:1031- 1034.

Two layers: 30%

Three layers: 56%

Four layers: 5%

One layer: 7%

QUADRICEPS TENDON : CLINICAL RELEVANCE

- Two or three layered quadriceps tendon:
 - Partial quadriceps tendon harvesting is possible.

MEDIAL PATELLAR RETINACULUM: LAYER I-II

- I,II: Crural fascia, Medial retinaculum
- Fibers coming from
 - the crural fascia
 - the VMO tendon
 - and Quadriceps
- which can only be identified independently in front of the MCL.

Warren LF, Marshall JL (1979). J Bone Joint Surg 61A:56-62

MEDIAL PATELLAR RETINACULUM: MPFL +++

- Between layer II and III
- Mediopatellofemoral ligament: (66,7 to 100%)
 - band of retinacular tissue
 - connected the femoral medial epicondyle
 - proximal two-thirds of the medial edge of the patella
 - 2parts: superior and inferior
 - Contribution to medial patellar stabilization: 50%.

Near patella there's some fusion of the MPFL fibers to the fibers of the MR and VMO: dissection could be difficult

Amis AA et al , Knee. 2003 Sep;10(3):215-20.
Waligora et al;CORR (2009) 467:3297-3306

MEDIAL PATELLAR RETINACULUM: LAYER III

- Medio patellomeniscal ligament :
 - connected the patella
 - to the anterior horn of the medial meniscus
- Mediopatellotibial ligament: very thin
- Accessories patellar stabilizators
- Their contributions to static patellar stabilization was found to be
 - 24% for the patellomeniscal ligament
 - 13% for the medial patellotibial

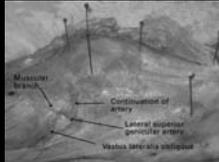
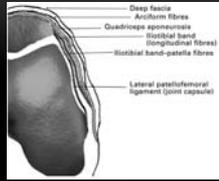
Panagiotopoulos E et al; KSSTA (2006) 14: 7-12

FUNCTIONAL ANATOMY

- During knee flexion:
 - the MPFL, actively shortened by VMO pulls the patella into the patellofemoral groove at the initial (20°-30°) of flexion

LATERAL PATELLAR RETINACULUM

- Two layers:
- superficial oblique retinaculum.
- deep transverse retinaculum : three structures:
 - transverse patellofemoral ligament (epicondylapatellar band)
 - the transverse retinaculum, (coursed directly from the ITB to the midpatella)
 - the patellotibial band,
- VASCULAR DANGER :
 - LATERAL SUPERIEIOR GENICULAR ARTERY



CONCLUSIONS:

- Learning anatomy should not concern only students;
- We must read not only biomechanical, clinical or surgical studies ; but also anatomical studies in the same journals



- Thank You !

