

Sinding-Larsen-Johansson Syndrome

Dr Juan Manuel Alonso
Sports Medicine Department
Aspetar, Qatar Orthopedics and Sports Medicine Hospital

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inspired by aspire*

- Juvenile osteochondrosis
- Typically, adolescents males 10-14 y/o
- Less frequent than Osgood-Schlatter
- Distal pole of the patella (proximal insertion of patellar tendon)
- Mechanically and biologically weak region
- Repetitive microtraumas & excessive prolonged stress
- Stress exceeds intrinsic resistance

- Pain on distal pole, increasing during flexion combined with loading of the knee joint
- Swelling of infrapatellar soft tissues and functional limitation
- X-ray: patellar fragmentation of distal pole, calcification of patellar tendon
- US: fragmentation of distal pole

- A regular or irregular calcification in 3 knees;
 - Coalescence of the calcification in 2 knees;
 - Incorporation of the calcification into the patella to yield a normal radiographic configuration of the area in 2 knees; and
 - A small calcification separated from the patella in 1 knee.
 - One case was not clearly distinguished from either osteochondritis or stress fracture, and
 - One case had a similar symptom to tendinitis.
- Iwamoto J, Takeda T, Sato Y, Matsumoto H. Radiographic abnormalities of the inferior pole of the patella in juvenile athletes. Keio J Med. 2009 Mar;58(1):50-3.



- Self-limited process that responds to activity modification and acetaminophen or NSAIDs.
- Severity determines the therapy
 - From rest 4-8 weeks to knee immobilization in extension
- Exercises to improve flexibility of the hamstrings, quadriceps, and heel cords can help reduce symptoms.
- Prognosis is good as SLJS heals in 3-12 months
- Condition is rare after skeletal maturity

**THANK YOU, MERÇI
SHUKRAM, GRACIAS**