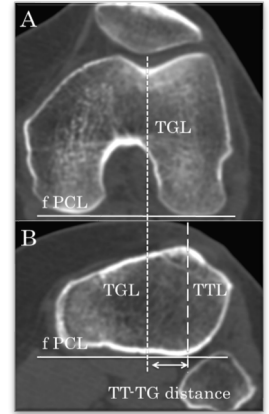
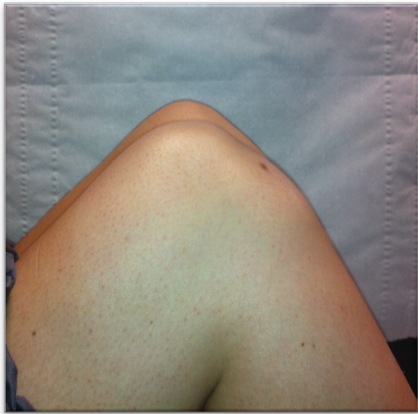


Indication For Tibial tubercle transfer



DISCLOSURE

1. Royalties from Move Up
2. Consulting income from Arthrex,
Move-Up and SBM
3. No Research and education
support
4. Past-president of SFA



CENTRE
OSTÉO-ARTICULAIRE
DES CÈDRES



Background

LA PATHOLOGIE FEMORO-PATELLAIRE

6^{èmes} JOURNEES
LYONNAISES

LYON 1987



organisées par

H. DEJOUR
G. WALCH

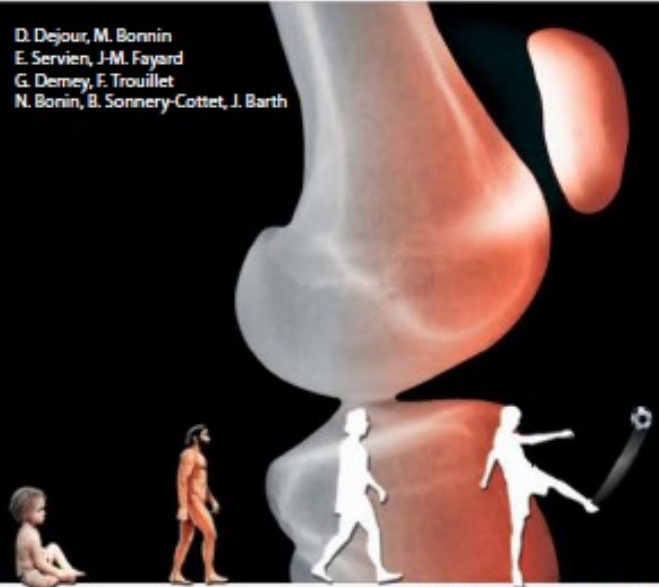


15^{èmes} Journées Lyonnaises de Chirurgie du Genou



La Patella

D. Dejour, M. Bonnin
E. Servien, J-M. Fayard
G. Demey, F. Trouillet
N. Bonin, B. Sonnery-Cottet, J. Barth



2012

ALRM Since 1969

Post presidents : Albert Trillat, Henri Dejour,
Flora Chambat, Philippe Neyret.



25 ans après... 25 years later.

1987



6-7-8
DEC
2012

LILLE
GRAND
PALAIS



INVITEE
D'HONNEUR
LA POLOGNE
GUEST NATION: POLAND

SIMULTANEOUS
TRANSLATION
FRENCH / ENGLISH



SYMPOSIA

INSTABILITÉ ROTULIENNE OBJECTIVE
PATELLAR INSTABILITY
V. Chassaing (Paris), D. Dejour (Lyon)

RUPTURE DE COIFFE APRÈS 70 ANS
ROTATOR CUFF TEAR AFTER 70 YEARS
P-H. Flurin (Bordeaux-Mérignac)
P. Hardy (Paris)

Président du Congrès

Special Acknowledgment



SFA Honorary member 2021



PROGRAMME SCIENTIFIQUE SCIENTIFIC PROGRAMME



CONGRES ANNUEL ANNUAL CONGRESS

1987 "menu à la carte" for patella dislocation

Instability factors

Trochlear dysplasia

Patellar height

Caton & Deschamps

TT-TG

CT-scan

Patellar Tilt (CT)

Knee side

Type I, II, III

Index AT / AP

> 20 mm

> 20°

Proposed procedure

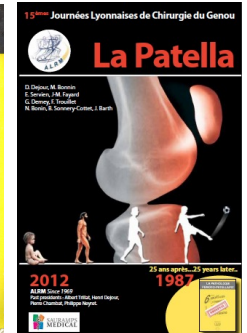
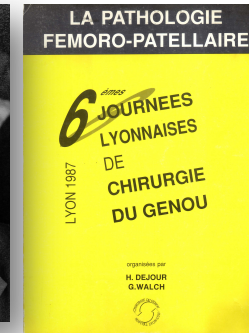
?

Distalization
Index = 1

Medialization
 $10\text{mm} < \text{TT-TG} < 15\text{mm}$
VMO Plasty

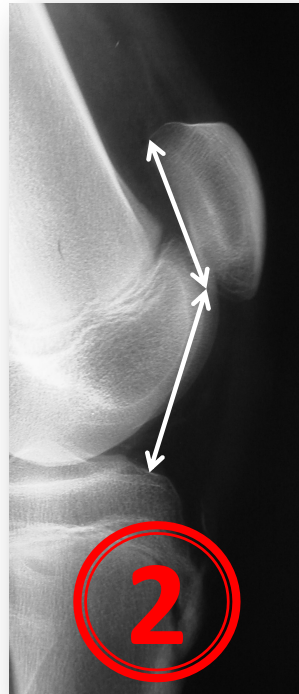
Control (n= 190) / Dislocation (n= 147)

A black and white portrait of a middle-aged man with thinning hair, smiling slightly. He is wearing a dark suit jacket, a light-colored shirt, and a patterned tie. The background is dark and out of focus.

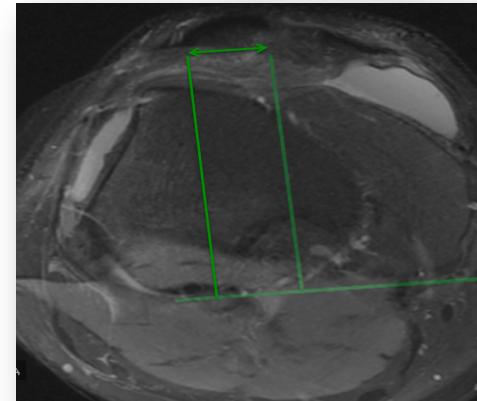


1

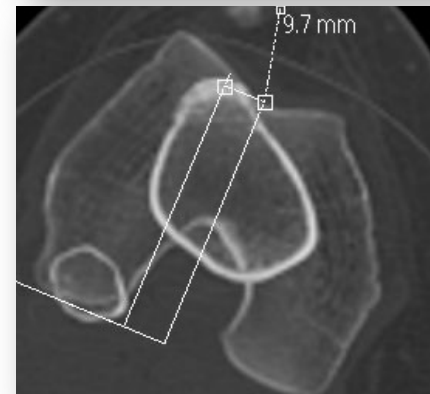
French J. Orthop. 1990
Knee Surg. Trauma 1994



Patella Alta > 1.2



TT- TG > 13 mm MRI



9.7 mm

3

TT- TG > 20 mm CT

2012 Instability factors ≠ 3

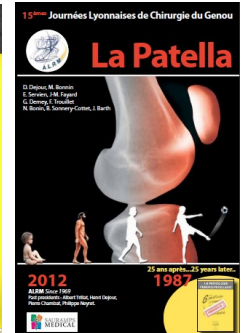
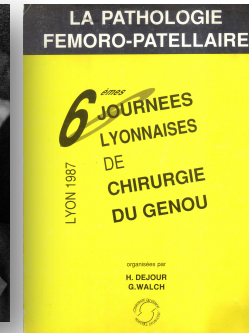
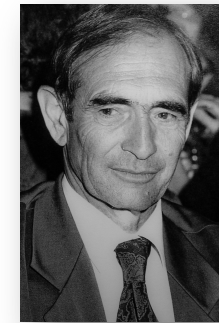
Trochlear dysplasia : YES

Patella Alta : YES

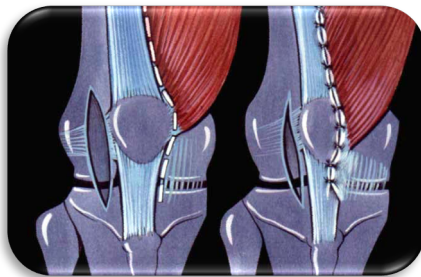
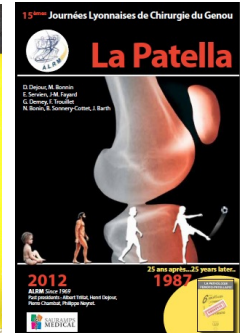
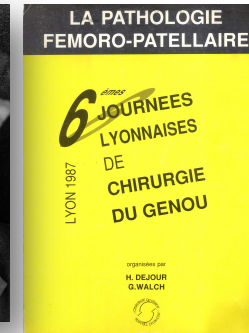
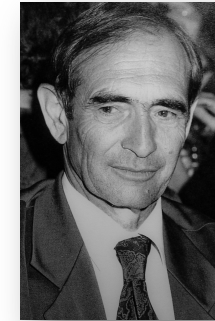
TT - TG: YES

Patellar Tilt : ~~YES~~ **NO**

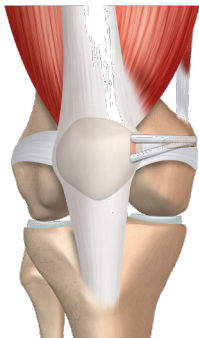
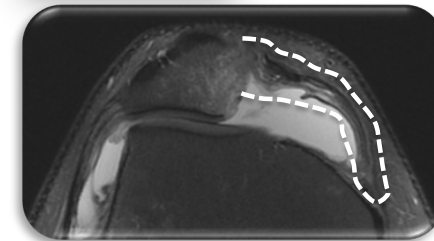
Resulting factor of all the others



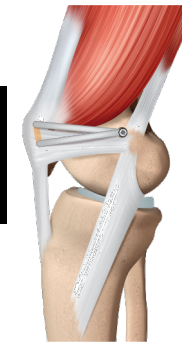
Treatment Algorithm Chronic PF Instability



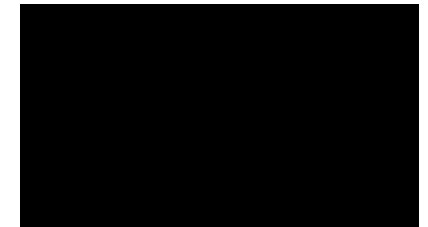
~~VMO Plasty + LR~~
~~for the Patellar Tilt~~



MPFL isolated or combined
All cases



Lateral release if : Medial Tilt test negative
"Possible option"

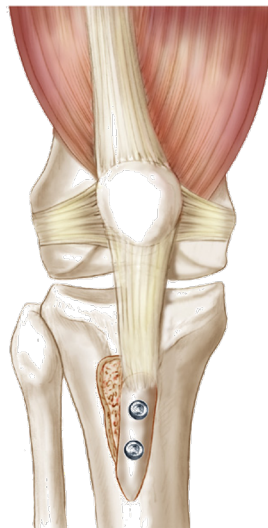


Indication for TT Transfer

Only for Objective Patellar Dislocation

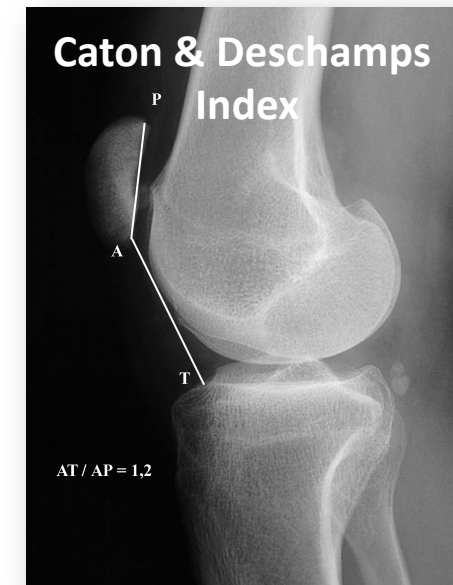
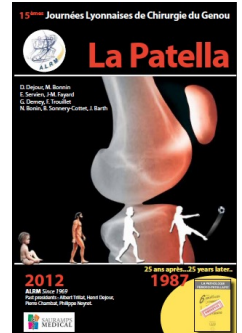
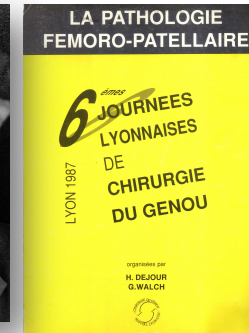
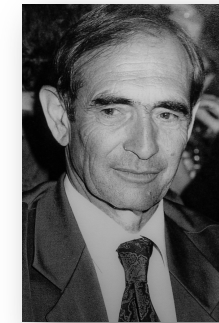
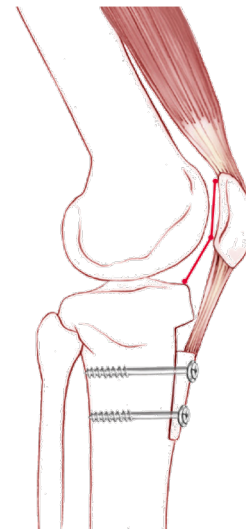
Medialization

If excessive $TT-TG > 20 \text{ mm}$



Distalization

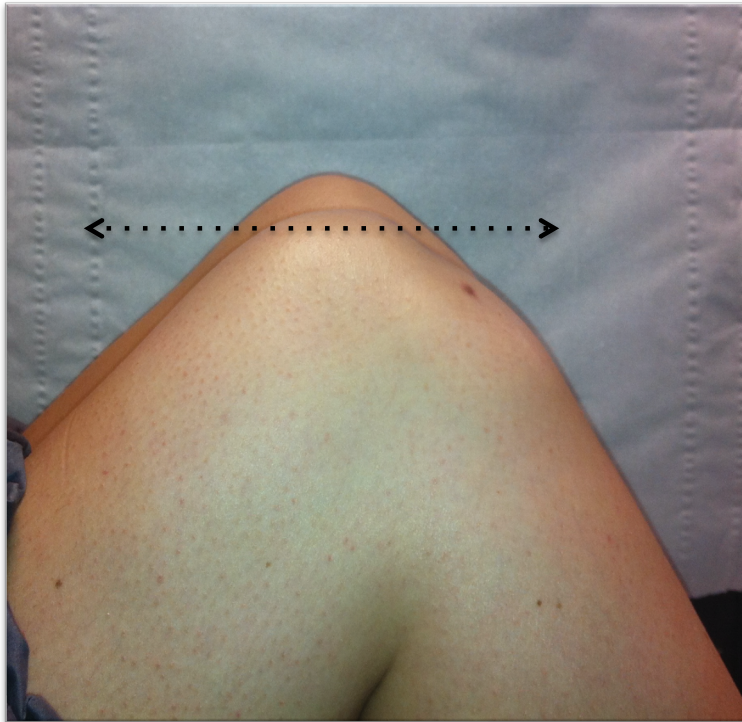
If Patella Alta > 1.2



How to define Patella Alta ?



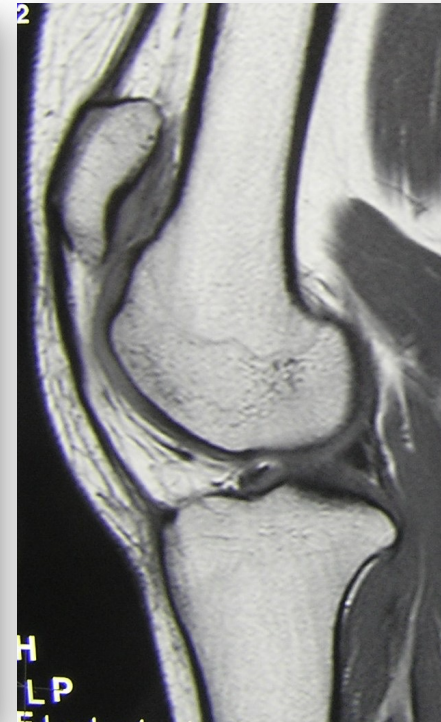
Different Information



Clinical



X-Rays

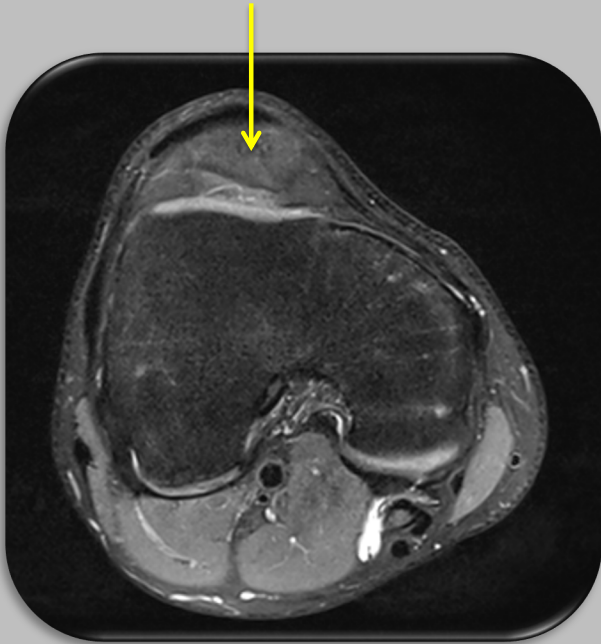


MRI

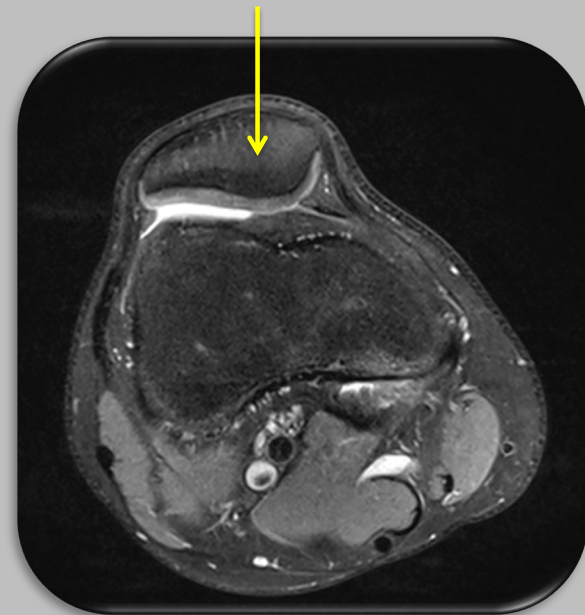
Imaging Sagittal Patellar Engagement : MRI

Undirect sign of a patella Alta

First cut with cartilage
No patella in front of the trochlea

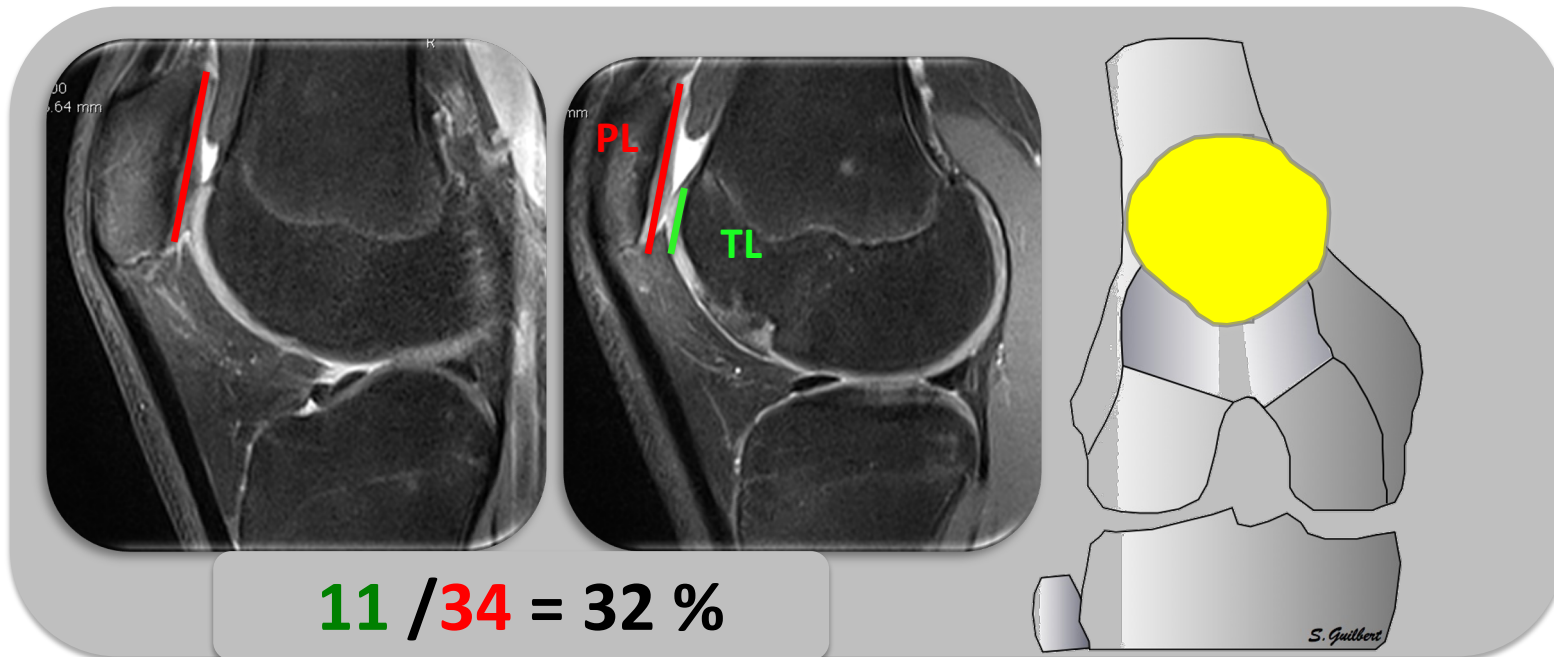


Patella Alta
No trochlea in front of Patella

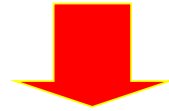


Imaging Sagittal Patellar Engagement : MRI

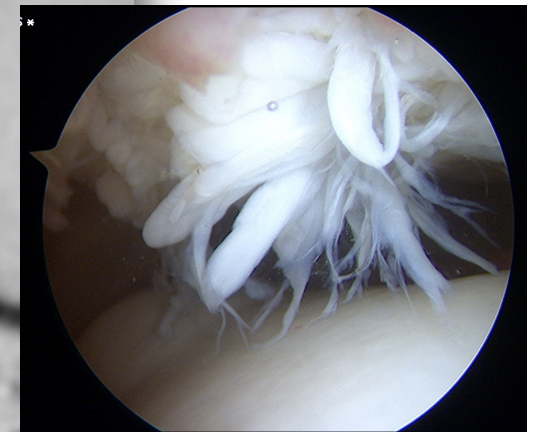
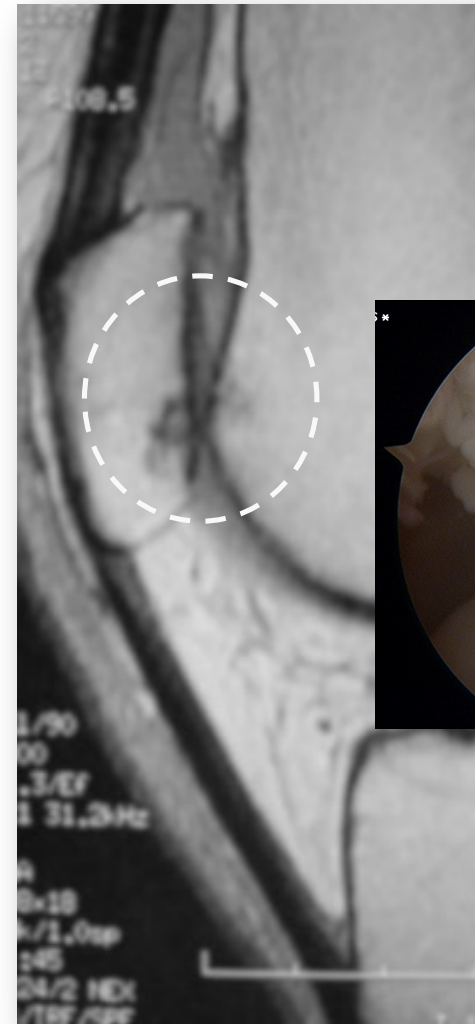
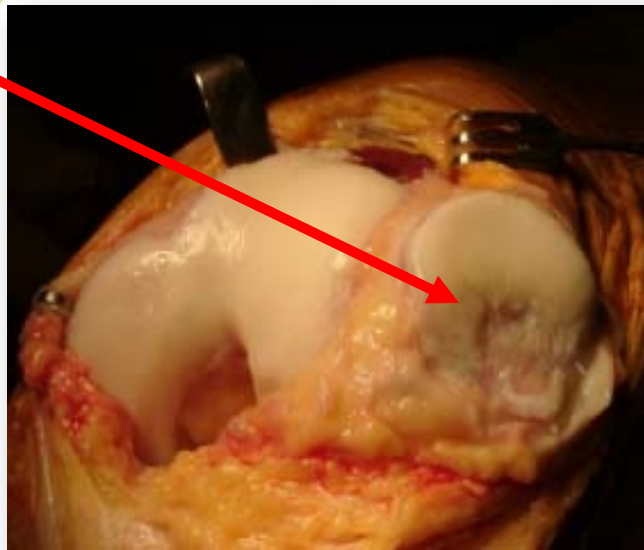
Quantification : Patellar Engagement
Trochlear Length / Patellar Length



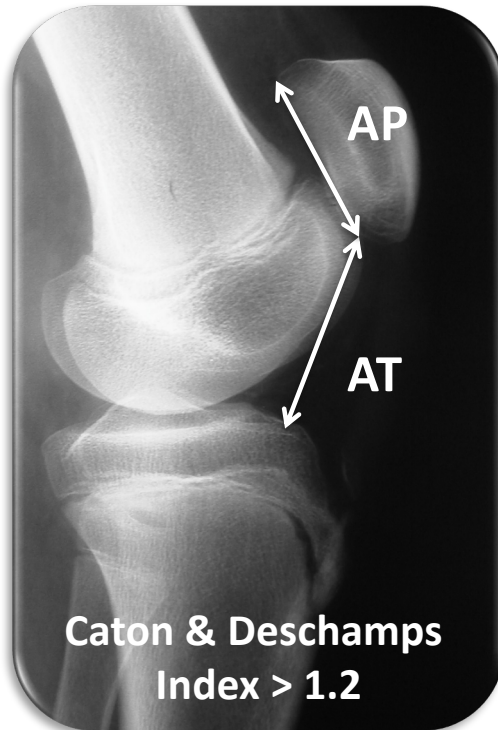
Patella Alta gives specific Cartilage damage



**Pain
and +/-
Instability**

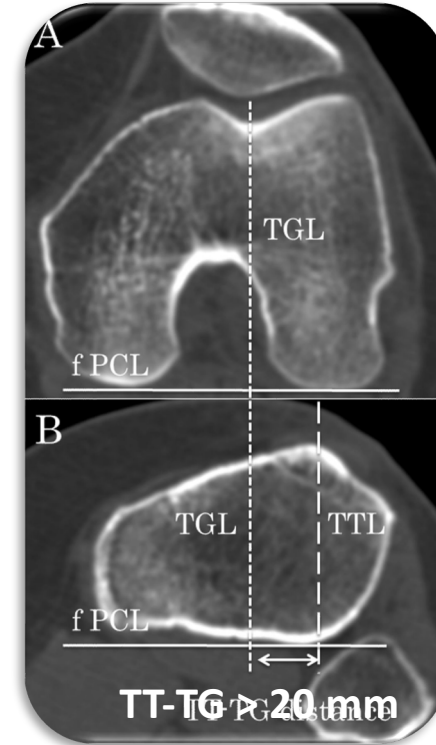


Planification



Distalization

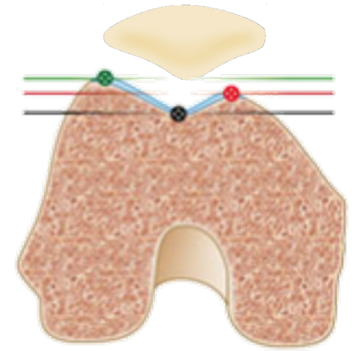
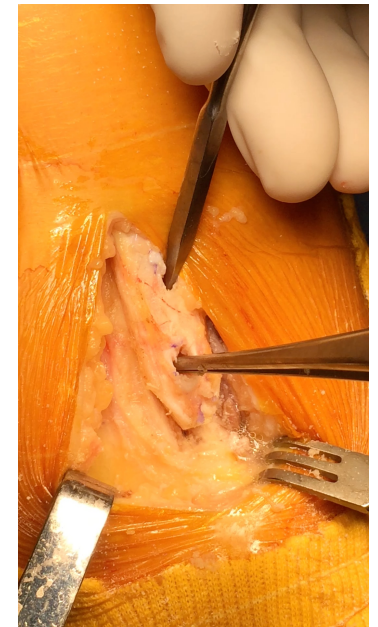
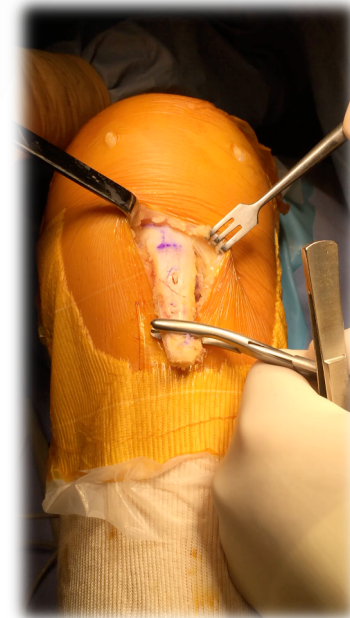
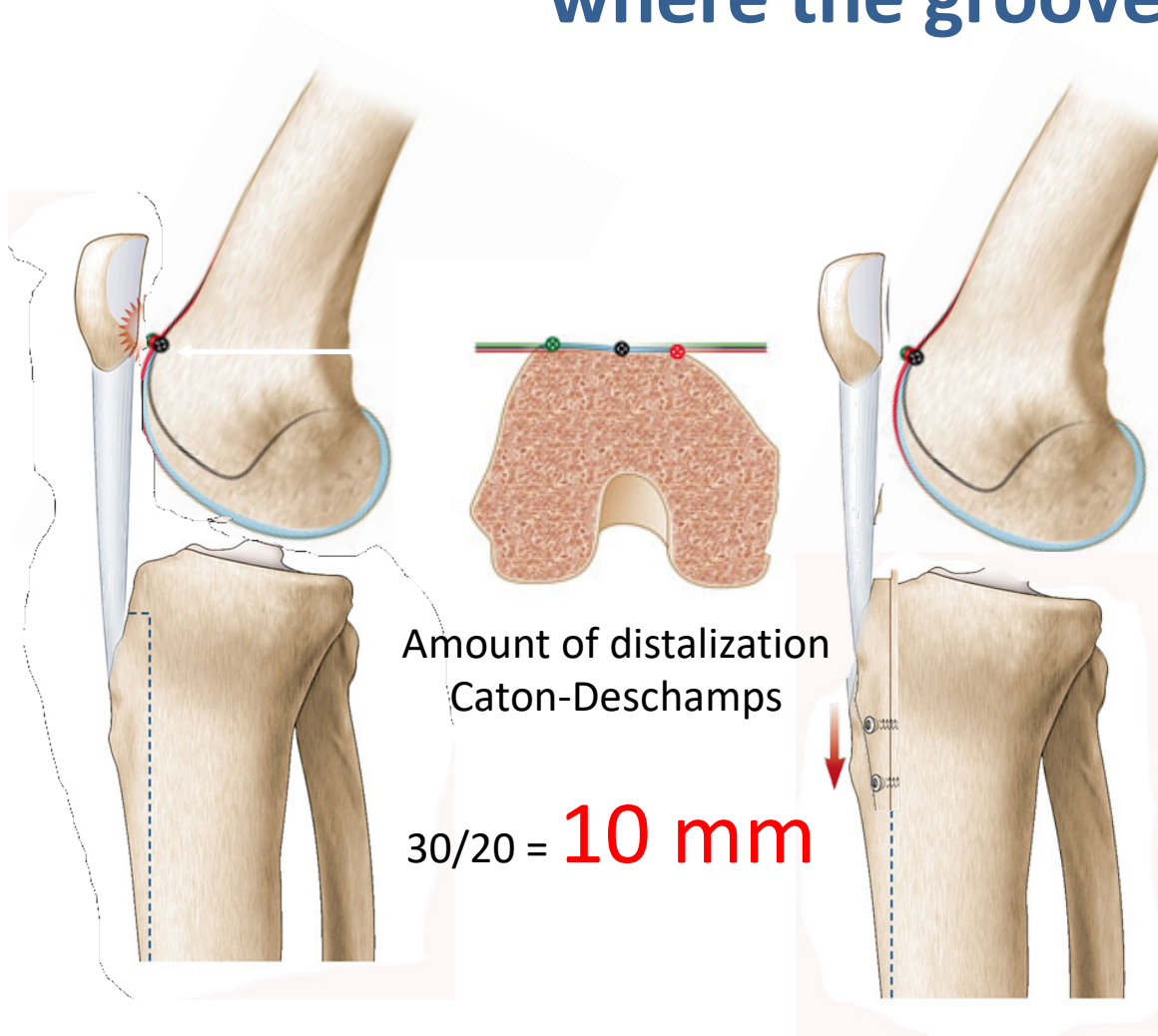
→ index C&D = 1



Medialization

→ 10 mm < TT-TG < 15 mm

Distalization will relocate the patella where the groove is deeper

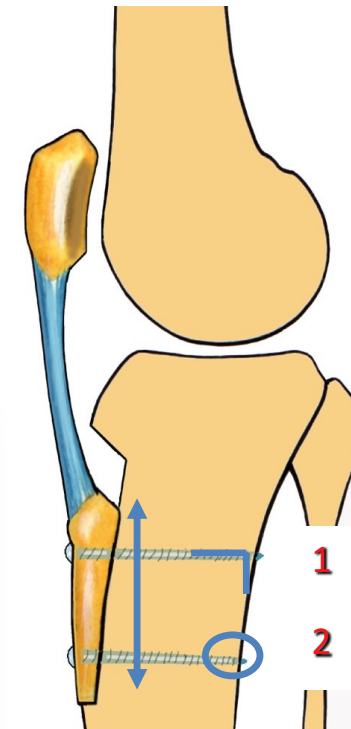


Be aware of technical procedure !!

- Mal-union
- Fracture
- insufficient correction



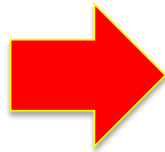
+++



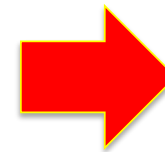
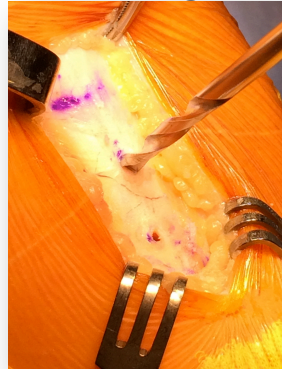
Insufficient correction is the first recurrence factor for dislocation

Tibial Tubercle Distalization Technical Tricks

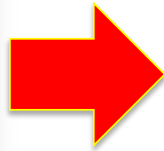
Patellar tendon
exposure



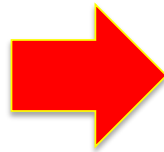
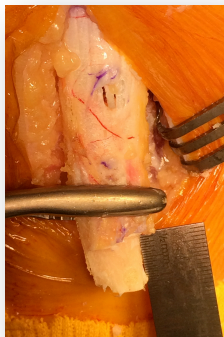
Pre drilling 4.5



Osteotomy 6 cm



Quantify the
correction

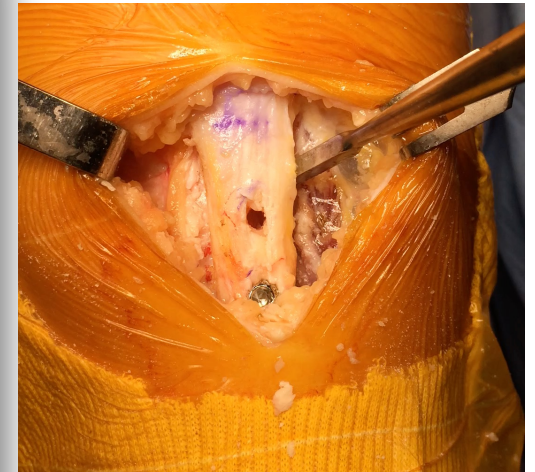
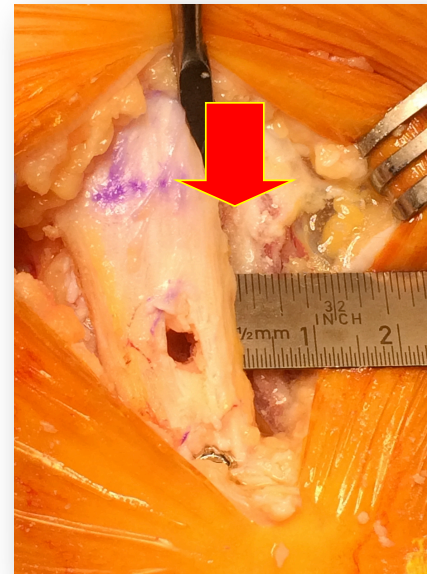
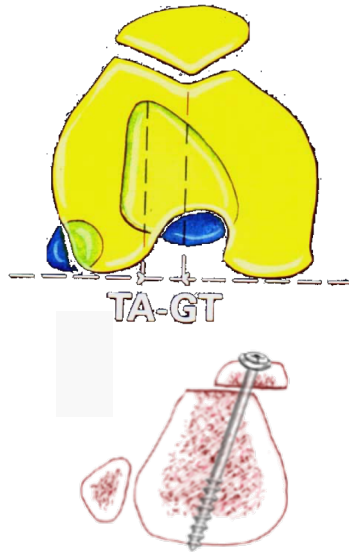
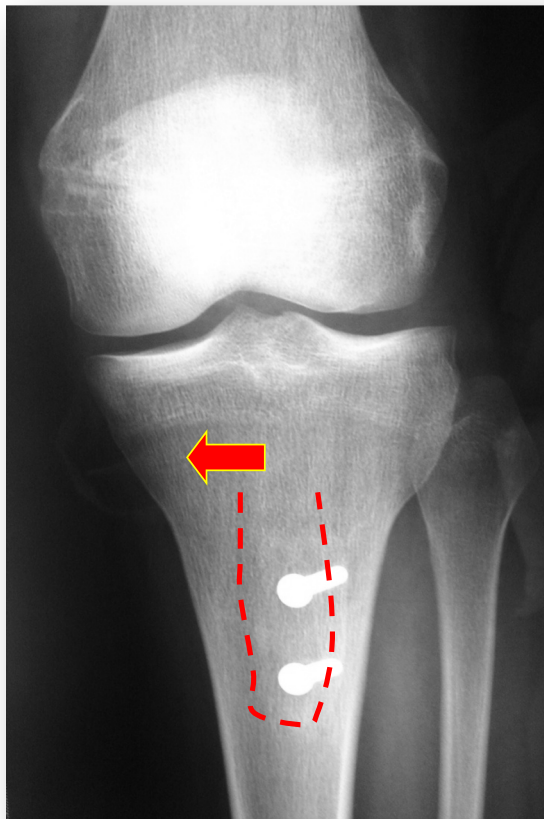


Fixation with 2
4.5 AO screws Perpendicular
With compression ++





Distalization leads to automatic medialization = 4 mm



Decreased TT-TG
Medialized the patella

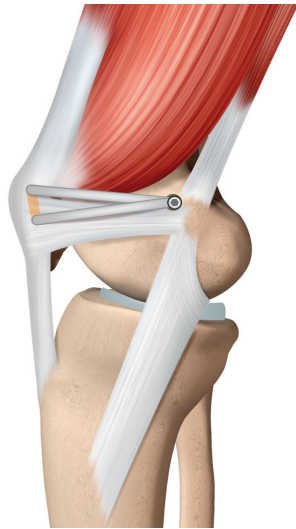
Distalization can be avoided in Patella Alta

X-ray Index > 1.2 + MRI Engagement

Positive engagement



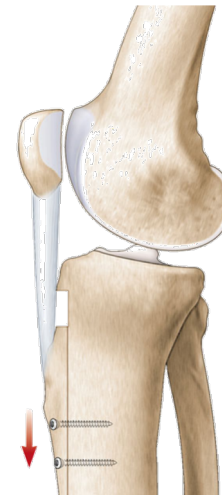
Isolated
MPFL



Negative engagement



Distalization
+
MPFL

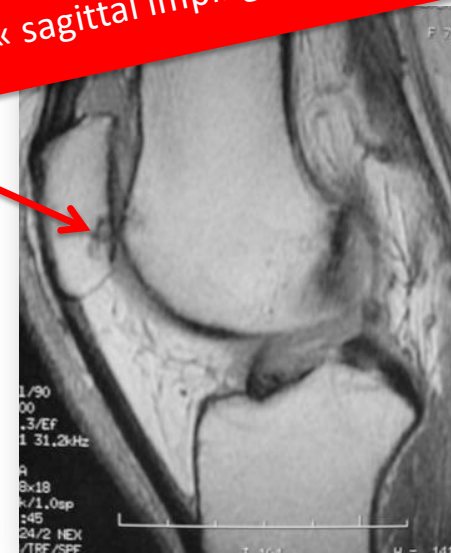


Distalization can be proposed without Patella Alta

$1 < \text{Index} < 1.2$ + Flat trochlea or type B
Low sagittal engagement



Remove the « sagittal impingement »



CONCLUSION

Bony procedures

Correct anatomical Malalignment

- Axial Alignment : excessive TT-TG
- Sagittal engagement : Patella alta

Soft tissue procedure (MPFL)

Restore the “torn anatomy”

12th Val d'Isère Advanced Shoulder Course

14th-16th APRIL 2022

Val d'Isère Congress Center

Course Chairmen:
Philippe Collin,
Alexandre Lädermann,
Lionel Neyton.

NEW FORMAT!
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the Mind**

Thank You !

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