

### Patellar Tendon Tenodesis in Association with Tibial Tubercle Distalization for Patella Alta

Sebastien LUSTIG Cyril MAYER Elvire Servien Philippe Neyret





### What Causes Patellar Instability?

- Numerous factors contribute to the development of patellar instability
  - Anatomy
    - Trochlear dysplasia
    - Position of the tibial tubercle (TT-TG)
    - Patellar tilt
    - Status of medial soft tissue restraints (MPFL)
    - Patella Alta
  - Trauma
    - Often in the absence of anatomic abnormalities

H Dejour et al, RCO, 1990 Desio et al, AJSM, 1998

#### Patella Alta

- Patella alta is a frequently ignored cause of patellar instability
  - Patella alta is present in:
    - 24% of patients with patellar instability
    - 3% of patients with stable patellae
  - Patella alta rarely occurs in isolation
    - frequently associated with trochlear dysplasia
  - Patients who suffer a dislocation with minimal trauma are more likely to have patella alta

H Dejour et al, KSSTA, 2002 J Caton et al, RCO, 1990 H Dejour et al, RCO 1990

#### Patella Alta

 Perhaps even more significant, up to 40% of cases of recurrent instability following surgery may be related to failure to address patella alta



CHIRURGIE ITERATIVE DES INSTABILITES ROTULIENNES ET DES SYNDROMES ROTULIENS DOULOUREUX

ANALYSE DES CAUSES D'ECHEC ET RESULTATS DES REINTERVENTIONS - A PROPOS DE 160 CAS -

Travail de la Clinique de chirurgie orthopédique et traumatologique Centre Hospitalier LYON-SUD - Professeur H. DEJOUR

#### THESE

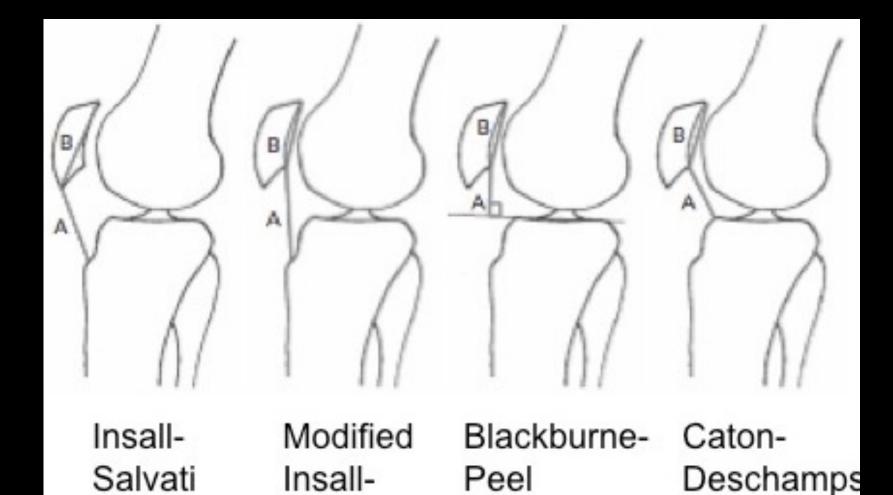
Présentée à l'Université Claude Bernard - LYON I UFR ALEXIS CARREL et soutenue publiquement le 14 Octobre 1988 pour obtenir le grade de Docteur en Médecine

> par Christophe LEVIGNE

> > né le 23 Mai 1958 à LYON (Rhône)

Levigne, Thèse Lyon, 1988

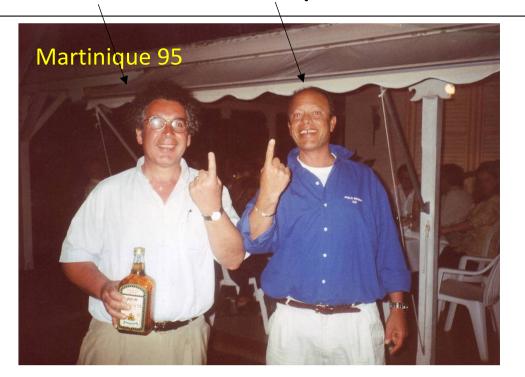
#### How to Measure Patellar Height?



Salvati

Rogers et al, JBJS-Br, 2006

#### Caton & Deschamps Index



CATON J., DESCHAMPS G., CHAMBAT P.& al.: Les Rotules Basses. A propos de 128 observations Rev Chir Orthop 1982; 68: 317/325

#### Choice of Index

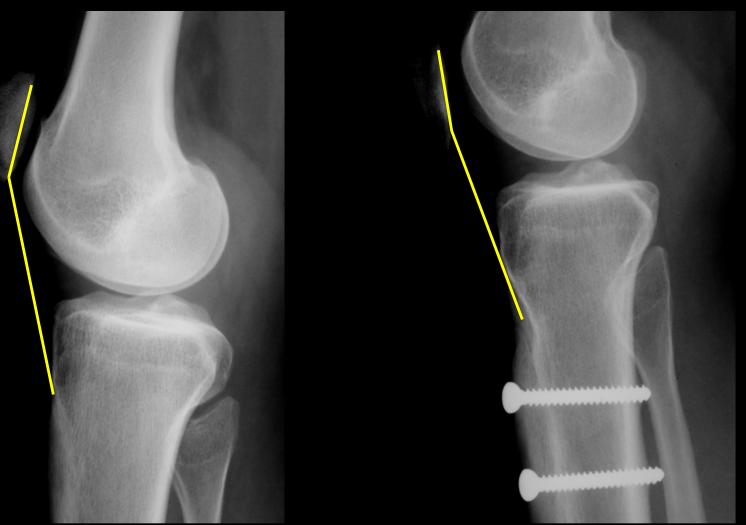


Caton-Deschamps = 1.4



Caton-Deschamps = 1.0

#### Choice of Index



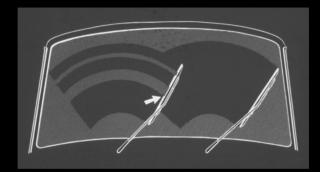
Caton-Deschamps = 1.4 Modified Insall-Salvati = 2.3 Caton-Deschamps = 1.0 Modified Insall-Salvati = 2.2

#### Pathoanatomy - Theory #1

- In patella alta, the patella does not engage the trochlea until higher flexion than normal
- This leads to less resistance of the patella to lateral translation
- Distalization of the patella should lead to earlier engagement of the trochlea and more resistance to lateral translation (dislocation)

#### Pathoanatomy - Theory #2

- In patella alta, the abnormally increased length of the patellar tendon itself is the culprit
- It is noted in cases of patella alta that the patellar tendon itself is frequently long rather than the tibial tubercle being too high

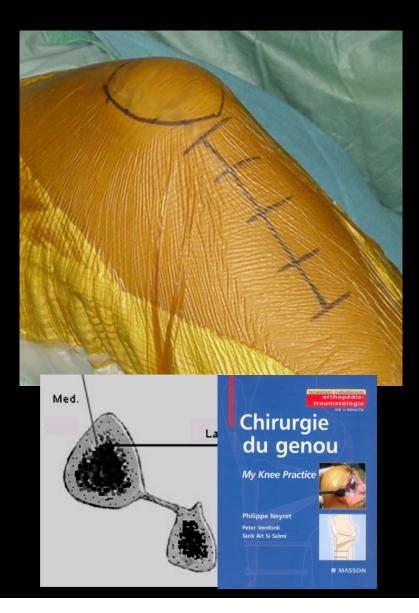


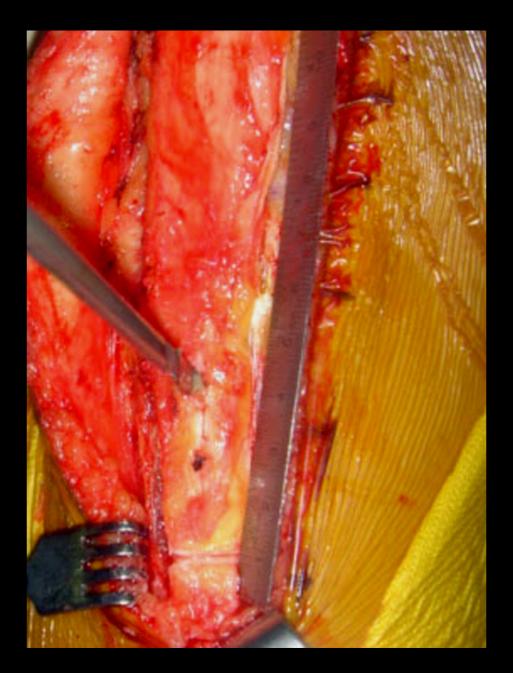
#### **Operative Treatment Options**

- Tibial tubercle osteotomy
  - Distalization
    - In patients with relatively normal TT-TG
    - Pure distalization of the tibial tubercle results also in some medialization of the patella (4mm average)
  - Medialization and distalization
    - May be needed in patients with significant patella alta and lateralized tibial tubercle (high TT-TG)

Lustig et al. RCOT 2006 Simmons et al, CORR, 1992

## Technique





## Technique



## Technique



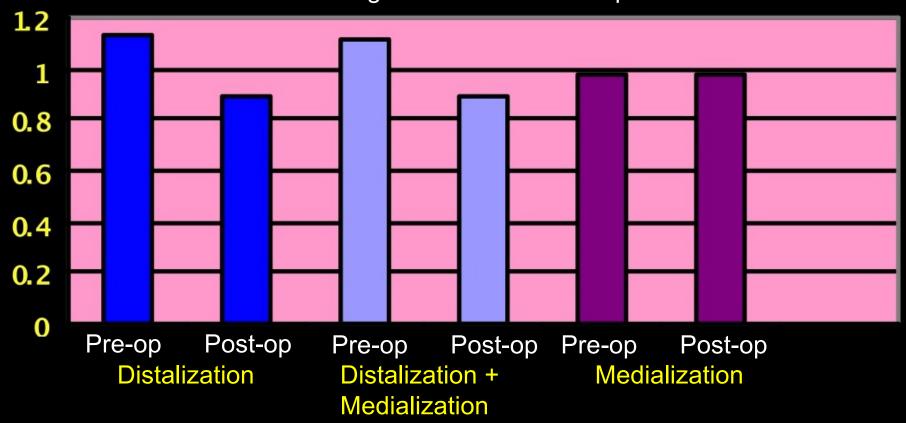


#### **Operative Treatment Options**

- Tibial tubercle osteotomy Medialization?
  - Primarily indicated for patients with tibial tubercle lateralization
  - Some authors report that isolated medialization results in patellar tendon shortening as well – perhaps due to scar tissue formation
  - Data from Lyon Croix Rousse have not demonstrated shortening of the patellar tendon provided post-operative mobilization begins immediately

#### **Operative Treatment Options**

#### • Tibial tubercle osteotomy



Patellar Height – Caton-Deschamps Index

Servien E et al. 2006

#### Is tibial tubercle distalization enough?

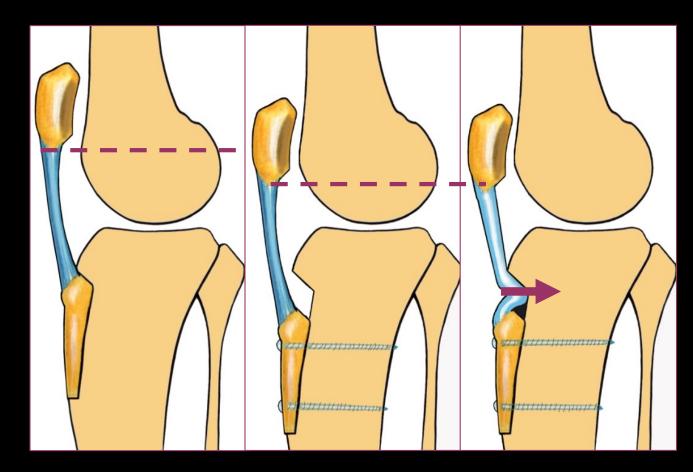
- Addresses patella alta, but...
- No effect on patellar tendon length

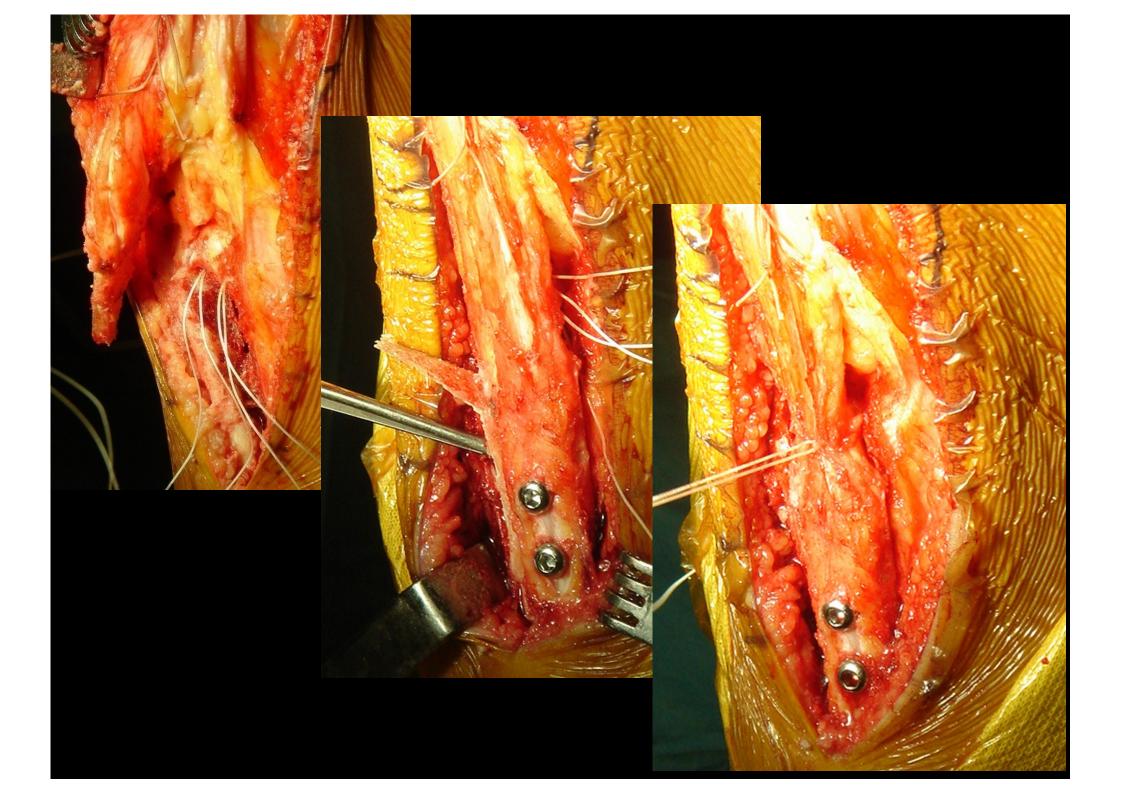
#### Patellar Tendon Length

Study	Control	Episodic Patellar Dislocation
Escala et al	44.4 mm	51.8 mm
Neyret et al	46 mm	53 mm
Kujala et al	47 mm	51 mm
Maenpaa et al	55 mm	61 mm

Escala et al, KSSTA, 2006 Neyret et al, Knee, 2002 Kujala et al, JBJS-Br, 1989 Maenpaa et al, KSSTA, 1996 What about treating increased patellar tendon length??

• Consider the addition of a patellar tendon tenodesis to a tibial tubercle distalization





#### Results – Lyon Series

- Tibial tubercle osteotomy with patellar tendon tenodesis
- 27 knees, mean follow-up 9.6 years
- Results
  - − Patellar Tendon Length: 56.3mm → 44.3mm
  - − Caton-Deschamps Index: 1.22 → 0.95
  - Recurrent Patellar Dislocations: 0
  - Mean subjective IKDC score: 75.6

Mayer et al, AJSM, 2012

# Results of Distalization without patellar tendon tenodesis

Study	Recurrent Dislocations	Subjective Results
Simmons et al, 1992	0/15	NR
Palmer et al, 2004	2/59	69% Satisfied
Caton and Dejour, 2010	Perfect Stability in 76.8%	
Marteau et al, 2011	0/14	4/14 – apprehension
		with jumping

Simmons et al, CORR, 1992 Palmer et al, CORR, 2004 Caton and Dejour, Int Orthop, 2010 Marteau et al, 2011 Comparative studies of tibial tubercle distalization with and without patellar tendon tenodesis?

- <u>None</u>
- Recommendation: Consider the addition of patellar tendon tenodesis in cases of patella alta with an excessively long patellar tendon
  - Cutoff 52mm has been suggested
  - Low risk

#### Conclusions

- Do not forget to assess patellar height when treating patients with patella alta
- Tibial tubercle distalization is a useful, effective technique for management of patella alta associated with patellar instability

AJSM

Patellar Tendon Tenodesis in Association With Tibial Tubercle Distalization for the Treatment of Episodic Patellar Dislocation With Patella Alta

Cyril Mayer,\*<sup>†</sup> MD, Robert A. Magnussen,<sup>‡§</sup> MD, Elvire Servien,\* MD, PhD, Guillaume Demey,\* MD, Matthias Jacobi,<sup>II</sup> MD, Philippe Neyret,\* MD, and Sebastien Lustig,\* MD, PhD *Investigation performed at Hôpital de la Croix-Rousse, Centre Albert Trillat, Lyon, France* 



#### **THANK YOU** sebastien.lustig@gmail.com