

Anterolateral Ligament (ALL) Reconstruction: A Therapeutic Option For Persistent Knee Instability After Anterior Cruciate Ligament Reconstruction (ACLR).

Ezainy MA; Ibrahim AF; Zulkifli H; Sa'adon I
Department Of Orthopaedic, Hospital Sultan Ismail Johor Bahru, Johor.

INTRODUCTION:

A severe rotational knee instability commonly treated effectively with combined 2 procedures (ALL reconstruction and ACLR)¹. Here, we present a case with persistent rotational knee instability post ACLR in a well rehabilitated, good knee function with intact graft treated with isolated ALL reconstruction.

METHODS:

A 26 years old man factory worker sustained an ACL injury to his right knee in a football match in 2014. He underwent subsequent ACLR in 2016. Postoperatively, patient still complained of instability when pivoting motion during heavy lifting object despite compliance to standard rehabilitation for ACLR. ALL reconstruction was done later 2 years after ACLR. A femoral tunnel was made on the posterior border of the lateral epicondyle and a tibial tunnel between the Gerdy tubercle and the fibular head were created with a 6 mm drill. Patient's right iliotibial band was used as a graft and fixation was performed at 30° of flexion and neutral rotation with 7 × 25 mm bioscrews.



Figure 1. Sagittal view MR and AP view xray of right knee showing the intact graft and tunnel after ACL reconstruction

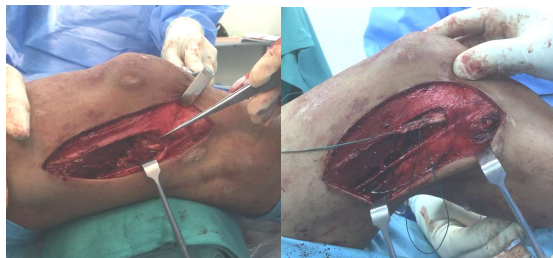


Figure 2. Lateral view of right knee showing anterolateral ligament reconstruction, which fixed into the femur and tibia, passing under the iliotibial band to respect its anatomic path.

RESULTS:

Patient was reviewed in clinic 3 months post operation. Patient able to achieve good knee range of motion (ROM) with no pain during ambulation. ROM knee on active movement 0 – 110°, passive movement 0-120°, no extension lag with normal walking gait. Patient was compliance to intensive rehabilitation and satisfied with the outcome.

DISCUSSIONS:

Isolated ALL reconstruction is possible to achieve good functional outcome and knee stability in selected patient with persistent knee instability after ACLR. ALL reconstruction is feasible by using the iliotibial band. Compliance to intensive post operative rehabilitation is the key to final success.

CONCLUSION:

Isolated ALL reconstruction is a potential treatment option for patients with persistent rotatory instability following ACLR.

REFERENCES:

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