

IPSILATERAL FEMUR SHAFT FRACTURE IN PRIMARY TRAUMATIC PATELLA DISLOCATION WITHOUT LIGAMENT INJURY : CASE REPORT

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Introduction: Midshaft femur fractures with ipsilateral acute traumatic primary patella dislocation without ligamentous injury is uncommon. High clinical suspicion and MRI are important to achieve and evaluate diagnosis. Methodology: 18-year-old sustained a midshaft femur fracture with ipsilateral patella dislocation causing haemarthrosis. Knee MRI revealed superficial anteromedial knee hematoma with intact ligaments. Intramedullary femoral nailing and knee hematoma evacuation were performed. Patient was immobilised with cylinder cast.

Discussion: Dynamic view on image intensifier confirmed normal patella tracking. Patient was under follow up for 18 months and progressed well, achieving full range of motion.

Conclusion: Trauma mechanisms causing femoral shaft fracture rarely cause ipsilateral patella dislocations, especially without soft tissue knee injury. Knee X-ray options are limited due to pain. High clinical suspicion and MRI are warranted to confirm diagnosis while determining soft tissue constraints and anatomical pathologies contributing to patella dislocation. The anteromedial knee hematoma in this patient could have caused patella maltracking, leading to dislocation. Hematoma evacuation corrected the maltracking, achieving stable reduction. Rarely, patella dislocations occur with ipsilateral femoral shaft fractures. Attention could have deviated from the knee while focusing on the femur fracture. Therefore, clinical diagnosis is essential in diagnosing patella dislocations, supplemented by MRI. Patients generally respond well to conservative management, provided that indications for surgery are considered.