

A CASE OF CONGENITAL KNEE DISLOCATION

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Introduction: Congenital knee dislocations are rare cases, estimated 1 per 100000 live births.¹ It can occur as isolated deformity or associated with musculoskeletal anomalies such as developmental dysplasia of the hip or even syndromic babies. It is usually diagnosed post delivery clinically and confirmed by radiographs.

Discussion: A newborn term, dusun baby girl presented with hyperextension of the knee post delivery. She was born via spontaneous vertex delivery with a weight of 2.45kg and antenatal was uneventful. This is her first child and no consanguineous marriage. On examination, the left knee was hyperextended and unable to actively flex. Active flexion 0° and passive flexion 0-90°. There was no abnormality at the hip, foot or spine and no features of syndromic baby. X-ray of knee and hip done. She was treated conservatively with serial casting and pavlik harness.

Conclusion: Tarek CDK classification Grade Range of passive flexion Radiology 1 >90° Simple recurvatum 11 30 -90° Subluxation 111 <90° Dislocation Treating congenital knee dislocation based on Tarek CDK classification is useful for prognosis and guiding treatment which are either conservative or surgical intervention.² Early detection and treatment usually show successful results and prevent long term disabilities.