

SEQUENTIAL BILATERAL QUADRICEPS TENDON RUPTURE FOLLOWING TRIVIAL INJURY IN CHRONIC RENAL FAILURE PATIENT

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INTRODUCTION:

Quadriceps tendon rupture is uncommon but systemic diseases such as renal failure, hyperparathyroidism, or connective tissue disease will make this tendon more vulnerable to rupture due to compromise the blood supply and collagen production over time that weakened the quadriceps tendon as well as obesity that cause tendon overload and chronic inflammation^{1,2}.

REPORT:

A 52 years old gentleman with underlying End Stage Renal Failure, BMI 30.1 kg/m², came to us with bilateral knee pain and swelling following trivial injury, left knee hit the wall due to misstep and fall again on the next day due to instability, sustained pain and swelling over knee region and unable to weight bearing. Physical examinations revealed that a gap palpable over both superior patella region and unable to perform straight leg raise. Avulsion fracture seen over both quadriceps tendon on plain radiograph (Figure 1). Bilateral knee ultrasound found a discontinuity of both quadriceps tendon.

Anterior longitudinal midline incision done over both knee, then tendon edges were debrided, followed by passage of two heavy non absorbable sutures into the tendon using Krackow suturing method (Figure 2). After that, three parallel drill holes were created from superior to inferior through the patella. The sutures are passed through the drill holes and tied at the inferior patella. Post operative, cylinder cast was applied on both knee to keep in extension for about 4 weeks, then allow for protected range of motion from 0-90 degree and weight bearing as tolerated. Now, patient's knee range of motion is 0-60 degree flexion actively and under physiotherapy for ambulation after 10th week post operative.



Figure 1

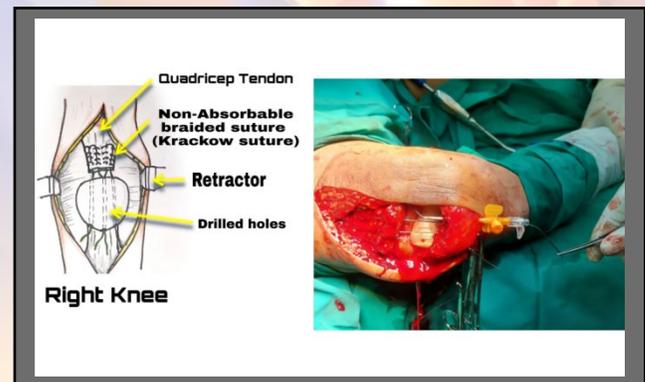


Figure 2

CONCLUSION :

Bilateral Quadriceps Tendon rupture is uncommon but the risk increase in patient with underlying chronic medical illnesses. Early diagnosis and prompt repair with good rehabilitation program is crucial to obtain optimal outcome in patient with comorbidity as well as to reduce the complications^{2,3}.

REFERENCES:

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