PATELLA SLEEVE FRACTURE IN A 11 YEAR OLD BOY: A CASE REPORT

Fawwaz Zamri¹, Kamal Jamil¹, Ahmad Fazly Abd Rasid¹, Abdul Halim Abd Rashid¹ ¹Department of Orthopaedics & Traumatology, Faculty of Medicine, Universiti Kebangsaan Malaysia

INTRODUCTION:

Patella is a type of sesamoid bone, which ossifications starts at 3 years of age until 6 years old. It's a crucial part of extensor mechanism of the knee. The occurrence of a patella fracture in children is low, about 1% from all fractures. It occurs in patients between 8-12 years old as its characterised by separation of the cartilage sleeve from the ossified patella.

We report a case of a patella sleeve fracture in an eleven-year-old boy, who injured himself while participating in a sport event at his school. He landed directly on his knee in a flex position from a high jump.

REPORT:

We are reporting a case of an eleven-year-old boy who presented to our centre with pain and swelling of the left knee. He was participating in a high jump event at his school, whereby he landed on his knee in flex position. After clearing the height he heard a "pop" sound and felt extreme pain at the left knee. He was unable to fully extend the left knee.

On clinical assessment, he has marked knee swelling, tenderness along the knee joint and a palpable gap at the lower pole of patella. There was also loss of knee extensor mechanism.

Plain radiograph of the left knee revealed patella alta with small fleck of bones seen at the inferior pole of the patella.(fig.1)

He underwent emergency fixation of the left patella . Intra-operatively it was found that the inferior pole of the patella was avulsed.(fig.2) Tenodesis was performed using ethibond suture size 5 with Krakow method and pull through technique (fig 3).

Post operatively , he was put on above knee cast for 2 weeks , which later were change to knee brace for better rehabilitation purpose

Upon starting knee brace, we started him on static muscle exercises of the quadriceps. This is to train the extensor mechanism of the knee. During casting his knee is in full extension at 0 degree, after 2 weeks we allow 30 degree flexion, 60 degrees of flexion at 4 weeks, and after week 4 we allow full range of motion. All this movement is protected with a knee brace. The patient is currently back to full range of motion and able to weight bare on his own.



Figure 1: Lateral view of the plan radiographs denotes that there's high riding patella and a small osteochondral fragment lying distally to the patella.



Figure 2 : Intraoperative image, noted the avulsed lower pole of the left patella

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Figure 3 : Post fixation with ethibond suture

CONCLUSION:

Patella sleeve fracture is a rare type of fracture to occur in paediatric age patient. Misdiagnosing this type of fracture can be a catastrophe due to its uncommon occurrence. Complication from a misdiagnosis case can be a morbidity to the patient, as per discuss above. In our patient, a surgical intervention is compulsory as the fracture is displace. Many surgical technique have been describe in other literature to treat a patella sleeve fracture, in our case a Krakow method suits best for the type of fracture. With strict rehabilitation regime, our patient was able to resume normal activity at 6 weeks post-op.

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