

ANTERIOR CRUCIATE LIGAMENT REVISION SURGERY WITH COMBINED ACL AND ANTEROLATERAL LIGAMENT RECONSTRUCTION: A CASE REPORT

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INTRODUCTION:

The incidence of anterior cruciate ligament reconstruction (ACLR) surgeries is increasing and so is the number of revision surgeries for a failed ACLR. The spectrum of ACL failure includes symptoms of recurrent instability, pain, and/ or stiffness. Factors contributing to ACL failure may be classified as patient-related, surgeon-related, and biological factors. Of these, tunnel malposition and recurrent trauma are the most common causes. Revision ACL reconstruction may be performed as a one-stage or two-stage procedure. Severe tunnel dilatation, infection, or arthrofibrosis necessitates a two-stage approach. Extra-articular reconstruction for controlling anterolateral instability is required as well. We reported a case of non-traumatic failed ACLR due to mal-positioning of femoral tunnel successfully revised with a two-stage ACL and anterolateral ligament reconstruction surgery.

CASE REPORT:

A 34-year-old lady with underlying G6PD and a history of primary right ACLR done 5 years ago presented with an acute right locked knee associated with recurrent instability. Physical examination revealed a slim build lady with a locked right knee held in 30° flexion. Emergency diagnostic arthroscopy of right knee was performed. Buckle handle tear of posterior horn of medial meniscus was repaired, and a non-functioning ACL due to femoral tunnel malposition and tunnel widening was diagnosed. She was scheduled for two-stage ACL revision surgery, first stage for removal of interference screw and bone grafting of the dilated tibial tunnels with allograft bone dowels to achieve

osteointegration and second stage reconstruction surgery with ACL and anterolateral ligament reconstruction with allograft [Figure 1]. Radiographs of right knee demonstrate correct placement of new endobutton with a more horizontally oriented femoral tunnel [Figure 2].

Figure 1



Figure 2



CONCLUSION:

Revision ACLR may be a complex undertaking due to limited graft options and compromised anatomy. Two-stage revision ACLR should be considered in cases of tunnel lysis, infection, malalignment, meniscal deficiency, or chondral lesions.

REFERENCES:

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