

Patellar Osteochondral Lesion Without Dislocation Mimicking Anterior Cruciate Ligament Avulsion Fracture. A Case Report.

¹Atieqah M; ¹Tan HK

¹Orthopaedic Department, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

INTRODUCTION:

Osteochondral defect (OCD) of the patella is common in pediatrics and adolescent age group following low energy trauma or sports injury. Hence the importance of early fixation to prevent chondral degeneration which may cause fragment necrosis and maltracking later. We present a case which initially misdiagnosed as Anterior Cruciate Ligament (ACL) avulsion fracture based on the radiographs and was surprised to find a patellar osteochondral defect intraoperatively.

REPORT:

20 years old female presented with right knee pain following a low energy trauma, where patient heard a “pop” sound while climbing up a huge step with the leg internally rotated. The knee appeared swollen with effusion and tenderness. Knee range of motion was 0-30°. Both radiographs and CT-scan revealed a bony fragment above ACL insertion (Figure 1) (Figure 2).



Figure 1.

Upon ORIF, a large osteochondral defect seen over inferomedial facet of patella (size: 20x15mm). The fragment was repaired with pull-through suture (Vicryl 1) (Figure 3). Repair protected using hinge brace (motion 0-30°) for 2 weeks.



Figure 2.

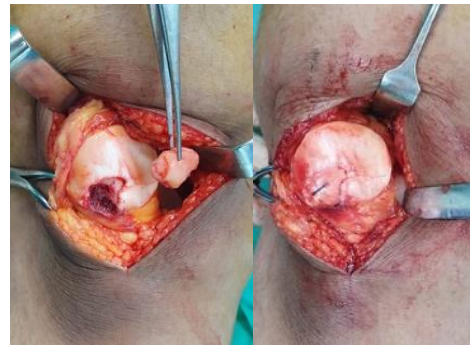


Figure 3.

CONCLUSION:

OCD should be ruled out especially in low energy injury of knee. Successful results were reported utilizing suturing method^{1,2}. This method doesn't involve hardware insertion that requires removal later. Furthermore, early protected ROM and weight bearing is possible. Therefore, a viable and low-cost option for OCD.

REFERENCES:

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