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Management of Medial Patellofemoral ligament injury- A case report

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The medial patellofemoral ligament (MPFL) is the primary stabilizer of the patellofemoral joint; its reconstruction has been recommended in adults over the past decade after recurrent patellar instability. However, there has been no standardized technique for reconstruction, therefore, ideal graft and technique for reconstruction are as yet undetermined. We performed this procedure in a patient with chronic pain and patellar instability following trauma. MPFL reconstruction was done with hamstring tendons detached distally and secured to patellar periosteum after being passed through a bony tunnel in the patella without an implant and using the medial collateral ligament as a pulley. The MPFL reconstruction was isolated and was not associated with any other realignment procedures. No recurrent episodes of dislocation or subluxation were reported at 6 weeks follow up. The initial treatment of patellar instability is always conservative mainly Quadriceps progressive strengthening exercises (focusing on vastus medialis obliquus) and braces. Surgical treatment is indicated only when patient remains symptomatic after a fair

conservative trial. Medial patellofemoral ligament (MPFL) is the most important static stabilizer of the patella, contributing 50-60% (average 53%) of the restraint during initial 30 degrees of knee flexion. 94% patients of patellar dislocation have been found to have involvement of MPFL, 70% at the patellar insertion and the rest at the femoral origin. In all, however, there is also interstitial damage. Patellar tracking is significantly affected by a lateral force in the absence of the MPFL, but returns to normal following reconstruction. The Anatomic Double Bundle MPFL Reconstruction technique replicates the native shape of the MPFL and provides the best possible stability in both flexion and extension. The Double Bundle technique also effectively limits rotation throughout the ROM minimizing postoperative instability. So MPFL reconstruction surgeries are increasingly being used for recurrent patellar dislocations. The technique, if accomplished anatomically, may also provide for more aggressive rehabilitation protocols and earlier return to activity.

Biography

Hiren Sarma is known among his peers and colleagues for his yearning keenness into matters of concern at hand. He has his prowess and passion into systemic investigation of burning issues of health and wellbeing. The conceptual framework of the current paper, i.e. anatomical double bundle reconstruction technique for MPFL, has been derived from the works of Dr. M. Kalra et al. He has completed his postgraduate studies from Southern Railway HQ hospital under National Board of Examinations, India. He is the Head of the department, Department of orthopaedics, Solace Hospital and Research Centre, Assam, India, a premier organization in the field of healthcare.

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