

ACUTE COMBINED QUADRICEPS TENDON MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION AND QUADRICEPS FIXATION FOR OSTEOCHONDRAL DEFECTS SECONDARY TO PATELLA DISLOCATION



**PERTH
SPORTS SURGERY
FELLOWSHIP**

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PURPOSE / OBJECTIVES

Osteochondral injuries secondary to acute patella dislocation are common, yet there is a paucity in the literature reporting the outcomes of patients who require combined patella stabilisation and osteochondral fixation. The purpose of this study is to report the outcomes of combined quadriceps MPFL reconstruction and osteochondral fragment fixation for patients with osteochondral injuries secondary to acute traumatic patella dislocation.

MATERIAL & METHODS

A prospective consecutive case series of patients undergoing acute combined quadriceps MPFL reconstruction and osteochondral fixation were followed from 2019 to 2022. Included patients were those whose osteochondral defects were deemed to be of sufficient size as to be amenable to fixation, irrespective of bony component. Patient demographics, defect size, defect location, post-operative PROMs, MR imaging, complications and reoperation rate were evaluated.

RESULTS

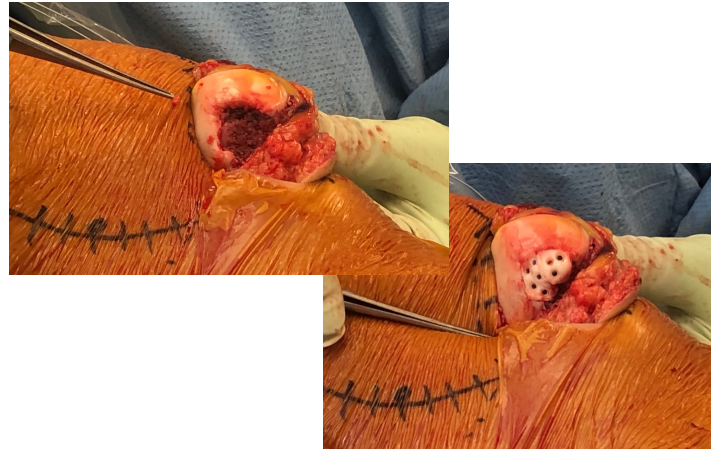
A total of 19 patients were included. The mean age was 17.4 ± 4.8 , 63.2% were female, radiological risk factors for patella dislocation were present in 18 (94.7%) patients, and the mean follow-up was 15.8 ± 5.1 months. The most common defect location was the patella (13/19; 68.4%), followed by the lateral femoral condyle (5/19; 26.3%) and trochlea (1/19; 5.3%). The mean defect size was 2.4cm². At follow up, the overall mean Lysholm score, Kujala score, and KOOS-PF score were 84.9 ± 11.1 , 89.7 ± 5.8 , and 80.6 ± 13.6 respectively. At follow-up, 89.5% reported as being either somewhat or very satisfied. The mean MOCART 2.0 score at follow-up was 72.5. One (5.3%) patient experienced recurrent instability and 4 (21.1%) knees required unplanned reoperation.



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Combined quadriceps MPFL reconstruction and osteochondral fixation results in good patient reported outcome measures, high rates of satisfaction and low rates of recurrent instability.

FIGURE



SUMMARY / CONCLUSION

Combined acute quadriceps tendon MPFL reconstruction and osteochondral fixation offers good patient-reported outcomes with high satisfaction and low rates recurrent patella dislocation. This is currently the largest series of its kind and supports combined single-stage osteochondral fixation with patellofemoral stabilisation.