

S. FRIBERG:

EXPERIENCES WITH PATELLAR EXTIRPATION

(Published in Acta chir. Scandinav. Suppl. Vol. 63)

DISCUSSION

Wiberg, G.:

Dr. Friberg mentioned that in cases of chondromalasia patellae it is always rather difficult, before an operation on the knee-joint, to decide whether chondrectomy or patellar extirpation would be the more suitable. For this will depend entirely on the condition of the cartilage, and it is a rather important question, as the operating technique differs a good deal in the two cases. Dr. Friberg now appears to be in favor of an incision that allows of a primary inspection of the patellar cartilage and the performance of either form of operation as desired. Indeed, this appears to be the most favorable solution of the problem.

In the Orthopedic Clinic in Stockholm we have tried for some time, by means of arthroscopy of the knee-joint before the operation, to get an idea about the appearance of the cartilage on the posterior surface of the patella. A total of 10 knee-joints have been examined in this way. After filling the joint with about 120 cc. of physiological salt solution, the arthroscope is introduced from the medial side, as the patella is easier to dislocate on the medial side and thus may be inspected more easily in that way. This examination is performed under lumbar anesthesia, as the operation is often carried out immediately after the examination. In this way patellar extirpation was performed in 1 case and chondrectomy in 4 cases in which it was thus possible directly to verify the arthroscopic findings.

Largely, the features of chondromalasia may appear to be of two different kinds. Either the cartilage is frayed in the form

of delicate, very threads of cartilage, looking like sea-weed formations, or it has the form of coarser flakes.

What we really had wished to be able to ascertain by arthroscopy was whether the bone was denuded anywhere on the patella, as this constitutes one of the most important indications for patellar extirpation. It was found altogether impossible, however, to decide whether the process extended down to the bone. In a couple of cases, for instance, the specimens showed deep crevices extending even into the bone, while the arthroscopic features did not convey any impression of particularly great changes.

Arthroscopy thus gives us a good idea of the extension of the process but not of its depth—something that naturally to a very great extent limits the value of this examination concerning the chondromalasic changes.