FROM THE SURGICAL DEP'T OF THE VÄSTERBOTTEN CENTRAL HOSPITAL, UMEÅ
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A CASE OF DISLOCATION OF THE PATELLA REDUCIBLE ONLY AFTER ARTHROTOMY

BY
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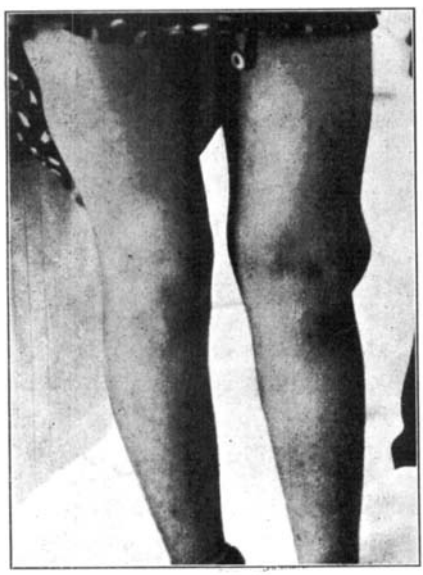
Lateral dislocation of the patella, which is in itself no uncommon accident, is usually easy to reduce simply by manipulation; though perhaps sometimes only after the patient has been put under an anesthetic, so that the muscular tension is become practically completely eliminated. *B. Martin* has, however, described a case, from Bier's clinic, in which such a dislocation could not be reduced until after an arthrotomy had been performed. The patient was a man, twenty-eight years old, and the accident was the result of his slipping and falling on the ice. Beside getting dislocated laterally, the patella had, in this case, become wrenched around its longitudinal axis, so that its lateral border was turned anteriorly, and the joint had become fixed in extension position. No roentgenogram was taken. Attempts at manual reposition failed, wherefore an arthrotomy was undertaken. It was then found that the joint-capsule was absolutely intact, but that the patella had been rotated half a turn around its long axis, and its medial border become caught behind the lateral condyle of the femur. The reposition could only with difficulty be effected by introducing a finger into the joint, behind the patella. The healing then took place normally, and after nine weeks the patient was almost completely well again. The knee could be flexed 85°.

As a parallel to this case, the following, from the Central Hospital in Umeå, in which the reposition proved equally difficult, may perhaps be of some interest. The patient (Journal

no. 1849/33) was a girl, fourteen years old. According to what she told, her left knee had always had a tendency to »twist«, but otherwise she had never had any trouble either with her knees or any of her other joints. One day, when she tried to jump on an omnibus, she made a false step—exactly how, she was unable to explain; and as a result of this the knee became »locked« in a slightly flexed position, and began to get very



painful. She couldn't put her weight on the leg, and soon the joint began to swell. When she entered the hospital, the knee presented the typical picture of a lateral dislocation of the patella, with the knee-cap still practically in the horizontal plane, but displaced clear over laterally. Repeated attempts at manual reposition failed in spite of deep narcosis. Arthrotomy was therfore decided on. After a medial parapatellar incision had been made, the capsule, which was completely intact, was opened, and the patella, which had become »locked« behind the lateral condyle of the femur, was—not without some difficulty —brought back into its normal position with the aid of an elevator. As the operation disclosed a rather pronounced state

of chondromalacia, the occasion was taken to do a partial chondrectomy on the patella at the same time. The healing proceeded normally, and 15 days after the operation the patient was discharged, almost free from symptoms. The knee could be flexed 90°.

This case reminds very much of the one described by Martin, of course; but at the same time it is noteworthy by the fact that the reposition was so difficult though the patella had not become rotated, but only displaced straight laterally, and had yet become »locked« behind the femoral condyle. In both cases the joint-capsule was intact, however; and this perhaps explains the locking: the capsular tissue having become so much tenser than is usually the case, and thereby having held the patella fixed after it had once become dislocated.

SUMMARY

The author describes a very rare case of luxation of the patella with an intact capsule in a young lady, where the reposition was impossible, before performing an arthrotomy.

ZUSAMMENFASSUNG

Der Verfasser beschreibt einen Fall von Patellarluxation mit intakter Gelenkkapsel bei einer jungen Dame, wo die Reposition zuerst nach einer Arthrotomie möglich wurde.

RÉSUMÉ

L'auteur décrit — chez une jeune fille — un cas très rare de luxation de la rotule, dans lequel la reposition ne fut réussi qu'après une arthrotomie.

LITERATURE

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