

Surgical Correction of Medial Subluxation of the Patella*

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ABSTRACT

We evaluated the results of a surgical procedure to correct medial subluxation of the patella in 63 patients (65 knees), most of whom had undergone a lateral retinacular release. We performed a direct repair or a reconstruction of the lateral patellotibial ligament using locally available tissue such as strips of iliotibial band or patellar tendon. Followup averaged 53.7 months (range, 24 to 99). Outcome was based on the examiner's inability to clinically reproduce the patient's painful medial subluxation and on the patient's general impression of his or her improved functional status. Forty-four patients (68%) reported improvement in their functional levels and 49 (75%) reported that they were subjectively improved by the procedure. Overall, 50 patients (80%) had a rating of good or excellent. Six knees required a second surgical reconstruction because of failure to improve or because of a reinjury. Analysis of overall clinical outcome revealed no significant relationships based on the patient's age at the time of the initial procedure, sex, or length of followup ($P > 0.10$). Reconstitution of the lateral patellotibial ligament effectively corrected medial subluxation of the patella and long-term results of this salvage procedure were satisfactory.

Medial subluxation of the patella is a disabling condition that most commonly arises as the result of a lateral retinacular release procedure. The diagnostic criteria include the ability to passively subluxate or dislocate the patella medially, with the re-creation of painful symptoms that

are familiar to the patient. This clinical entity was initially described in 1988.¹

Patients with iatrogenic medial subluxation are often severely limited in their activities, are unable to work, and experience giving way with subluxation and unremitting pain. Our patients often had had multiple operations that failed to correct their painful symptoms. They often were under professional care for clinical depression or anxiety disorders related to their disabilities.

Failure of our initial physical therapy and rehabilitation required surgical correction, which we did by exposure of the extensor mechanism of the knee with direct repair or reconstruction of the lateral stabilizers of the patella in these patients.

We present a surgical technique for correction of medial patellar subluxation and review its results.

MATERIALS AND METHODS

From June 1984 to October 1990, 70 surgical procedures were performed on 68 consecutive patients who had medial subluxation of the patella. Data for this study were obtained by follow-up visits, telephone conversations, and a review of the medical records. We were able to do follow-up evaluation on 65 knees in 63 patients who had at least a 2-year interval from surgery to followup evaluation. The average age of all patients at the time of surgery was 29.2 years (range, 14 to 49). Surgery was performed on 50 women and 13 men, and there were 31 left knees and 34 right knees. The average follow-up period was 53.7 months (range, 24 to 99).

All 63 patients (65 knees) had a history of one or more previous operations. Nineteen knees (29%) had only 1 previous operation, 14 (22%) had 2, 11 (17%) had 3, 8 (12%) had 4, and 13 (20%) had 5 or more previous operations.

Overall, 58 of the 65 knees (89%) had previously undergone a lateral retinacular release, with an arthroscopic lateral release being the most common procedure. The remaining seven cases of subluxation were due to other surgical or traumatic causes. Of the 58 knees that had had

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