

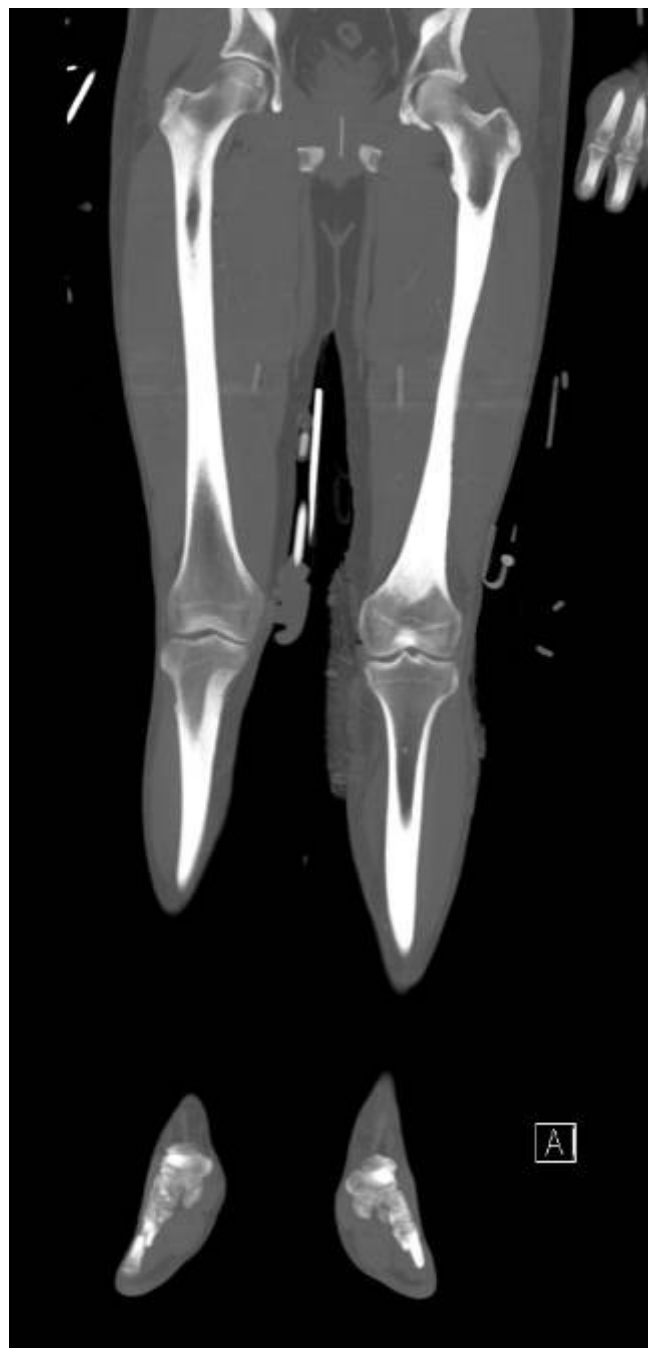
# Knee Dislocation Cases

K Marenah

2/8/13

# Case 1 – JW 44 y.o. M

- Trauma call; Ped vs Car
- Open dislocation of Lt knee with vascular compromise
- Neurological status not known
- CT scan → multiple R rib fractures, R pneumothorax, R clavicle fracture, R sup / inf pubic rami fractures with acetabular involvement, R forearm wounds, scalp laceration, L orbital floor fracture





- Open dislocation of knee – unstable, MCL, ACL, PCL all completely disrupted, patella tendon damaged @30%. Medial patella retinacular ligament, capsule disrupted, femoral condyles were clearly visible in A+E
- Ex-Fix applied; Vascular involved fem-pop bypass; Doppler signals post-procedure
- Fasciotomies performed
- Ischaemia time ~5hrs

- Day 7 → returned to theatre with plastics for wound r/v
- Muscle non-viable; amputation considered
- Day 10 → Left above knee amputation

# Case 2 - BK

- 59 year old
- PC- acute dislocation left knee
- HPC- hit left leg against edge of bed whilst mobilising to toilet, leg went from under her, unable to straighten leg out
- Smokes 10-12/day
- O/E 30 degrees flexion, puckering on medical aspect with large effusion.
- Dorsalis pedis and posterior tibial pulses biphasic on doppler.
- Sensation intact







- CT Lower leg with contrast Lt :
- Valgus deformity and subluxation/malalignment.
- Lipohaemarthrosis.
- Kissing fractures of the lateral femoral condyle and medial tibial plateaux.
- Normal arterial three vessel run off to the ankle.
- Phoned orthopaedic registrar in theatre at 0600

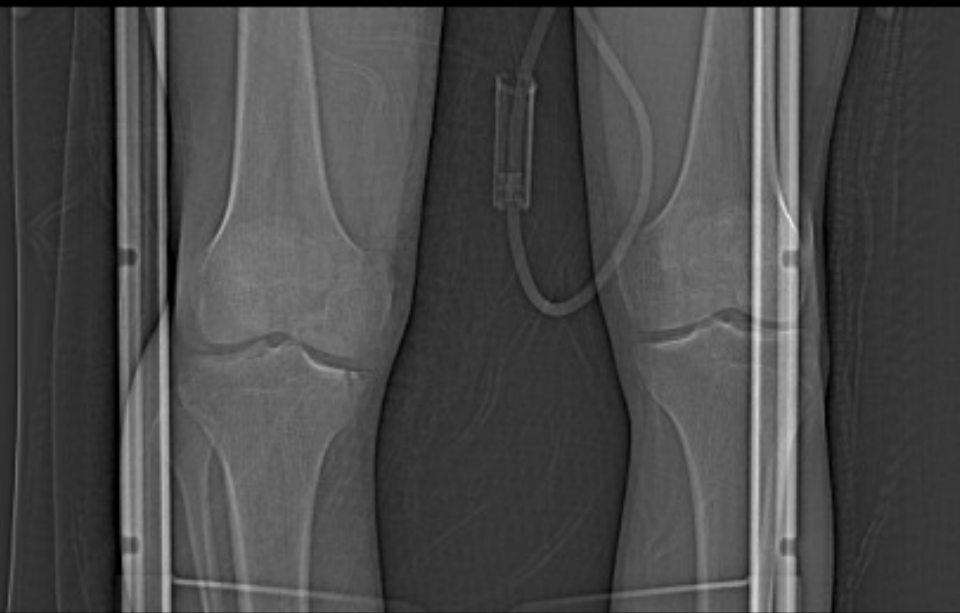
- Taken to theatre
- Failed closed reduction
- Postero-lateral dislocation
- Open reduction and spanning ex-fix applied
- Had MRI following morning

- 2<sup>nd</sup> Theatre visit day 6
  - Torn MCL and ACL & PCL
  - Posterior capsule torn as well
  - MM torn horizontal cleavage tear excised, & LM and LCL's intact no Osteo Chondral Lesions
- ACL + PCL Allograft reconstruction + Repair of superficial and deep MCL with Mitek anchors

## Case 3 - KS

- Trauma call, motorcyclist @60mph, car pulled out in front of him. right leg remained with bike, ?twisted.
- Knee unstable AP, med lig intact, swelling lat side of knee.
- DP present, can dorsiflex toes, distal sens intact.
- Scalp lac, no other injuries





- Medial tibial plateau fracture
- Medial femoral condyle + subluxation (seen on CT scan)
- Proximal fibula avulsion fracture
- ACL/PCL/PLC on MRI
- Mr Chauhan on holiday
- ?Mx

- Day 2
  - reduced sensation today SPN and DPN
  - with grade 3 power EHL,
  - tender and swollen over peroneal compartment



- Taken to theatre → Lateral fasciotomy performed
  - Significant haematoma superficial to deep fascia
  - No compartment syndrome
  - Peroneal nerve exposed, intact but under tension from haematoma, inflamed muscle and unstable fibula
- Nerve exposed and released, under less tension when knee flexed
- Ex-fix applied (2 pins anterior in femur and 2 pins anterior in tibia)



- Symptoms improved
- 48hrs return to theatre and fasciotomy wound closed

