

TROCHLEAPLASTY

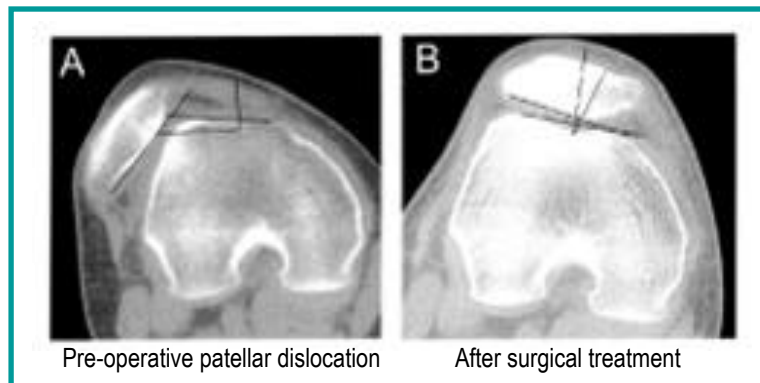
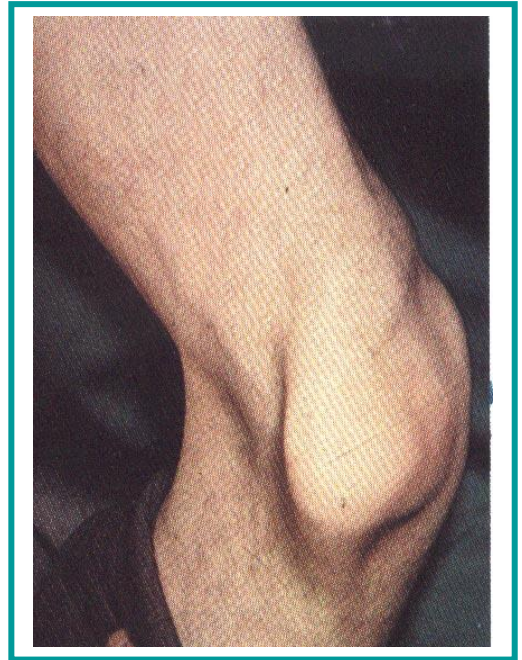
Recurrent dislocation of the patella is quite a common condition affecting young people, often females.

Sometimes following an acute injury the patella may dislocate but this may be the only occasion and if there are no other traumatic incidents further dislocations may not occur.

However sometimes owing to the anatomical configuration of the patella and its position in the femoral groove, the patella may become quite unstable and dislocate frequently even with minor or no trauma. Often the patella may only partially dislocate (sublux) and this causes a feeling of insecurity/giving way of the knee.

In this circumstance it is very often the situation that the groove in the femur, in which the patella usually sits, has not formed properly, this is termed trochlea dysplasia, and in spite of other procedures, such as tightening the tissues on one side of the knee and loosening them on the other, the patella still tends to dislocate frequently.

A procedure was designed by Professor Dejour of France in the early 1980s and this was refined by Dr Heinz Bereiter of Switzerland who performs a procedure which elevates the articular cartilage covering on the femoral trochlea groove and then creates a new groove to allow the patella to locate itself deeply within the groove and thus avoid further dislocations.



This procedure, called a Trochleaplasty, has been shown by Dr Bereiter to be extremely effective in preventing dislocation of the patella when the primary problem is the aforementioned trochlea dysplasia.

A beneficial side affect of this procedure is that the pain often felt in the patellofemoral joint in association with patellar instability is relieved or greatly diminished in at least two-thirds of patients. Therefore, in appropriate situations, the trochleaplasty presents a very exciting and innovative approach to the difficult problem of recurrent patellar instability.

Sometimes in association with dislocation of the patella, a significant piece of articular cartilage, (*the lining hyaline cartilage of the joint*) which enables to the patella to glide smoothly in its groove over the femoral condyles, is damaged and therefore when the patella moves significant pain is felt and there is a marked feeling of grittiness or grating in the joint. There is new technology that has been developed which enables the articular cartilage to be grown in a laboratory, such as the MACI® procedure and indeed together with the stability offered by the trochleaplasty offers a return of the joint towards normal function with the normal cushioning and anti-friction effect of the articular cartilage being restored. If appropriate this can be done at the same time as a trochleaplasty.

Raymond Crowe