

# AGENESIS OF MPFL (MEDIAL PATELOFEMORAL LIGAMENT) WITH HABITUAL PATELLAR DISLOCATION IN ADOLESCENCE WOMAN WITH CEREBRAL PALSY – A CASE REPORT

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## INTRODUCTION

Nontraumatic patellar dislocation may develop into recurrent dislocation and nonoperative treatment failure. The current treatment in such conditions is surgical therapy. This report describes chronic patella dislocation's comprehensive examination and management in adolescent woman with cerebral palsy.

## CASE REPORT

A 15 years old female patient suffers knee pain for almost 3 years. The physical examination revealed positive adam's forward bending test, positive Marshall test and left knee cap dislocation with positive J-sign at 90 degree. X-Ray of the vertebrae and left knee shows left curve spine thoracolumbar scoliosis with 43 degree cobb angle and patellar shift. The patient then consulted to pediatric department, diagnosed with habitual patellar dislocation, spastic diplegia cerebral palsy and idiopathic structural scoliosis and planned for medial patellofemoral ligament (MPFL) Reconstruction. During the surgical examination, the patellar medial facet and medial femoral condyle were not found and it is referred to agenesis of MPFL. Finally, the patient undergo Lateral release and plication of the medial retinaculum, and receive boston brace for the scoliosis. After 6 weeks of follow up, the patient shows a reduction in pain

## DISCUSSION

Lateral release and MPFL reconstruction for patellar stabilization give better result in recurrent dislocation. However, the absence of medial patellar facet and medial femoral condyle in this case made Lateral release and plication of the medial retinaculum more preferable to fixate the left patella and improve functional limitation

## CONCLUSION

Comprehensive and immediate treatment for patient with habitual patella dislocation and other predisposition disease will increase the likelihood successful outcome.



Figure 1 & 2. Adam's Forward Bending Test. It looks asymmetrical and there is no change in the shape of the back before and during the test. Arrow; Red: Right rib hump positive. Figure 3. The back's Inspection shows deformity. Arrow; Red: asymmetric of head and body axis; Green: shoulder asymmetric; black: right rib hump and left hip lower hump positive; Blue: the curve of spine; Orange: the gap between arm and trunk. Figure 4 Plain thoracolumbar radiologic



Figure 4



Figure 5. Dislocation of left knee cap (Red Arrow). Figure 6. Hypertonic muscle and spastic. Figure 7. Positive Marshall Test. Figure 8. Elbow hyperextension >10 on the right (a) and left hand (b)



Figure 9

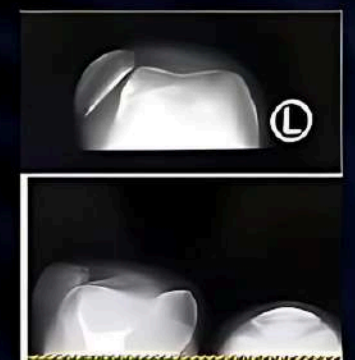


Figure 10

Figure 9. Left Knee Radiologic Imaging. Figure 10. The Merchant view of plain radiologic in left knee 6-month post-operation



Figure 11

Figure 12

Figure 13

Figure 11. Examination during surgery confirmed the absence of left knee MPFL. Figure 12. Medial Retinaculum Plication of the left knee Process. Figure 13. Lateral Retinaculum Release of the left knee Process

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