

RECONSTRUCTION OF CHRONIC PATELLAR TENDON RUPTURE WITH HAMSTRING AUTOGRAFT IN A PATIENT WITH END STAGE RENAL DISEASE AND TERTIARY HYPERPARATHYROIDISM: A CASE REPORT

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Introduction: Patellar tendon ruptures are not infrequently encountered, especially in the background of patients with chronic systemic illnesses, such as systemic lupus erythematosus, rheumatoid arthritis, end stage renal disease and hyperparathyroidism. This case presents a patient, with chronic patellar tendon rupture, who is known to have end stage renal disease and tertiary hyperparathyroidism.

Discussion: A 70 year-old lady presented with chief complaints of painful bilateral knee swelling post fall. She recalled the first fall to be a month prior to presentation where she landed on both her knees. Post trauma, she had difficulty in straightening her left knee and was unable to fully weight bear resulting in multiple falls throughout the month. Examination revealed bilateral knee effusion and asymmetrical patella height with loss of left knee extensor mechanism. Right knee extensor mechanism was intact with 20 degrees extension lag. Radiographs showed left patella alta, evidenced by a Caton-Deschamps Index of 1.7 without obvious fracture. Ultrasonography of both knees revealed a complete left patellar tendon midsubstance tear and right patellar tendon focal partial thickness tear at its proximal insertion. At 10 weeks post trauma, patient underwent left patellar tendon reconstruction utilizing ipsilateral hamstring autograft, along with a right patella tendon repair with Krackow whip stitching. Her operation was successful and she was able to achieve good active knee range of motion at 1 month post operation, with restoration of active knee extension. Rehabilitation and fall precaution advice were enforced to patient while she awaits her parathyroidectomy surgery

Conclusion: In conclusion, hyperparathyroidism plays a significant role in tendon damage, eventually leading to tears or ruptures even in trivial trauma. Therefore, addressing the underlying cause of hyperparathyroidism is just as important as surgical fixation/reconstruction of patella tendon rupture.