

THERE IS NO FAILURE, EXCEPT IN NO LONGER TRYING - A REVISION OF PATELLA FIXATION CASE REPORT

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Introduction: Revision of comminuted patella fracture is not always easy. There are no specific details available on how to address this problem. To the best of our knowledge, only a few investigators have reported fixation failures, and no one has specifically addressed the details of treating a fixation failure.

Discussion: A 33 years old gentleman had alleged motor vehicle accident and sustained Open comminuted fracture of right patella. Wound debridement, arthrotomy washout, Kirschner wire and cerclage wire was done. However, the post-operative radiograph was not acceptable. Patient underwent revision surgery. After anesthesia was administered, the patient was placed in supine position. The lower extremity was prepped and draped in the usual sterile manner. The tourniquet was inflated. We use the same incision as that performed for the primary surgery. Invalid hardware was removed after being identified. Fracture fragments were temporarily reduced and hold with K wires. Intraoperatively, 6 major fragments were reconstructed with screws fixation and partial patellectomy was done. Routine post-operative care and rehabilitation were then applied. At 6 weeks post revision surgery revealed that patient was pain-free, wound well healed with right knee range of movement 0-110 degrees. At 3 months post operatively, patient fracture healed uneventfully and patient able to ambulate independently.

Conclusion: Comminuted patella fractures have higher likelihood of fixation failure. The management of these patients requires solid fixation followed by early mobilization while preventing infection and for preservation of as much patella bone as possible. Despite the difficult nature of the fractures, the rate of fixation failure and post-operative infection using multiple screws is low and comparable with many retrospective studies.