

BILATERAL QUADRICEPS TENDON RUPTURE IN END STAGE RENAL FAILURE PATIENT

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Introduction: Bilateral quadriceps tendon rupture may be encountered in patients with various chronic diseases after minor trauma. It is associated with high morbidity and loss of function. Reporting in a patient with end stage renal failure. Haemodialysis has improved the quality of life of patients with ESRF, but the incidence of secondary complication is also increasing. For example, weakening of tendo-osseous junction of quadriceps tendon following minor trauma.

Discussion: A 49-year-old male presented with complaints of inability to walk and extending bilateral knee. He had a history of fall onto his buttock while walking 8 months ago. During the incidence, he complained of bilateral knee pain and swelling however did not seek any treatment. His medical history includes diabetes diagnosed 20 years and a 5-year history on dialysis. Physical examination revealed loss of extensor mechanism bilateral knee. A gap felt superior to the patella bilaterally. Plain radiography revealed patella baja on bilateral knee and calcification of the quadriceps tendon. On magnetic resonance images, complete ruptures at quadriceps tendon and proximal retraction of the quadriceps tendon of bilateral knees. The ruptured quadriceps tendons and patella were exposed via anterior approach. Intraoperatively, the quadriceps tendons were completely ruptured at the tendon-osseous junction. Six bone tunnels were created and quadriceps tendon were sutured to patella with fibre tape suture using Krackow technique. Long-leg cast was maintained for two. Later, bilateral knee brace applied allowing 30degree passive knee flexion for 6-weeks. Followed by gradual joint movement exercise with 10-degree flexion increment weekly. At 3-months post operation, the patient was pain free and range of motion of both knees improves to 0–120 degree.

Conclusion: We report a case of bilateral quadriceps tendon rupture after minor trauma in a ESRF. Tendon repairs were performed successfully using pull-through sutures technique together with Krackow technique and the results were promising.