

# Bilateral Genu Valgus Secondary To Overcorrection Of Genu Varus In A 11 Year Old Child; A Case Report

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## INTRODUCTION:

Genu varum is relatively common in children and is a frequent cause of parental concern. In majority of cases, genu varum will correct with growth. In pathological genu varus some surgical option can be offer such as transient hemiepiphysiodesis to correct deformity but caution need to taken as overcorrection will lead to new deformity.

## MATERIALS & METHODS:

A 11 year old boy presented with severe bilateral genu valgus for past 2 years initially presented with bilateral genu varus at age 4 year operated in our centre at the age 5 but defaulted treatment. Mother claim deformity gradually corrected and patient able to walk and run till last 2 years he started to has new deformity the knee become knocked knee .The deformity become worsening till last one year as patient unable to walk and run

## RESULTS:

On examination bilateral knee valgus with range of motion 30-120 both side. Both patellar dislocated laterally [figure 1].Radiograph show bilateral knee valgus with broken implant over lateral distal femur and tibia[figure 2].He underwent corrective varus osteotomy with Orthofix and medial plication and lateral release of patella at first operation. Second operation for right knee done 3 months after first operation



FIGURE 1



FIGURE 2

## DISCUSSIONS:

Some surgical option can be offer such as Transient Hemiepiphysiodesis to correct genu valgus deformity but caution need to taken as overcorrection will lead to new deformity [genu valgus] as this patient was defaulted follow up. Correction for bilateral genu valgus can be done using minimal invasive such as using Transient Hemiepiphysiodesis but it will take time and need regular follow up. This patient ideally for corrective osteotomy with orthofix as we can correct valgus and flexion deformity and achieve our correction immediately.

## CONCLUSION:

In growing child bilateral genu varum correction by transient hemiepiphysiodesis need regular follow-up as overcorrection can be devastating and troublesome for the patient

## REFERENCES:

1. Damsin JP, Ghanem I. Treatment of severe flexion deformity of the knee in children using Ilizarov technique. J Bone Joint Surg Br. 1996;78:140-144