

## Right Quadriceps Tendon Rupture With Contralateral Patella Tendon Rupture

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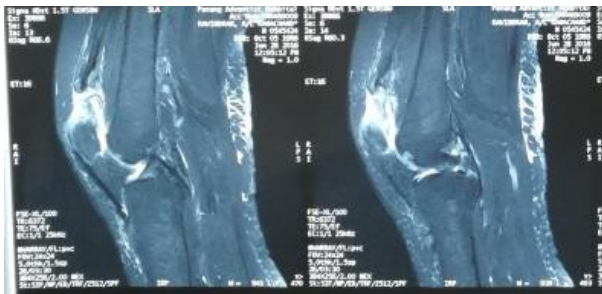
### INTRODUCTION:

Quadriceps and patella tendon rupture are uncommon knee injury that warrant surgical treatment. This is more rare occur in a patient.

### MATERIALS AND METHOD:

A 31 year-old gentleman with underlying end stage renal failure had slipped and fall from stairs. He fell down with bilateral knee in flex position. Post trauma complaining of bilateral knees pain, swelling and unable to walk. On examination the bilateral knees were swollen and extensor mechanism of both knees were impaired. Initial x ray of the right knee shows no obvious fracture or dislocation seen, but noted left patella retracted upward in left knee x-ray. MRI of the knees show near complete (95%) tear of right quadriceps tendon and complete tear of left patella ligaments.

Quadriceps tendon was repaired by suture-anchor based with a “pulley technique” method. Three suture anchors were placed on the anterosuperior surface of left patella. The proximal sutures limb was woven through the quadriceps tendon from inferior to superior then back inferiorly using Krackow’s suture technique and tied finally with the distal suture limb to oppose the quadriceps tendon end to its footprint over the patella surface. Then paratenon-fascia was sutured. The similar method was used for left patella ligaments repair with three suture-anchors were placed over the left tibial tuberosity



### RESULTS:

Bilateral knees were protected post-operatively with knee brace in full extension for healing process. The knees were allowed to flex gradually to a certain degree during



follow up. The outcome of surgery was evaluated using Lysohlm knee scoring scale. After two months post operation, patient able to fully extend his both knees.

### DISCUSSIONS:

The traditional surgery using trans-patella drilled suture repair for tendo-osseous avulsion and simple suture repair for intra-tendinous midsubstance tear relatively successful but associated with re-rupture and displaced longitudinal patella stress fracture complication. The data for effectiveness of the recent method using anchor suture with “pulley technique” is still being collected.

### CONCLUSION:

Early surgical repair is warrant to determine the good prognosis of the knee function. The new quadriceps and patellar tendons repair using suture anchor are still being tested for its effectiveness.

### REFERENCES:

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