HOSPITAL VETERINARIO
SAN VICENTE

vetsum+
Hospitales veterinarios

CORRECION DE

LUXACIÓN MEDIAL DE ROTULA MEDIANTE OSTECTOMÍA DE FÉMUR Y ROTACIÓN DE TROCLEA

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KIKA

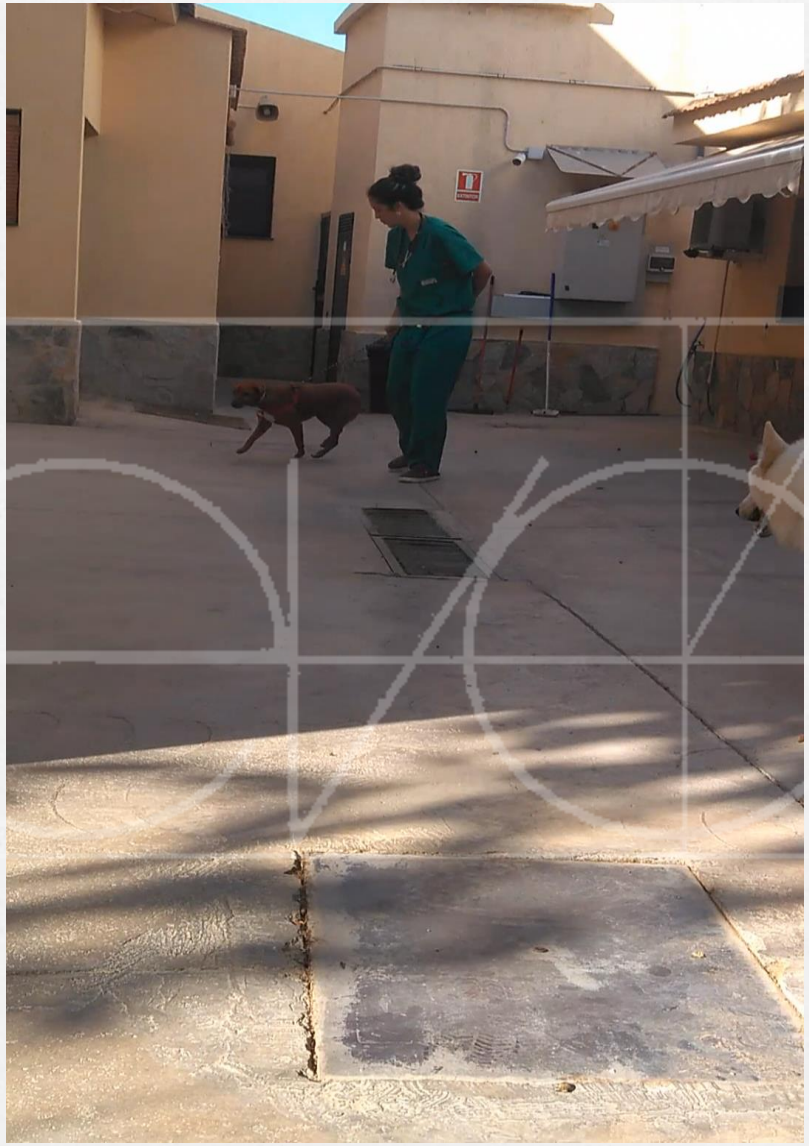
Mestizo, hembra

4años

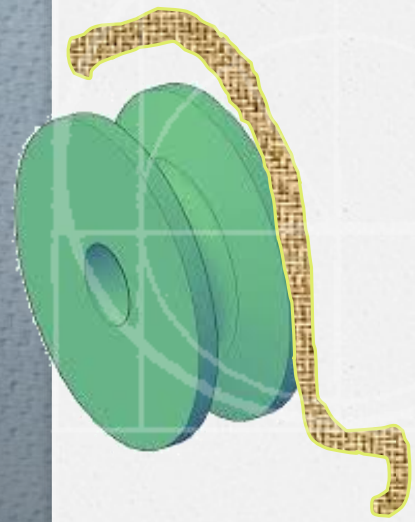
Cojera crónica EPD con empeoramiento en las ultimas semanas

Exploración ortopédica.

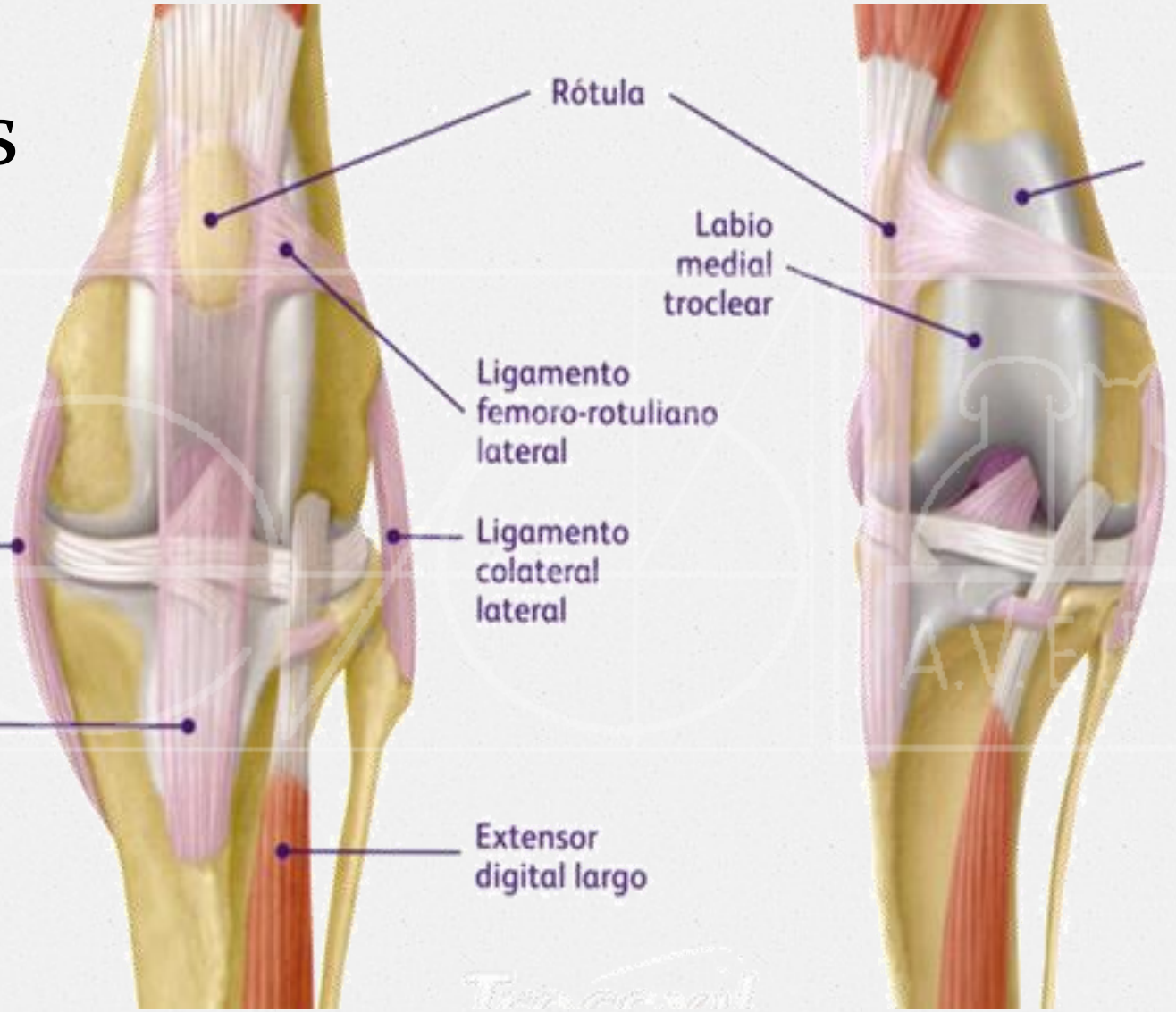
Luxación medial de rotula grado III



Etiología y patogénesis

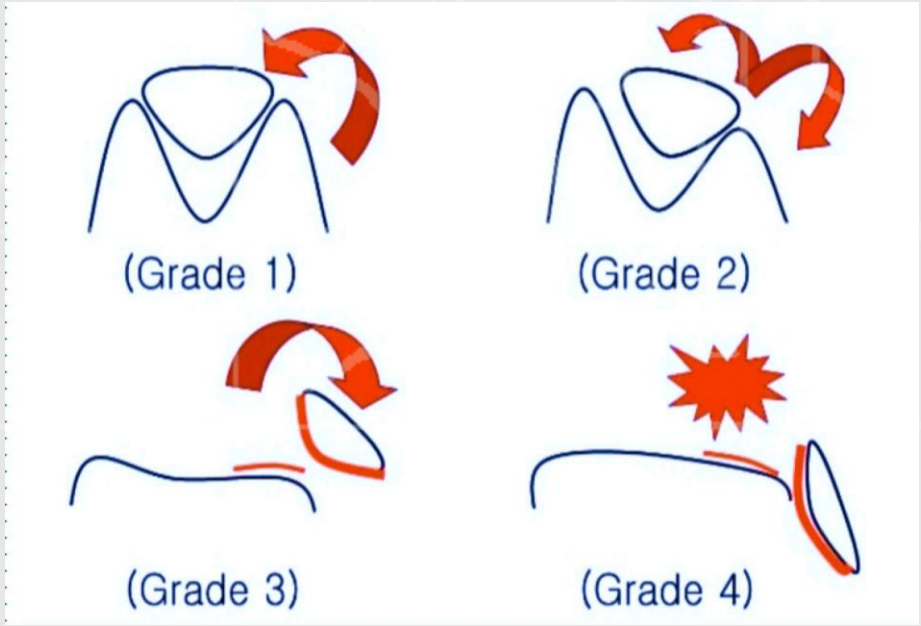


Mala alineación



Presentación clínica

GRADOS	
GRADO 1	HALLAZGO INCIDENTAL. LUXACIÓN SOLO MANUAL
GRADO II	LUXACIÓN ESPORÁDICA , CON REPOSICIÓN AL MANIPULAR LA RODILLA
GRADO III	LUXADA CON REPOSICIÓN MANUAL
GRADO IV	LUXADA PERMANENTEMENTE SIN REPOSICIÓN



Presentación clínica

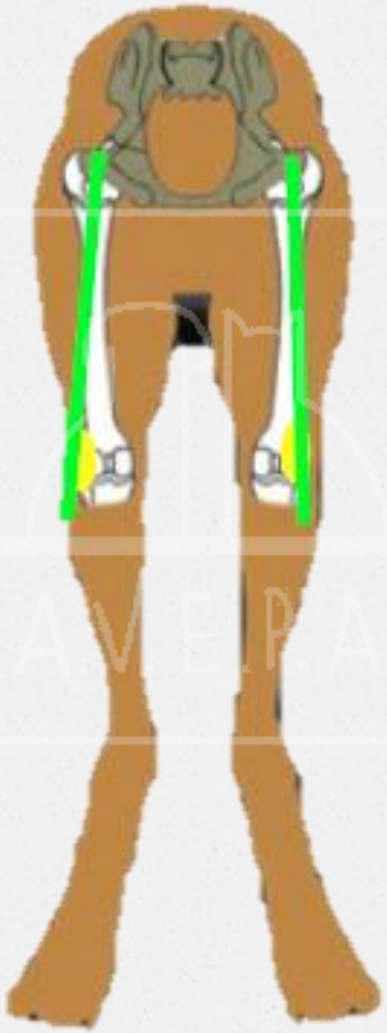
DEFORMIDADES ANGULARES ASOCIADAS A LUXACIÓN DE RÓTULA

Luxación medial de rótula	
FEMUR	• Fémur distal varus • Torsión externa cóndilo femoral • Reducción de la anterversion del cuello femoral
TIBIA	• Tibia proximal valgus • Torsión externa tibia distal • Tuberosidad tibial medial
RÓTULA	• - Alta (Patella Alta)

Presentación clínica

DEFORMIDADES ANGULARES ASOCIADAS A LUXACIÓN DE RÓTULA

Luxación lateral de rótula	
FEMUR	• Fémur distal valgus • Torsión interna cóndilo femoral • Aumento de la anterversion del cuello femoral
TIBIA	• Tibia proximal varus • Rotación externa tibial • Tuberosidad tibial lateral
RÓTULA	• - Baja (Patella Baja)



Tratamiento

TRATAMIENTO ADECUADO AL PACIENTE

1. Realinear el mecanismo del cuádriceps con el eje óseo

2. Mantener la rótula en el surco troclear

TRASPOSICIÓN TUBEROSIDAD TIBIAL

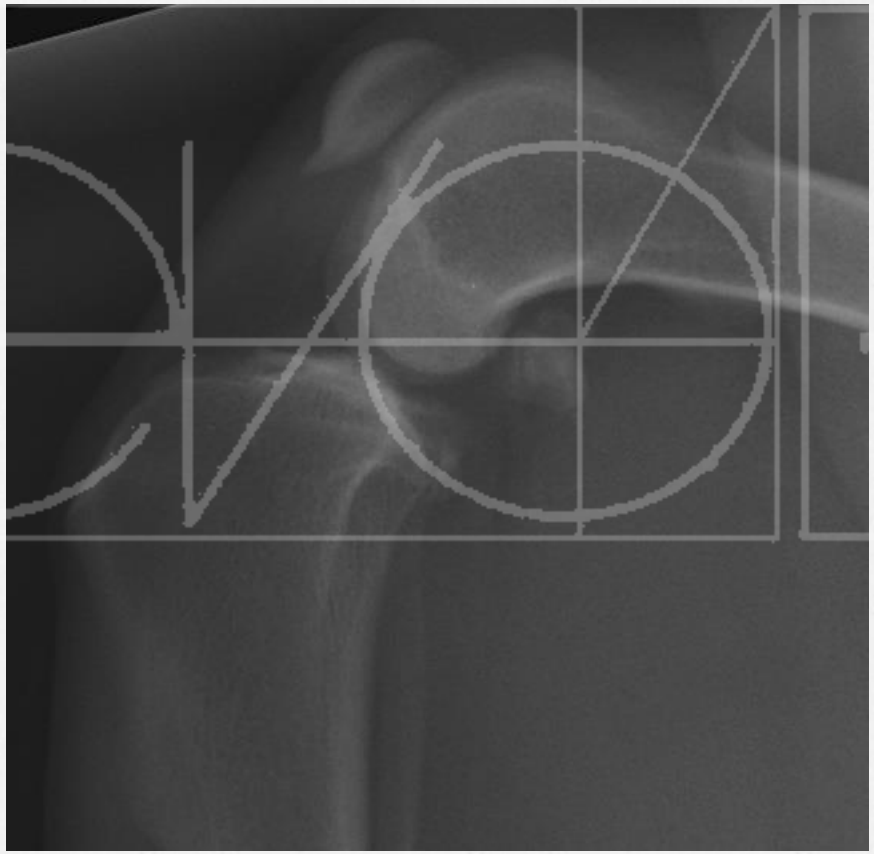
OTRAS OSTEOTOMÍAS

TROCLEOPLASTIA

ROTULOPLASTIA

IMBRICACIÓN DE LA CÁPSULA

PLANTEAMIENTO KIKA



PLANTEAMIENTO KIKA

OSTEOTOMIAS:

FEMUR: A partir de varo >12º
Osteotomía en cuña – Jig
Osteotomía abierta– Placa
TIBIA: Transposición tuberosidad . En función de si la realizo en fémur.

TRATAMIENTO COMPLEMENTARIO:

Trocleoplastia en bloque
Imbricación lateral capsula articular
Rotuloplastia medial

PLANTEAMIENTO KIKA

OSTEOTOMIAS:

FEMUR: A partir de varo >12º
Osteotomía en cuña – Jig
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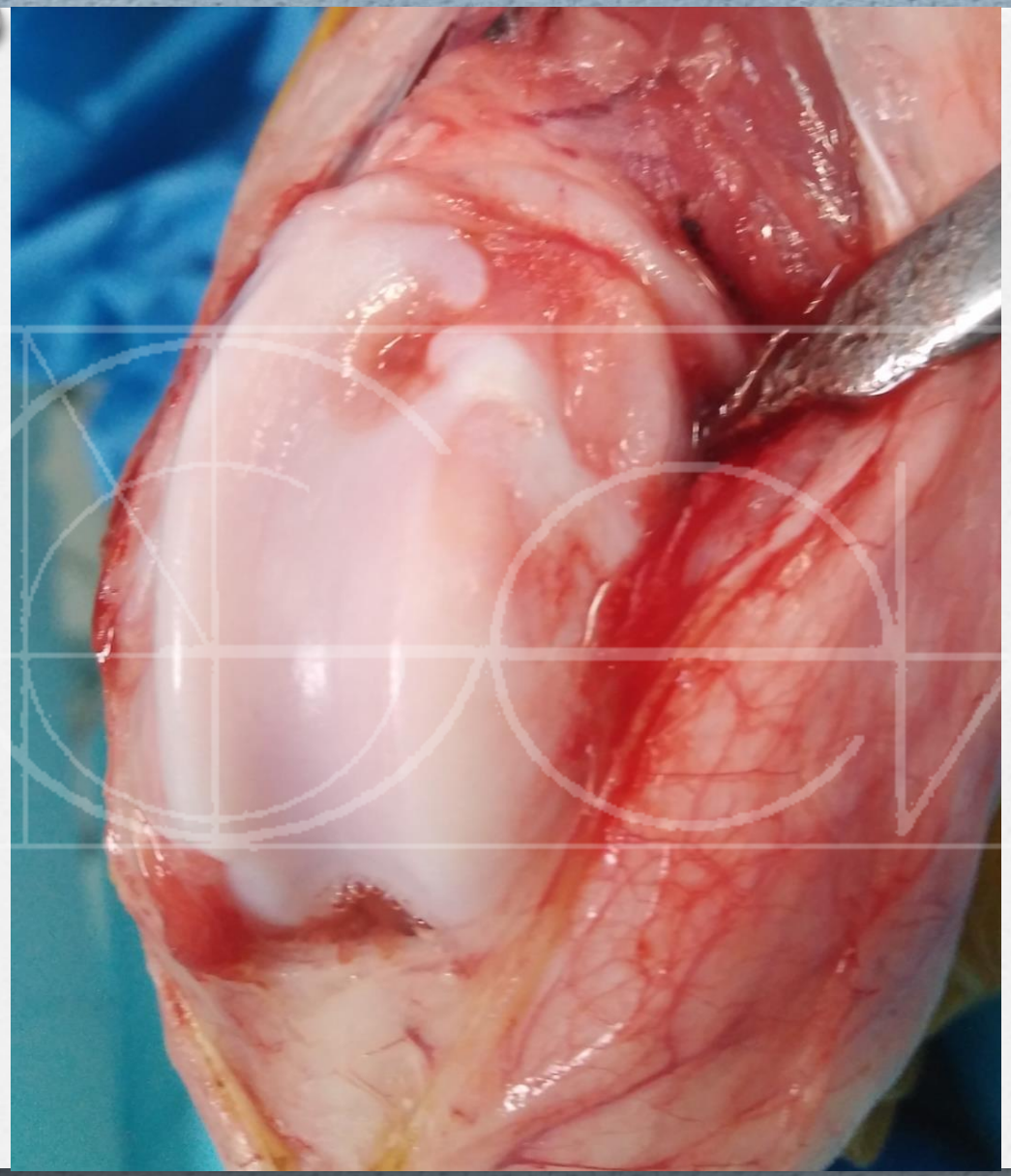

CASE REPORT

Rotation of the femoral trochlea for treatment of medial patellar luxation in a dog

A crossbreed dog was presented with non-weight bearing on the right hindlimb and a semi-flexed stifle. Clinical examination and radiographic investigation showed a grade 3 medial patellar luxation, characterised by hypoplasia of the medial trochlear ridge. No other significant skeletal abnormalities were detected. A 180° rotation of the femoral trochlea was the surgical technique chosen to treat the trochlear dysplasia, the aim being to move the normal lateral ridge to the medial side and thereby prevent patellar luxation. This technique was able to restore correct conformation of the femoral trochlea and preserve the integrity of the trochlear groove cartilage, thus potentially retarding the progression of degenerative joint disease. The dog recovered fully and postoperative radiographic examinations showed healing of the rotated trochlea with only mild signs of degenerative joint disease.

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INTRODUCTION

Congenital medial patellar luxation is a frequent disorder in small to medium sized dogs. It is caused by anatomic abnormalities involving the entire hindlimb (Hulse 1993). Skeletal anomalies affecting the distal femur include lateral bowing and external torsion, hypoplasia of the medial condyle, a shallow or poorly developed trochlear groove and hypoplasia of the medial trochlear ridge. Abnormalities affecting the tibia include medial displacement of the tibial tuberosity and medial bowing of the proximal third (Hulse 1993, Roush 1993, Piermattei and others 2006). These anomalies cause malalignment of the extensor mechanism, thus resulting in patellar luxation. Standard surgical protocols designed to correct individual anomalies are well reported (Arnoczky and Tarvin 1998, Slocum and Devine Slocum 1998, Piermattei and others 2006). However, because multiple abnormalities may coexist, a suitable diagnostic approach needs to be adopted in order to identify the most significant, and therefore select the most effective and appropriate surgical technique accordingly (Pinna and others 2003).

This report describes a case of medial trochlear ridge hypoplasia unaccompanied by any other significant anomalies, which was treated by rotational osteotomy of the entire femoral trochlea.

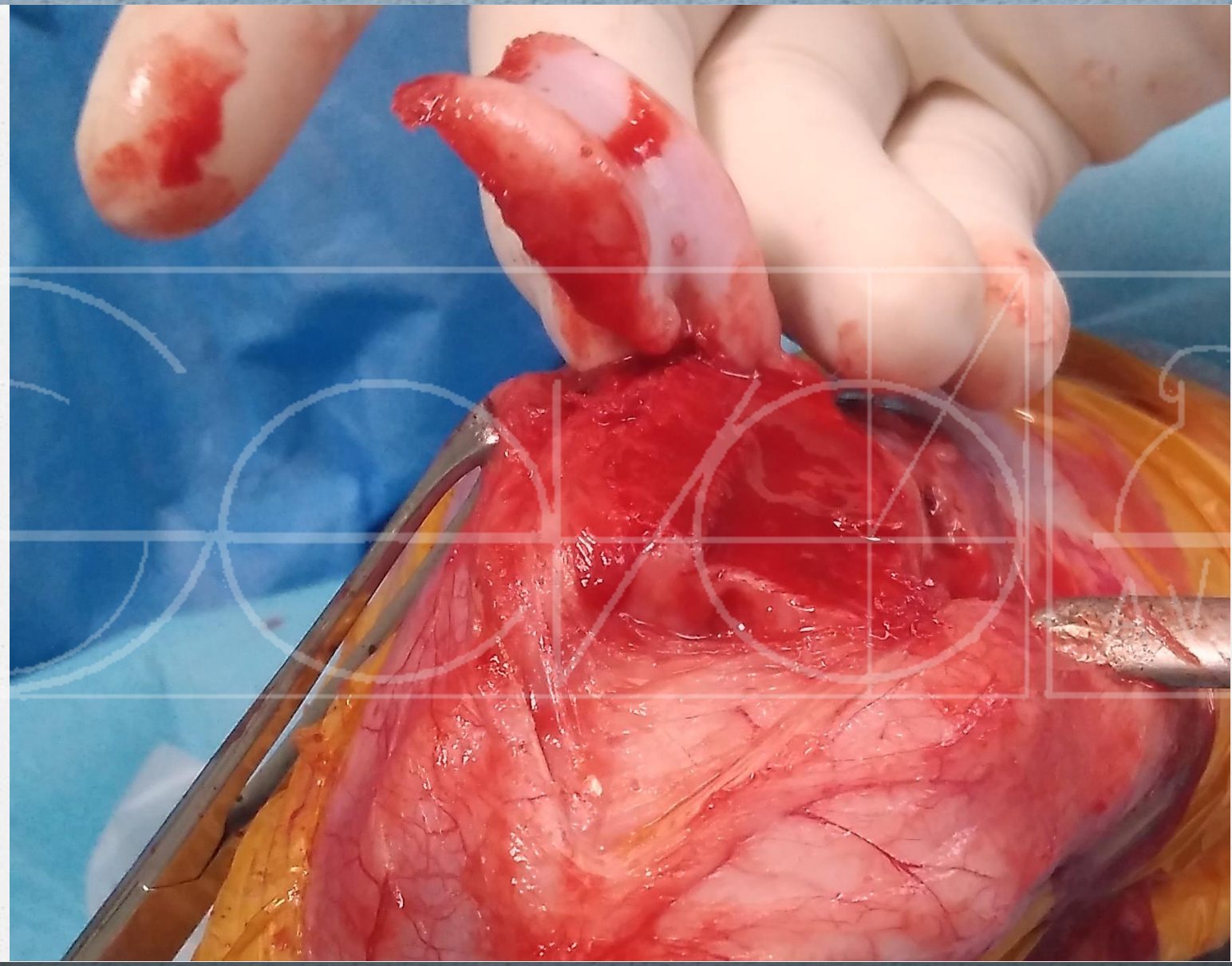
CASE HISTORY

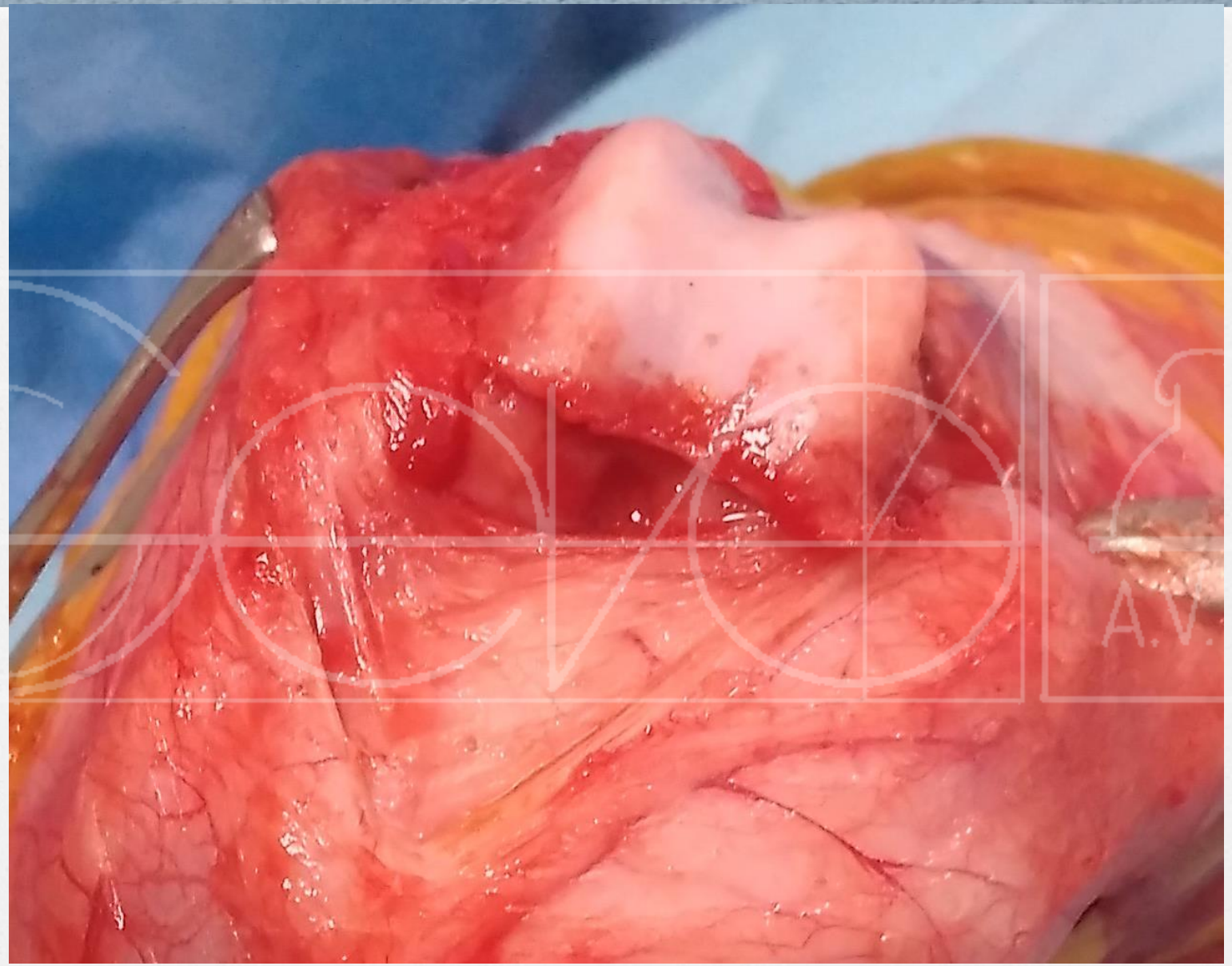
A four-year-old female crossbreed dog weighing 12 kg was presented to the Surgery section of the Clinical Veterinary Department, of the University of Bologna, Italy. The owner reported an intermittent severe lameness, which had progressively worsened over the previous months, eventually becoming permanent. The dog was not known to have suffered any trauma. Clinical examination showed a non-weight bearing lameness of the right hindlimb, which was kept raised in a semi-flexed position.

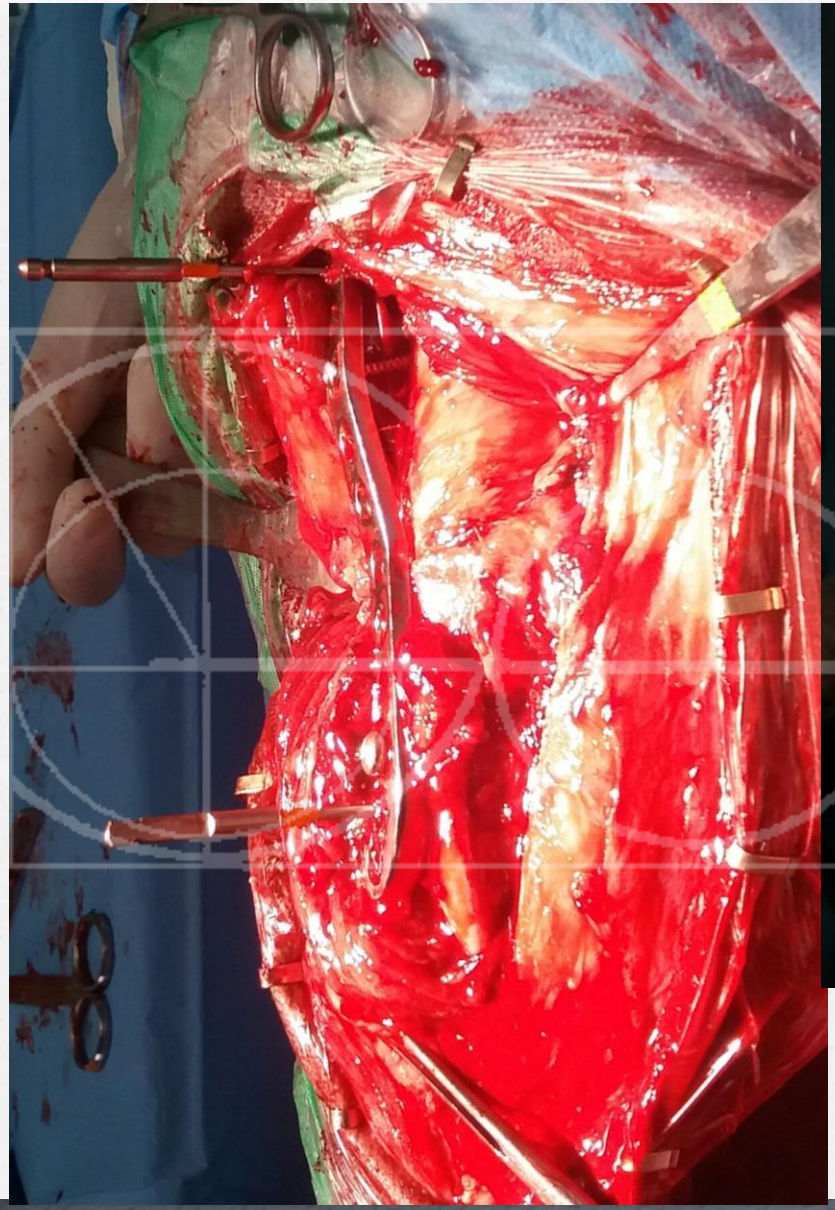
A mild hock abduction associated with internal rotation of the foot was also observed. On palpation, the patella was permanently luxated, but it could be manually reduced; the trochlear groove was sufficiently deep, although a significant hypoplasia of the medial ridge was detected, also by palpation. No femoropatellar crepitus was palpable. A diagnosis of a grade 3 medial patellar luxation was made (Singleton 1969).

Radiographic examination of the stifle in craniocaudal and mediolateral projections showed no signs of degenerative joint disease (DJD) (osteophytes, enthesophytes or bone sclerosis).

Radiographic images of the pelvis and limbs in a ventrodorsal projection were examined to evaluate the degree of skeletal alteration. The F angle, that is the angle between the femoral shaft axis and the perpendicular to the femoral condylar tangent (Cazieux and others 1977, Hulse 1993, Pinna and others 2003), was measured as 7°, thus showing the absence of any significant femoral



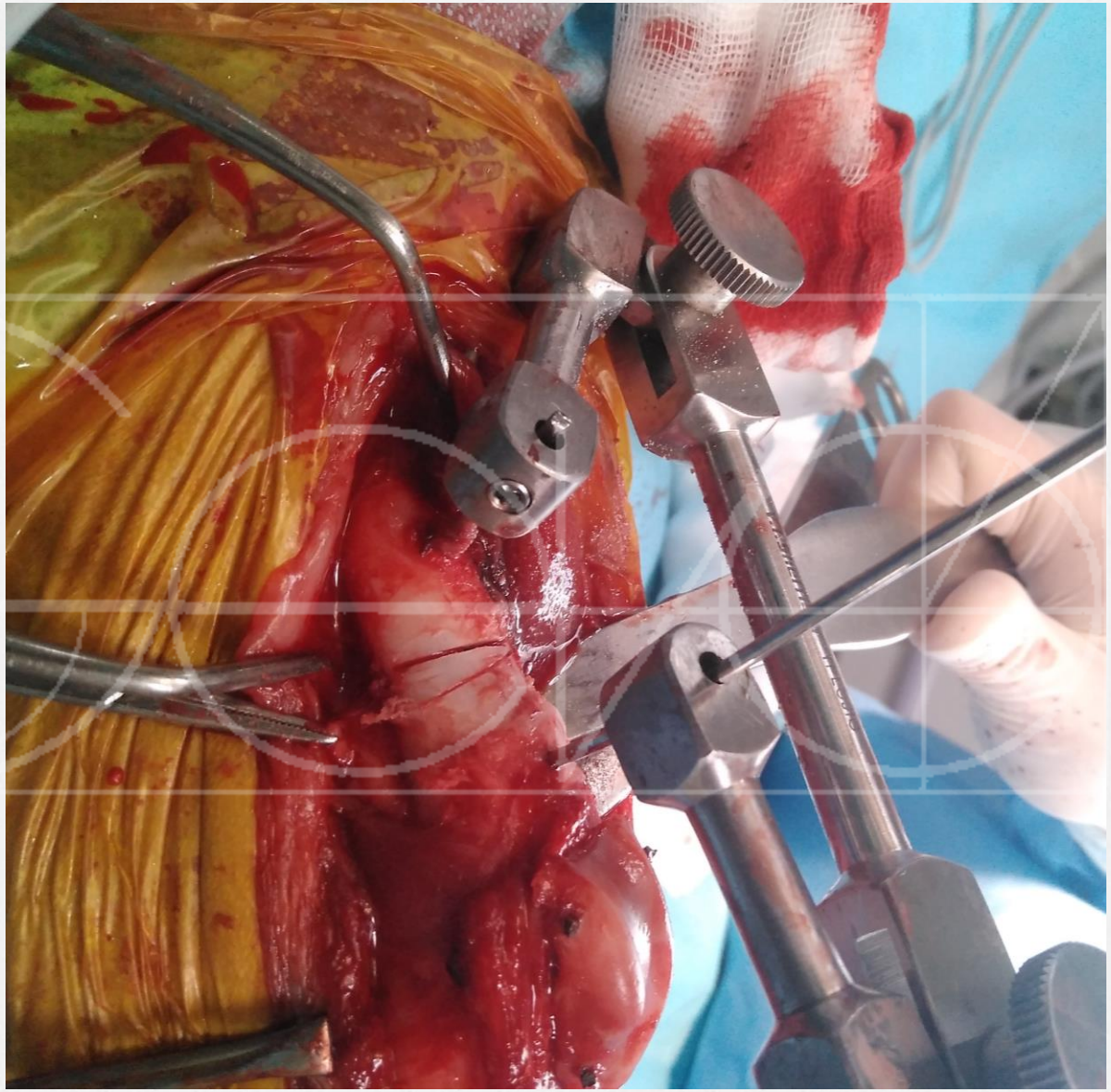


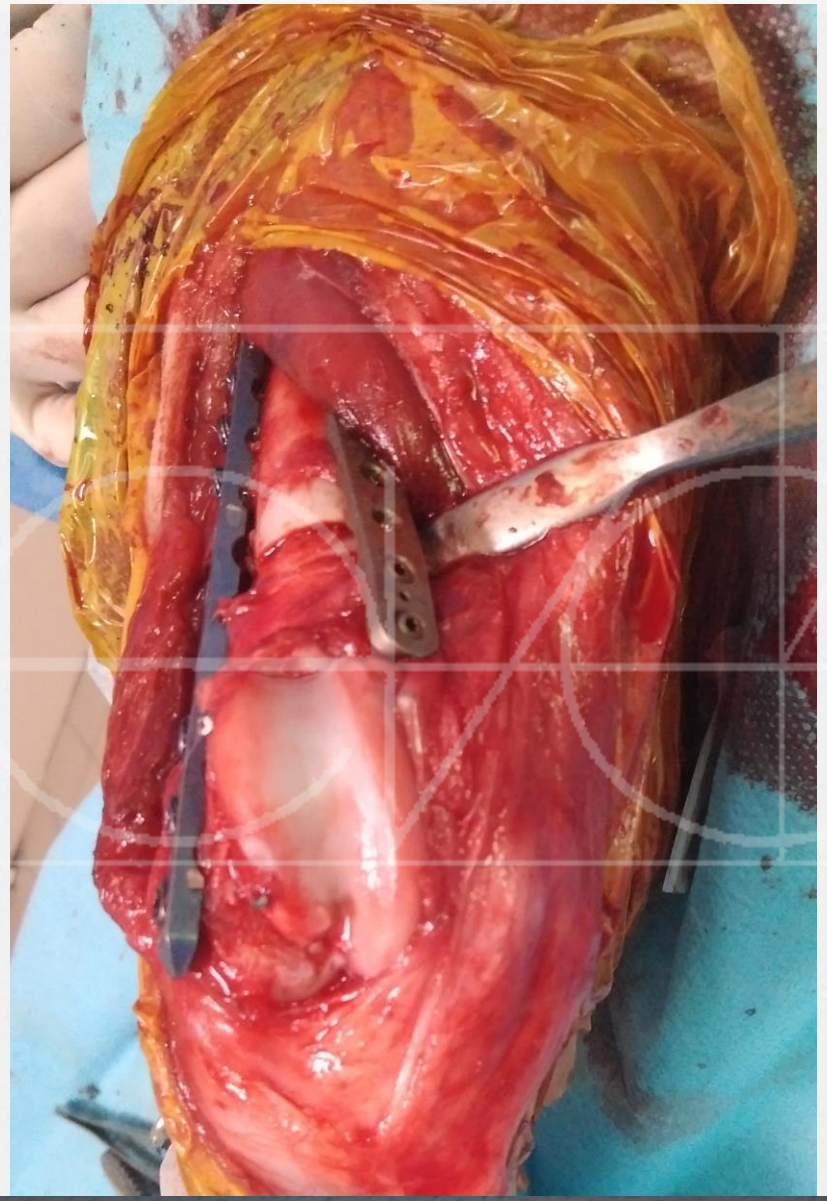


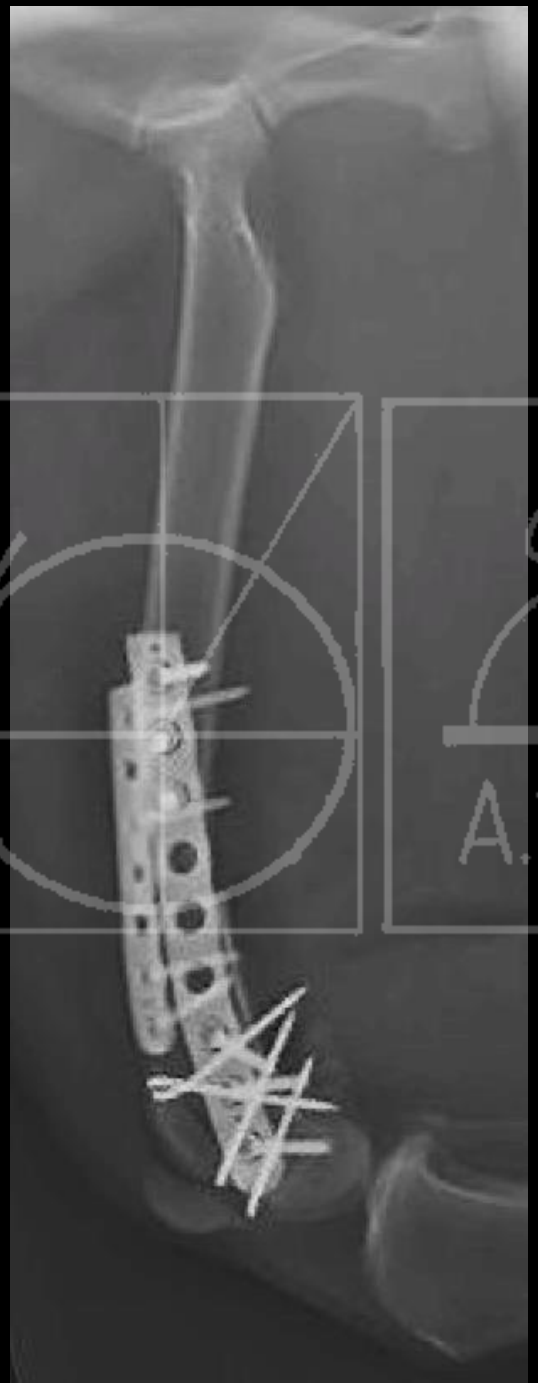
Fácil de reducir
Rápido

No se puede rotar

Placa como guía







A.V.E.P.A.

MUCHAS GRACIAS