INTRODUCTION

Anterior knee pain represent one of the most common musculuskeletal complaints, particularly among athletically motivated young adults (***Fulkerson J.P. ,1983***).

It is the disorder which represent a difficult & frustrating entity for the patient to endure & for the physician to diagnose & treat (***Goldberg B , 1997)***

Inability to demonstrate malalignment cosistently on conventional radiographes even though the history and physical examination are strongly convincing of patellofemoral malalignment has contributed largely to the variation in the attitudes towards the management of patient with patellofemoral pain from cavalier("they all get better")to nihilistic("none get better") (***Schutzer et al, 1986***).

Both conventional radiographic measerments &CT measerments have been used to define & confirm the sometimes difficult clinical diagnosis of anterior knee pain secondary to patellofemoral malalignment , however , there are well recognised limitations of the conventional & axial radiographes of the patellofemoral joint in assessing patients with peripatellar pain particularly in the first 20 degree of knee flexion .For example,image distortion is inevitable if the central x-ray beam is not exactly tangential to the patellofemoral joint.Similarly,the proximal and distal articular surfaces will not be superimposed,making reliable analysis by any such method somewhate arbitary Finally,without a consistant reference line , assessment of patellar tilting or lateral trochlear facet debth become entirely dependent on the assumption that external rotation of the hib has been controlled (***Scutzer et al , 1986***).

The importance of visualising the patellofemoral joint with the knee in the least possible flexion has been recognised by Laurine (Laurine et al, ***1979).***Although in

thin idiviuals it may be possible to obtain "sunrise" patellar views with the k 20 to 30 degree of flexion.in practice.this is very difficult ***(Scutzer et al, 1986)***

Terefore , routine radiographes are not consistently helpfull in the evaluati patients with persumed malalignment syndrome ***(Insall j. , 1979).***

The capability of CT of producing midpatellar cross-sectional images at position of knee flexion and without distortion suggests that the CT scan wc also be ideal for studying the patellofemoral joint ***(Jones et al , 1995)***

Based on CT criteria of sublaxation and tilt,it has become possible to categori the patellofemoral tracking abnormalities ***(Schutzer et al, 1986)***.

CT diagnosis of patellofemoral malalignment has a specifity of 95 &sensetivity of 85 % &Awareness of different patterns of malalignment is significant advantage of CT when planing selective surgical realignment for thes patients ***(Jones et al , 1995)***