Summary

A chondromalacia patella refers to the progressive erosion of the articular cartilage of the knee joint, Chondromalacia patellae also known as patellofemoral pain syndrome or patellofemoral stress syndrome which causes pain/discomfort at the front of the knee. It is associated with irritation on the underside of the patella.

It is common in adolescent females, although older people may also develop it. It is also common between runners or other athletes. Symptoms include pain, normally around the kneecap, and a grinding sensation felt when extending the leg. The pain may radiate to the back of the knee, or it may be intermittent and brought on by squatting, kneeling, going up or down stairs, especially down, or by repeated bending of the joint.

Diagnosis is established during a physical examination and confirmed by X-rays of the knee, C.T scan, which indicate patellar tilt or subluxation, MRI which can indicate erosion and arthroscopy which allows direct visualization of patellar tracking and cartilage abnormalities.

Treatment of chondromalacia patellae is either conservative or operative. Conservative treatment consist of resting the knee, non-steroidal anti-inflammatory drug (NSAID), brace may be prescribed in the form of a stabilizer with a hole at the kneecap and physiotherapy.

Approximately 85% of people do well with conservative treatment. The remainder still has severe pain and may require arthroscopic surgery to repair the tissues inside the knee joint. In more severe cases, open surgery may be required to realign the kneecap and perhaps other corrections.

The operation for chondromalaciac divided into two categories:

1. Those directly address the pathology of the articular cartilage, such as patellar shaving, subchondral bone drilling and microfracture. Those operations can be done as an only surgical act or in association with other operation according to the etiology.

2. Those that aim at relieving stress on the patellofemoral joint by realignment of the extensor mechanism, such as lateral retinacular and elevation of the tibial tubercle. In these operations, chondromalaciac is the secondary phenomenon, and correction of the underlying biomechanical abnormality should stop the progression of degenerative changes.

As we see in these states that arthroscopy isn't the main solution for the treatment of chondromalacia patellae, it may be so helpful in some operation but others must be done open so we are concluding that not all operations for chondromalacia patellae can be done by arthroscope.