SUMMARY

Recurrent dislocation of the patella is usually spontaneous and only rarely follows traumatic dislocation. The aetiology of this condition includes laxity of the medial capsule and medial quadriceps expansion, tightness of the lateral capsule, dysplasia of the femoral condyles or the patella, genu valgum, generalized ligamentous laxity, external tibial torsion, internal femoral torsion and patella alta.

The diagnosis of recurrent patellar dislocation is made by accurate history, proper clinical examination and investigations, which include standard roentgenographic views (the lateral view for determining the height of the patella and the axial view which may be done by several methods and can diagnose femoral or patellar dysplasias and patellar tilt, through measuring several angles such as the sulcus angle, the congruence angle and the lateral patellofemoral angle), computerized tomography and magnetic resonance imaging. The later two are more sensitive.

The treatment is either conservative or surgical. The principle of the surgical treatment is to produce realignment of the extensor mechanism to a mechanically more favourable angle of pull. The surgical treatment is divided into five groups :

❶ Lateral retinacular release (for the tight lateral retinaculum) which can be done either by open or closed arthroscopic methods.

❷ Proximal realignment (for more severe malalignment in skeletally immature patients); by vastus medialis obliquus advancement alone or

combined with medial retinacular plication or by pes anserinus transposition.

❸ Distal realignment (for severe malalignment in skeletally mature patients); by either soft tissue operations such as semitendinosus tenodesis or bony operations such as tibial tubercle transposition.

❹ Combined proximal and distal realignment (if the aetiology is more than one factor together) and,

❺ Patellectomy combined with realignment of the extensor mechanism (for the elderly who have got severe patellofemoral osteoarthritis).

The lateral retinacular release is a simple procedure which may achieve patellofemoral balance without precluding a later realignment if needed. Proximal, distal or combined proximal and distal realignment procedures are found to prevent further dislocation but do not prevent the development of patellofemoral osteoarthritis.