INTRODUCTION

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Recurrent dislocation of the patella implies two or more lateral dislocation episodes *(Chen et al., 1984).* It can follow a violent initial dislocation if subsequent healing of the supporting structures has been deficient but occurs more often in knees with one or more underlying anatomic abnormalities that predispose the patella to dislocation or subluxation. In these knees, less trauma is needed for the initial dislocation to occur *(Freeman, 1992).*

The condition is often familial, most commonly seen in females in late adolescence and about one third are bilateral *(Adams et al., 1992).*

An accurate history taking of the mechanism of injury, the type and area of pain, proper clinical examination of the knee and X-ray (A.P, lateral and axial views) of the knee joint are very important for diagnosing recurrent dislocation of the patella *(Freeman, 1992).*

Computed tomography can demonstrate subluxation that occurs even at slight flexion of the knee, a condition that might well be overlooked using axial roentgenography *(Inoue et al., 1988).* Recently, magnetic resonance imaging is regarded as a safe and useful method for individual evaluation of the patellofemoral relationships during the first 30° of knee flexion and gives more diagnostic information than traditional axial films *(Kujala et al., 1989).*

Conservative treatment of this condition is of little value and it aims at strengthening the quadriceps muscle. The principle of operative treatment is to produce realignment of the extensor mechanism to a mechanically more favourable angle of pull *(Apley et al., 1993).*

Aim of the work :

To review literature on recurrent dislocation of the patella and how to diagnose and manage this condition.