

Case Report

Intra-articular Protrusion of Malpositioned Transfix Implant Following Anterior Cruciate Ligament Reconstruction

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Abstract: We report on a case of stiffness of the knee following reconstruction of the anterior cruciate ligament caused by a Transfix implant (Arthrex, Naples, FL) protruding into the medial retinacular area. After a skiing injury, a 56-year-old woman had a complete rupture of the anterior cruciate ligament along with a tear of the medial collateral ligament. She had an immediate anterior cruciate ligament reconstruction. A hinged brace was put on postoperatively. She presented to this institution 2 months after surgery with pain, stiffness, and decreased range of motion. Magnetic resonance imaging showed protrusion of the bioabsorbable implant in the medial retinacular area. Scar tissue was seen around the tip of the implant, medial retinacular area, and in the medial gutter. The terminal end of the protruding screw and the excess of scar tissue were removed arthroscopically. At the end of surgery, her on-table range of motion of the knee was 0° to 120°. She recovered well after physiotherapy and at the 3-month follow-up she was pain free and had virtually full flexion. The knee seemed stable and the medial collateral ligament showed signs of healing. Caution has to be exercised in the choice of size and angle of insertion of the Transfix implant. **Key Words:** Anterior cruciate ligament reconstruction—Arthrofibrosis—Transfix implant.

Anterior cruciate ligament reconstruction using hamstring tendons and Transfix implants is well accepted and considered to be a safe option. This case shows that malposition and protrusion of the Transfix implant in the femur can go unnoticed at first but lead to pain and stiffness of the knee joint.

CASE REPORT

A 56-year-old woman, while on a skiing holiday, twisted and injured her left knee. The ski did not come

off. Her knee swelled up immediately and she was seen in a nearby hospital where she underwent magnetic resonance imaging (MRI) scans; a complete rupture of the anterior cruciate ligament (ACL) and medial collateral ligament (MCL) were diagnosed. She was operated on the next day and an arthroscopically assisted reconstruction using hamstrings was performed. A hinged brace was put on postoperatively to allow healing of the MCL. She presented to our clinic almost 2 months after the injury with pain and swelling of the knee along with stiffness and decreased range of motion. Clinically she had a grade 2 effusion and her range of motion was 12° to 110°. Maximum tenderness was elicited over the medial side of the patella and the medial retinacular area. The MCL exhibited grade 1 to 2 laxity with a firm end point.

MRI scans of the knee showed a rather anterior Transfix implant (Arthrex, Naples, FL) in the femur. The tip of the implant was intra-articular and protruding into the medial retinacular area as seen on axial cuts (Fig 1). Scar tissue was seen in the medial retinacular area around the tip of the screw and extending into the medial gutter.

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FIGURE 1. Axial cut MRI scan showing protrusion of the Transfix implant into the medial retinacular area of the knee joint.

Arthroscopy was performed and the terminal end of the bioabsorbable Transfix device (Fig 2) was cut off and retrieved from the joint using a rongeur (Fig 3). The end of the screw was smoothed and made flush

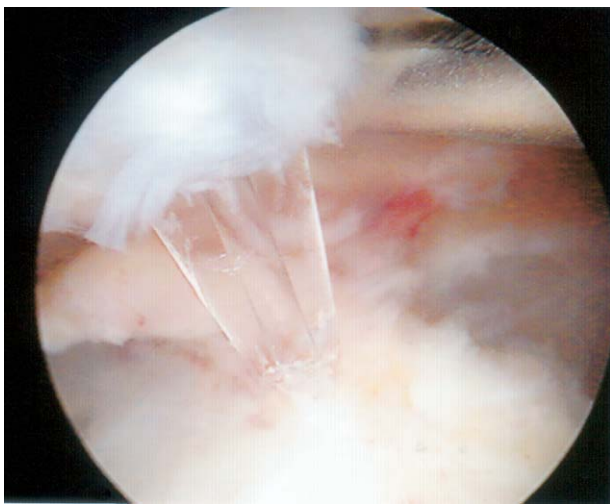


FIGURE 2. Protruding part of the Transfix implant as viewed arthroscopically.



FIGURE 3. Terminal part of implant, removed arthroscopically

with the bone using a burr. Extensive scar tissue was shaved from the suprapatellar pouch and the medial retinacular area (Fig 4). The patient's on-table range of motion was 0° to 120°. She recovered well and attended physiotherapy postoperatively. At the 3-month follow-up, her range of motion improved to almost full flexion and the pain had decreased considerably.

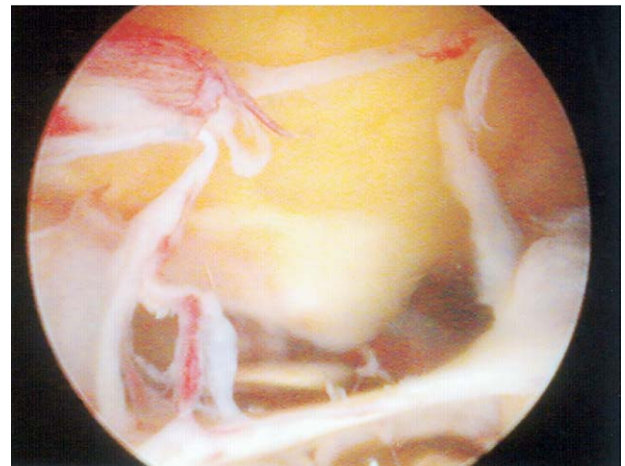


FIGURE 4. Arthrofibrosis in the suprapatellar area.

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