Osteochondral fracture of the medial patellar facet without soft tissue injury, Case report.

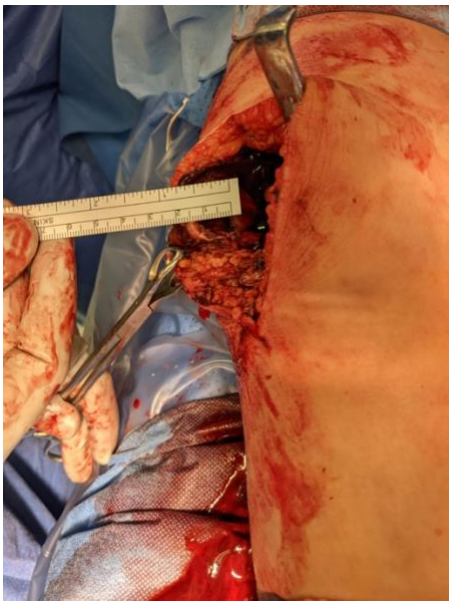
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Abstract (300 word limit)

Paediatric traumatic osteochondral patellar fracture are not uncommon presentation that represents 6.5 % of the patellar fractures and 1% of the orthopaedics trauma. The diagnosis could be challenging because of equivocal presentation and normal looking plain X-rays in most occasions. MRI scan has a paramount role in establishing the diagnosis, excluding soft tissue injury and planning the management and should be done whenever in doubt. A study by Seely confirmed that 37.5 of first time patellar dislocation patients were diagnosed with osteochondral fracture on MRI. It is classically presented on the medial patellar facet and/or lateral femoral condyle with high association with soft tissue injury such as ACL. We are presenting a case of large isolated medial patellar facet fracture with a big loose osteochondral bone fracture without soft tissue injury that was fixed by micro-compression screws and fibrin glue with fairly good outcome.

It is recommended to do a thorough knee examination, and get a knee X-ray when in suspicion of osteochondral fracture. It is worth getting an MRI done even if the examination and plain X-ray was equivocal and you are still in suspicion. Soft tissue injury is highly associated the osteochondral fractures but does not necessarily occur. Albeit, it is worth assessing by every possible mean including MRI, arthroscopy and open techniques. There are multiple treatment options that are being determined by the site and size of the fracture; however, open reduction internal fixation remains one of the most important methods of management.

Image



Recent Publications (minimum 5)

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Photograph



Biography (150 word limit)

I am a a fresh graduate with good spirit and enthusiasm to start my research experience. I worked before as a neurosurgery resident in Egypt and currently working as a trauma and orthopaedic trainee at Kings College London and I aspire to become orthopaedic specialist, educationalist and a researcher.

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Notes/Comments: