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Titel des Beitrags:
[Suturing and refixation of the medial collateral ligament in severe acute medial instability of the knee].

Abstract:
Restoration of the medial stability after acute lesion of the medial collateral ligament (MCL) and of the posteromedial complex in case of a high grade instability of the MCL. Stabilization against valgus stress and prevention of an increased posterior drawer in case of a lesion of the posterior oblique ligament (POL). Acute high grade instability (grade 3) of the MCL. Rupture of the POL in combination with a rupture of the PCL and/or of the ACL. Multiligamentous injuries. Stener-like lesion of the tibial insertion of the MCL fibers with subluxation of the MCL superficial to the pes anserinus superficialis. Local infection, poor soft tissue condition, severe soft tissue defects, intraligamentous injuries of the MCL (grade I-II instabilities). The refixation of the MCL and the posteromedial complex has to respect anatomical situation. Femoral or tibial avulsions of the MCL can be reattached by the use of anchors at the anatomical insertion sites. Intraligamentous ruptures must be adapted. Additional framelike sutures may be used. The fixation and readaption of the MCL and the posteromedial complex can be combined with ACL and PCL procedures. Use of a brace for 6 weeks to avoid valgus stress, partial weight bearing (10-20 kg). Weeks 1-3: ROM 0-20-60° extension/flexion; weeks 4-6: ROM 0-10-90° extension/flexion; after 7 weeks: free ROM. The postoperative protocol must be more restrictive in case of a
combination of a MCL fixation and a PCL reconstruction (6 weeks immobilization in extension with posterior support, exercise only in prone position). Between 2010 and 2013, 34 cases of acute medial instability were treated. According to the injury pattern, some procedures were isolated MCL refixations, while others were combined procedures. While 25 patients showed a concomitant ACL injury, 13 patients had combined PCL and ACL injury. Postoperatively all medial instabilities had improved. Revision surgery was performed in 3 cases due to postoperative arthrofibrosis.