Abstract: Objective Neglected rupture of the patellar tendon is a rare, can be easily missed in a group of patients. Surgical management of neglected patellar tendon rupture is more demanding than that of acute ruptures, and the results are less favorable because of retraction, adhesion, atrophy of the quadriceps muscle and proximal patellar migration. There are several methods to relocate the patella to its anatomic location including preoperative traction, intraoperative traction, external fixation and quadricepsplasty. We present a patient with a neglected patellar tendon rupture treated successfully with a modified Ecker technique and adjustable knee brace in the postoperative period. Methods We present a 17 year old, male patient who had history of fall from steps 3 months back with injury to left knee. The patient took native treatment. Later presented to us with instability during walking and frequent falls. The neglected patellar tendon rupture treatment includes surgery by modified Ecker technique and intensive rehabilitation. Results After 3 mths of follow up post op, the anatomic position in the extended knee and good functional result was achieved with intensive rehabilitation.

Keyword: Ortho

Patella was 5cms proximally placed than the normal side. X ray left knees AP view both knees lateral view with 30 degree flexion taken. MRI of knee was taken INDICES AVAILABLE are INSALL-SALVATI RATIO, MODIFIED INSALL- SALVATI RATIO, CATON-DESCHAMPS INDEX, BLACK BURN _ PEARL INDEX

The MRI taken showed full thickness complete tear of mid patellar tendon with 21 MM reamnt still seen attached to the tibial tuberosity and proximal reamant
The management techniques include tendon reconstruction with auto graft, allograft and synthetic material. We used modification of Ecker’s technique in this patient. Chronic patellar tendon ruptures are rare. The difficulties of this repair are the proximally retracted patella, the reconstruction of patellar tendon and the temporary protection of this repair.

Intra operative steps

Medial para patellar approach

Remnants of patellar tendon revealed

Remnants of patellar tendon revealed

The gap revealed was 5 cms. Scar tissue in the remnants of patellar tendon excised. The patella is mobilizes until the distal pole lies just proximal to the joint line when the knee is in slight flexion. Tension relieving

Tension relieving circlage wire applied

Semitendinous graft harvested through a separate proximal incision and it was divided in its musculotendinous junction and brought into the distal part of first incision

Creation of tibial tunnel and patellar tunnel was done

The tendons are then sutured to each other under tension. After the repair was completed, when the hip was flexed at 45°, the knee could be flexed to 20° with gravity of the leg. At this point the repair was stable and the knee was immobilized by the plaster cast in 20° flexion at the end of the procedure. Post op x rays shows patella at the same level as that of the normal leg. Straight leg raising could be done and 0 to 130 degrees flexion of the knee.

CATON DESCHMAN S INDEX

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Continuous passive motion (CPM) was applied for the next 3 days, beginning at 0°–20° with close monitoring and reaching 30° of knee flexion at the end of the third day. An adjustable brace was applied with the maximum flexion set at 30°. Daily ROM exercises were performed within the range of previously reached ROM, three times a day until the end of the 2-week period. This protocol was repeated at the fourth and sixth weeks postoperatively, and 50° and 70° of flexion were reached, respectively. The brace was removed at eight weeks and CPM and ROM exercises were continued until the tenth week postoperatively. Finally, 130 degrees of flexion was achieved.

**DISCUSSION**

The advantages of modified Ecker’s technique in this patient are single tendon graft, gain in length of the tendon. Placing in anatomical position is advantageous in improving the range of movements and prevents the proximal migration of the patella. The positive outcome in this case suggest that this approach should be studied as a possible solution to obtain proper patellar position and functional ROM.

**REFERENCES**
