

Short Notes

Congenital Dislocation of the Knee (CDK): A Current Review of Literature

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Abstract

Congenital dislocation of knee is a rare disease and may be associated with other congenital and musculoskeletal disorders. Early diagnosis of CDK is very important non operative treatment usually provides more stable, greater range of motion and much more quadriceps strength than the surgical treatment. I believe that early reduction of dislocation prevents formation of the knee contracture. Here, I document a review of literature. In this review, there are not figures and outcomes.

INTRODUCTION

Congenital dislocation of Knee is a rare but represents a therapeutic challenge. CDK includes a spectrum of hyperextension disorders of the knee [1,2,3,6,9]. CDK may be associated to a high degree with other congenital and musculoskeletal disorders. Development dysplasia of the knee is the most commonly associated hip deformity.

AETIOLOGY, TREATMENT AND FOLLOW-UP MANAGEMENT

Congenital dislocation of the knee is a rare disease. There are many different opinions about its etiology, treatment options and follow-up management. As to the etiology, breech presentation may play a role, but in some cases has a normal cephalic delivery [4,6]. Several series, in literature report a spectrum of hyperextension deformities varying

From simple hyperextension to a complete dislocation. Some authors (Finger 1964, Laurence 1967, Curtis and Fisher 1969, Jacobsen and Vapolesky 1985) have used a grading system to classify there hyperextension deformities [1,5,6,8].

The early recognition deformity of CDK is important, and careful general orthopaedic evaluation is required to rule out any associated abnormality. Early manipulation combined with splinting and casting is the primary treatment in the neonatal period [3,7, 9,11,12].

Patients with seemingly rigid contractures may respond rapidly to serial casting and Splining. Once 90° flexion is obtained, the neonate may be placed in a Pavlik harness to promote further active flexion, block hyperextension, and treatment of any associated hip dysplasia can be started [11]. Deformities that

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respond to casting or manipulation may require surgical disease [1,2,4].

In some patients, early percutaneous or open quadricepsplasty and immobilization may be sufficient to treat CDK that fails to respond to nonoperative contracture [1,4, 6,9,10].

In conclusion, an early diagnosis of the CDK is very important. Physical examination must be done carefully to rule out any other anomaly. Non operative treatment usually provides more stable and greater range of motion, and much more quadriceps strength than the surgical treatment. If the dislocation is reduced early, formation of the knee contracture is prevented. The goal is to obtain minimum 90° knee flexion with conservative and surgical treatment.

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