

Characterization of Patients Undergoing Revision MPFL Reconstruction

Poster #22

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Disclosures

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Introduction

 The medial patellofemoral ligament (MPFL) is one of the most important stabilizers of the patella

- Reconstruction of the MPFL is a common surgical procedure used to restore stability in appropriately selected patients
- In the rare instance of MPFL reconstruction failure, revision procedures may be warranted

Objective of Study

- To characterize patients who underwent revision MPFL reconstruction including:
 - Demographic/social factors
 - Anatomical features
 - Surgical characteristics

Materials and Methods

- We identified patients who underwent MPFL reconstruction at our institution between 2008 and 2021
- Patient charts were analyzed retrospectively to collect:
 - Demographic information
 - Surgical procedures
 - Preoperative imaging measurements (tibial tubercle-trochlear groove [TT-TG] distance, sulcus angle)
 - Clinical exam findings
 - Intraoperative findings
- Data was compared between primary and revision MPFL cohorts

Results - Demographics

- 193 patients in primary MPFL cohort
 - 30 patients in revision MPFL cohort
- More females than males in each group
 - Primary MPFL: 73 male,
 120 female
 - Revision MPFL: 10 male, 20 female
- BMI was significantly higher in the revision MPFL cohort

	Revision MPFL	Primary MPFL	P-value
Age (years)	23.3	23.7	0.389
BMI (kg/m²)	29.8	27.0	0.016
Mean age of first dislocation	15.3	16.5	0.195

Table 1: Comparision of demographic information of patients undergoing primary and revision MPFL reconstruction

Results – Preoperative Imaging

	Revision MPFL	Primary MPFL	P-value
Mean TT-TG distance (mm)	24.7	17.5	0.022
Mean sulcus angle (degrees)	144.8	139.7	0.007
Clinical J-sign	40%	25.1%	0.011

Table 2: Preoperative imaging values for patients undergoing primary and revision MPFL reconstruction

Results – Surgical Characteristics

- Articular cartilage damage of patella (p<0.001)
 - Primary MPFL: 61 (31.9%)
 - Revision MPFL: 24 (80%)

- Concomitant tibial tubercle osteotomy (p = 0.319)
 - Primary MPFL: 35 (18.3%)
 - Revision MPFL: 8 (26.7%)

Conclusions

- Compared to patients undergoing primary MPFL reconstruction, patients undergoing revision MPFL reconstruction had significantly greater:
 - Percentage of patellar articular damage noted at time of surgery
 - TT-TG
 - Sulcus angle
 - Clinical J-sign

Significance of Findings

- Identifying risk factors for undergoing a revision MPFL reconstruction may:
 - Alter preoperative surgical planning to minimize risks of failure
 - Ensure proper preoperative risk/benefit discussion between physician and patients