Bipartite Patella: Two Cases Reports

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Abstract

Kneecaps bipartite are defined as being a single kneecap the nucleus of secondary ossification of which did not merge with the rest of the kneecap. Some etiology are evoked. The patella bipartite is classically asymptomatic. The treatment is initially orthopaedic who can become surgical with satisfactory results. We bring report two cases of patella bipartita admitted in the service of surgery "B" of children's Hospital of Rabat-MORROCO.

Introduction

Kneecaps bipartite are defined as being a single kneecap, the nucleus of secondary ossification of which did not merge with the rest of the kneecap [1].

Two Cases Reports:

It is about two boys, who were respectively 12 and 13 years old, sports, without particular pathological history and who consulted for an unilateral apyretic painful knee after traumatic. The clinical examination found a pain localized at the level of the par supéro-extern of the kneecap concerned with a knee joint which is free without patellar impact; and presence of the same tender spot at the level of the contralateral knee at a patient. The standard roentgenogram had brought to light a nucleus of secondary ossification situated in the supéro-external pole of the kneecap at both patients with in the comparative knee:same image at a patient. [Fig 1, 2]. The treatment consisted of an important reduction of the weight bearing and the administration of anti-inflammatory non-steroidal at both patients and of a short antalgic plastered immobilization at a patient. The results are satisfactory with a drop of 1an.

Discussion

Bipartita patella was described for the first time by George [2] and Gruber [3] in 1883. They are different from patellar duplications because in that case there is only a single kneecap the nucleus of secondary ossification of which did not merge with the rest of the kneecap. Some people, as Sheffield [4], consider however that the patellar duplications are a particular shape of patella bipartite. Classically, the nucleus of secondary ossification is situated in the pole supéroexterne of the kneecap, more rarely it is external or lower.

Saupe [5] classified in 1943 patellas bipartite in three groups according to the localization:
- Rank I: lower pole (5% of the cases);
- Rank II: external edge (20% of the cases);
- Rank III: pole supéroexterne (75% of the cases).

Some etiology are evoked: pseudarthrosis, osteochondritis, anomaly of growth, this last one seeming the most likely. The nucleus of secondary ossification appears generally between 8 and 12 years [6] and in 2% of the cases it do not merge with the rest of the kneecap. The patella bipartite is as well often unilateral as bilateral. The bipartita, classically asymptomatic patella, can however become painful [7-9], especially in children sportsman. The pains are often started by a trauma [7, 9]. These pains could be due to an equivalent of fracture of stress after repeated microtraumas [7, 10]. The differential diagnosis often arises with the Disease of Sinding-Larsen-Johansson: osteochondritis of the point of the kneecap. [Fig 3] The treatment is initially orthopaedic [9] (decrease of the activities, the anti-inflammatory treatment per os or by local infiltration [7,8], fixed immobilization), but in case of defeat the recourse to the surgical treatment is necessary to realize an excision of this nucleus of secondary ossification. The results seem satisfactory with a disappearance of the pains.

Conclusion

The patella bipartite is a patelloare malformation of which it is necessary to think in front of a knee of painful traumatic comment at a sports teenager and which its treatment remains mostly orthopaedic.

References

Illustrations

Illustration 1

bipartite patella: incidence of face
Illustration 2

bipartite patella: incidence of profile
Illustration 3

&Disease of Sinding-Larsen-Johansson
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