Knee Dislocation

Luxação do Joelho

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An obese 28-year-old man suffered a hyperextension injury of the right knee after falling from a height of 1.5 m and landing on his feet. On admission to the emergency department, an obvious deformity and swelling of the right lower limb was noticed, with palpable ankle pulses, absence of foot drop or sensory changes in the distribution of the common peroneal and tibial nerves. Anteroposterior and lateral radiographs confirmed a posterior dislocation of the knee (Kennedy classification) (Fig. 1). Prompt reduction and immobilization with DePuy knee protector orthoses was performed (Fig. 2).

Figure 1 - X-Ray AP and Lat view of right knee showing posterior dislocation.
Acute knee dislocation is a rare orthopedic diagnosis, with an overall incidence of 0.02%-0.2% among all musculoskeletal injuries and 0.5% among all joint dislocations.1 Obese patients, due to the exponential increase of physiological knee stress, have a higher incidence of knee dislocation associated with ultra-low velocity trauma.1,2 Radiographs confirm the diagnosis and guide the classification of the dislocation. Angiography or computer tomography angiography are recommended if vascular damage is suspected.3 Additional computed tomography and magnetic resonance evaluation are useful to exclude bone fractures and soft tissue lesions, respectively.1,4 Surgical treatment ensures the best outcome regarding motion, function and stability.4,5 A focused rehabilitation program is required after surgery, usually with an overall good prognosis regarding return to activities of daily living and sport.4.

Figure 2 - X-Ray AP and Lat view of right knee after reduction of posterior dislocation.

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Referências / References