

Avulsion Fracture of Patella Tendon in patient with Osgood Schlatters Disease

Pre-op

16 yo high performance athlete (runner), with a history of Osgood- Schlatters, presents with a tubercle avulsion fracture involving the extensor mechanism. The patient was running for a Division 1 College Scholarship and avoidance of patella tendonitis, and/or second surgery for hardware removal, was critical.

Procedure

In order to gain maximum compressive force WITHOUT risking irritation of the extensor mechanism the surgeon chose treatment with two 6.5mm CompressX headless compression screws.

The surgeon was able to position screws below the periosteum, within the cortex, and then apply controlled compression to the fracture site. This technique would avoid any irritation to the extensor mechanism and eliminate the need for a second procedure to remove symptomatic hardware.

Surgical Approach

A longitudinal incision was made over the fractured tubercle. Free Osgood-Schlatter ossicles were removed. The fracture site was irrigated, and reduced anatomically. Two controlled CompressionX size 6.5 screws were placed to secure the reduction. The countersink and compression sleeve ensured excellent compression and intra-cortical placement, thus avoiding a mechanical irritant.

A-P Pre-op



Lateral Pre-op



Post-Op A-P



Post-op Lateral

