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Congenital dislocation of the knees

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Congenital dislocation of the knees

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Image in medicine

We report a case of a seven-day-old that was referred to our facility with abnormal presentation of her both lower limbs since birth post vaginal delivery. During admission the child was conscious, active with stable vitals. Both knees were hyperextended at 90°. Other systems cardiovascular, respiratory, nervous, and gastrointestinal and nervous systems were essentially normal. Both knees were unstable in all direction. It was impossible to bend the knees. Grade 3 congenital knees dislocation was diagnosed based on clinical and physical examination. This is a rare case, accounts to about one in 1000 live births. It is associated with additional neuromuscular and muscoskeletal anomalies such as quadriceps fibrosis and anterior displacement of hamstring tendon. The condition

can be treated conservatively with serial casting and also surgically. The outcome is better for both treatment options. In limited resource areas, conservative management with serial casting is recommended as it gives same outcome to the patient. Average maximum flexion is achieved in six weeks but they are kept under follow up until they start ambulation to measure the effectiveness of the serial casting.

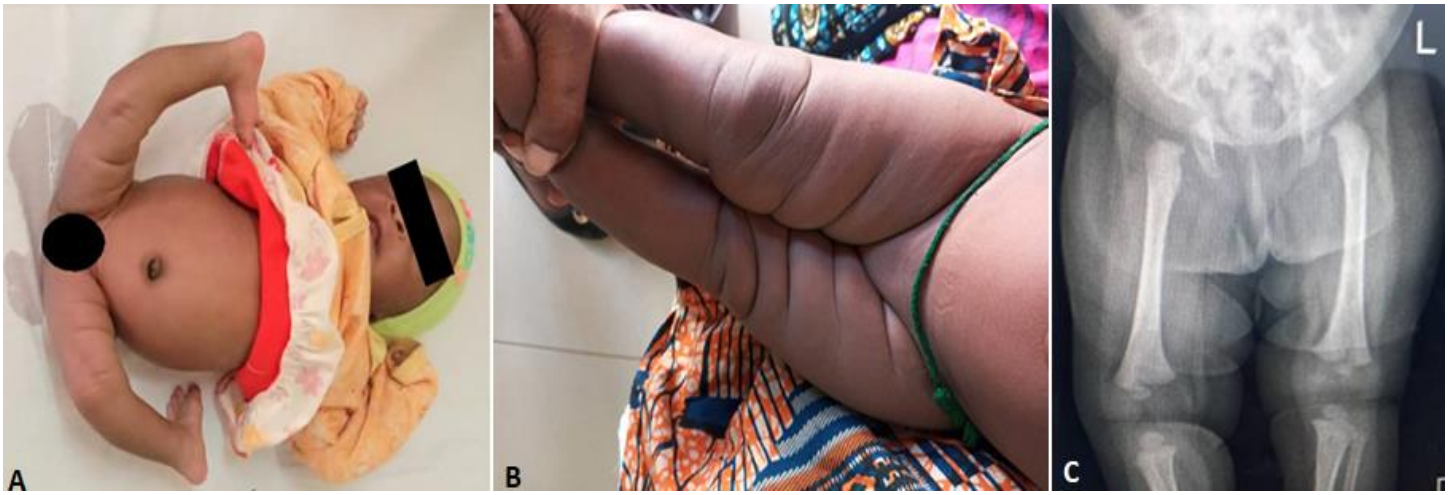

Figure 1: A) photograph of the patient in a consultation room showing a dislocation of the knees before serial casting; B) a photograph showing a patient during her third visit follow up in our surgical outpatient clinic; C) photograph of a normal X-ray film taken during her third follow up visit showing the bones alignment