

54 y/o male who presents with
severe acute onset left knee pain
after fall down stairs

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Frontal View L Knee

Cross Table



Lateral View L Knee

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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Left Patellar Tendon Rupture

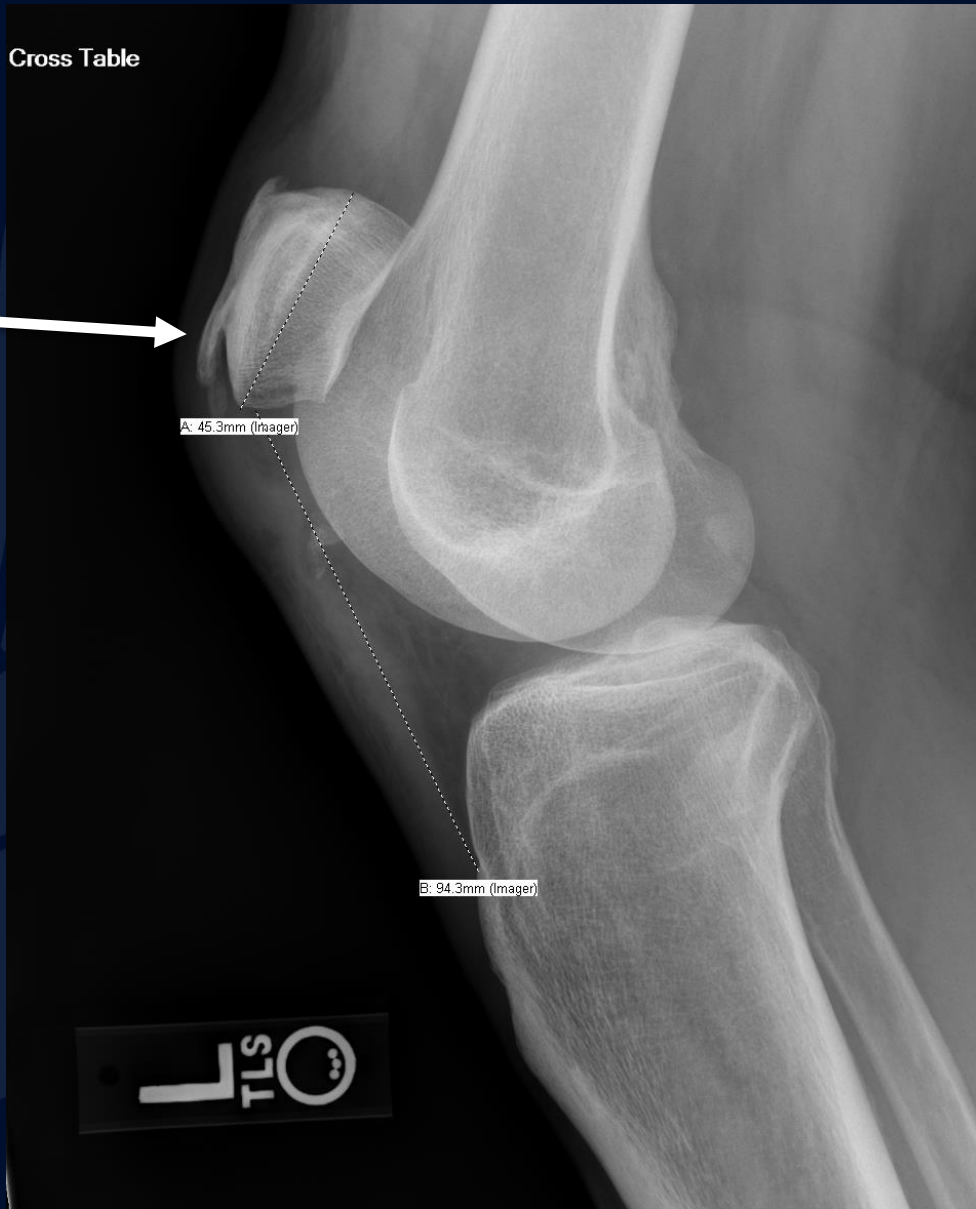
Patellar Alta



Frontal View L Knee

Cross Table

Patellar Alta



A: 45.3mm (Irbager)

B: 94.3mm (Irbager)

Insall-Salvati
Ratio: 2:1

Lateral View L Knee

Patellar Tendon Rupture

- When secondary to trauma, injury is commonly at patellar or tibial insertion
 - Associated with small avulsion fracture
 - More common at superior insertion
- Predisposing factors include
 - Chronic microtrauma/tendinopathy
 - Jumper's knee
 - Sinding-Larsen-Johansson disease (pediatrics)
 - Prior surgery
 - Prior injections

Patellar Tendon Rupture

- When due to systemic disease, mid-tendon injury is more common
 - Such as diabetes, chronic renal disease, or corticosteroid use
- Imaging
 - Radiographs
 - Patellar alta, increased Insall-Salvati ratio
 - Patellar tendon soft tissue swelling
 - Avulsion fracture
 - MRI
 - Variable from partial to complete disruption of patellar tendon
- Insall-Salvati ratio
 - Patellar tendon length:Patellar length
 - Normal from 0.8-1.2

References:

- Bartalena T, Rinaldi MF, De Luca C, Rimondi E. Patellar Tendon Rupture: Radiologic and Ultrasonographic Findings. West J. Emerg. Med. 2010;11:90–91.
- Greis PF, Holmstrom MC, Lahav A. Surgical treatment options for patella tendon rupture, Part I: Acute. Orthopedics. 2005;28:672–679.