LETTER TO THE EDITOR

Response to the letter of D. Goutallier

We read Pr. Goutallier’s letter to the editor attentively and would like to thank him for his interest in our work. We have chosen to use the recession wedge trochleoplasty (RT) technique associated with other surgical procedures based on the idea of an “à la carte” approach to surgery, in which all the factors favoring patellofemoral instability are corrected during the same surgical procedure. We are aware that associating these procedures makes interpretation of results difficult, in particular the role of trochleoplasty in patellofemoral stabilization. Based on our results, in relation to his princeps study which defines normal TTTG (tibial tubercle trochlear groove distance) values in relation to the trochlear angle, D. Goutallier is suggesting that recession trochleoplasty does not play a significant role in stabilization but protects against the development of anterior pain, in particular when the ATT is too medial.

We have the following comments concerning his remarks: first, D. Goutallier states that this technique was described for stable patellae with patellar pain syndrome after transfer of the anterior tibial tuberosity, and states that we have extended this indication to include patellofemoral instability with dysplasia. In fact, our group of patients was fairly similar to that in his study because this procedure was initially indicated in patients who underwent unsuccessful surgical patellofemoral stabilization with significant trochlear dysplasia, most of whom had PF instability and pain. Moreover, an analysis of the figures in Dr. Goutallier’s article clearly shows that his patients initially presented with patellofemoral instability which was unsuccessfully treated (ATT transfer) resulting in instability and pain. We gradually extended the primary indication of this simple and effective technique to patients with instability and significant trochlear dysplasia in whom we felt transfer of the anterior tibial tuberosity might fail due to the significant dysplasia, whether or not it was associated with medial patellofemoral ligament (MPFL) reconstruction. We agree with D. Goutallier that anterior pain in cases of PF instability with significant trochlear dysplasia whether they have been surgically treated or not, is probably the best indication for trochleoplasty.

D. Goutallier’s remark that RT reduces anterior pain more than it plays a stabilizing role is an interesting hypothesis. However, we feel that RT plays an important role in stabilization. Reduction of patellar tilt between the pre and post operative X-rays which is not changed by medial MPFL reconstruction suggests that RT improves patellar kinetics and tracking by reducing the trochlear prominence which plays a role of lateral springboard for the patella [1]. Finally because of the few number of patients and the heterogeneous series, all these hypotheses are pure speculation, and only further rigorous studies with larger groups can answer these questions.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

Reference


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