History and Clinical features

13 year old girl with history of fall on ground
C/O swelling and pain knee
O/E
she has effusion
no instability (lachman test-negative)
no evidence of obvious fracture

Differential diagnosis

Hemarthrosis knee
IDK
Hoffa’s fracture
Fracture condyle of distal femur or proximal tibia
Osteochondral fracture

Sports injury resulting in an isolated osteochondral fracture of posterior femoral condyle in a pediatric patient-A case report.

DR PUNEETH. K. PAI
Senior resident
Department of Orthopedics
Government Medical College, Kozhikode

DR T.K. JEEJESH KUMAR
MBBS, D.Ortho, DNB, MNAMS.
Post Doctoral clinical fellowship in Ilizarov and limb reconstructive surgery, Fellowship in Arthroplasty,
Associate Professor,
Government Medical College, Kozhikode, Kerala.

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Osteochondral fracture in the intercondylar notch

Treatment options
• Excision of the fragment
• Fixation of the fragment
• By open arthrotomy or arthroscopic

Investigations and Management

What next?

3D CT

Osteochondral fracture in the intercondylar notch

• Open reduction and Fixation of the fragment by open arthrotomy and Headless screw fixation. (Herbert screw)
Herbert screw fixation

Follow-up one year

Fragment was about 2X3.5X2 cm in size
Which was completely separated fragment with no soft tissue attachment
It was fixed by 2 Herbert screw
3 Year follow up, ROM full, No signs of AVN, X-ray shows signs of union, No other complaints

**Conclusion**

Osteochondral injuries might be the result of a patella dislocation.

The antero-proximal margin of the lateral femoral condyle is the most common site of femoral injury, with the weightbearing surface of the lateral femoral condyle being less common.

Chondral fractures are distinct from the more common osteochondral fractures: 1. Challenge to diagnose, 2. Difficult to fix due to absence of bony component.

Fixation can be done with Cannulated screws, headless screws, brioscrews, suture anchors.