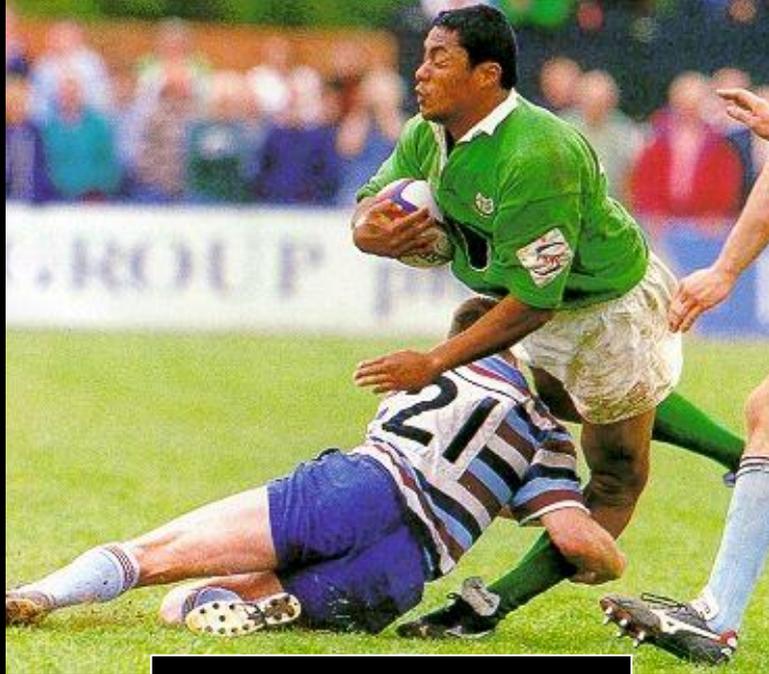


Les entorses du genou chez l'enfant



Dr Camille THEVENIN-LEMOINE
Chirurgien orthopédiste pédiatrique
Clinique Rive gauche, Toulouse

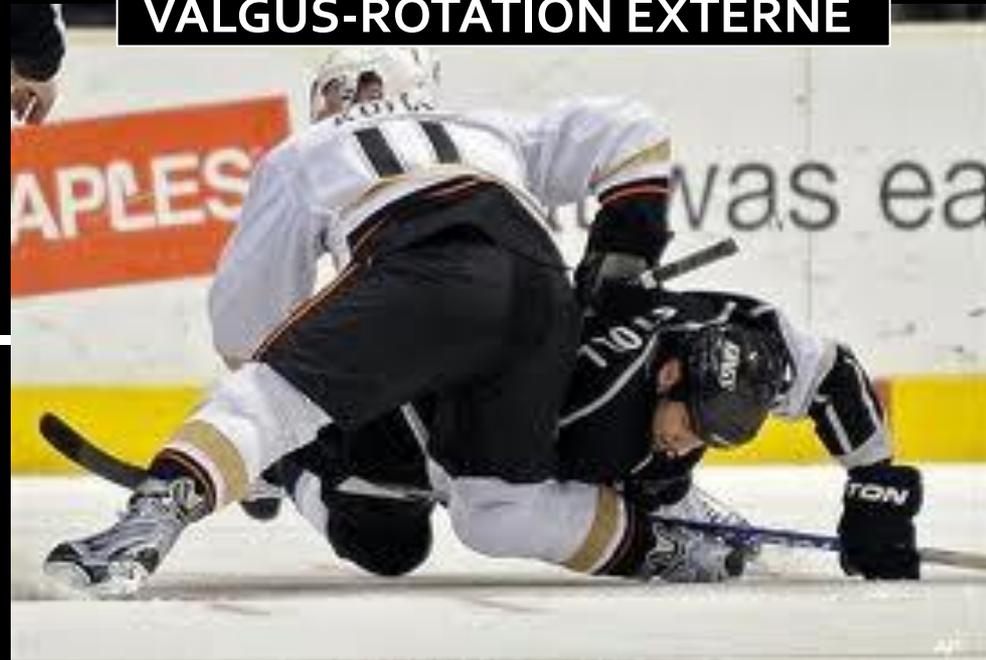




HYPEREXTENSION



VALGUS-ROTATION EXTERNE

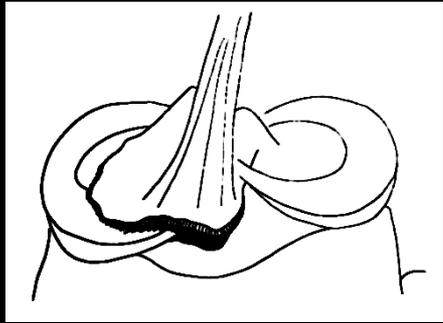


Examen clinique: hémarthrose

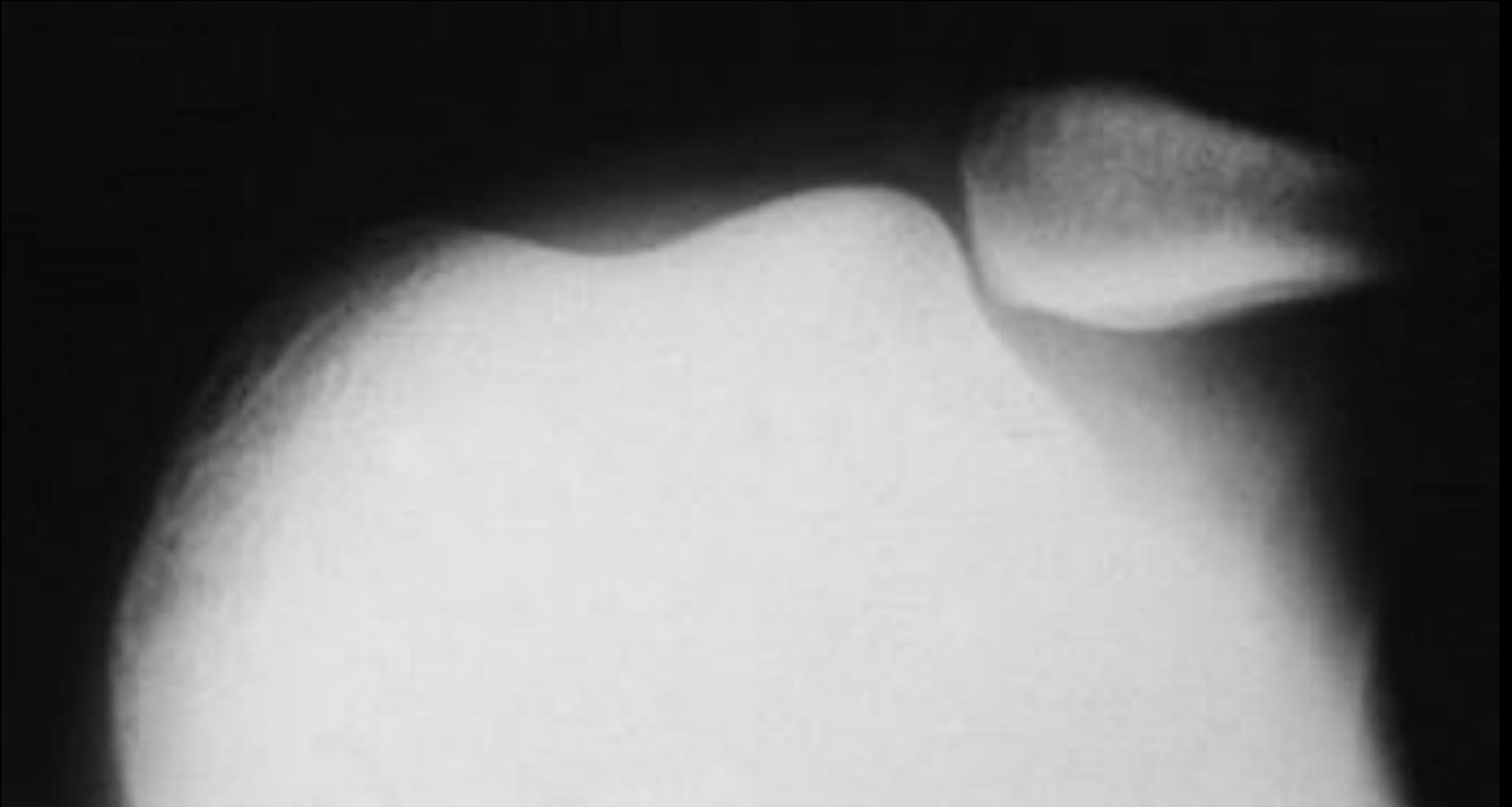


-> radio

Fracture de l'eminence intercondylienne du tibia



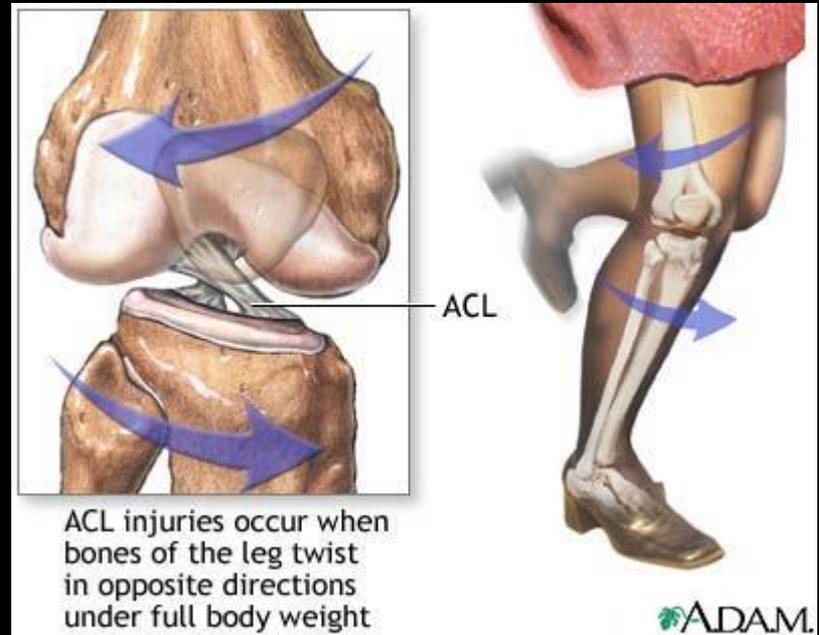
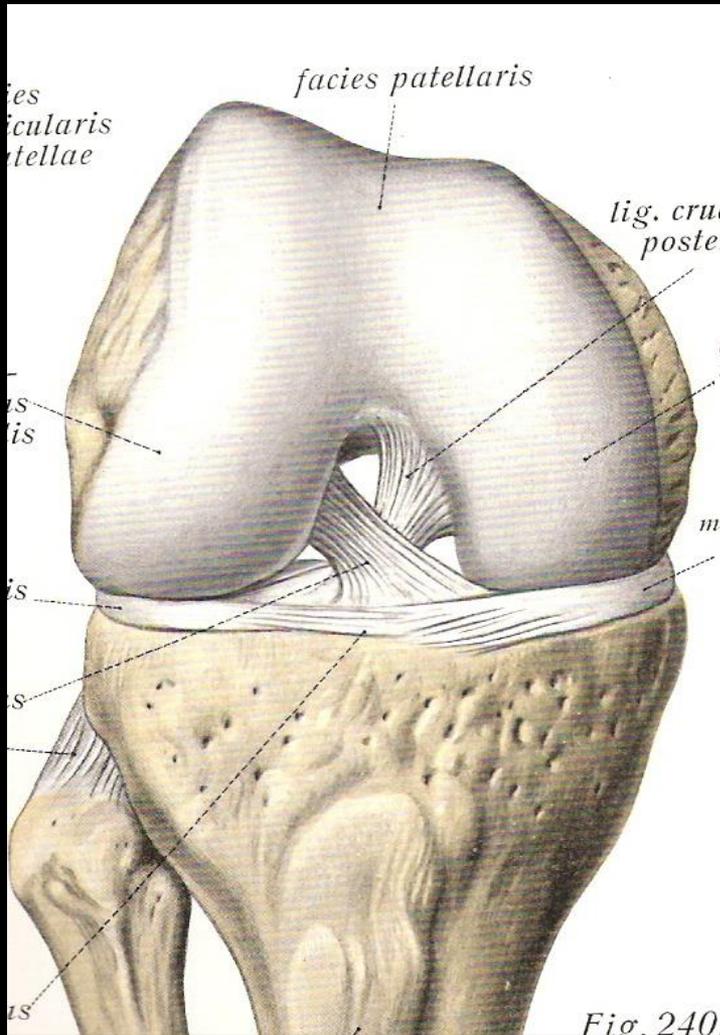
Luxation de rotule



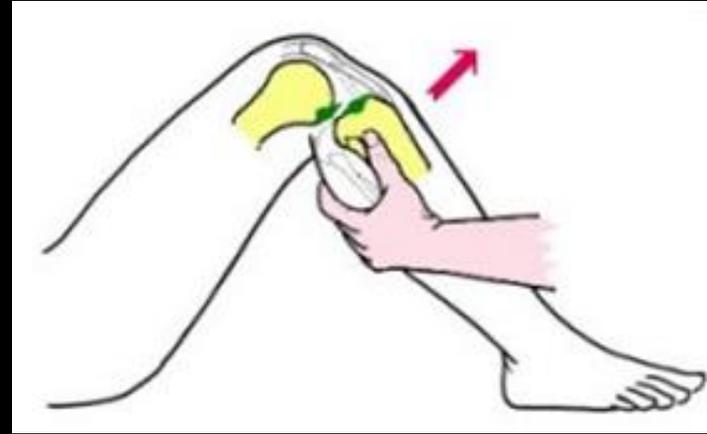
Radio normale

-> Cs ortho + IRM dès que possible

Rupture du LCA



Examen clinique



Rx -



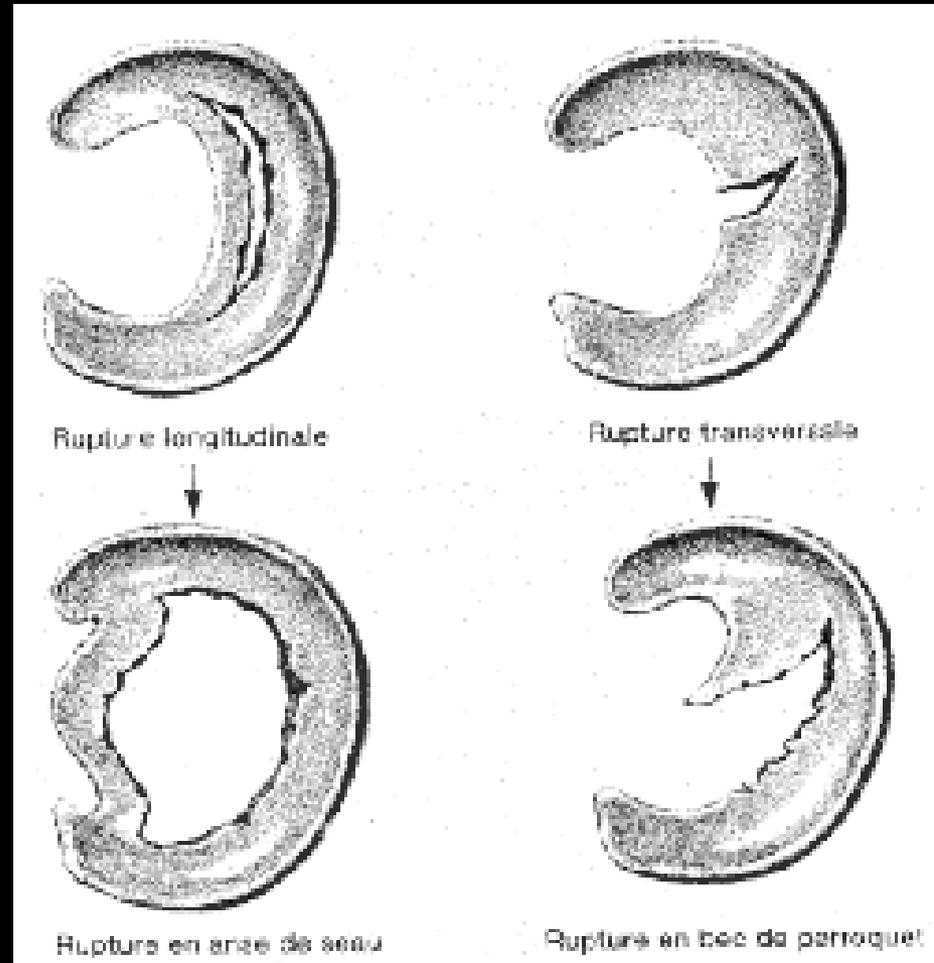
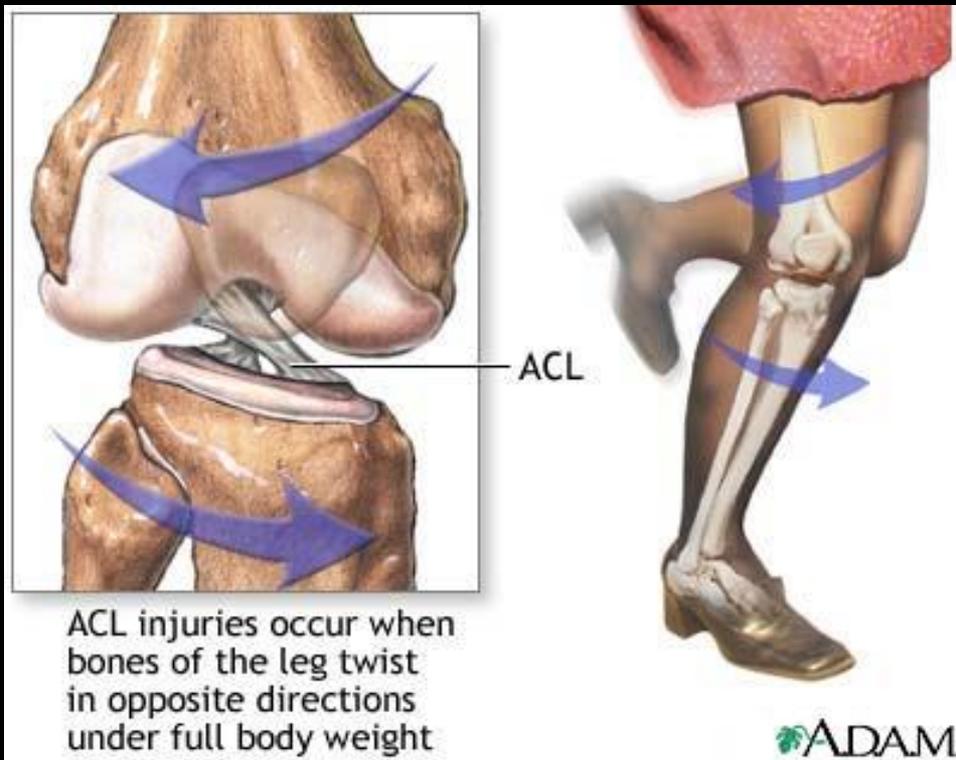
IRM

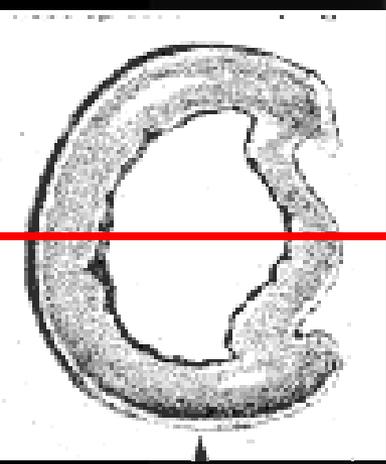
IRM

- Lésion du LCA



Lésion méniscale

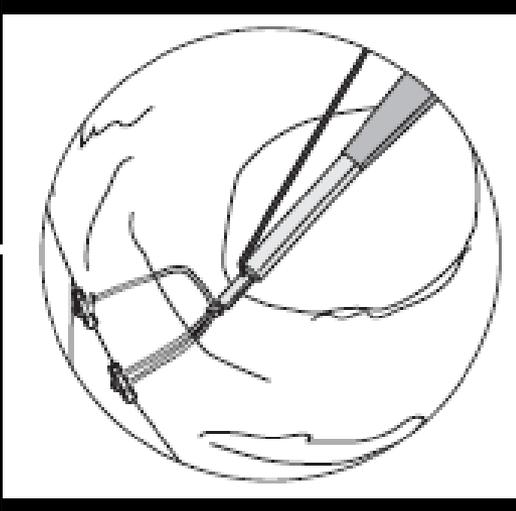
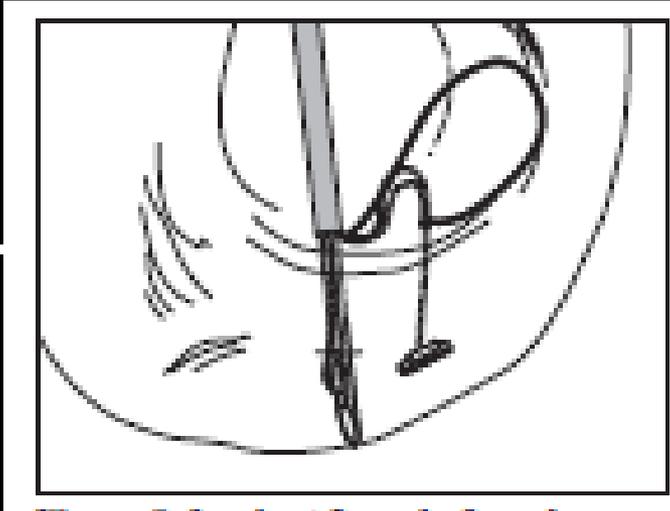
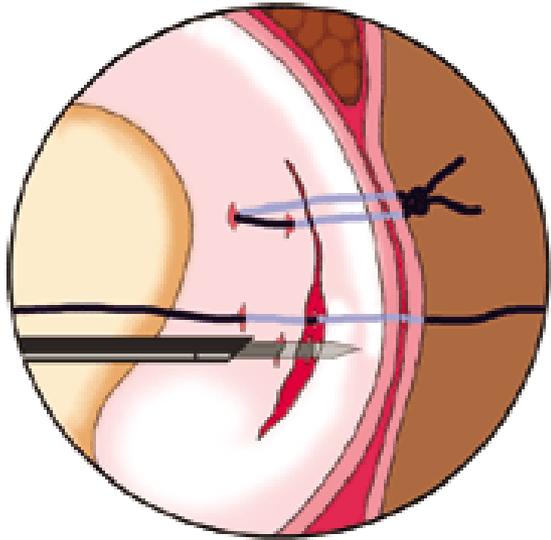




Méniiscectomie = arthrose

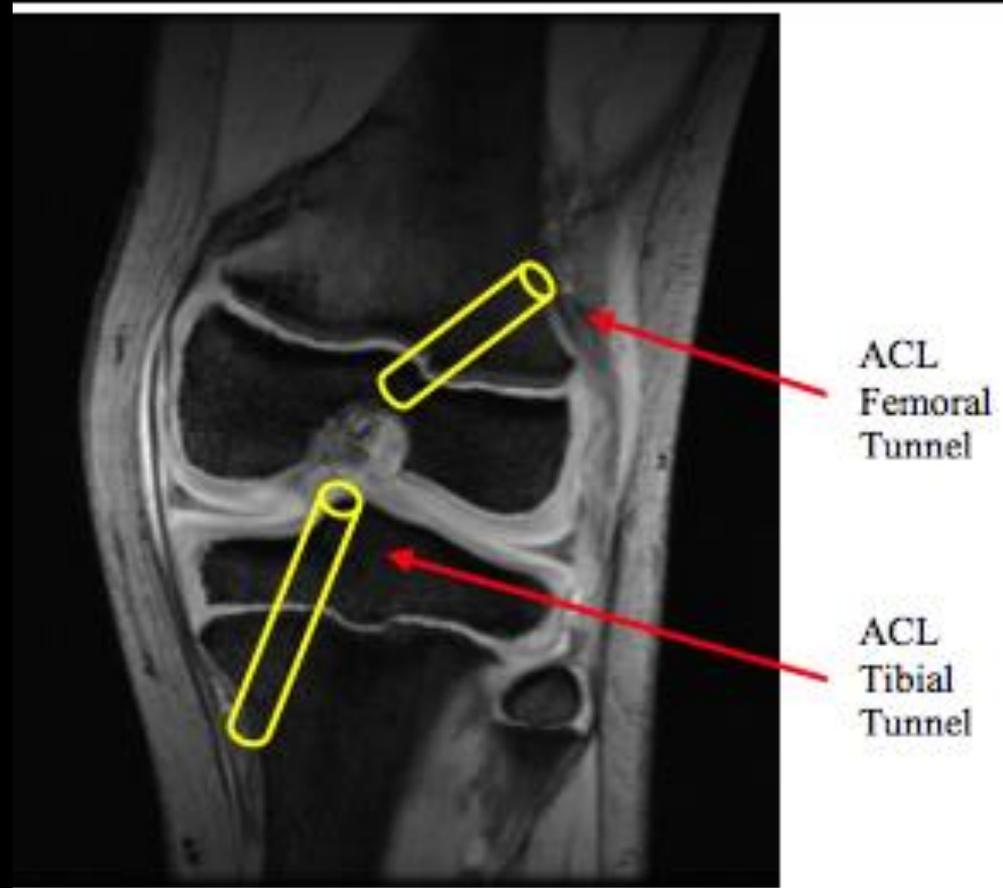
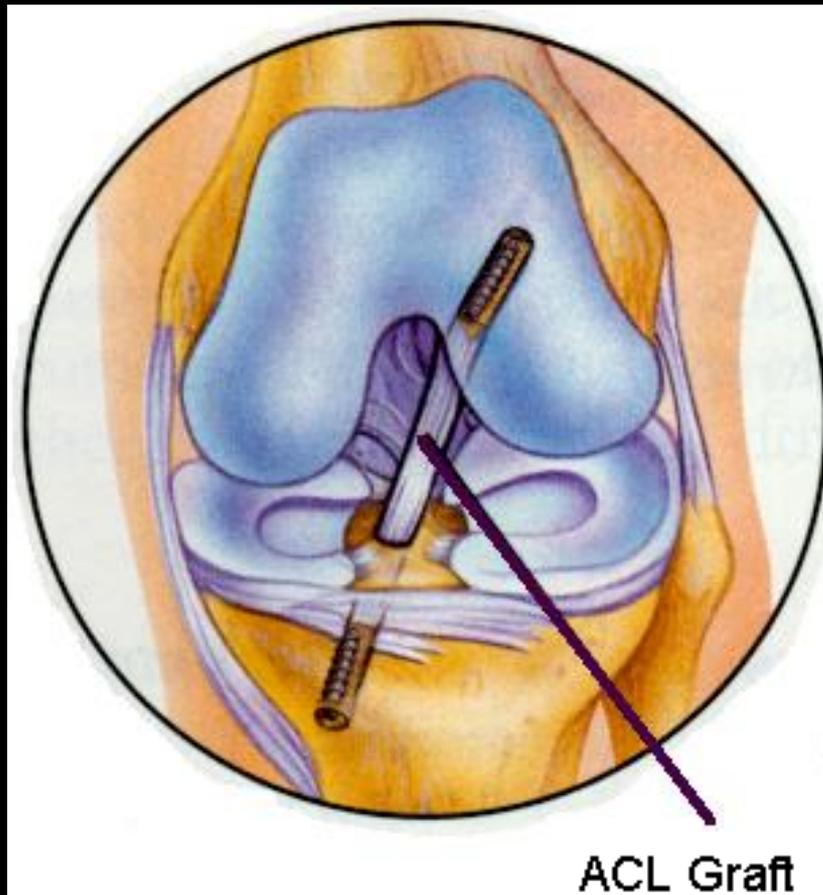


- 86% à 30 ans pour genou instable

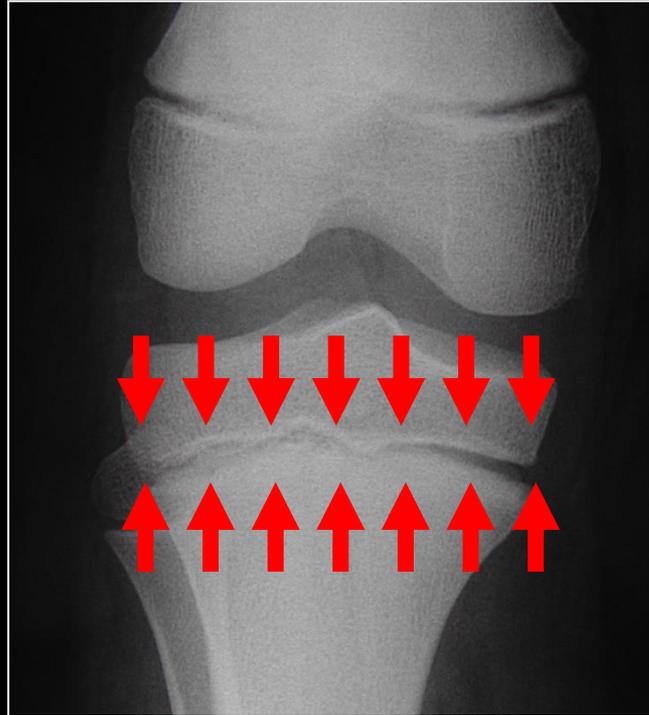
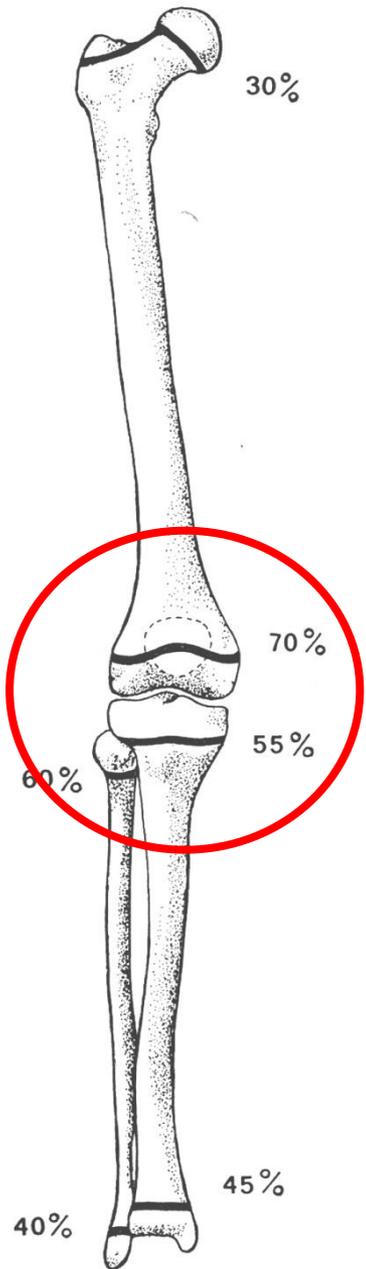


+ genou stable

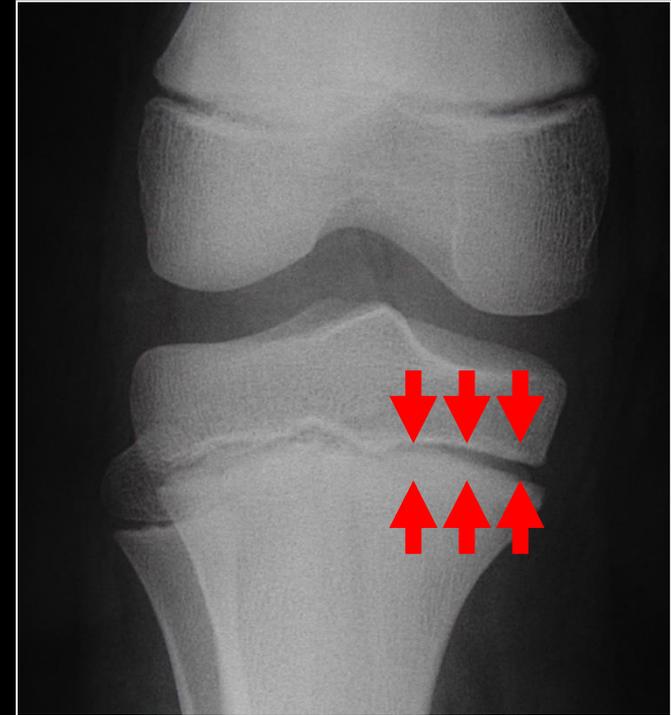
Tunnels osseux



Epiphysiodèse



Inégalité
de longueur



Déviaton
axiale

Valgus and flexion deformity after reconstruction of the anterior cruciate ligament in a skeletally immature patient

Henri Emile Robert • Charles Casin

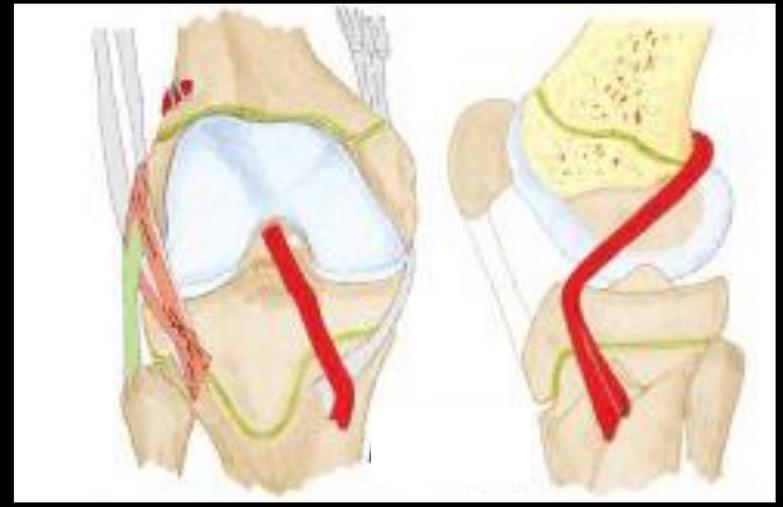
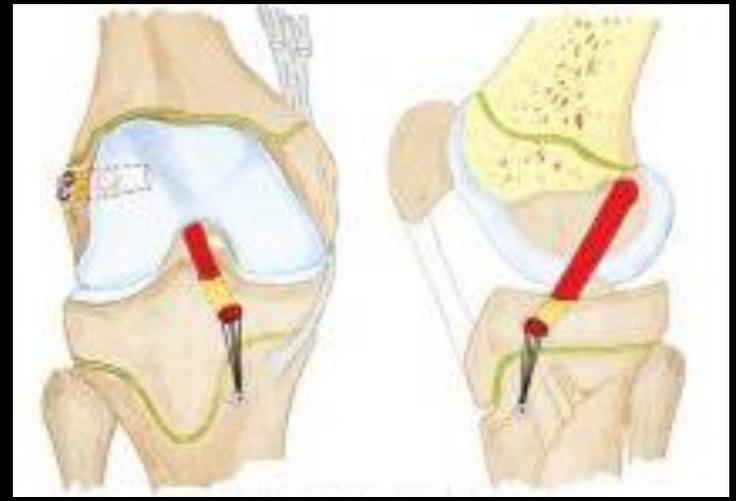




Empêchez-le de sauter...

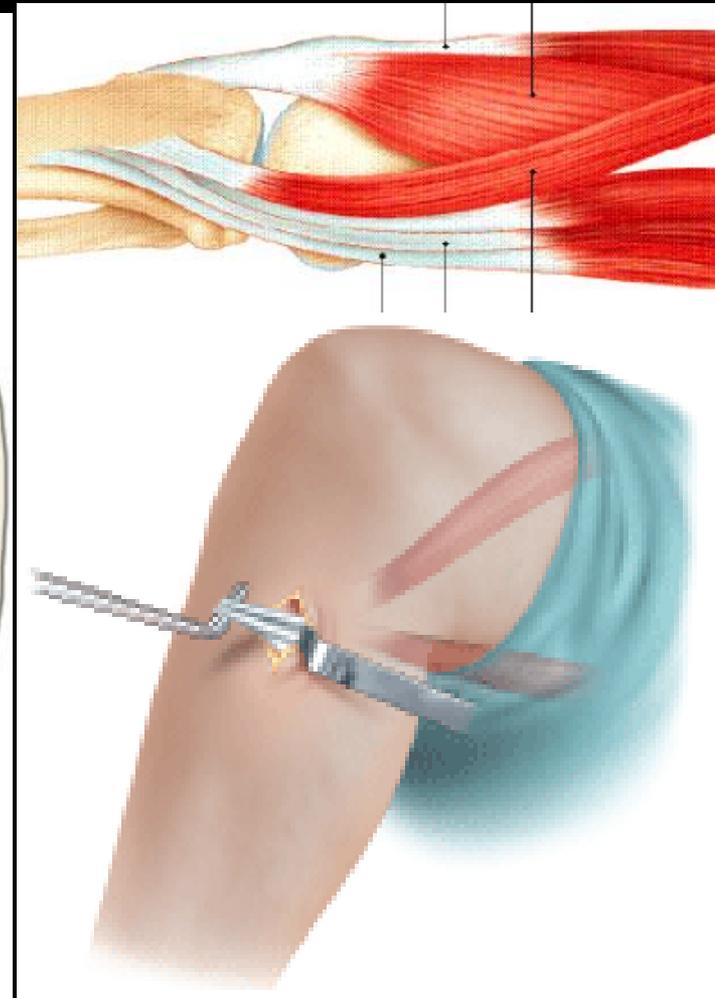
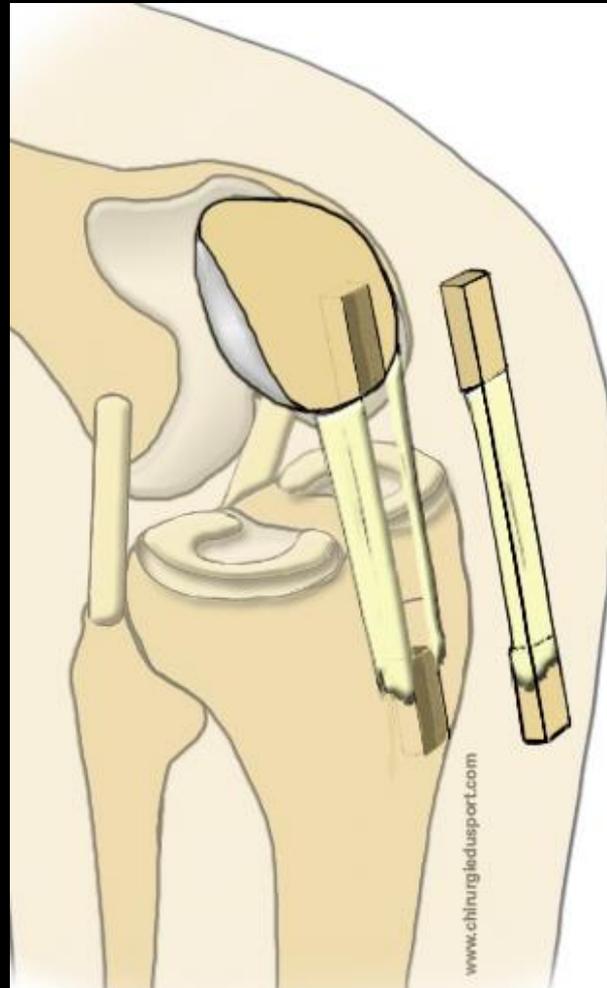


Astuces techniques!

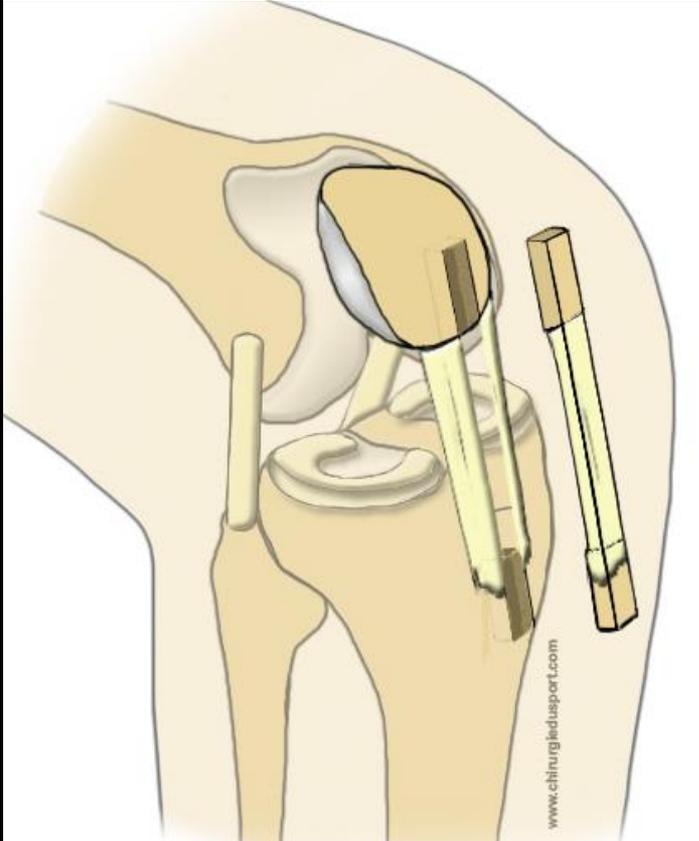


Choix du transplank

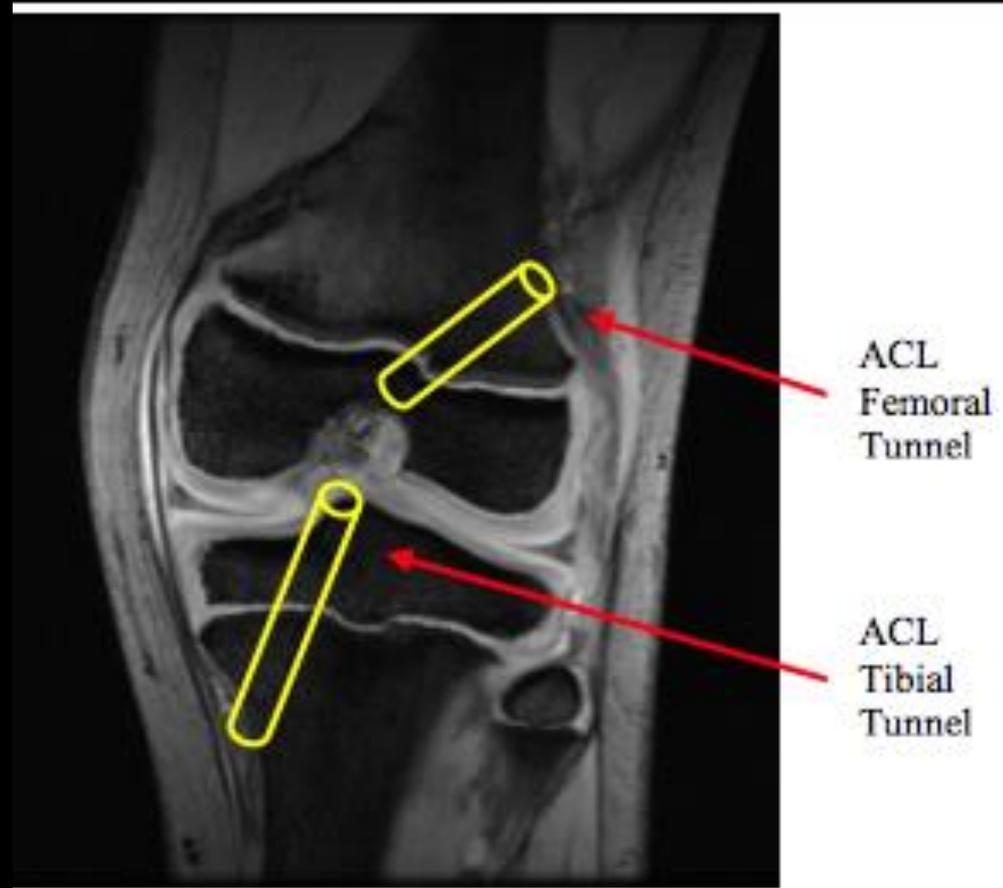
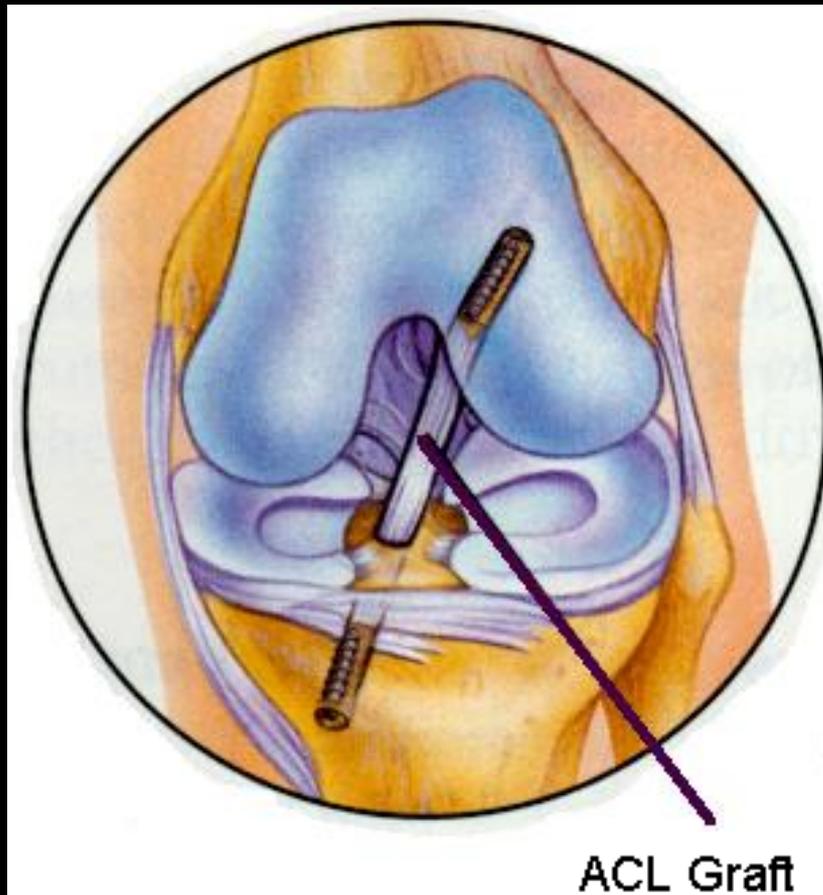
- Ischios
 - DIDT
 - DT₄
- Tendon quadricipital
- Fascia lata



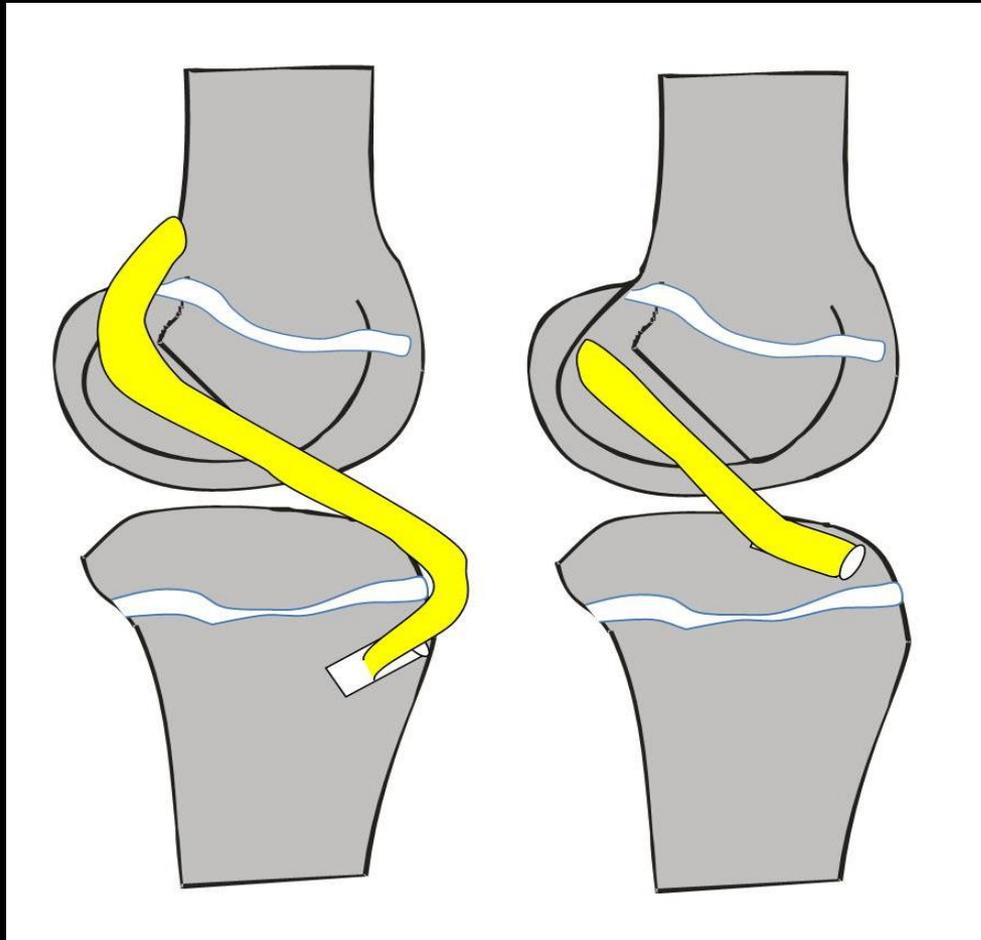
Choix du transplante



Tunnels osseux

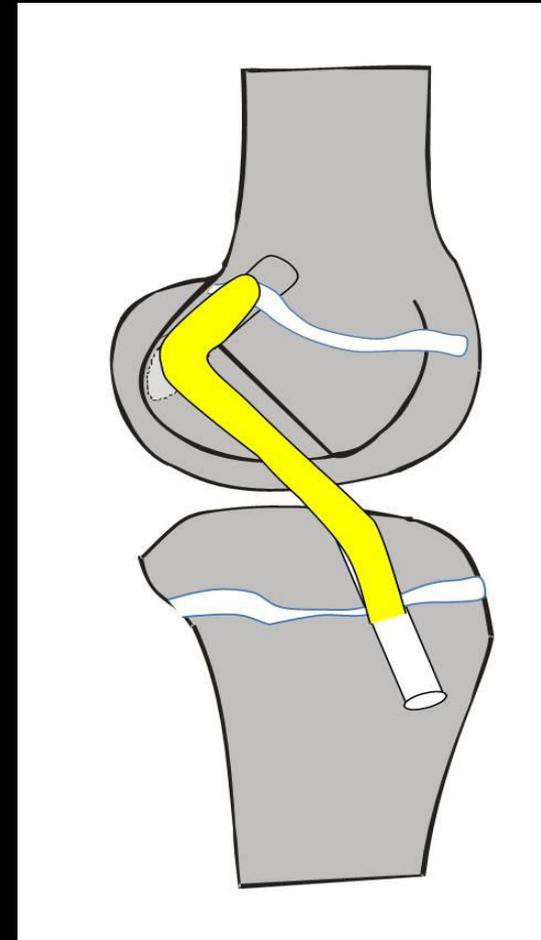


Tunnels osseux

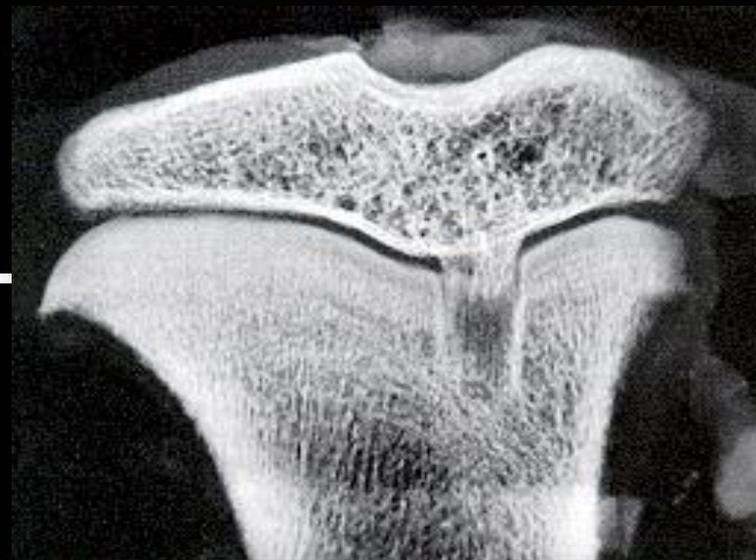
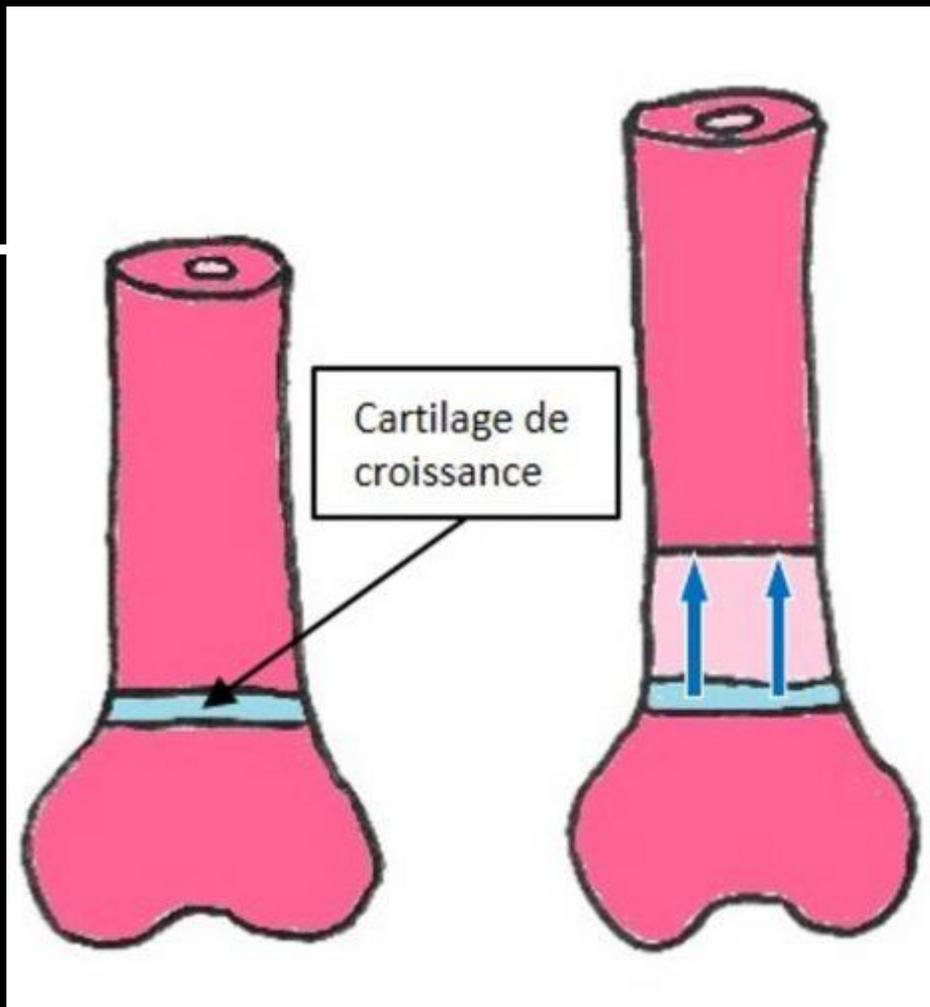


Extraépiphysaire

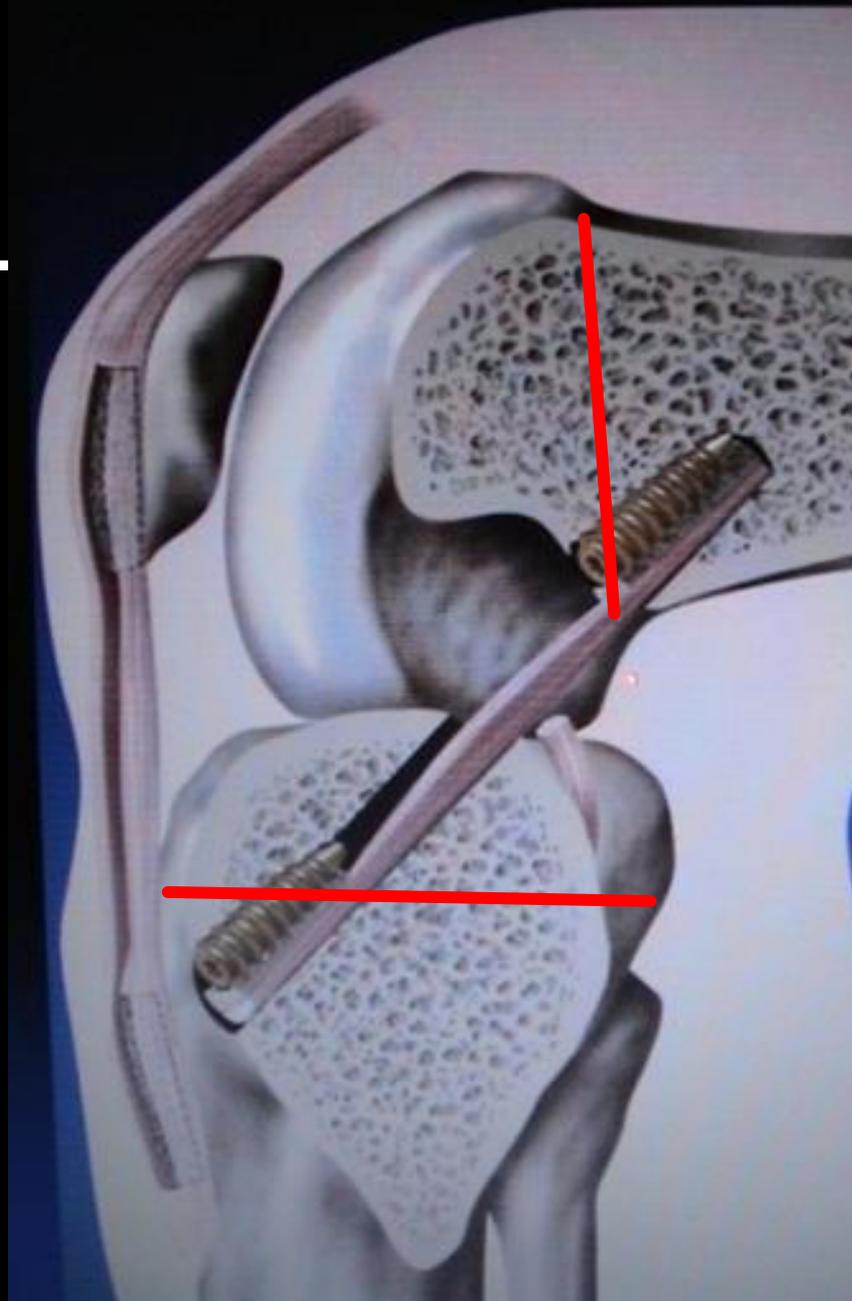
Épiphysaire



Transphysaire

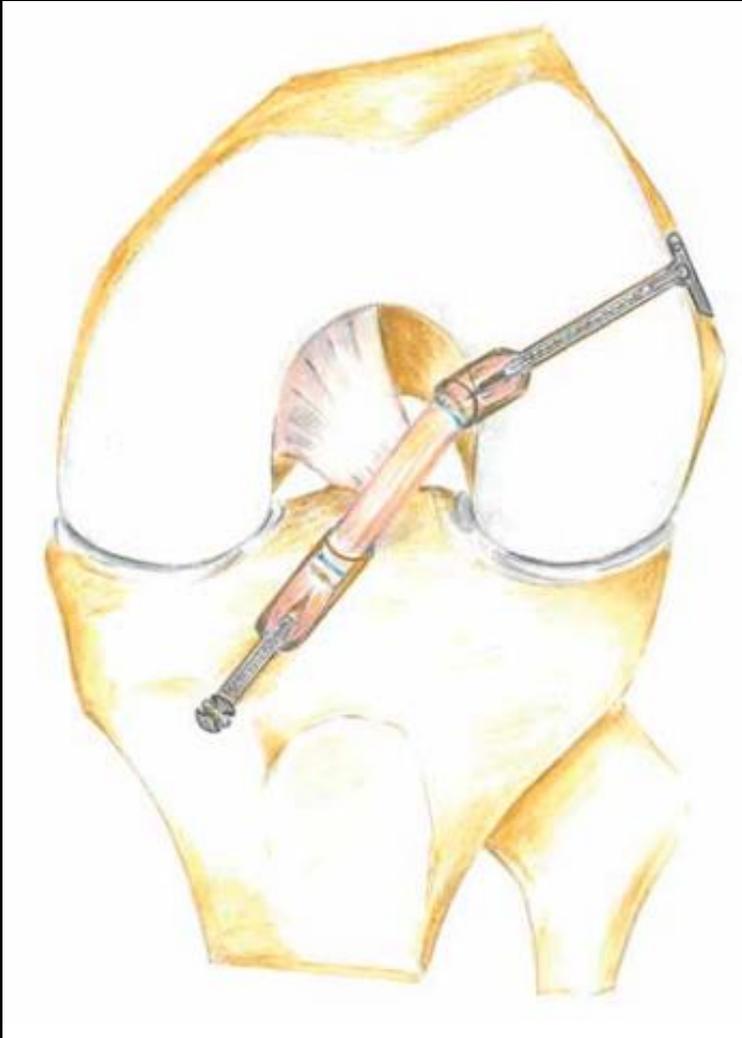


Formation d'un pont osseux peut être empêchée par greffe tendineuse



DT4

- - tendon
- - stock osseux



Suites post-op

- Risque détente > raideur
 - Immobilisation 2-4-6 semaines?
 - Plâtre / attelle
 - Lésion méniscale -> limiter flexion?
-
- Récupération amplitudes
 - Renforcement musculaire
 - Balnéo, vélo+++

Reprise sport

- 2 mois: natation
- 3 mois: vélo
- 4 mois: footing
- 9 mois: ok sauf pivot-contact
- 12 mois: tous sports (rééduc proprioception +++)

Ligament normal?

- 15-20% re-rupture!
- Technique: Greffe < vrai LCA
fibres ≠
récepteurs proprioceptifs
- Anatomique: 5-10% rupture controlat
Hyperlaxité (autogreffe, stabilisateurs accessoires)
Largeur échancrure
- Niveau de sollicitation

2 messages

- Hémarthrose + Rx- = IRM
- Genou instable = chirurgie
quel que soit l'âge