
Reconstruction of the Medial Patellofemoral Ligament: How I Do It

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The medial patellofemoral ligament (MPFL) has been recognized as the primary stabilizer against lateral patellar dislocation or subluxation. Consequently if there is lateral patellar instability there is also an insufficient MPFL. Various reconstruction procedures of the MPFL using adductor magnus, quadriceps tendon, semitendinosus, gracilis, and synthetic tissue have been recently developed.

The technique we postulate follows the same basic principles of all ligament reconstruction: (1)

selection of a sufficiently strong and stiff graft, (2) isometric graft placement, (3) correct tension, (4) adequate fixation, and (5) no condylar rubbing or impingement. Adductor longus tendon was used in most of our reconstructions, whereas quadriceps tendon autograft or bone patellar tendon allograft was preferred in cases with trochlear dysplasia based on the concept that a stronger structure is needed to compensate for inadequate support provided by a flat trochlea.

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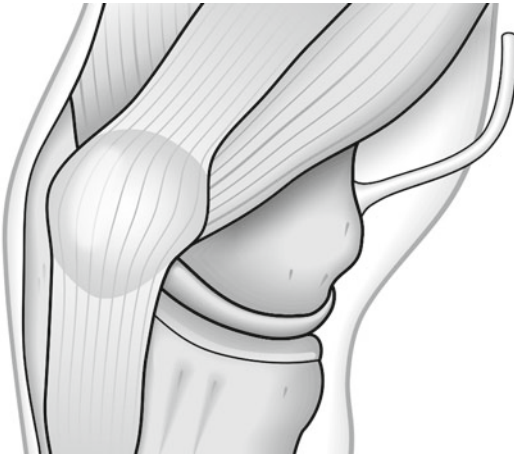


Fig. 28.1 Harvesting of the adductor magnus tendon

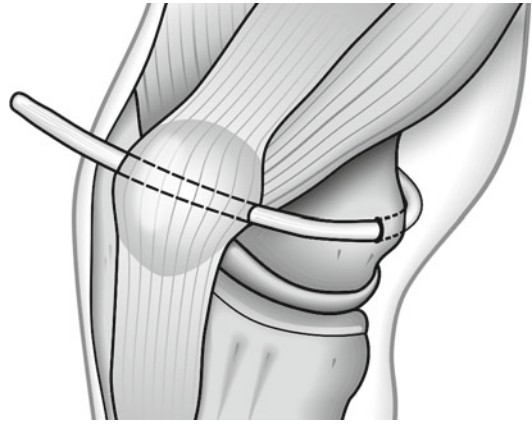


Fig. 28.3 Graft passing through the tunnel in the medial epicondyle and through the patellar tunnel

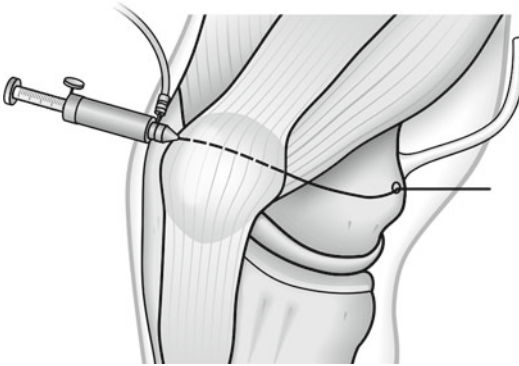


Fig. 28.2 Location of the isometric point on the medial epicondyle

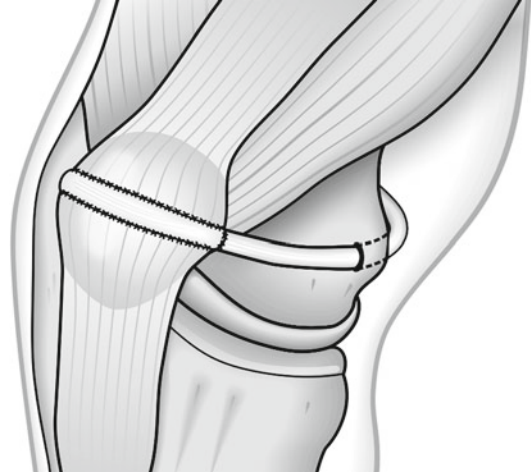


Fig. 28.4 Graft sutured to the quadriceps expansion on the anterior aspect of the patella