

통증 및 근골격재활

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

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Delayed diagnosed unilateral quadriceps tendon rupture in cerebellar hemorrhage patient

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Quadriceps tendon rupture is uncommon and occurs less often than patellar tendon rupture. We report a case of delayed diagnosed unilateral quadriceps tendon rupture with ultrasonography in cerebellar hemorrhage patient. Sixty five years old woman with diagnosis of both cerebellar hemorrhage combined with subarachnoid hemorrhage was transferred to department of rehabilitation at 4 months after onset and first surgery. Mental status was not alert and non-invasive ventilator was applied due to respiratory difficulty and muscle power was quadriplegic state (incomplete). Previously she had suffered from mild hemiplegia in right side for twenty years due to left basal ganglia hemorrhage and she had no history of diabetes mellitus(DM) and renal failure. After transfer to rehabilitation, active physical therapy including tilting table standing and extensive passive ROM exercise was started. After one week left knee was reported as swollen state without heating sense and ecchymosis (Fig. 1). Only osteoarthritic findings were found in simple radiography. Ultrasonography was performed and showed retracted quadriceps tendon, which means rupture at myotendinous junction of rectus femoris muscle, with no hemorrhage or fluid collection around rupture site (Fig. 2). Her daughter told she was previously diagnosed as knee lipoma for recurrent swelling. For 2 weeks with conservative treatment (resting, limitation of knee flexion and ice pack) no ecchymosis was found around patella and swelling was not changed. Therefore we concluded left knee swelling was result of retracted quadriceps tendon after rupture and could be aggravated after prolonged passive ROM exercise. Risk factors of quadriceps tendon rupture were suggested as increased age, chronic diseases such as DM and chronic renal failure (usually associated with secondary hyperparathyroidism), polyneuropathy and drugs (anabolic steroid abuse, fluoroquinolone). We have no idea of the situation and predisposing factors of quadriceps tendon rupture, but we first report uncommon quadriceps tendon rupture in hemiplegic or quadriplegic patient and careful evaluation with ultrasonography even was necessary and important for knee joint problem in hemiplegic or quadriplegic patient.



Fig. 1 Left knee swelling on patella



Fig. 2 Ultrasonography (panoramic view) showed retracted tendon (white arrow) and defect in rectus femoris muscle.