Outcomes of Isolated Medial Patellofemoral Ligament Reconstruction after First-Time and Recurrent Patellar Instability: Recurrence, Return to Sport, and Osteochondral Injury: Data from the JUPITER Cohort

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INTRODUCTION:

The optimal management of First-Time patellar instability remains variable with limited comparative evidence supporting operative and non-operative management strategies. Current standard of care after a First-Time patellar instability event is non-operative management, with exceptions for patients with osteochondral fracture or loose body requiring more immediate surgical intervention, or patients with significant pathoanatomy or contralateral patellar instability.

The purpose of this study was to determine (1) the comparative outcomes of patellar stabilization surgery after first-time patellar instability (First-Time Dislocators) and recurrent patellar instability (Recurrent Dislocators) and (2) the impact of osteochondral injury on outcomes after surgical treatment of First-Time Dislocators.

METHODS: A prospective, multicenter cohort study (JUPITER: Justifying Patellar Instability Treatment by Results) database, designed with this question a priori, was queried for patients who underwent surgery for patellar instability between December 2016 to September 2022. Patients were included if they underwent a medial patellofemoral ligament reconstruction (MPFL-R) for First-Time or Recurrent Dislocators. Those with less than 2 years of clinical follow-up, revision surgery, or concomitant bony procedures at the time of MPFL-R were excluded.

RESULTS:

A total of 1367 patients met inclusion criteria with a mean age of 19.4 years ± 4.1, and 60.5% female sex. 306 (22.4%) of these patients were First-Time Dislocators, and of these, **146 (10.7%) sustained a concomitant operative chondral or osteochondral lesion.**

When First-Time dislocators were compared with recurrent dislocators, no significant differences were found in rate of recurrent instability (8.3% vs. 12.3%, p = 0.130) or return to sport following surgery (90.4% vs 94.5%, p = 0.182). When comparing First-Time Dislocators with and without a concomitant loose chondral/osteochondral body, no differences were found in the presence or absence of a pre-operative J-sign, apprehension, or the amount of lateral patellar translation. An increased Caton Deschamps Index (CDI) (p = 0.0197), and patella alta as defined by > 1.3 on the CDI (p = 0.0113), were negative predictors of the presence of an osteochondral fracture. Conversely, the presence of trochlear dysplasia as defined by the crossing sign on XR was a positive predictor of the presence of an osteochondral injury (p = 0.0454).

DISCUSSION AND CONCLUSION: This study demonstrates no difference in rates of recurrent post-operative instability between First-Time and Recurrent Dislocators with rates consistent with the current literature. In this patient population, patella alta was found to be protective of osteochondral injury whereas trochlear dysplasia was a risk factor, which is also consistent with existing literature. Continued, long-term investigation is needed to understand outcomes for First-Time

Dislocators and to better define the indications for surgical interventions in this population.

Variable	Overall (N = 793)	First-Time Patellar Instability (N = 216)	Recurrent Patellar Instability (N = 577)	P
Clinical characteristics		(211)	()	
Age (years)	15.6 ± 3.30	15.2 ± 2.09	15.7 ± 3.64	.381
Female Sex	475 (59,9%)	117 (54,2%)	358 (62,0%)	.201
BMI (kg/m ²)	25.3 ± 6.3	25.1 ± 6.4	25.3 ± 6.2	.386
Skeletally Immature	322 (41.4%)	110 (48.1%)	220 (38.9%)	.022
Radiographic Parameters *				
Trochlea Crossing Sign	93 (53.8)	27 (54.0)	66 (53.7)	> .99
CDI	1.21 ± 0.26	1.19 ± 1.2	1.2 ± 0.27	.677
Patella Alta (CDI ≥ 1.2)	137 (45.2)	42 (45.2)	95 (45.2)	> .99
Patella Alta (CDI > 1.3)	97 (32.0)	26 (28.0)	71 (33.8)	.351
TT-TG (mm)	13.6 ± 6.5	14.0 ± 9.7	13.4 ± 4.3	.687
TT-TG ≥ 20 mm	24 (7.1)	9 (8.3)	15 (6.5)	.651
PT-LTR (mm)	8.1 ± 6.4	8.7 ± 6.4	7.9 ± 6.5	.540
PT-LTR > 5.55 mm	116 (60.4)	31 (60.8)	85 (60.3)	> .99
Trochlear Depth (mm)	2.7 ± 1.93	2.9 ± 1.7	2.6 ± 2.02	.048
Trochlear Depth < 3 mm	213 (61.4)	60 (54.6)	153 (64.6)	.077
Sulcus Angle (°)	154.2 ± 11.1	152.7 ± 10.6	155.0 ± 11.2	.053
Sulcus Angle ≥ 145°	262 (82.4)	85 (81.7)	177 (82.7)	.875
Trochlear Bump (mm)	5.9 ± 7.5	6.2 ± 12.9	5.8 ± 2.1	.005
Trochlear Bump ≥ 5mm	213 (62.8)	57 (52.3)	156 (67.8)	.008
Pre-operative Physical Examination data				
Total Beighton Mobility Index	3.9 ± 2.8	3.3 ± 2.7	4.0 ± 2.8	.021
Beighton ≥ 5 (n, %)	203 (41.6)	49 (49.0)	154 (39.7)	.111
Contralateral Pre-Oo Extension* (*)	-2.5 ± 4.7	-1.8 ± 4.2	-2.8 ± 4.9	.005
Contralateral Pre-Op Flexion (*)	135.0 ± 16.2	135,4 ± 13,3	134.9 ± 17.1	.454
Effusion	208 (29.5)	82 (42.3)	126 (24.6)	< .00
Apprehension	397 (63.6)	106 (62.4)	291 (64.1)	.709
Quadrants of Lateral Patellar Translation	2.2 ± 0.95	2.0 ± 1.0	2.3 ± 0.92	.005
Mild or Severe J-sign (n, %)	295 (45.2)	59 (34.1)	236 (49.3)	< .00
Operative Data				
MPFL Reconstruction	793 (100.0)	216 (100.0)	577 (100.0)	
Osteochondral Fracture Treatment or Loose Body Removal	197 (24.9)	104 (48.1)	93 (16.1)	< .00
Chondroplasty	288 (36.3)	72 (33.3)	216 (37.4	.320
Lateral Release / Lengthening	154 (19.4)	41 (19.0)	113 (19.6)	.920

Bold P value indicates statistically significant difference among compared groups (P < .05).

CDI, Caton-Deschamps Index; TT-TG, libial tubercle-trochlear groove; PT-LTR, Patellar Tendon-Lateral Trochlear Ridge Distance; MPFL, Medial patellofemoral ligament

Variable	No Osteochondral Fracture Treatment or Loose Body Removal (N = 112)	Osteochondral Fracture Treatment or Loose Body Removal (N = 104)	P
Clinical characteristics			
Age (years)	15.5 ± 2.31	14.8 ± 1.8	.026
Female Sex	58 (52.7)	59 (55.7)	.578
BMI (kg/m ²)	24.6 ± 6.3	25.8 ± 6.5	.279
Skeletally Immature	46 (42.2)	56 (54.37)	.099
Radiographic Parameters *			
Trochlea Crossing Sign	11 (40.7)	12 (52.2)	.570
CDI	1.24 ± 0.28	1.15 ± 0.16	.054
Patella Alta (CDI ≥ 1.2)	25 (54.4)	17 (36.2)	.097
Patella Alta (CDI ≥ 1.3)	19 (41.3)	7 (14.9)	.006
TT-TG (mm)	15.3 ± 13.5	12.8 ± 4.3	.434
TT-TG ≥ 20 mm	7 (14)	2 (3.4)	.077
PT-LTR (mm)	8.6 ± 7.6	8.74 ± 5.6	.585
PT-LTR ≥ 5.55 mm	12 (60.0)	19 (61.3)	> .99
Trochlear Depth (mm)	2.7 ± 1.62	3.0 ± 1.80	.575
Trochlear Depth < 3 mm	28 (56.0)	32 (53.3)	.849
Sulcus Angle (°)	151.2 ± 11.3	154.0 ± 9.8	.176
Sulcus Angle ≥ 145°	37 (77.1)	48 (85.7)	.313
Trochlear Bump (mm)	4.8 ± 2.2	7.4 ± 17.4	.257
Trochlear Bump ≥ 5mm	25 (50.0)	32 (54.2)	.703
Pre-operative Physical Examination data			
Total Beighton Mobility Index Beighton ≥ 5 (n, %)	3.7 ± 2.8	3.0 ± 2.6	.193
Contralateral Pre-Op Extension* (°)	-2.3 ± 4.4	-1.2 ± 4.0	.204
Contralateral Pre-Op Flexion (°)	135.5 ± 9.5	135.4 ± 16.3	.409
Effusion	33 (34.0)	49 (50.5)	.029
Apprehension	61 (64.9)	45 (59.2)	.341
Quadrants of Lateral Patellar Translation	2.1 ± 1.0	1.9 ± 0.97	.276
Mild or Severe J-sign (n, %)	38 (42.7)	21 (25.0)	.016
Operative Data			
MPFL Reconstruction	112 (100.0)	104 (100.0)	NA
Chondroplasty	37 (33.6)	35 (33.0)	> .99
Lateral Release / Lengthening	31 (28.2)	9 (9.4)	< .00

*Continuous variables are reported as mean ± SD, while categorical variables are reported as No. (% Bold P value indicates statistically significant difference among compared groups (P < .05).</p>
CDI, Caton-Deschamps Index; TT-TG, tibial tuberele-trochlear groove; PT-LTR, Patellar Tendon-

Variable	First-Time Patellar Instability (N = 216)	Recurrent Patellar Instability (N = 577)	P
Recurrent Instability			
Post-Operative Recurrent Instability	18 (8.3)	71 (12.3)	.130
Time of Recurrent Instability Event (months)	26.4 ± 15.3	23.8 ± 16.8	.352
Return to Sport			.182
Yes	104 (90.4)	276 (94.5)	
No	11 (9.6)	16 (5.5)	
 Continuous variables are reported as mean # SD, while cat 	egorical variables are	reported as No	. (%).