Distal Biceps Femoris Musculotendinous Junction Repair

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Background:
Distal biceps femoris tears are the most common distal hamstring injury. They are typically seen in athletes and more active individuals. Nonoperative treatment is usually recommended for lower demand patients, while surgical repair is indicated for athletes and higher demand patients. Surgical management may consist of end-to-end repair for intratendinous injuries or fixation with suture anchors or transosseous tunnels for avulsion injuries. Outcomes in the literature demonstrate high return-to-sport rates for athletes who were treated with surgical repair.

Purpose:
This video overview and case presentation demonstrates primary distal biceps femoris tendon end-to-end repair using suture tape.

Methods:
The anatomy, pathogenesis, diagnosis, and treatment options for distal biceps femoris tears are reviewed. A case of a 28-year-old male with a subacute distal biceps femoris musculotendinous junction tear is presented. This injury occurred while running and resulted in significant pain and inability to participate in sports for the patient. After a thorough discussion of risks, benefits and prognosis, the patient elected to proceed with primary distal biceps femoris repair to improve his symptoms and functional status.

Results:
The distal biceps femoris musculotendinous junction was anatomically restored intraoperatively. Post-operatively the repair was maintained clinically and the patient returned to his baseline functional status.

Conclusion:
Primary repair is a viable surgical option for athletes and younger more active patients with distal biceps femoris ruptures. The literature is limited, but case series demonstrate that majority of patients are able to return to their pre-injury functional status after repair. It is essential that patients are compliant with postoperative immobilization and rehabilitation protocols to ensure a successful recovery.