Isolated Posterolateral Corner Repair with Internal Bracing

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Background:
There is limited understanding of isolated posterolateral corner (PLC) injuries. These injuries can be managed with surgical repair or reconstruction. However, there is limited comparative data on their outcomes. Some studies have shown that patient-reported outcomes are similar for both approaches. However, there is significant diversity in the literature regarding repair and fixation techniques, with some studies reporting higher failure rates for repairs compared to reconstructions. The use of suture anchors for augmentation of PLC repairs is becoming more common, leading to a renewed focus on repair techniques that can offer comparable outcomes while eliminating the need for graft harvest.

Purpose:
This case presentation and accompanying video showcase a PLC injury repair technique using all suture anchors.

Methods:
A 35-year-old male with a right knee PLC injury and associated lateral meniscocapsular injury sustained the injury while playing dodgeball. Examination revealed significant varus and external rotation instability. Due to the instability and activity limitation, the patient was recommended for a PLC repair.

Results:
The right knee's varus and external rotation stability was restored. On follow-up, the patient demonstrated stability to varus and external rotation stress with a negative dial test and returned to full activity at 5 months.

Conclusion:
The all-suture anchor repair of an isolated PLC injury is a suitable surgical technique for managing isolated PLC injuries with instability. This technique can deliver similar patient-reported outcomes to reconstruction and, with newer anchor systems, has the potential for improved failure rates compared to previously described repair techniques.