

Effect of Post-Operative Apprehension and J-Sign on Outcomes following Medial Patellofemoral Ligament Reconstruction for Recurrent Patellar Instability: Data from the JUPITER Cohort

Elizabeth Dennis, Alyssa Davies Althoff, Jacqueline Munch Brady, Natalie Kristine Pahapill, Brittany Ammerman, Honor Paine, Audrey Christine Wimberly, Matthew William Veerkamp, Daniel William Green, Eric J. Wall, Philip L Wilson, JUPITER Study Group, Shital N. Parikh, Beth E Shubin Stein

INTRODUCTION:

The most suitable treatment of recurrent patellofemoral instability (PFI) poses a challenge due to the multifactorial nature of patient characteristics. Identification of patients in need of bony realignment in addition to soft tissue stabilization is of the utmost importance in the comprehensive treatment of patellofemoral instability. The presence of a J-sign on physical exam has been associated with failure of isolated medial patellofemoral ligament (MPFL) reconstruction. The purpose of this study is to investigate whether persistence of J-sign and apprehension sign post-operatively indicate sub-optimal outcomes after isolated MPFL reconstruction to identify patients who might benefit from additional bony realignment.

METHODS:

All patients were enrolled from the prospectively collected multi-center Justifying Patellar Instability by Results (JUPITER) cohort study. Twenty-seven surgeons from twelve academic centers throughout the United States enrolled patients with a primary complaint of patellar instability and performed procedures as guided by their specific training and clinical indications. Inclusion criteria were patients who underwent a primary, single-stage, isolated MPFL reconstruction without concomitant bony procedure from January 2017 through July 2022. Pre-operative variables of interest included age, sex, BMI, Beighton score, presence of $\geq 10^\circ$ knee hyperextension, Caton-Deschamps Index (CDI), tibial tubercle-trochlear groove distance (TT-TG), axial width of the patellar tendon beyond the lateral trochlear ridge (PT-LTR), pre-operative J-sign (none, mild, or severe (jumping)), and trochlear dysplasia (Trochlear Depth Index (TDI) < 3 mm). Post-operative variables included recurrent instability (subluxation or dislocation), persistent J-sign, positive apprehension sign, and return to sport data. Collected patient-reported outcome measures (PROM) include KOOS Pain, KOOS Symptoms, KOOS ADL, KOOS Sport/Rec, KOOS QOL, KOOS JR, Pedi-FABS, Pedi-IKDC, BPII 2.0, and Kujala at baseline, 1 and 2 years. Continuous variables were summarized using means and standard deviation and analyzed using independent 2 sample t-test. Categorical variables were summarized using frequencies and percentages and analyzed using chi-square test.

RESULTS:

975 patients (mean age 21 ± 3.95 years, 59.3% female) underwent isolated MPFL reconstruction from January 2017-July 2022. Mean Beighton score was 3.9 ± 2.9 and 400 (56.9%) patients had a pre-operative J-sign, with 329 patients having a mild J-sign and 71 having a jumping J-sign. 208 (43.7%) patients had pre-operative knee hyperextension $\geq 10^\circ$. At 2 years, 50 patients (5.1%) reported recurrent instability. 94 patients (9.6%) had a persistent J-sign, 70 patients (7.2%) had positive apprehension sign, and 22 (2.3%) patients had both - persistent J-sign and positive apprehension sign. A greater percentage of patients with post-operative recurrent instability had a persistent J-sign, (24% vs 8.9%, $p=0.0017$), positive apprehension sign (34.2% vs 12.75%, $p=0.011$), a combination of positive apprehension sign and persistent J-sign (12% vs 1.7%, $p=0.005$), or a combination of persistent J-sign and knee hyperextension $\geq 10^\circ$ (11.63% vs 1.9%, $p=0.0022$). At 2 years, 81.2% of patients were able to return to sport (RTS), and there were no differences in RTS rates between groups with post-operative J-sign, positive apprehension sign or both. Those with a mild post-operative J-sign tended to be more female ($p=0.02$) and had a higher CDI (1.33 ± 0.3 vs 1.17 ± 0.25 , $p<.001$). Those with post-operative J-sign had a lower increase in PROs at 2 years than those without a post-operative J-sign in KOOS ADL ($p=0.015$), KOOS sports/rec ($p=0.012$), and IKDC ($p=0.021$).

DISCUSSION AND CONCLUSION:

In this multi-center prospective study for patients undergoing isolated MPFL reconstruction for PFI, patients with a post-operative J-sign showed worse improvement in PROs at 2 years post-operatively, but similar return to sports rates as those without a post-operative J-sign. Taken together, these findings emphasize the importance of further investigation of post-operative J-sign and positive apprehension sign, following MPFL reconstruction for patellofemoral instability as a marker of poor outcomes, possibly helping to identify which patients might benefit from an additional bony realignment procedure. Furthermore, these findings underscore the need to establish a minimal clinically important difference (MCID) threshold specific to patellofemoral instability.

