



# Voies d'abord PTG et RPTG

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Voies internes

## Medial

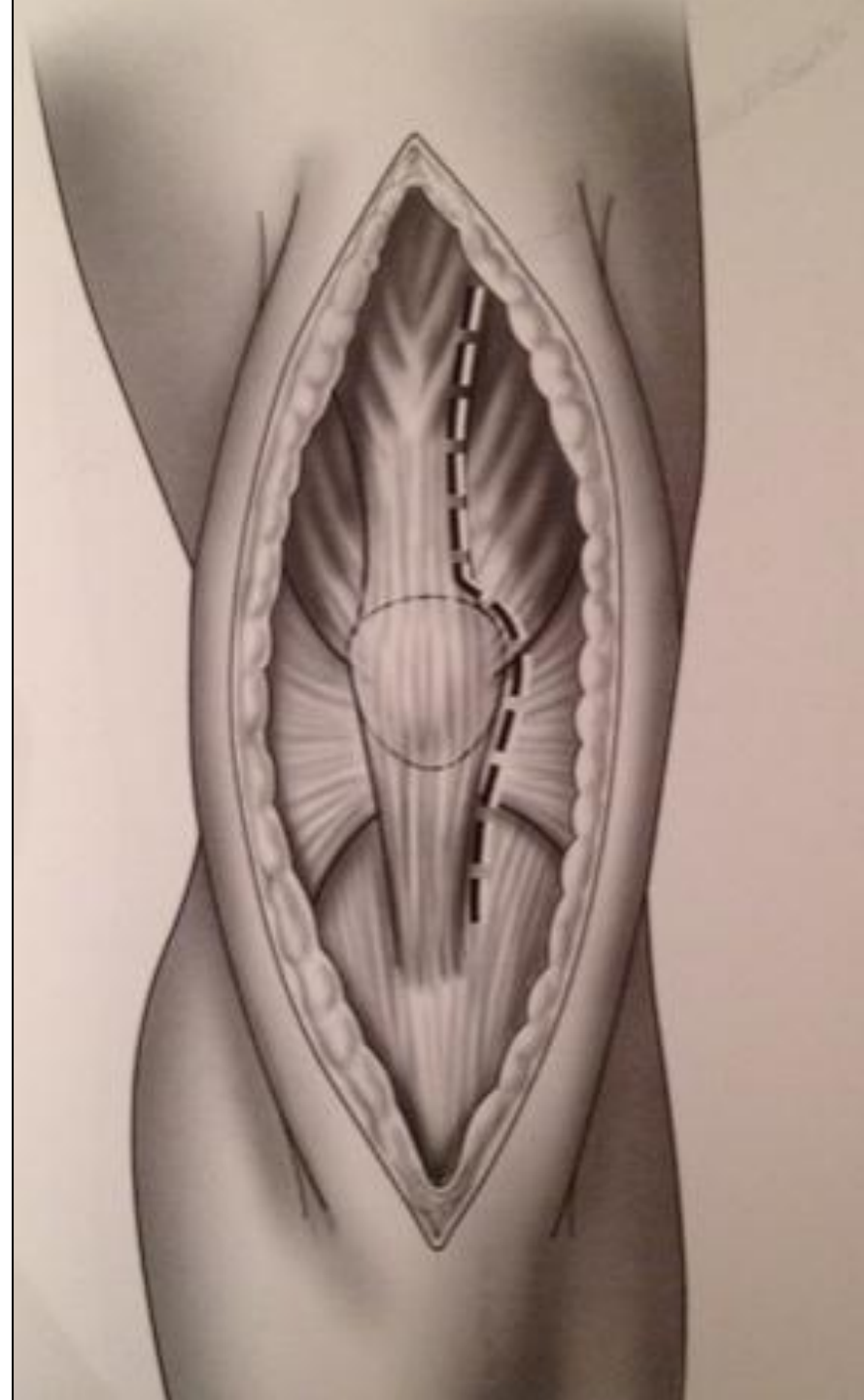
## Parapatellar

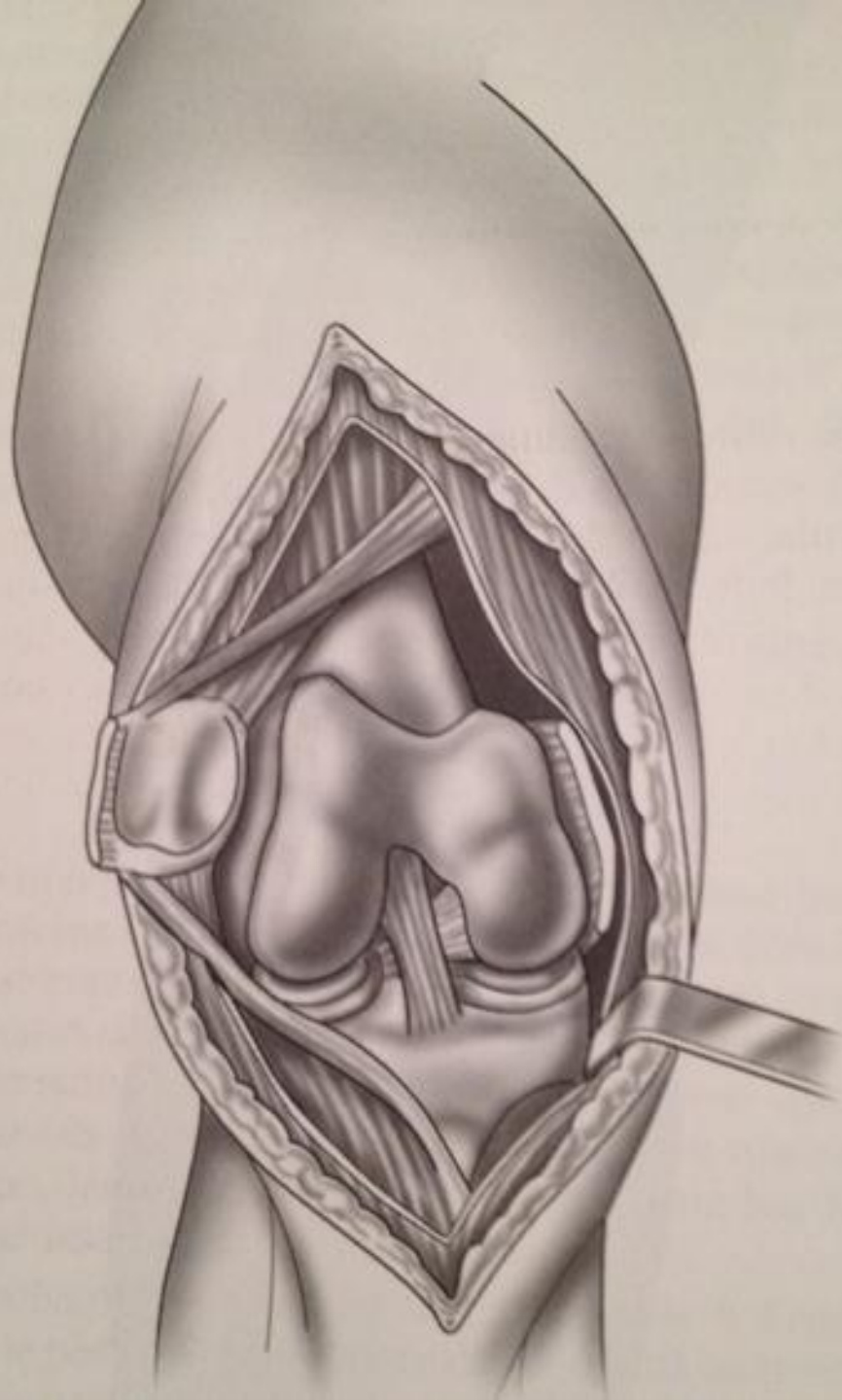
## Approach

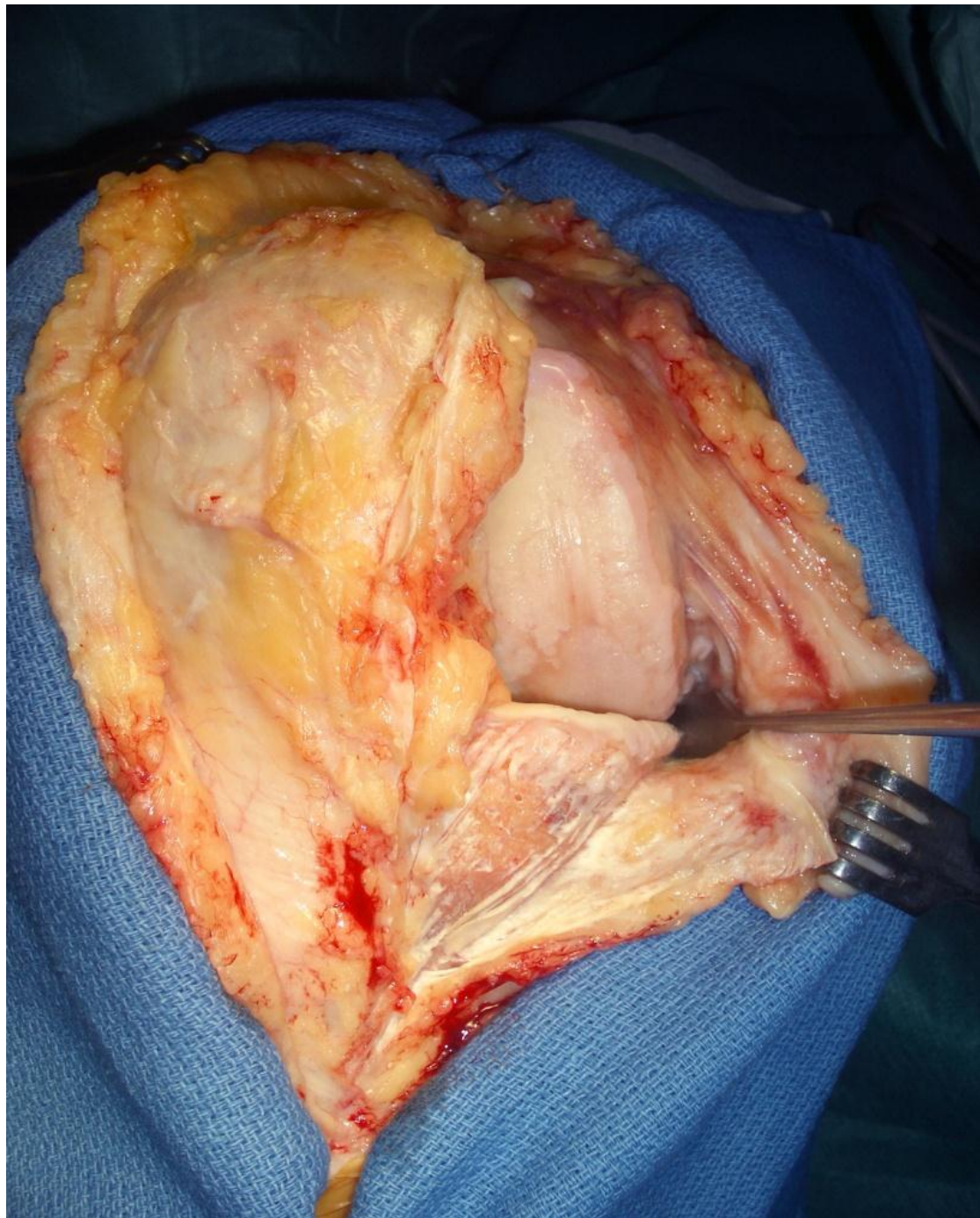
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Technique

- Incision through the quad tendon proximal to the patella
- Patellar eversion











**Medial**

**Parapatellar**

**Approach**

☐

**Advantage**

– Good exposure of all 3 compartments

☐

**Disadvantage**

– Disruption of the extensor mechanism



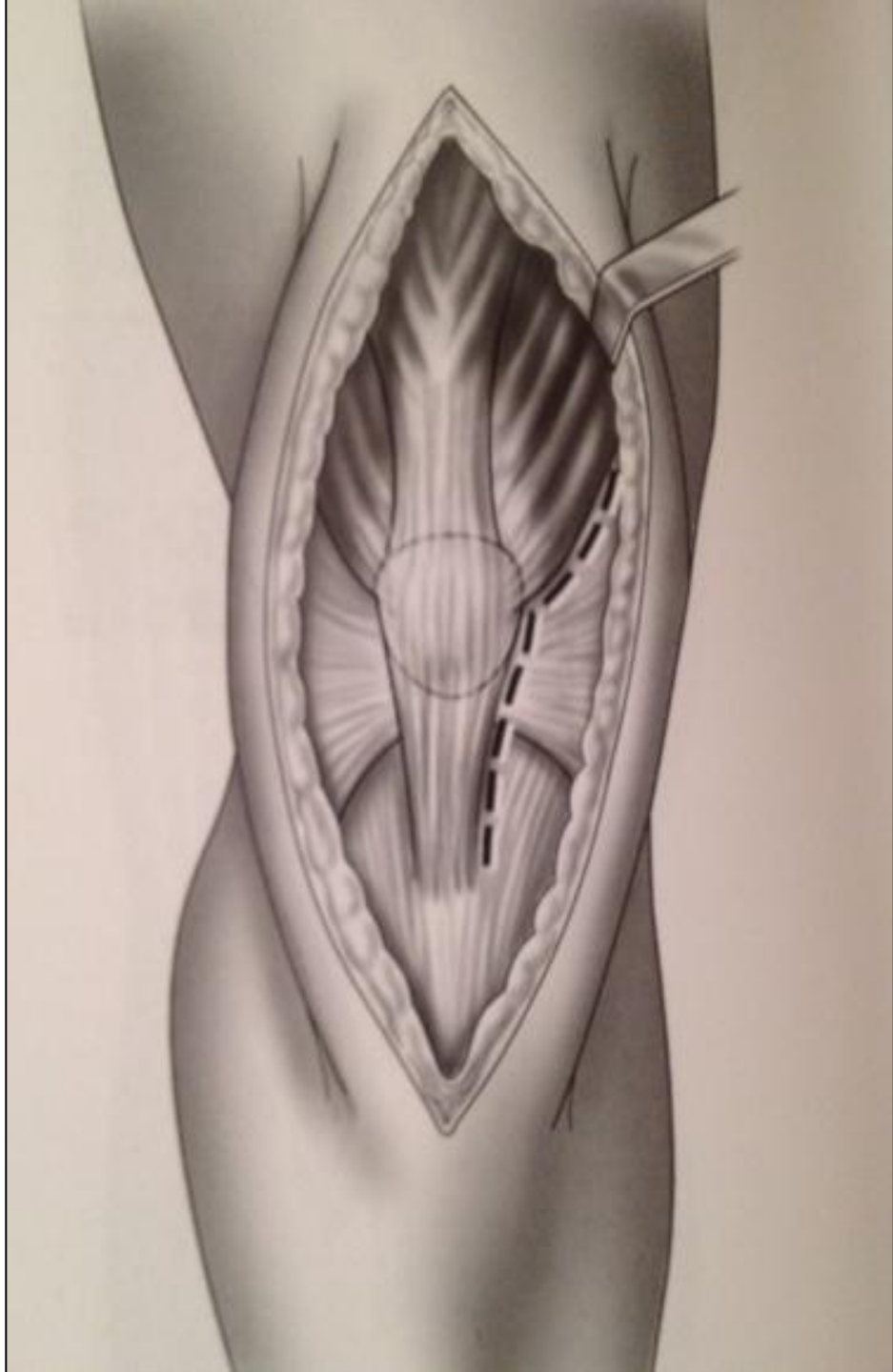
## Subvastus

## Approach

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Technique

- Incision inferior to the VM
- Muscle attachment to the quad tendon and upper patella is intact
- Patellar eversion



## Subvastus

## Approach

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Advantage

- Extensor mechanism is undisturbed
  - Preserves patella and extensor mechanism
- vascularity

☐

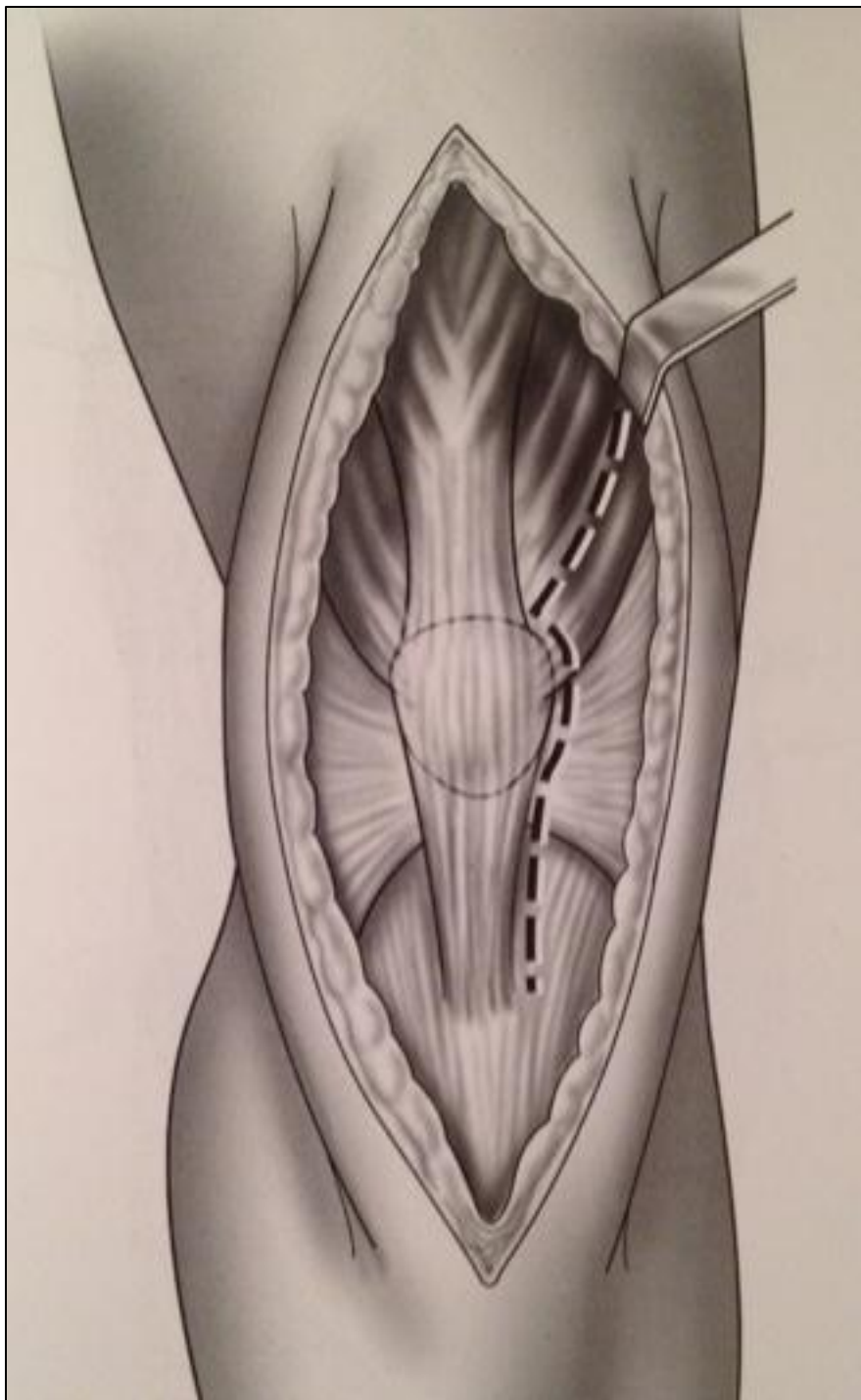
Disadvantage

- Exposure is less predictable
- ↑ difficulty everting patella

# Midvastus Approach

## ☐ Technique

- VM split parallel to its fibers
- Most of the insertion of the VM remains intact
- Patellar eversion



# Midvastus Approach

## ☐ Advantage

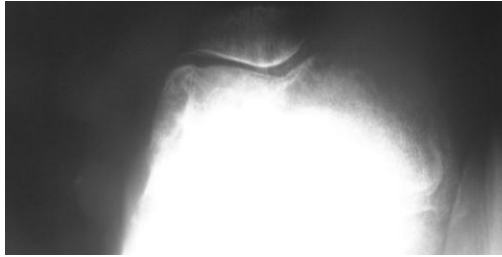
- Exposure better than the Subvastus
- Extensor mechanism undisturbed

## ☐ Disadvantage

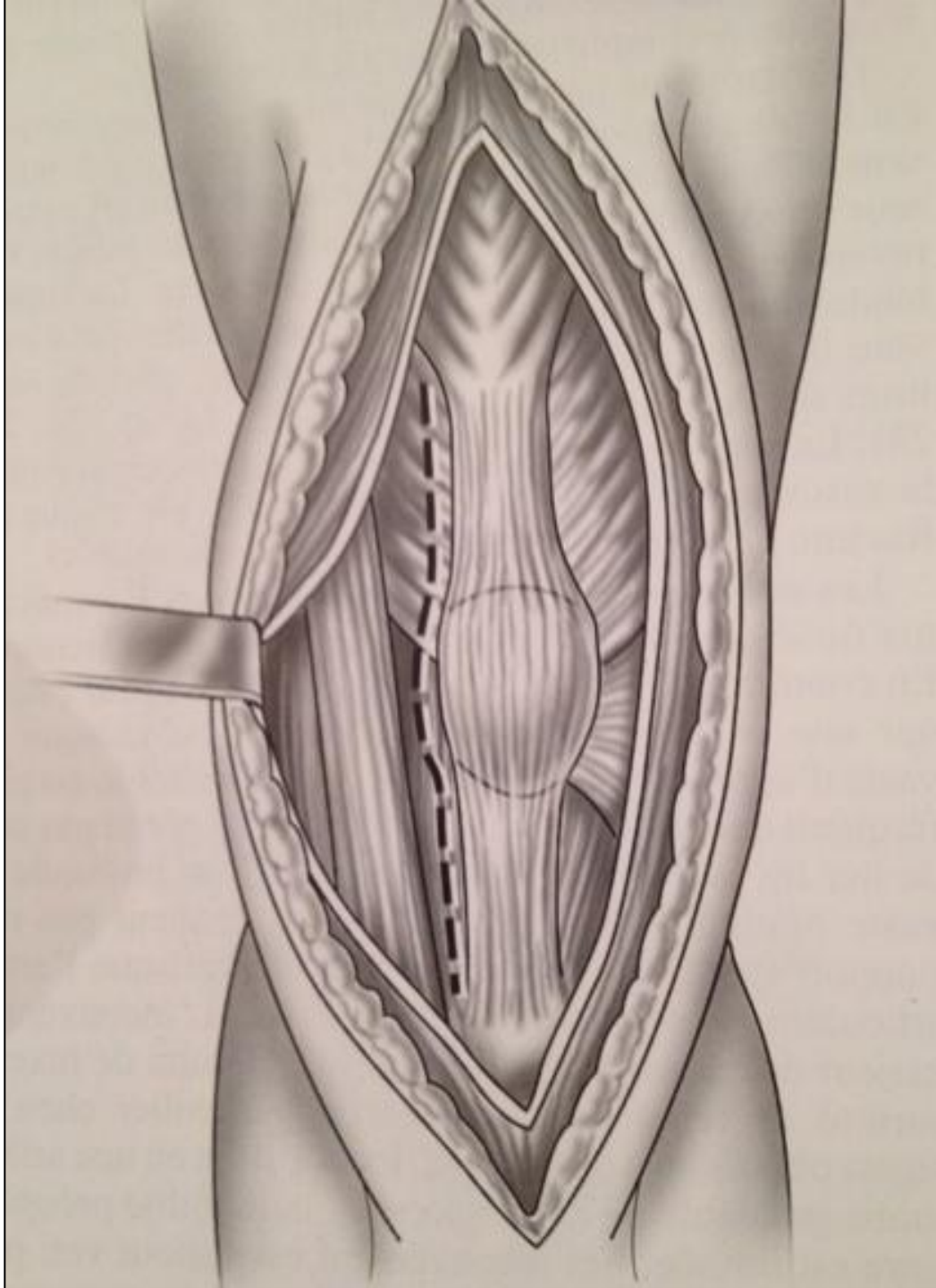
- Disruption of the VM (midsubstance)

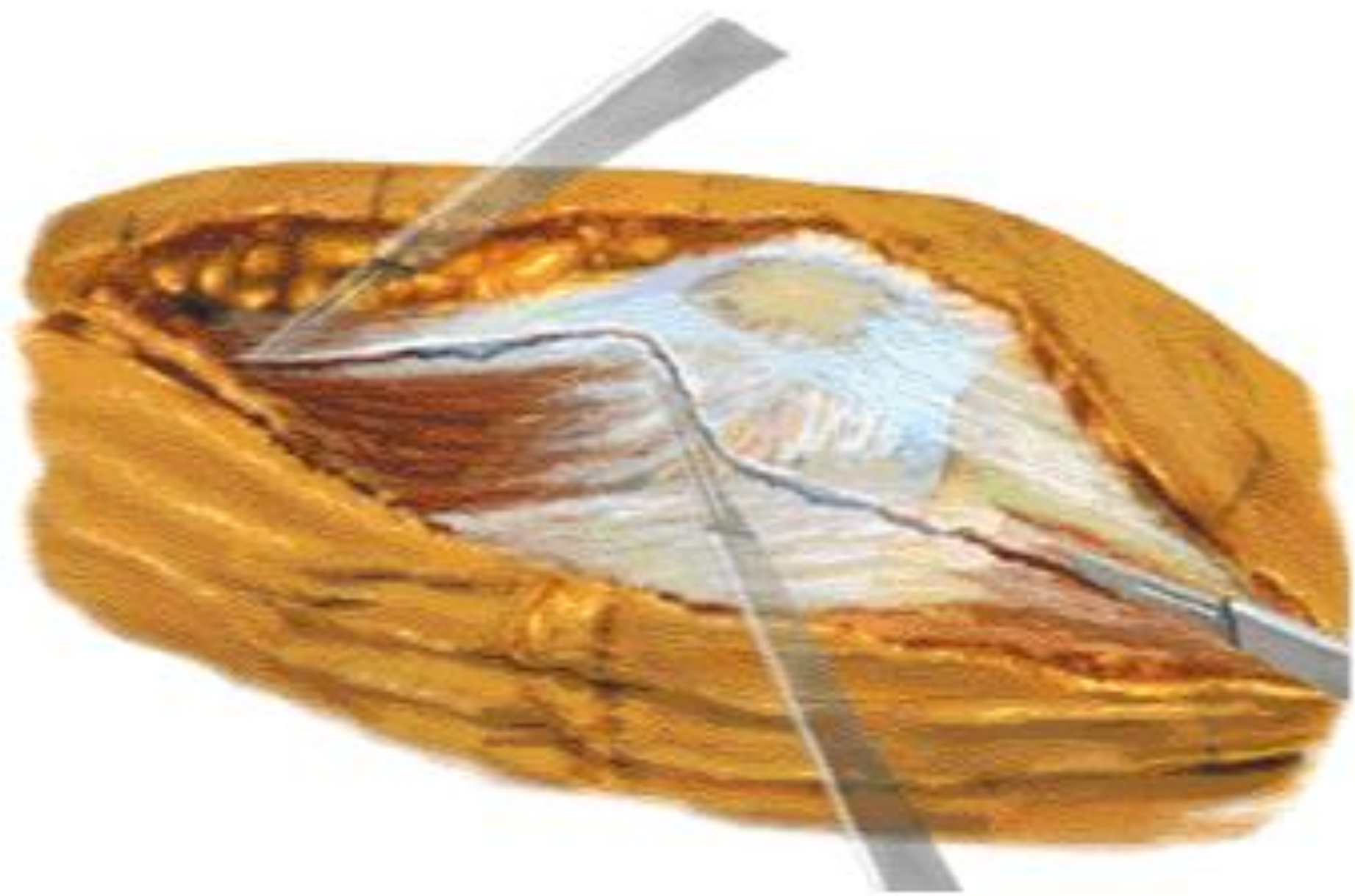
Voies externes





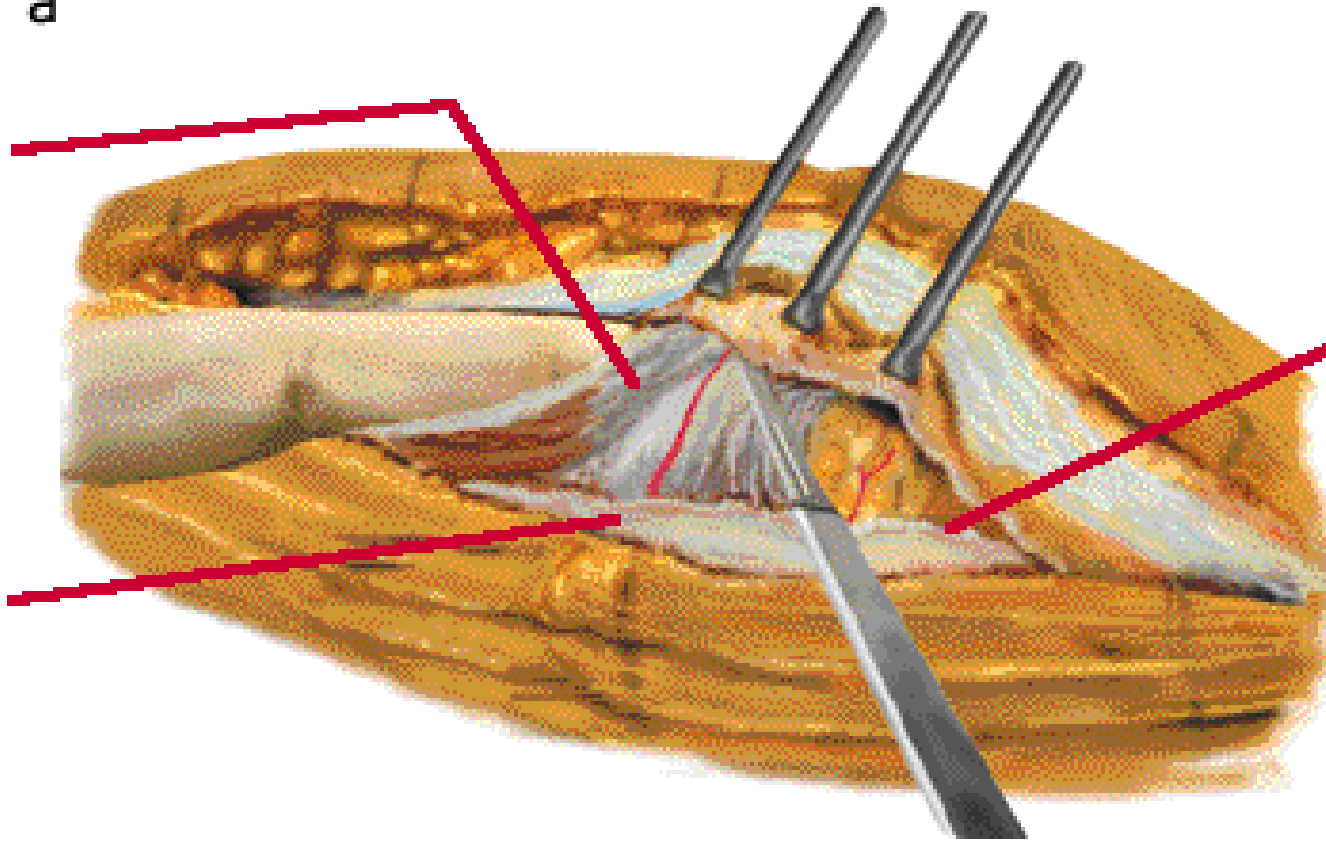
**Keblish**





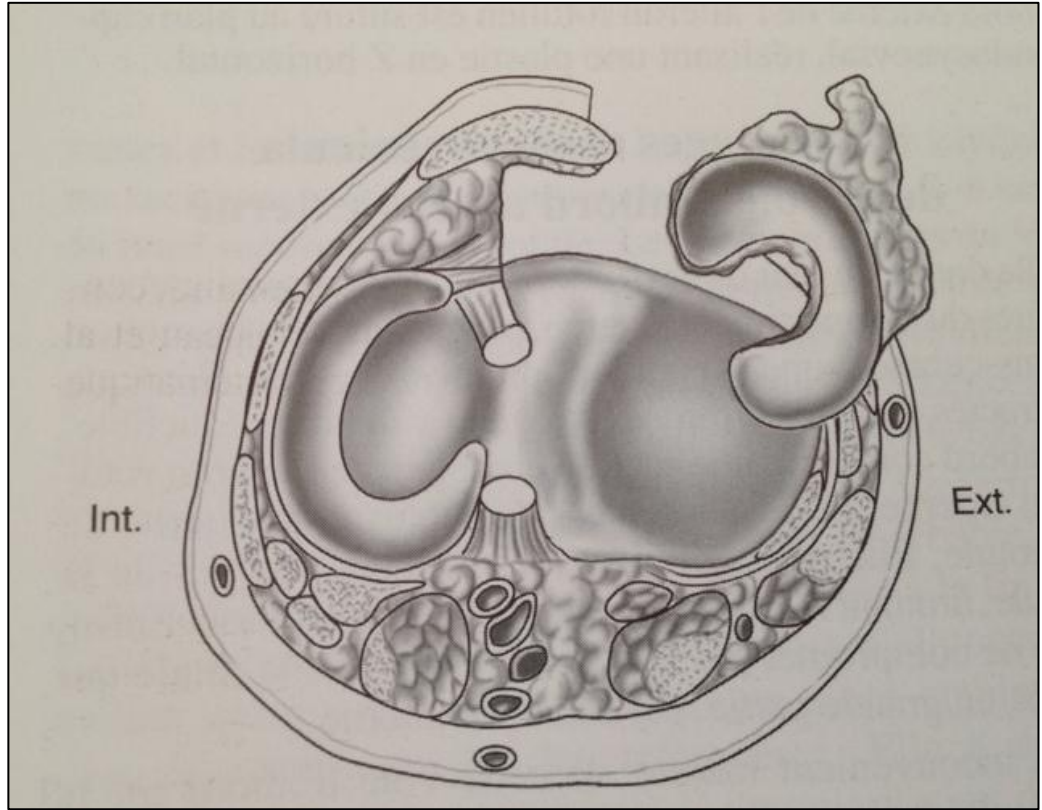
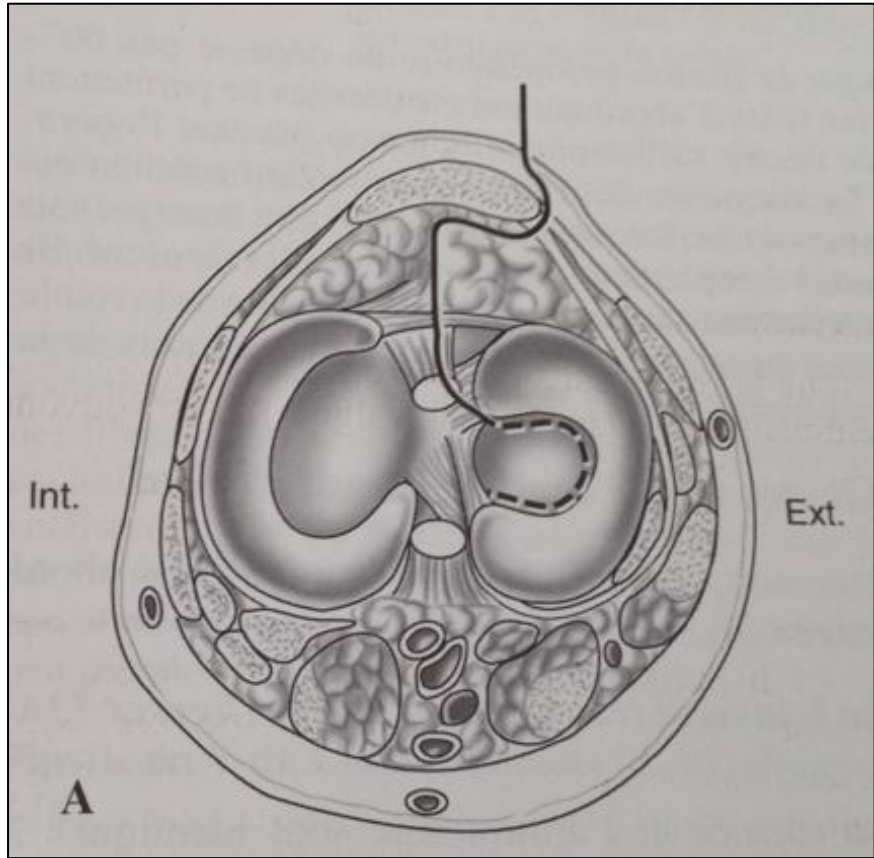
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Tendon  
du vaste  
externe

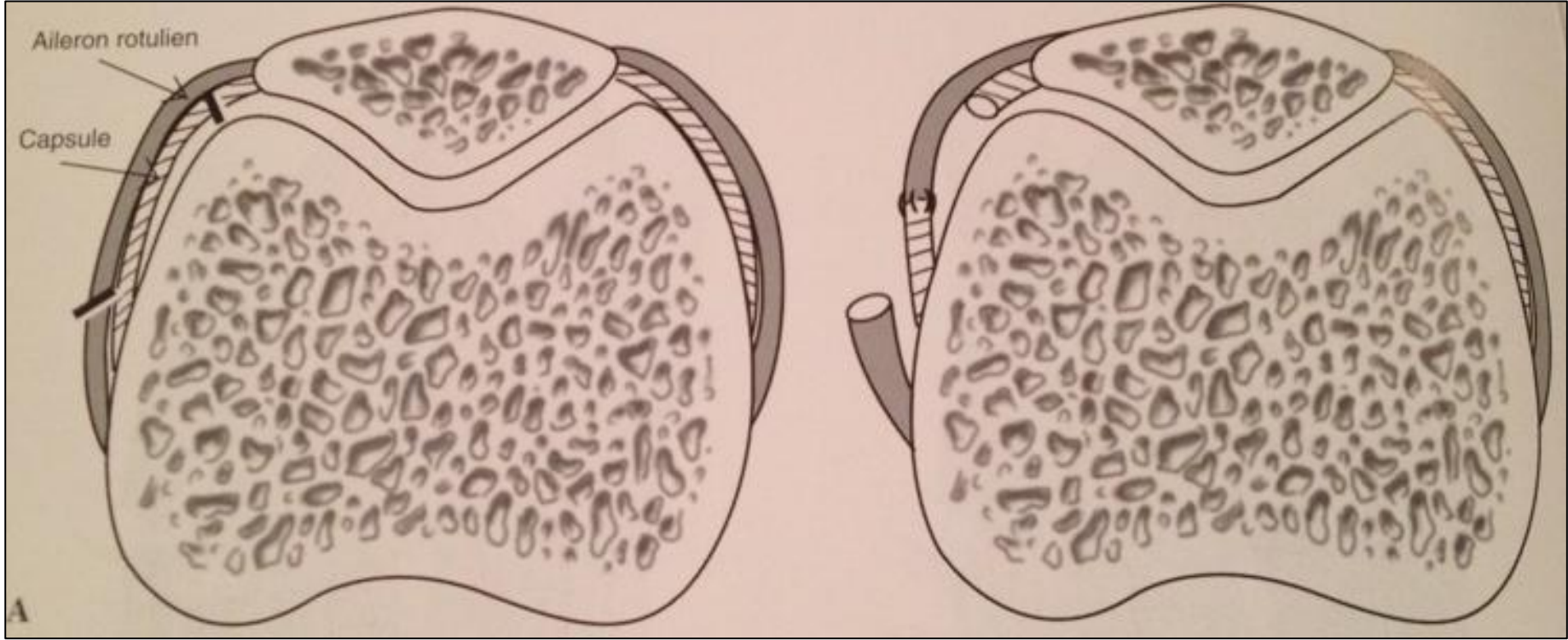


Tubercule  
de Gerdy

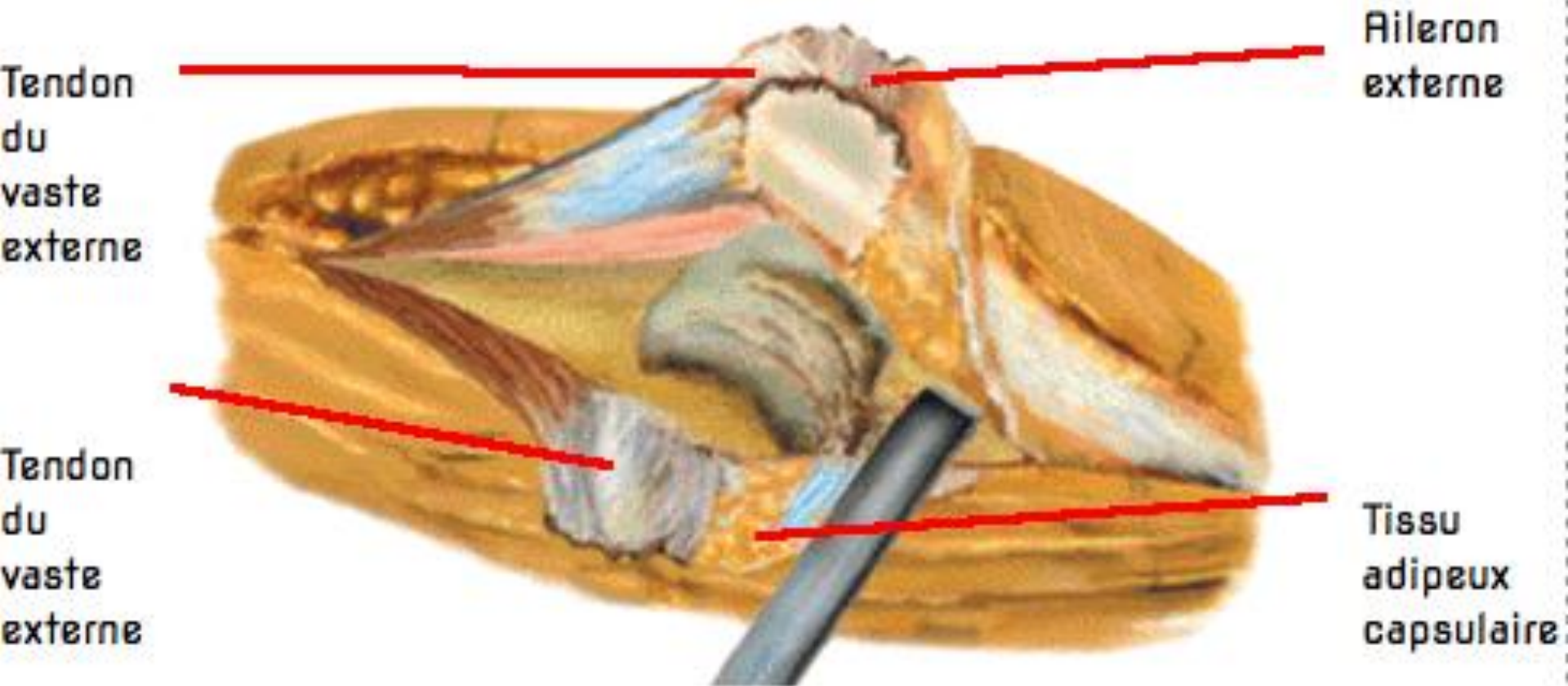
Artère  
géniculée

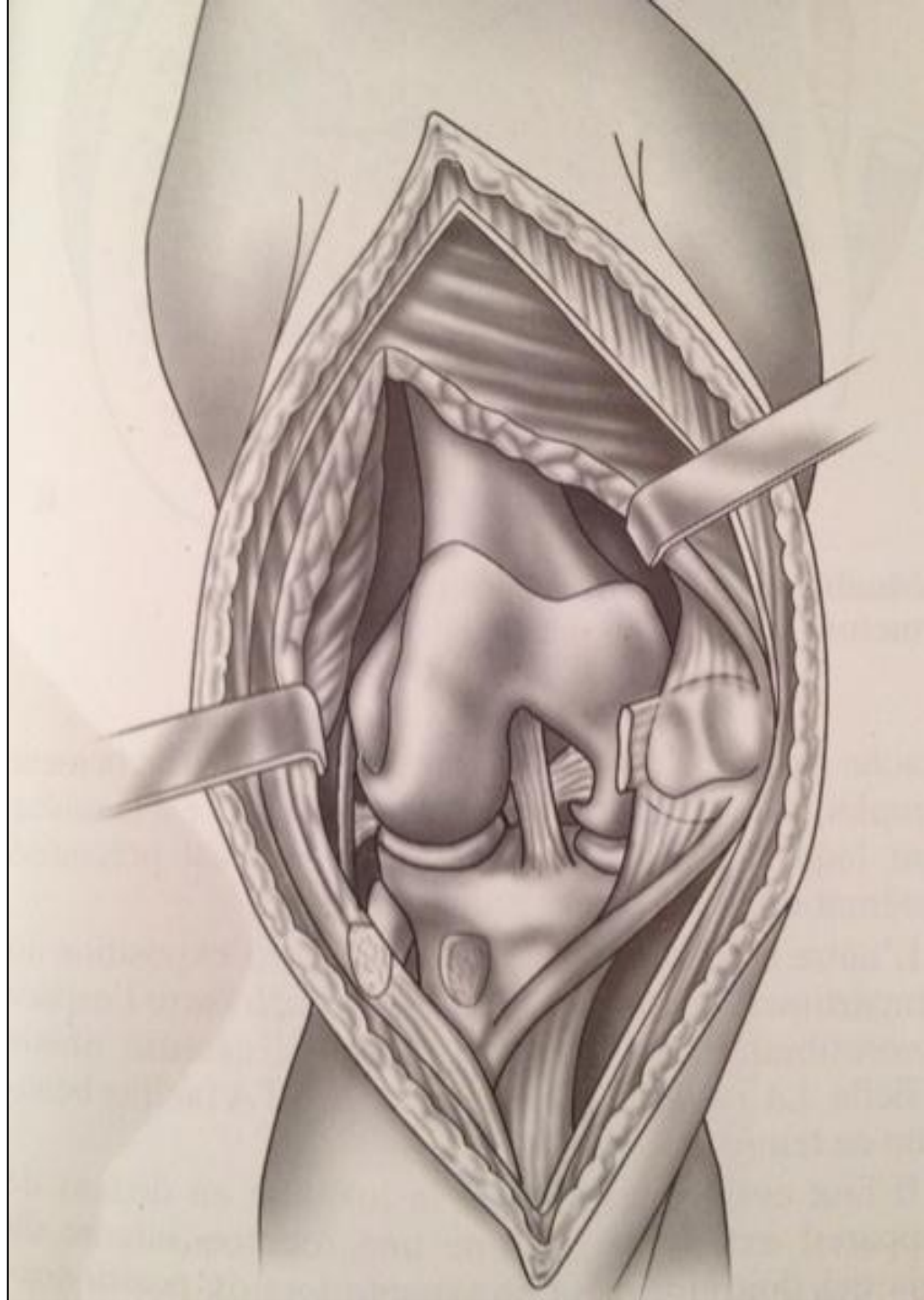


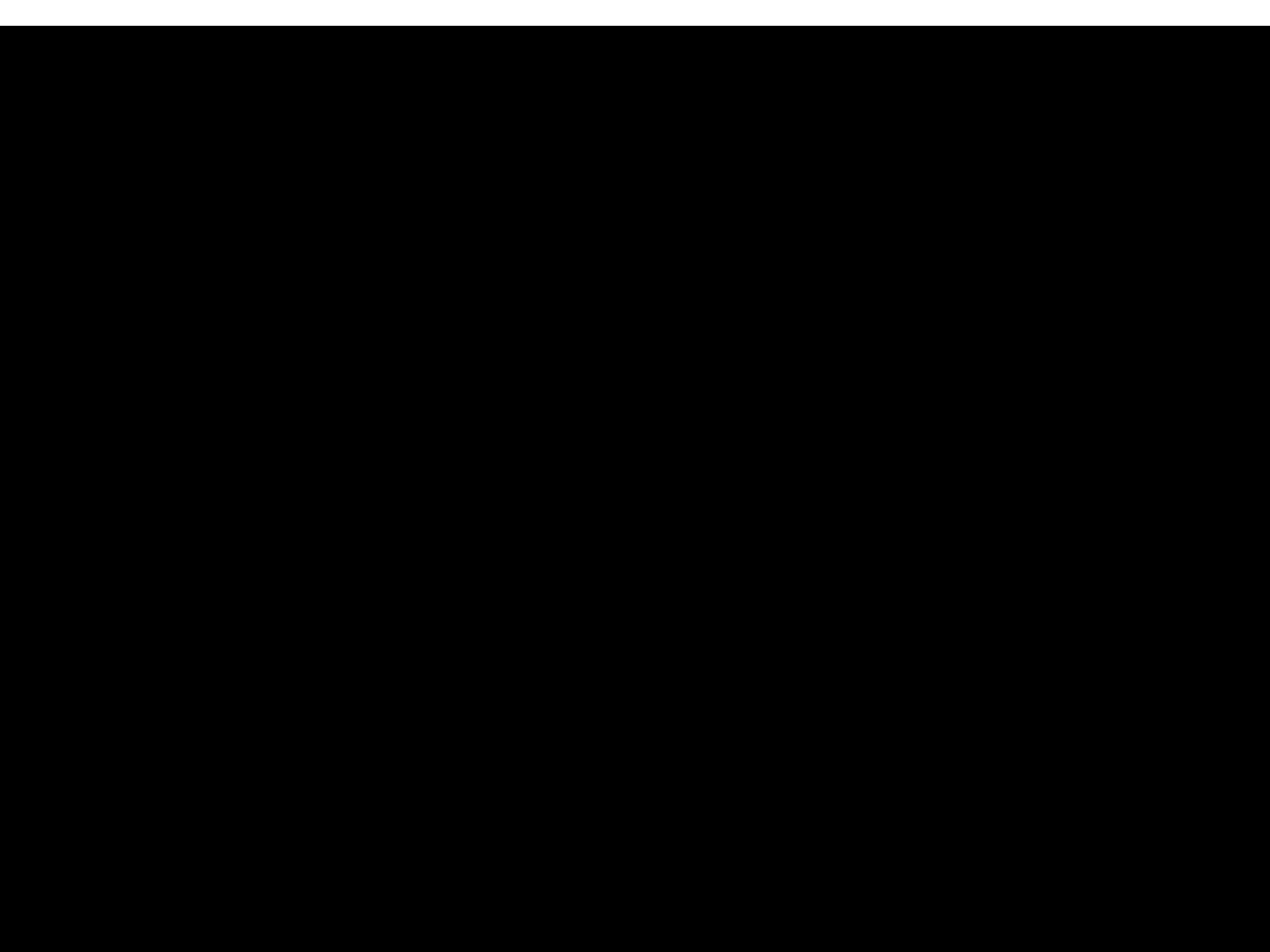




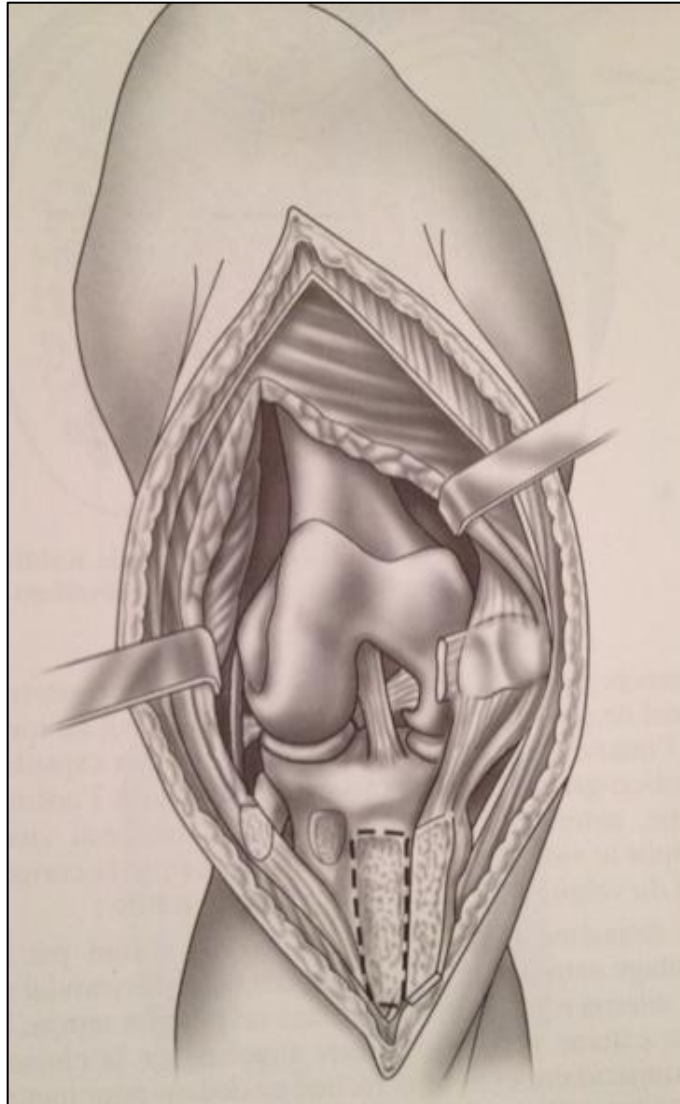








# Relèvement TTA



# Relèvement de la TTA: Technique chirurgicale



Longueur = 6 à 8 cm / largeur = 2 cm / épaisseur = 1 cm

Reprises de PTG

# Genou multicatriciel

Toujours utiliser la  
cicatrice la plus  
externe





Quadriceps snip  
Rectus snip (Insall)





# Plastie en V du TQ (Coonse-Adams)





Merci pour votre attention

