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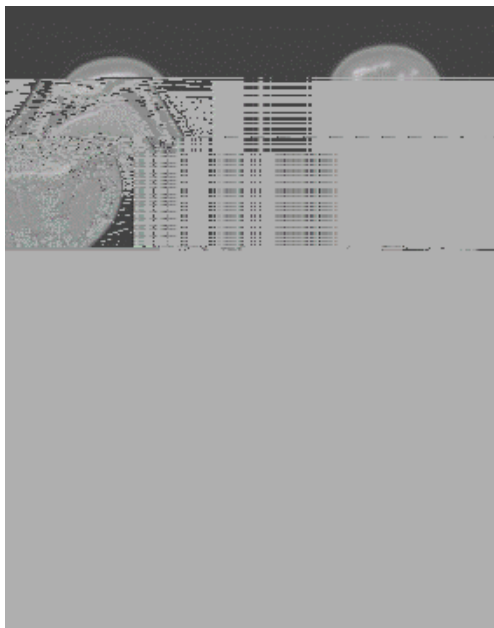


Figure 2: Images before surgery. CT findings on Axial (a), Coronal (b) and



Figure 3: Images before surgery. MRI findings, T1 weighted sagittal view (a)

He regained full knee range of motion and is pain free. Complete radiographic healing of the lesion with incorporation of the bone graft was noted.

Discussion

Anterior knee pain is a common complaint in adolescents with a broad differential diagnosis. Acute pain may follow an injury resulting in fractures, dislocations or injury to ligaments, tendons or menisci. Chronic, long standing anterior knee pain may develop due to limb mal alignment, patellar mal tracking, overuse injuries and Osgood-Schlatter apophysitis [5]. Other causes include bipartite patella, which occurs in approximately 2% to 3% of the population, and is a developmental variation of ossification. This condition is usually asymptomatic but in young active patients may also cause anterior knee pain, usually following trauma, overuse or strenuous athletic activity [6]. Other pathologies, such as idiopathic chondromalacia and osteochondritis of the patella, might cause anterior knee pain in the adolescent population.

to report of three pediatric hemangiomas of the patella, but no clinical descriptions or outcome were noted.

To the best of our knowledge this is the first report of a skeletally immature patient with a single cystic lesion, occupying a relatively large part of the patella. Non-surgical treatment was attempted but in light of persistence of pain and concerns regarding destabilization and possible pathologic fracture surgical intervention was favored. Due to the patient's age, location of the lesion, lack of intra operative confirmed diagnosis and the intact articular cartilage, a decision was made to

avoid patellectomy. The hemangioma responded well to curettage, bone grafting and temporary internal stabilization. Contrary to previous reports of hemangiomas in adults no patellectomy was necessary and the child regained full activity without pain.

Conflict of Interest

The authors declare that they have no conflict of interest.

Informed Consent



Figure 6:

References

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