

Platelet-Rich Plasma (PRP) and Fenestration for Treatment of Distal Patellar Tendinopathy: A Case Report

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Case History

INITIAL PRESENTATION

- A 52-year-old male presented with a five-month-history of atraumatic left anterior knee pain
- The pain is dull and aching during exercise, including running, cycling, and surfing
- Denies weakness, numbness, or paresthesia
- Physical exam was notable for the tenderness of the patellar tendon at the proximal and distal tibial tuberosities
- Left knee X-rays: unremarkable
- The patient was referred to PT

AT FOLLOW UP VISIT

- At follow-up, patient reported minimal improvement despite physical therapy
- Ultrasound of the left knee demonstrated distal, but not proximal, hyperechoic thickening of the patellar tendon with hyperemia and enthesopathy without high grade tear, consistent with **distal patellar tendinopathy**
- The patient then underwent PRP injection with fenestration

Tests and Results



Figure 1: Left patellar tendon long axis



Figure 2: Left patellar tendon long axis with doppler

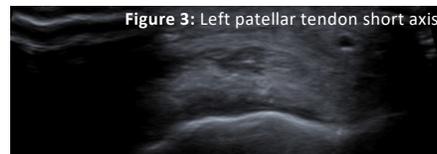


Figure 3: Left patellar tendon short axis



Figure 4: Left patellar tendon short axis with doppler

Outcome

After PRP injection with fenestration

- Resulted in 75% pain reduction at one-month post injection with only minimal localized tenderness to palpation
- Patient returned to his exercise routine without recurring pain

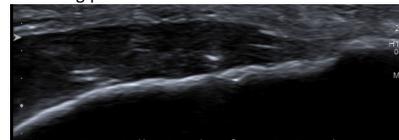


Figure 5: Patellar tendon fenestration long axis

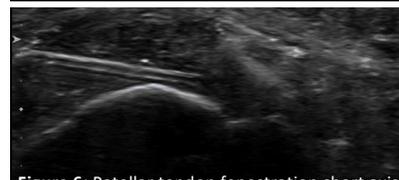


Figure 6: Patellar tendon fenestration short axis

Discussion

- Patellar tendinopathy is a chronic degenerative process, often leading to anterior knee activity-related pain in recreational and elite athletes
- Most commonly seen in the inferior pole of the patella at the proximal insertion of the patellar tendon
- Patellar tendinopathy typically presents with pain more prominent in the patellar tendon
- In approximately 10% of cases, the distal insertion of the patellar tendon can be affected, although only few cases have been reported in the literature
- Reducing painful, high tendon load and gradually introducing beneficial tendon load via eccentric exercises are the main initial approach
- Additional intervention is often required including platelet-rich plasma (PRP) injection, shown to be effective for refractory patellar tendinopathy

Tendinopathy vs. Apophysitis

- Osgood-Schlatter Disease (tibial tuberosity apophysitis) is an example of apophysitis which results from a traction injury to the cartilage and bony attachment of tendons in **children**
- Patients with distal patellar tendinopathy have pain in closer to tibial tuberosity, similar to Osgood-Schlatter disease complains of the pain. And thus, it is important to know what differentiates the two pathologies

Conclusion

- This case highlights the effectiveness of PRP injection for refractory distal patellar tendinopathy

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