



Genou traumatique

Matthieu Begin

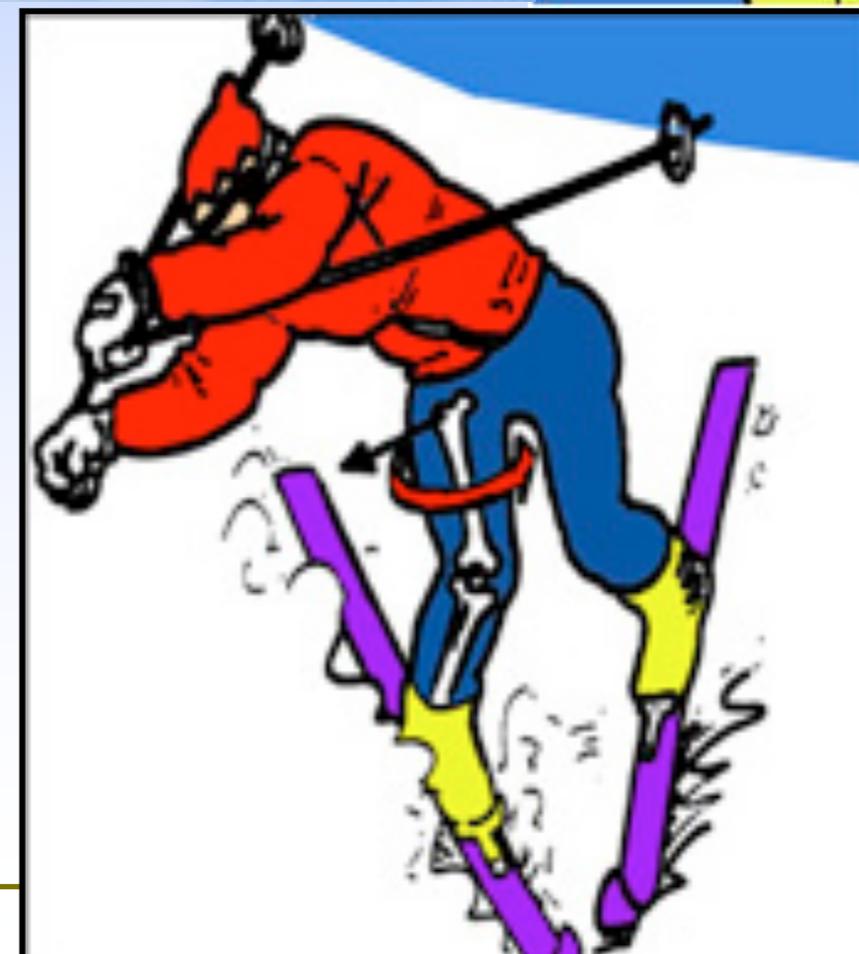
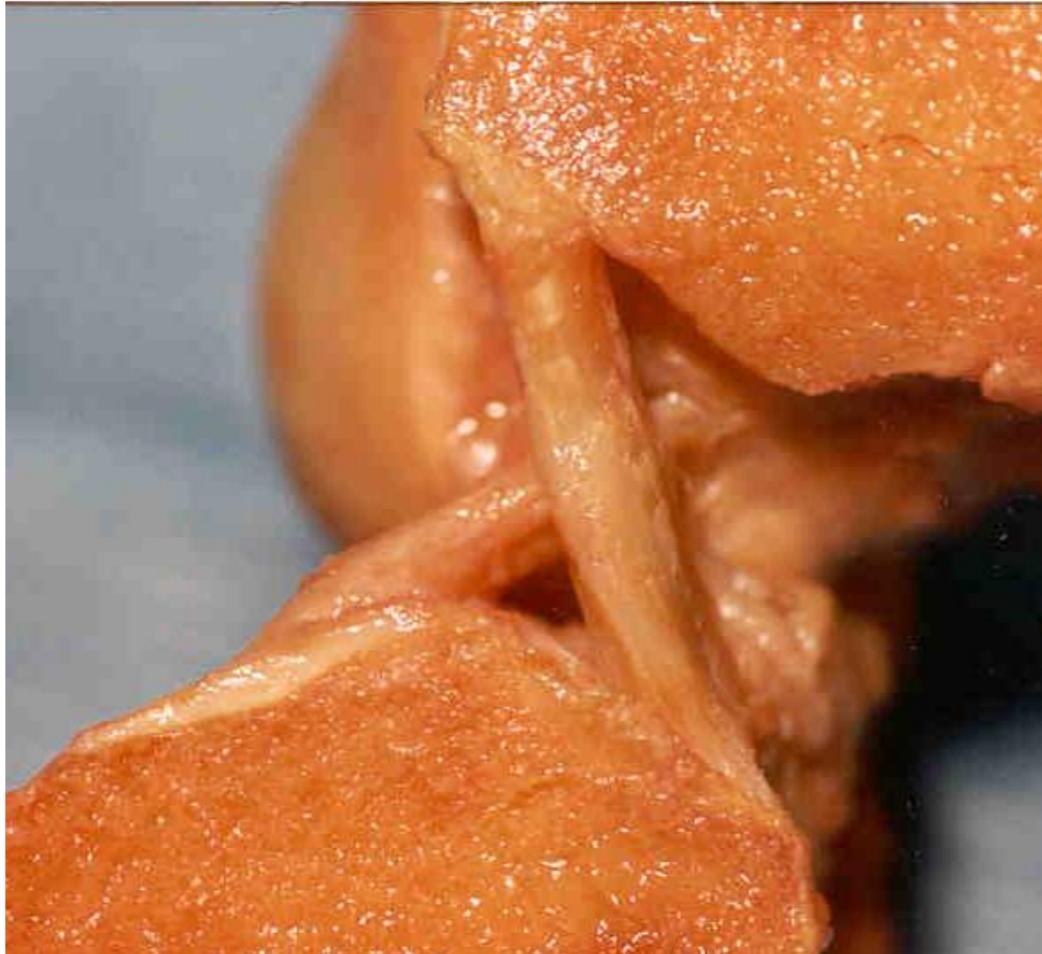
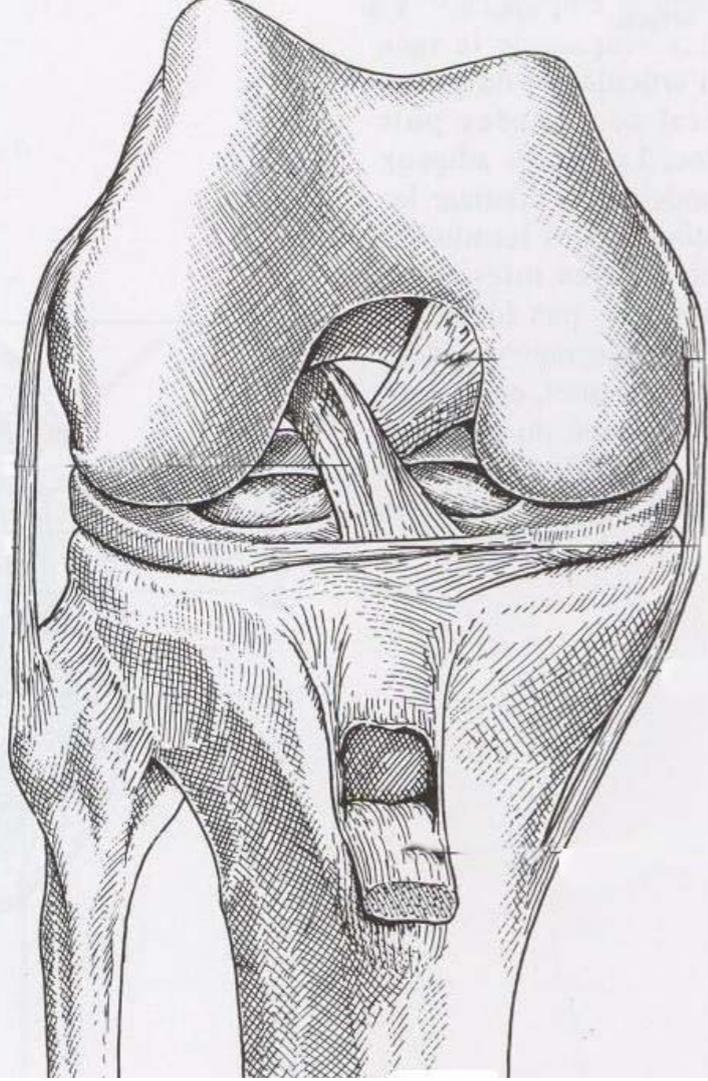
Cabinet médical de
Brétigny-sur-Orge

6 décembre 2018

Plan

- ☑ Anatomie, physiopathologie
- ☑ Examen clinique
- ☑ Ligaments : croisés, collatéraux
- ☑ Ménisques
- ☑ Appareil extenseur
- ☑ Fractures

Physiopathologie

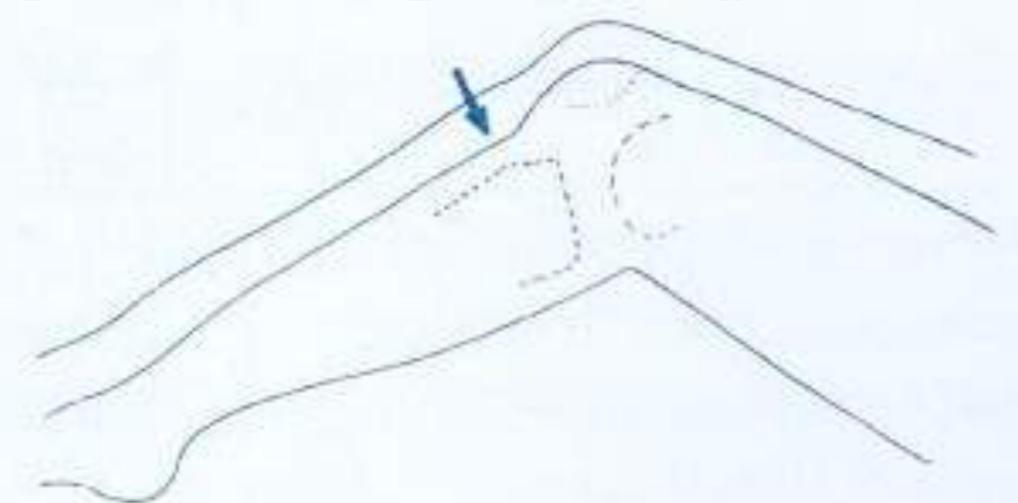
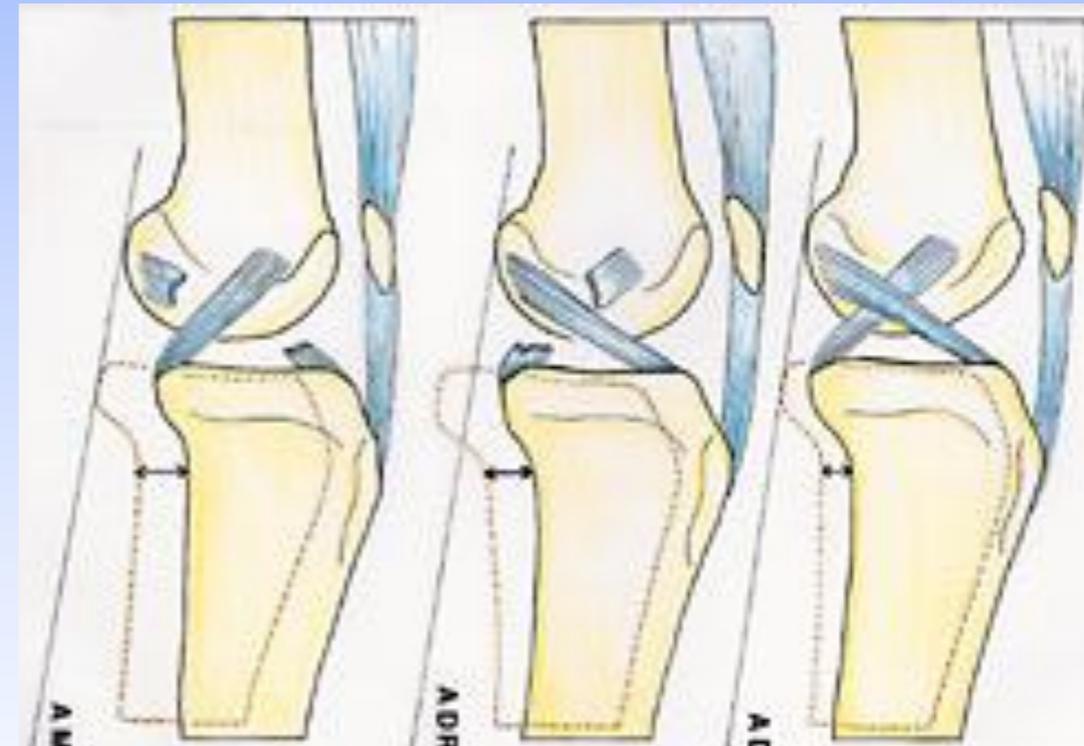
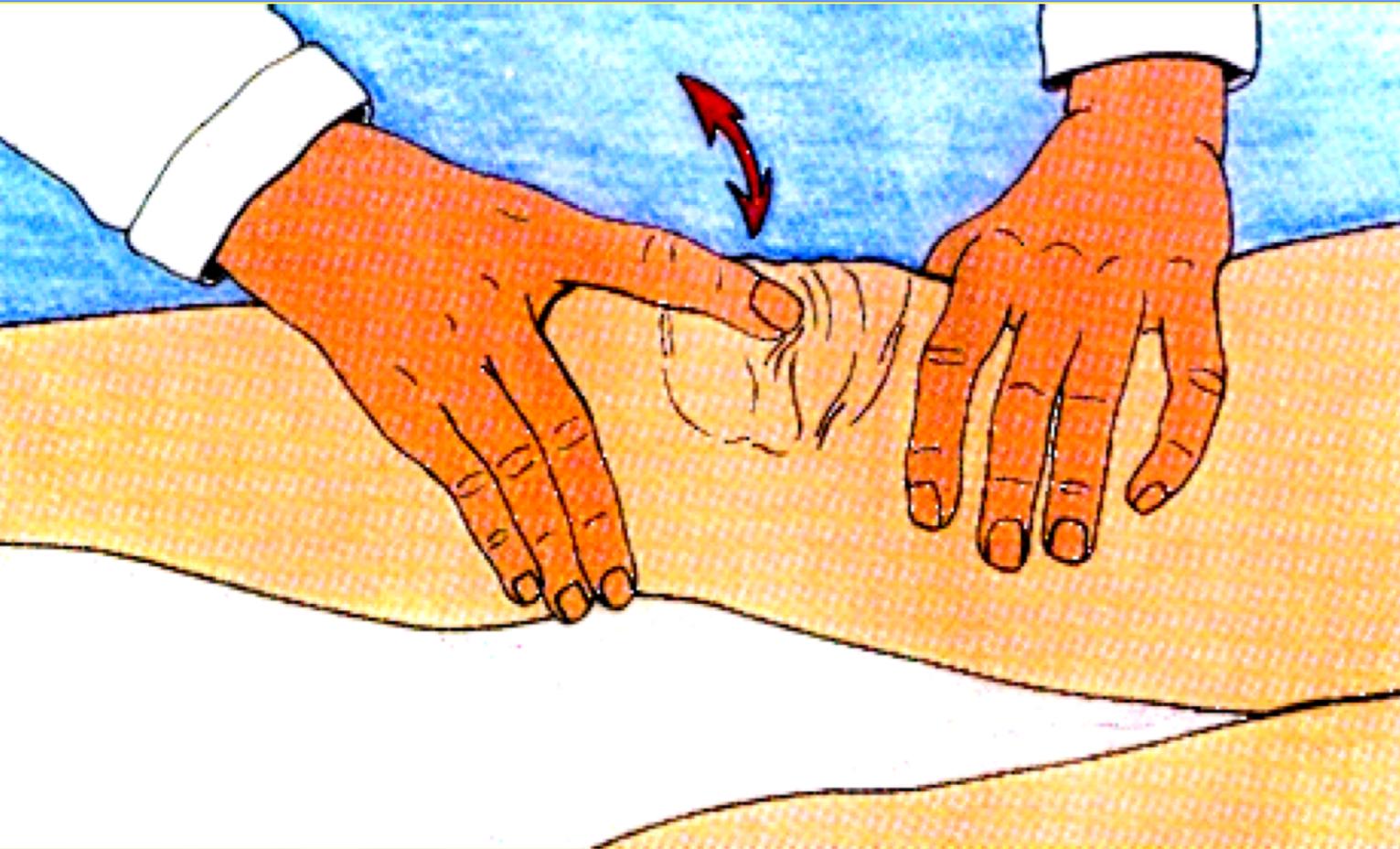


Examen clinique du genou traumatique

Hémarthrose

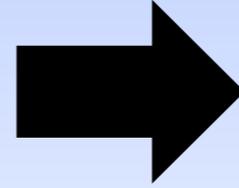
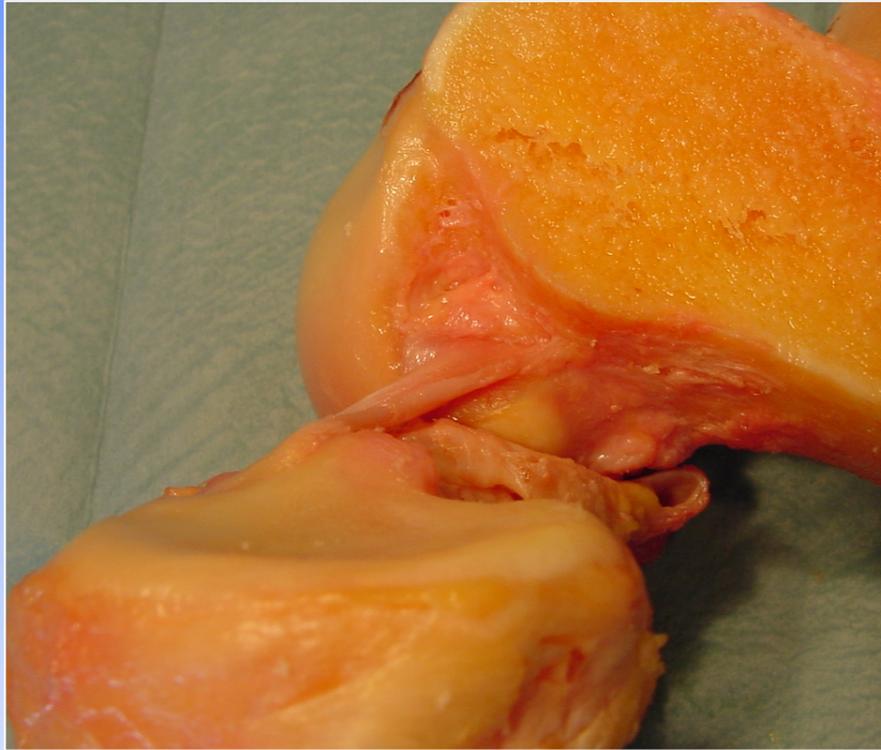
Lachman

Tiroir postérieur



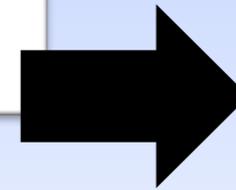
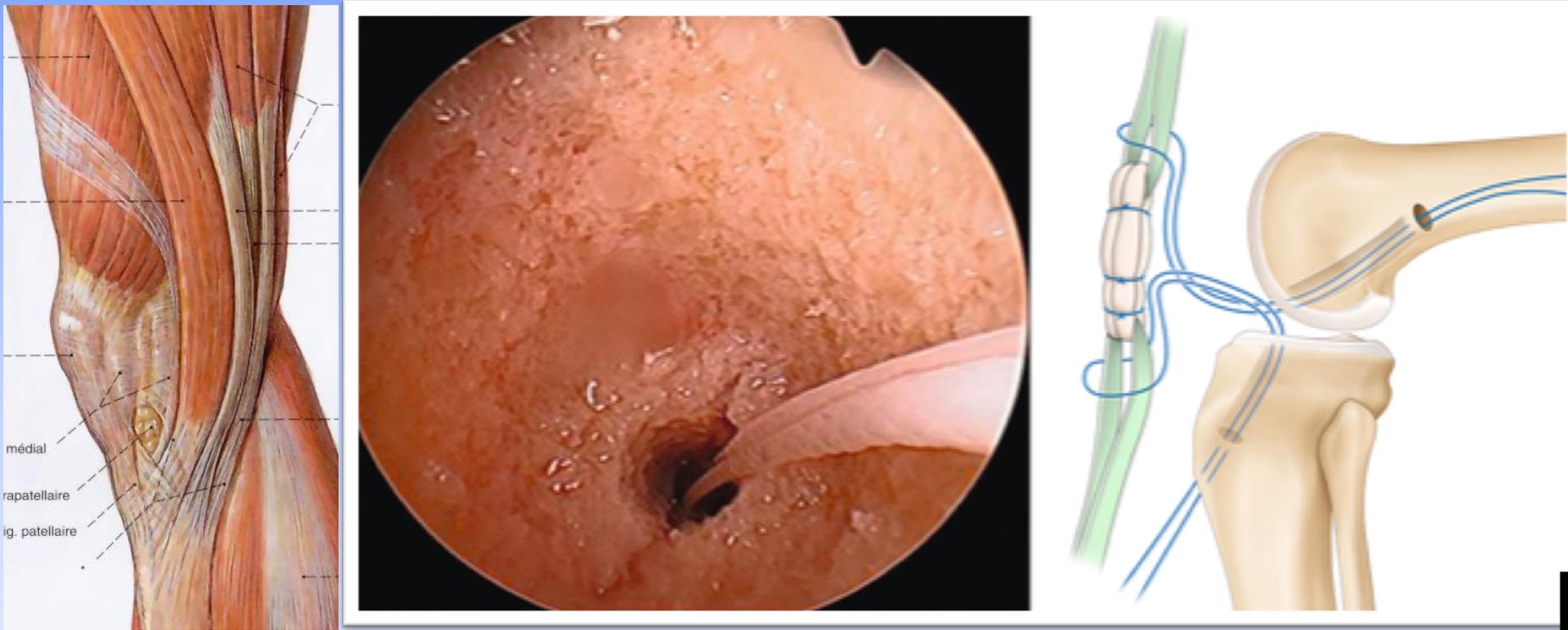
Pathologie ligamentaire

✓ Croisé antérieur

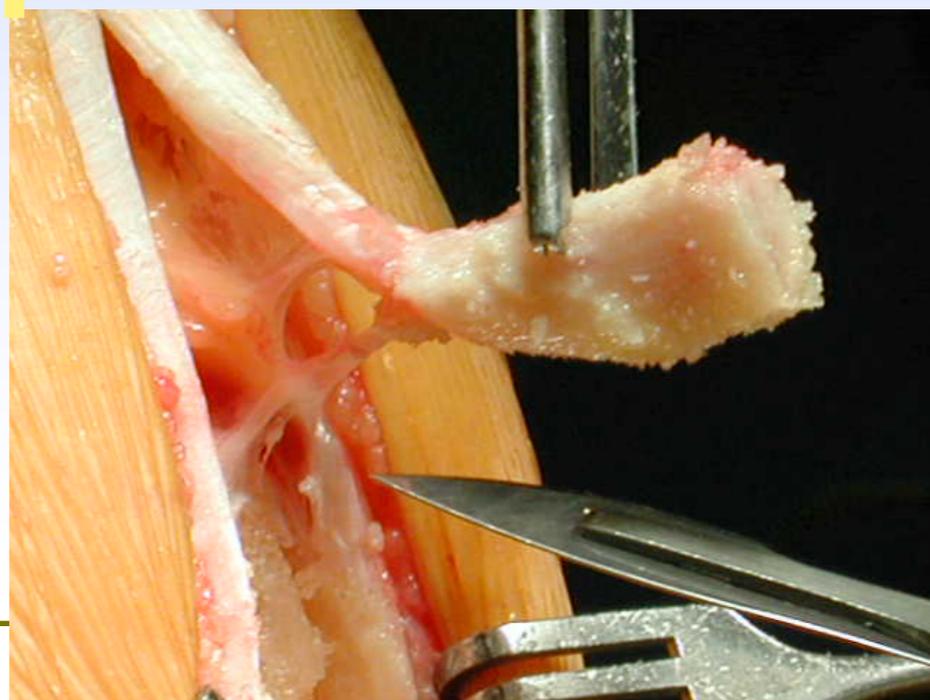
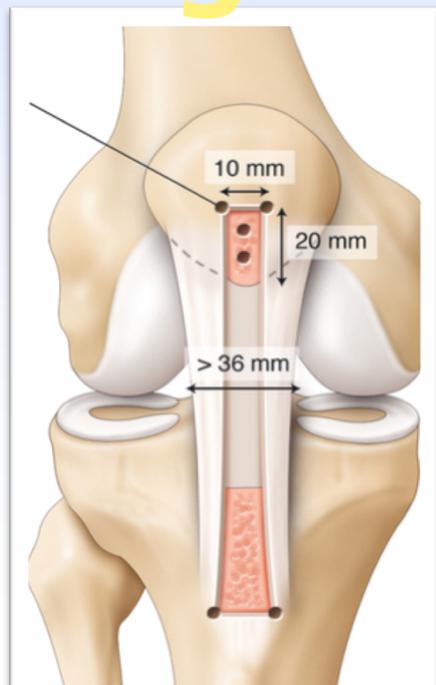


Reconstruction : ssi instabilité R à kiné

Ischio-jambiers : DT4, DIDT



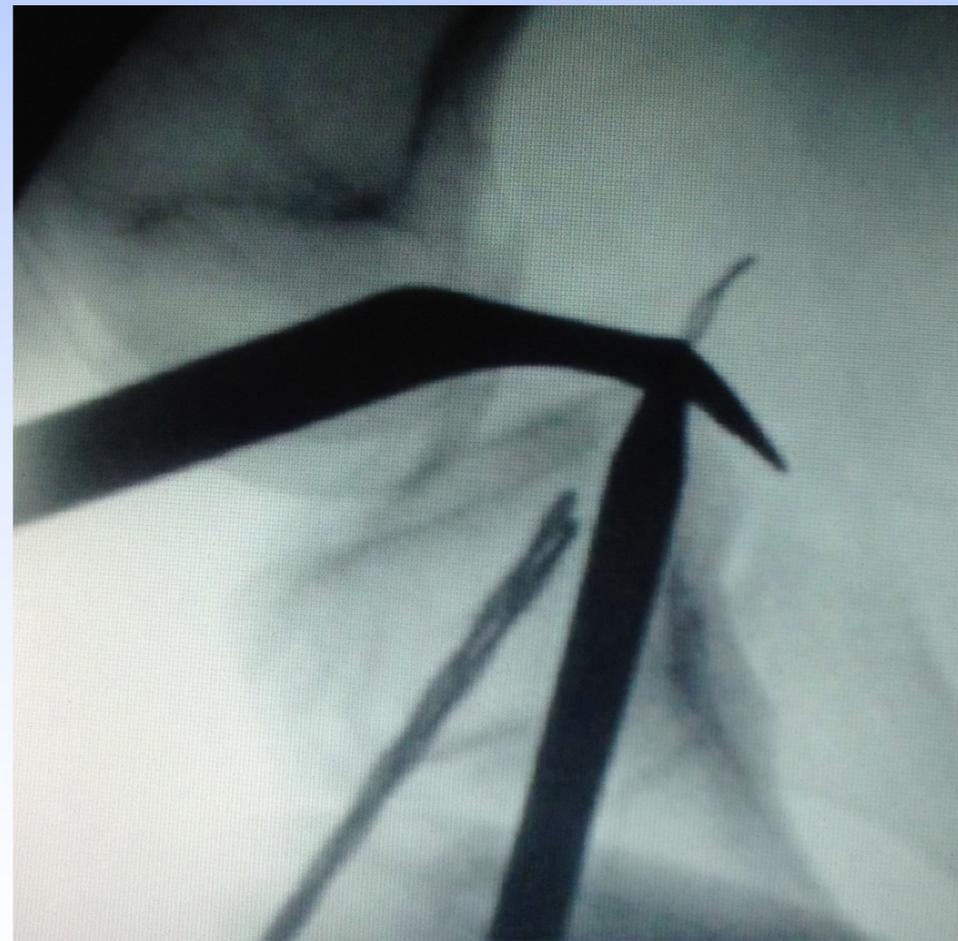
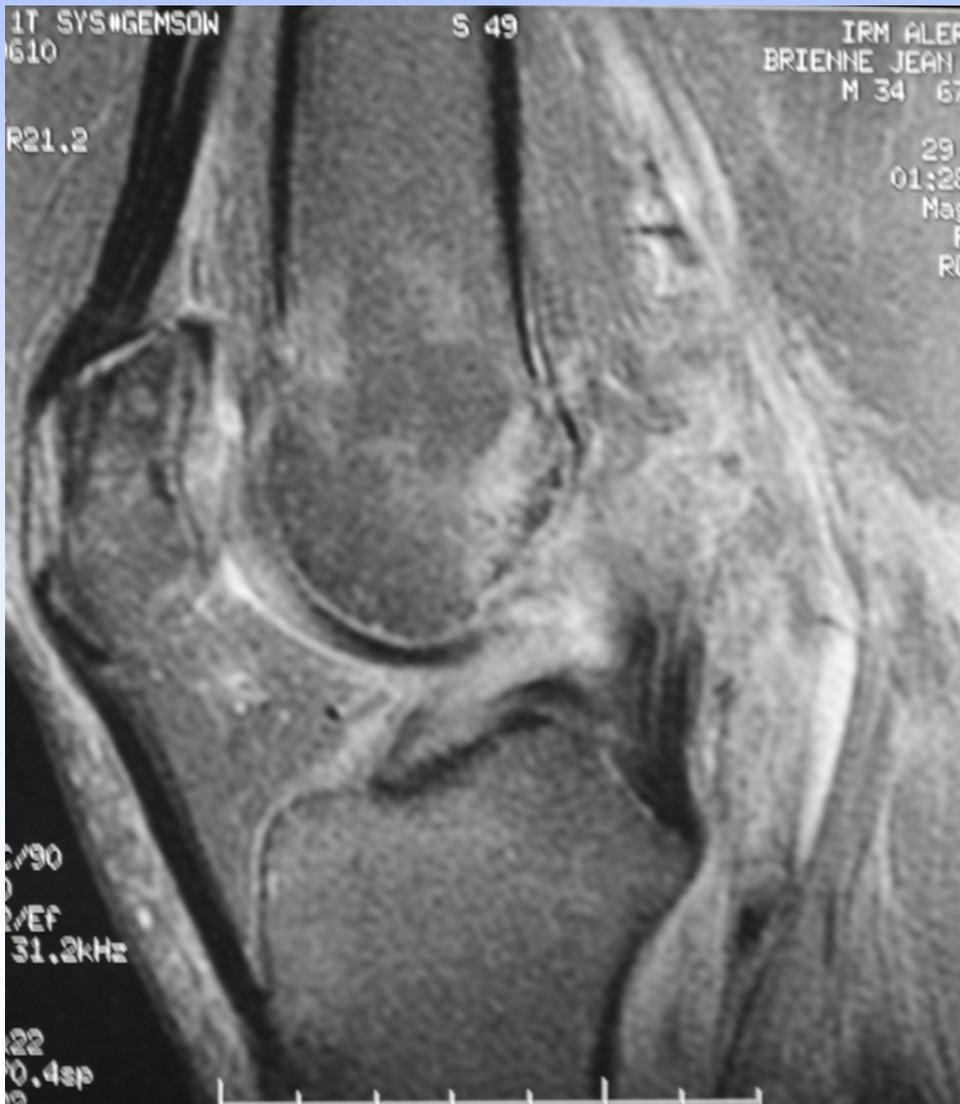
Ligament patellaire : KJ





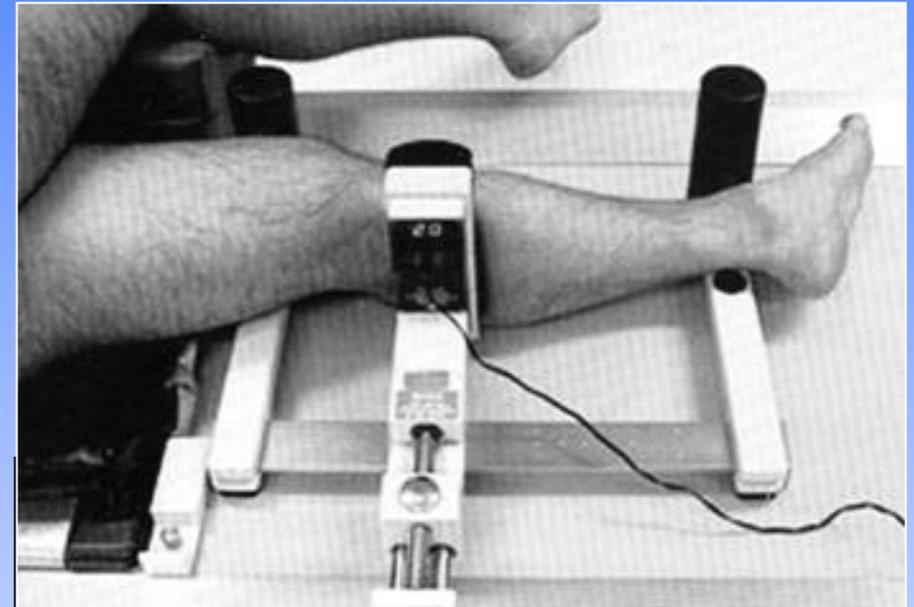
Pathologie ligamentaire

✓ Croisé postérieur



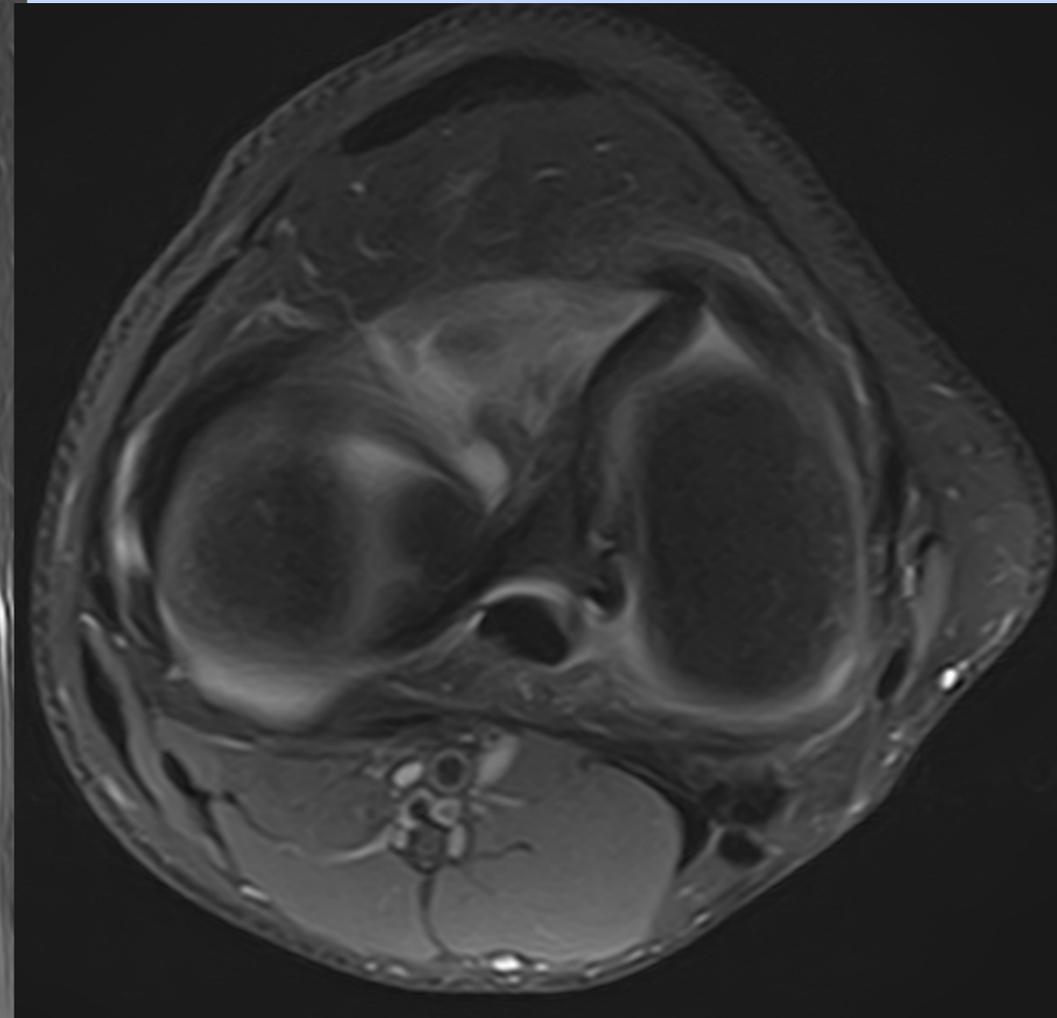
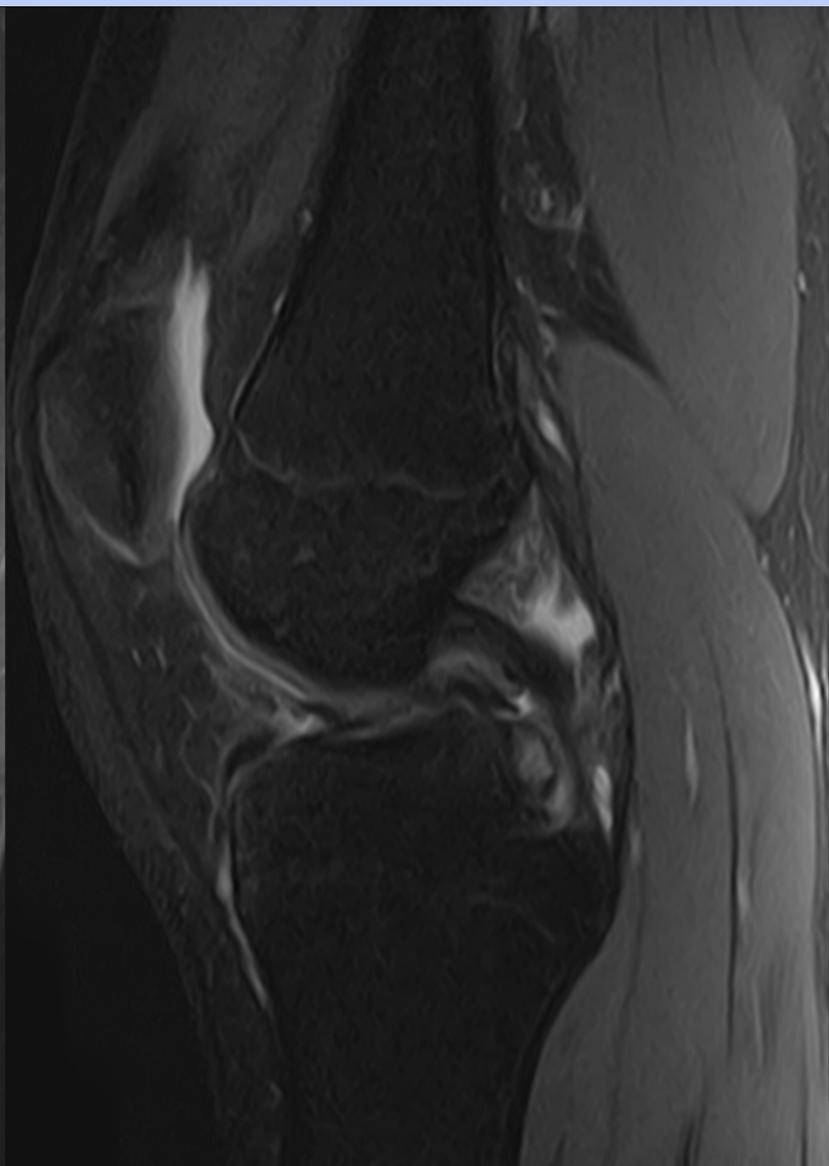
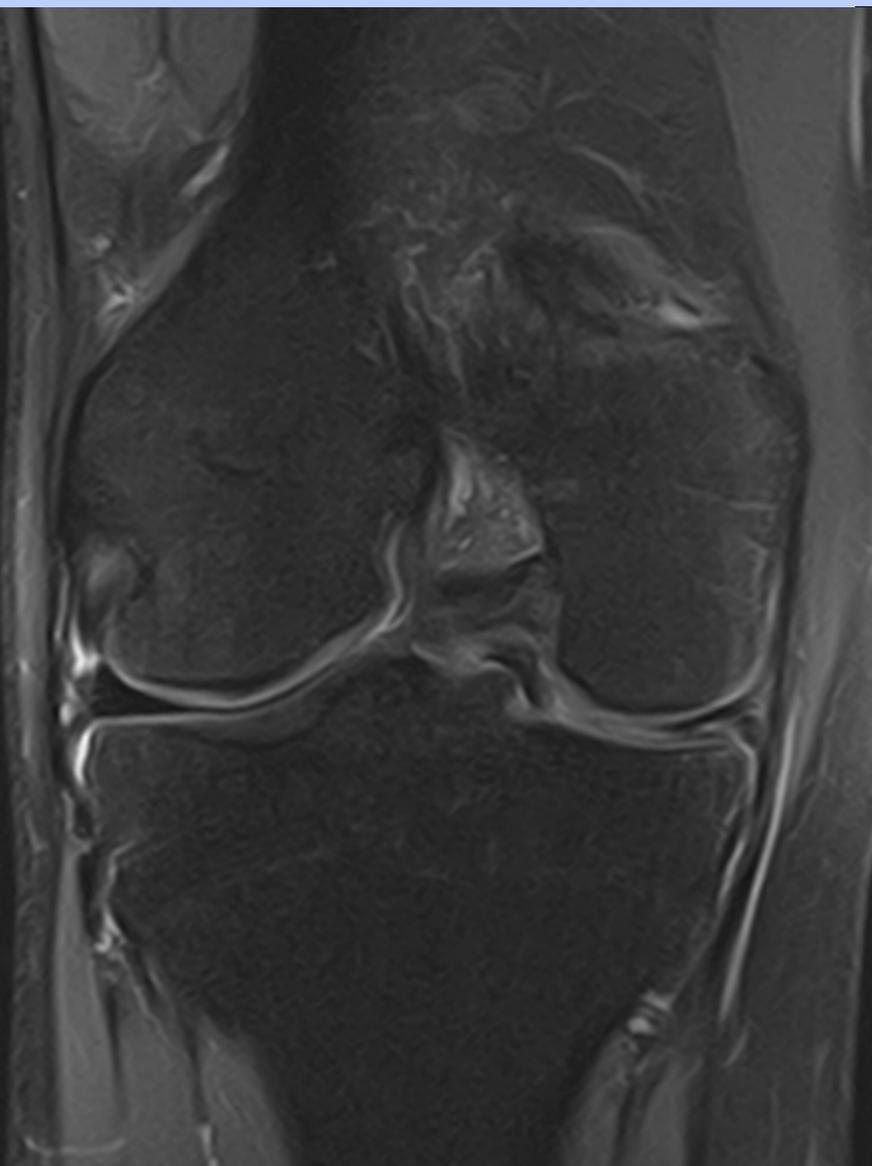
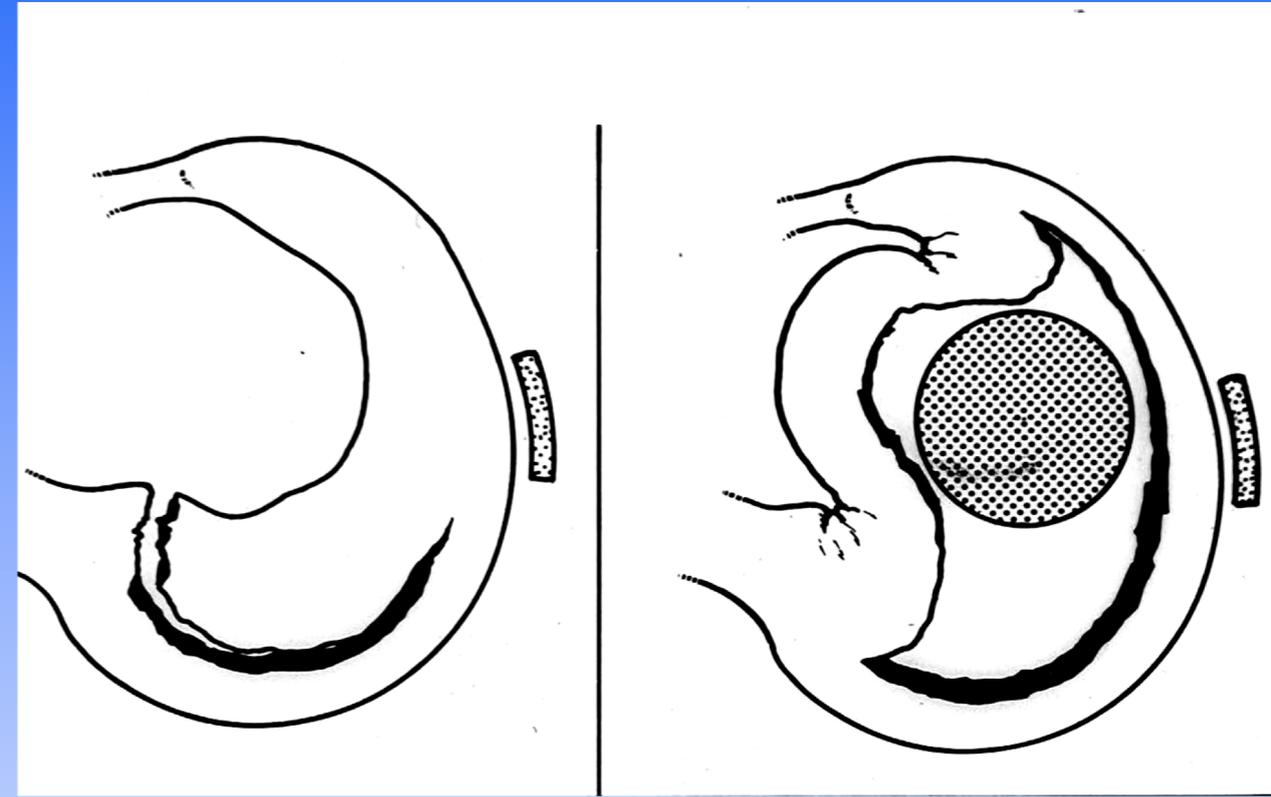
Pathologie ligamentaire

✓ LLE



Pathologie méniscale

Anse de seau ou languette luxée



« Accident »



< 40 ans

ATCD trauma récent
Flessum si anse de seau luxée

IRM : « allure récente »

- Lésion verticale longitudinale
- Lésion associée : LCA, hémarthrose...

Urgence différée

- Réparation méniscale
- Lésion associée: LCA, perforation...

« Maladie »



> 40 ans

Dérangement articulaire &
blocages ++ anciens
Pas de trauma important

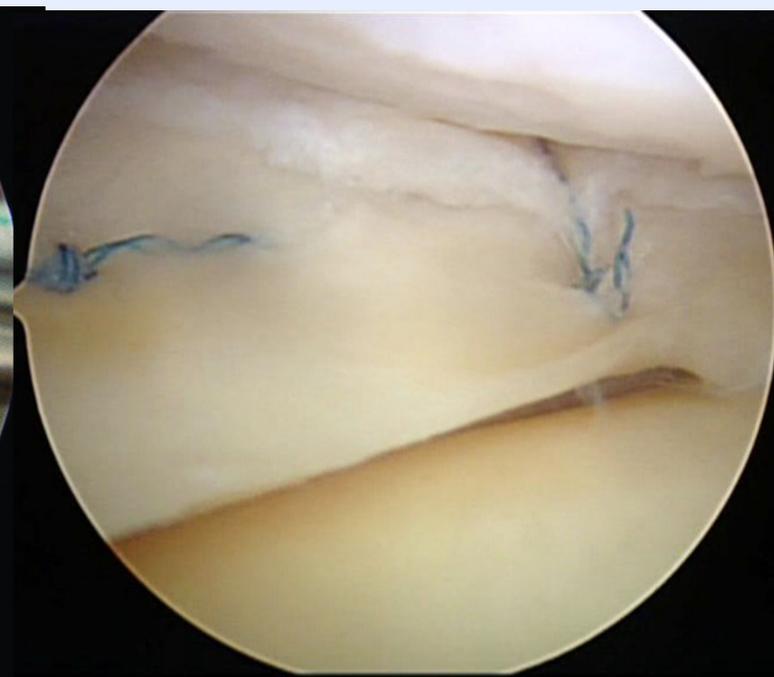
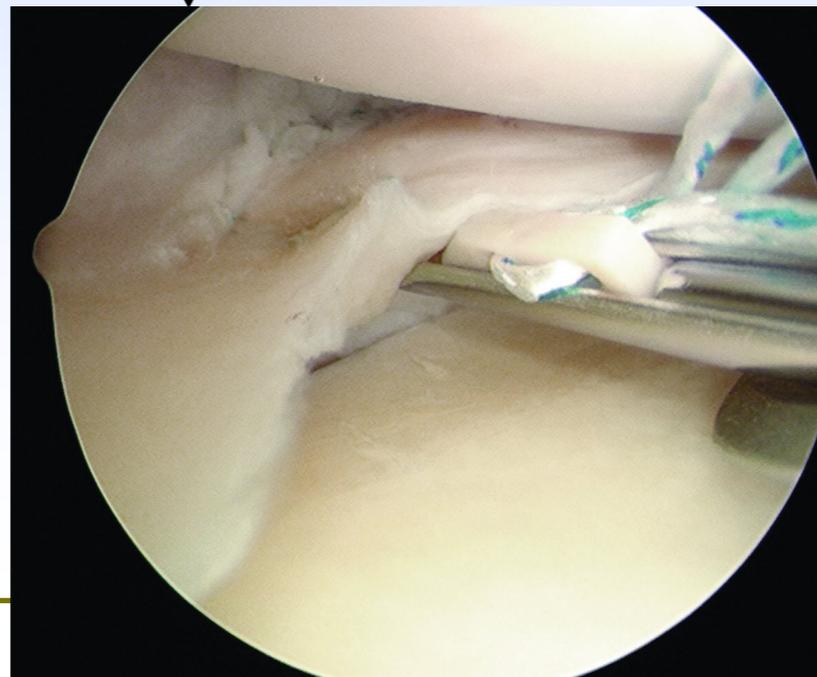
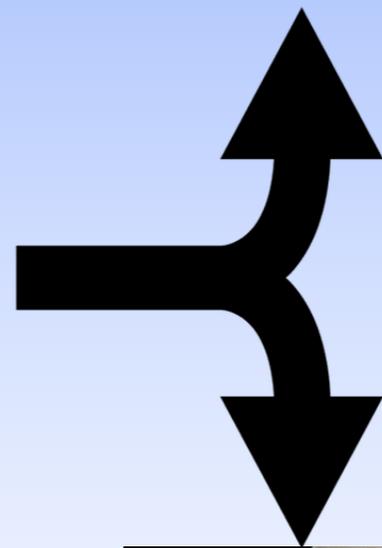
IRM : « allure ancienne »

- Lésion horizontale complexe
- Arthrose FT
- Pas hémarthrose

Patience

1. TTT med + infiltration
2. Ménisectomie, informer augmentation risque arthrose

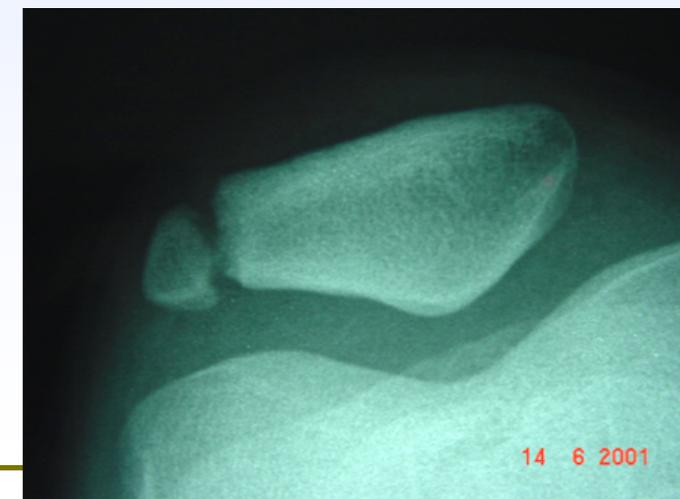
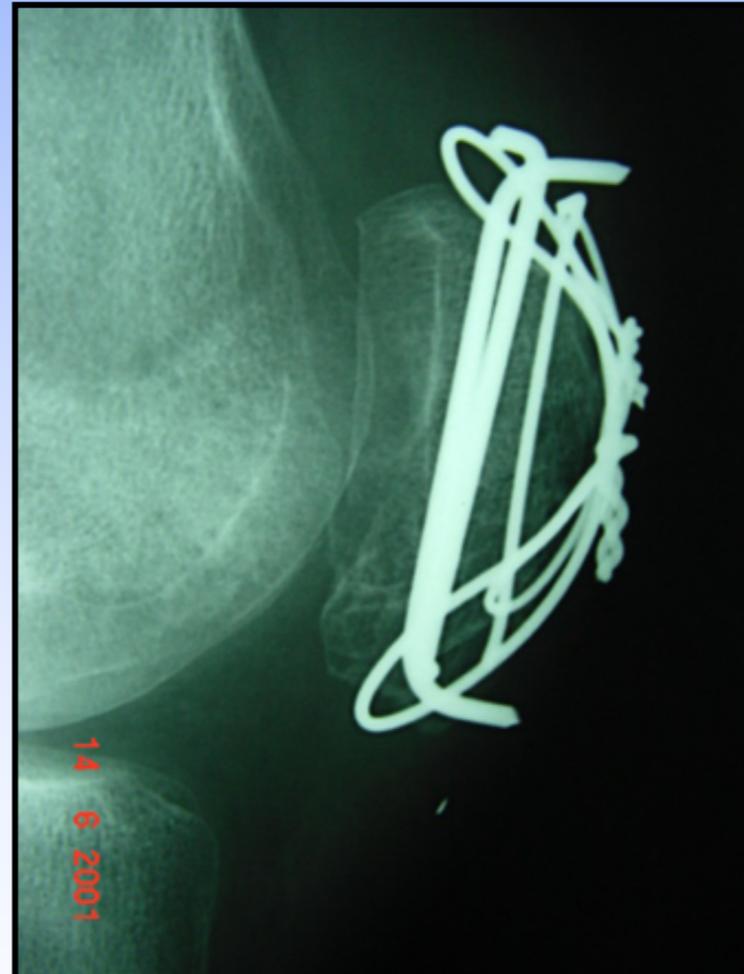
Régularisation ou réparation ?



Rupture de l'Appareil extenseur

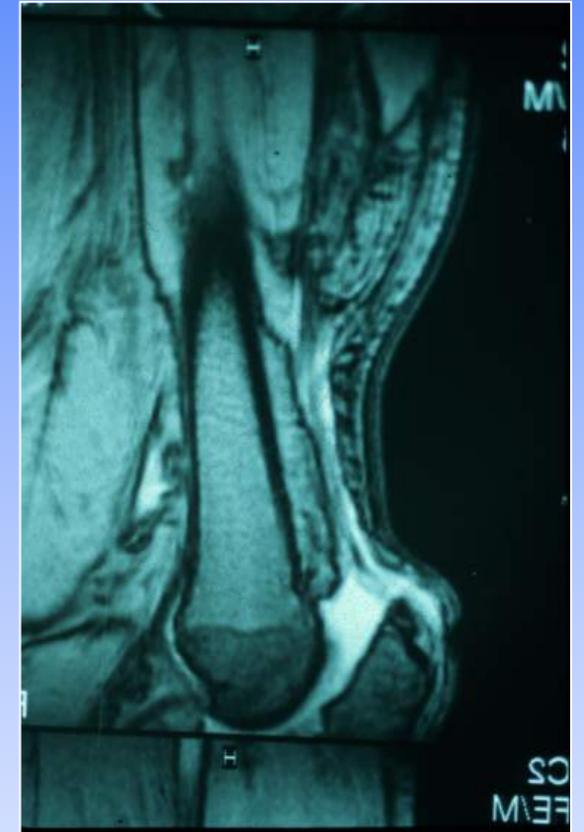
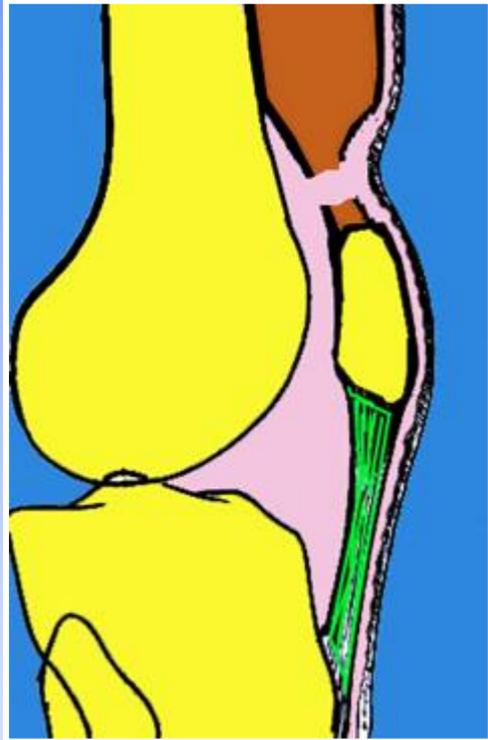
✓ Fracture de rotule

Piège
Patella bipartita

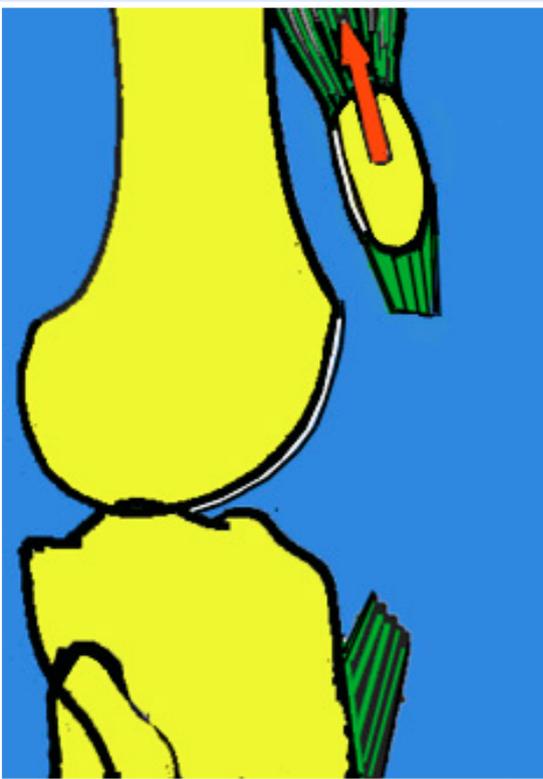


Rupture de l'appareil extenseur

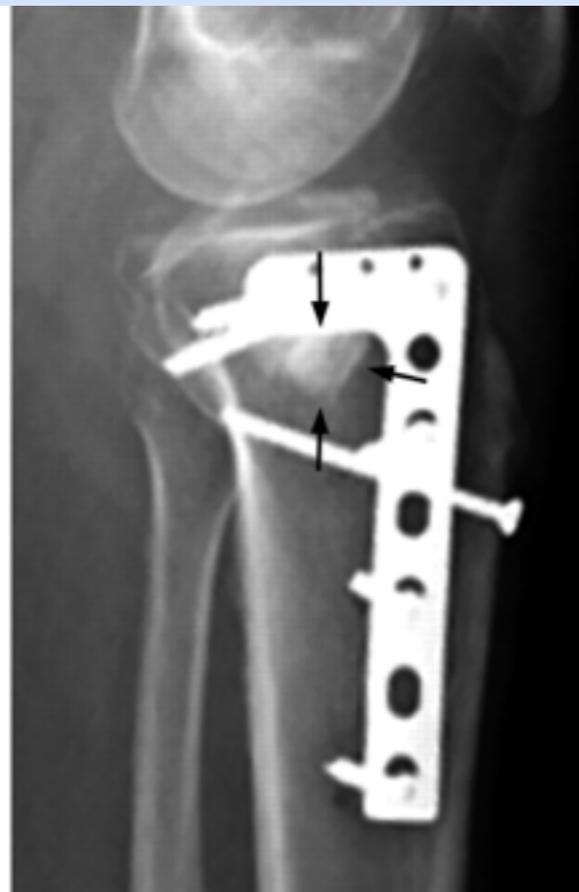
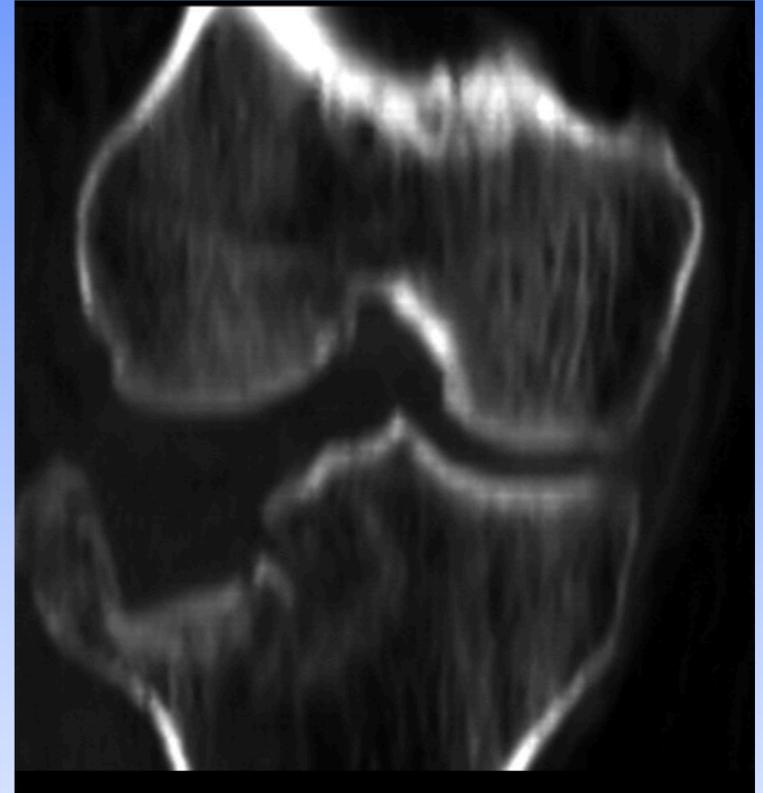
✓ Tendon Quadricepsital



✓ Ligament Patellaire = Tendon Rotulien



Fractures du plateau tibial



MERCI POUR VOTRE ATTENTION

