

## EUROPEAN PART OF PATELLOFEMORAL TRAVELLING FELLOWSHIP

Our trip to Europe for the completion of the Patellofemoral Travelling Fellowship, was very rich. We started by attending the traditional meeting of Lyon, whose theme this year was the Patella. We had the opportunity to attend many interesting discussions on the patellofemoral joint. What caught my attention was the wide variety of technical options for reconstruction of the MPFL and possible associations with other surgical gestures such as osteotomies. The choice can be made depending on the presence, degree and location of chondral lesions associated.

The isometric point on the femur seems closer to being fully defined, and many surgeons have used the aid of fluoroscopy to find the best position. Regarding the best graft for reconstruction of the MPFL, there is still much discussion and many are also options. There is some consensus that grafts having a flatter shape are preferable to those of more cylindrical shape. There is a strong tendency that the first episode of dislocation of the patella has indication of a non-surgical treatment and there is no consensus in the literature that we should treat these patients surgically. The trochleoplasty was seen as a technical resource that can be very useful in cases of severe trochlear dysplasia, and has sought to improve the techniques and make it but reproducible.

Beyond the patellofemoral arthroplasties, osteotomies and partial pateleotomies have been considered good alternatives in the management of patellofemoral arthritis. We should still do more studies about the isometric point on the patella, both in relation to position on in relation to the width of the insert. Studies regarding the best position of the knee to perform graft fixation, also should be done, because, some surgeons claim the best position in extension and others in flexion between 30 and 60 degrees. Like, what is the true role of lateral release in the management of instability and pain in the patellofemoral joint.

We must to be more familiar with the options and the techniques of non-surgical treatment of many patellofemoral conditions, and them must be in the arsenal of knee surgeon when faced with a patient complaining of patellofemoral joint.