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Congenital Genu Recurvatum: An Infrequent Clinical Finding in the Delivery Room

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1. Clinical Image:

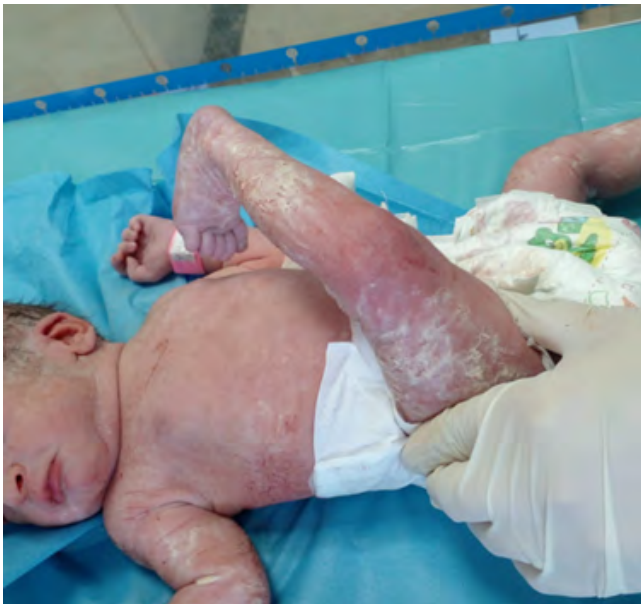
A female newborn, born at term via vaginal delivery in a cephalic presentation, was examined at her first hour of life. The parents were non-consanguineous with no medical history, and the infectious history was negative. The examination revealed a weight of 2900 g, a length of 48 cm, and hyperextension of the right knee exceeding 20°, with reducible dislocation. Radiography classified this malformation as stage C according to Leveuf and Pais, while ultrasound showed the normal presence of the patella. An orthopedic treatment was proposed, consisting of gentle reduction and posture casts to be renewed every 15 days.

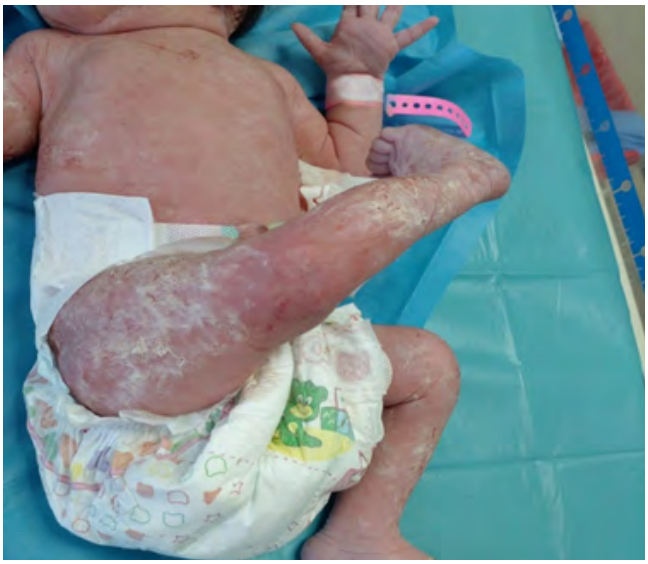
Congenital genu recurvatum, also known as congenital knee dislocation, is a very rare condition with an estimated incidence of 0.2 to 0.7 per 1,000 births. It is more commonly seen in females, with a sex ratio of 3:1, and can be either unilateral (with a good prognosis) or bilateral (occurring in 60% of cases, with a poor prognosis) [1].

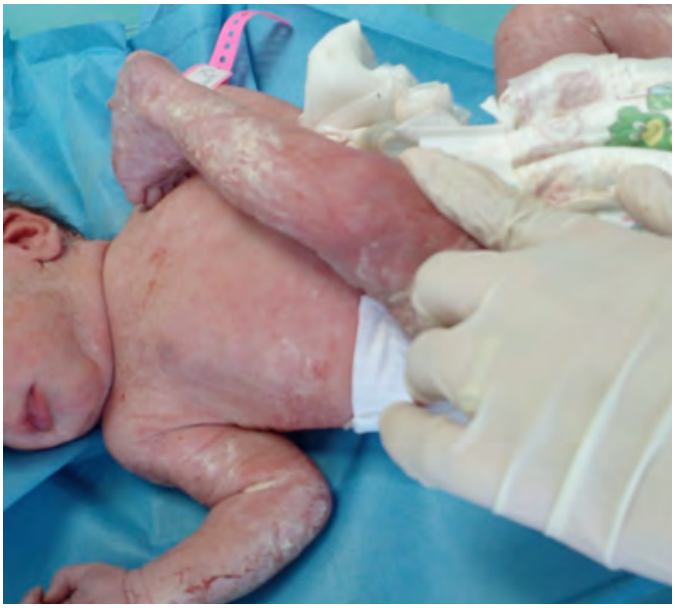
The diagnosis is established at birth based on the typical knee position, characterized by abnormal hyperextension of more than 20° accompanied by a lack of flexion. The examiner must assess for the presence of dislocation to classify this malformation and identify any associated abnormalities [1,2].

The etiology of this malformation is primarily developmental, with a positional cause in the less severe forms. The treatment of congenital genu recurvatum primarily involves gentle reduction and the use of posture casts to stabilize the knee. In more severe or persistent cases, surgical intervention may be considered to correct the deformity.

2. Keywords: Genu recurvatum; Congenital; Orthopedic malformation







Figures 1: Genu recurvatum deformity in our patient with full knee extension.

References

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