

SPONTANEOUS BILATERAL RUPTURE OF QUADRICEPS TENDON IN A DIALYSIS PATIENT WITH SECONDARY HYPERPARATHYROIDISM

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Spontaneous bilateral rupture of quadriceps tendon in patients with chronic renal failure is a rare event. Patients reported earlier have been on hemodialysis for a duration of 11-14 years. We report a young male patient with end-stage renal disease on hemodialysis for only 4 years who developed spontaneous bilateral rupture of quadriceps tendon.

A 22 year old Yemenase male who presented to our emergency room with sudden onset of bilateral knee pain which started while he was coming down the stairs. He could not bear weight on his feet and was unable to walk. He denied any history of trauma or previous fracture.

On examination both knee joints were tender, swollen with restricted range of movement. Rest of the physical examination was unremarkable. Relevant Lab results were: Hb 7.6 g/dl, Hct 22.1%, WBC 6.9/nl, platelet count of 146/nl, BUN 87 mg/dL, creatinine 17.5 mg/dL, blood glucose 84 mg/dL, calcium 10.1 mg/dL, phosphate 7.8 mg/dL, and magnesium 2.5 mg/dL. Coagulation profile was normal. Intact parathyroid hormone level was 1515 ng/L. Roentgenogram of the knees revealed rupture of quadriceps tendons with suprasellar bursal distension and changes of infiltration/degeneration (Figure1,2). Bilateral suturing of quadriceps tendon was performed and patient made a complete recovery.

Non-traumatic rupture of large tendon is a rare occurrence in individuals receiving long-term hemodialysis. Likely cause in uremic patients with secondary hyperparathyroidism could be related to osteolytic bone resorption leading to the fragility of bone at the tendon site. Primary suturing of the tendon is the treatment of choice even though conservative treatment has also been tried in the past with complete recovery.

