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Clinical Image

Interest in Systematically Searching for Vascular Lesions After Knee Dislocation

Youness Mokhchani[1,3*], Bouchaib Chafry[2,3], Driss Benchebba[2,3], A. S. Bouabid[2,3], Mustapha Boussouga[2,3]

[1]Department of Orthopedic Surgery and Traumatology, Mohammed VI Military Hospital, Dakhla-Morocco
[2]Department of orthopedic surgery and Traumatology, Mohammed V Military Teaching Hospital
[3]Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, 10000, Morocco

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In this 30-year-old patient, the knee dislocation was reduced, but persistent pulse deficit led to CT angiography, which revealed a popliteal artery rupture. This case underscores the critical importance of systematically screening for vascular injury after any knee dislocation, even following reduction, given the high risk of limb-threatening ischemia. Early detection of this rupture enabled prompt management with vascular bypass grafting, thereby preserving limb viability. This case illustrates that vascular imaging should not be delayed in the presence of any suggestive clinical finding after knee dislocation. Prompt diagnosis and surgical revascularization are essential to prevent amputation. Delayed recognition of popliteal artery injury remains a major cause of poor outcomes, highlighting the need for a high index of suspicion in all patients presenting with knee dislocation, regardless of initial pulse status.

***Corresponding Author:** Youness Mokhchani
Department of Orthopedic Surgery and Traumatology, Mohammed VI Military Hospital, Dakhla-Morocco

Fig. 1

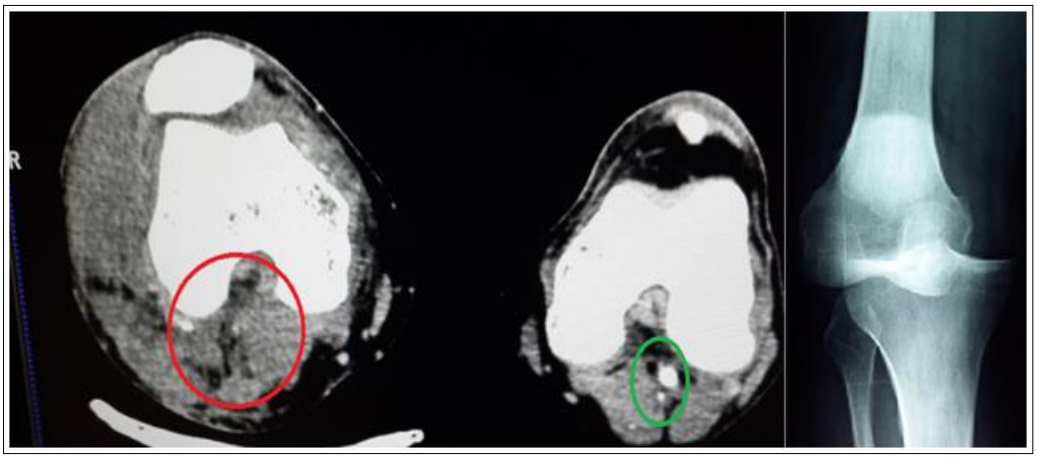

Fig. 2

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