INTRODUCTION
Dislocation of the patella in children is a complex problem which may pose a surgical challenge. Congenital (fixed) dislocation and obligatory (habitual) dislocations represent the most severe cases. We present a retrospective case series, summarizing our results with a surgical technique, based on the principles originally described by Stanisavljevic, for the correction of congenital permanent irreducible patellar dislocation.

METHODS
The procedure includes extensive subperiosteal quadriceps realignment and soft tissue medial plication, followed by distal realignment through patellar tendon splitting. The outcome measures were patellar stability, knee ROM, Pedi-IKDC knee function score and the PODCI global function score. The study group included 12 patients, 9 females and 3 males (15 knees) whose mean age was 7 years 5 months at surgery. Nine patients had an underlying diagnosed genetic background (Down syndrome [n = 6], Larsen syndrome [n = 2], Nail-patella syndrome [n = 1]). Mean follow-up was 46.2 months.

RESULTS
Eleven patients, gained stable patella with no recurrence of dislocation. Postoperative knee active extension was improved significantly (p < 0.0001) for all patients. The average postoperative Pedi-IKDC and PODCI scores were significantly higher (p < 0.001) among the idiopathic group.

DISCUSSION
Congenital and obligatory patellar dislocations represent a complex challenge. Numerous treatment options and results are reported in the literature, offering different perspectives and surgical solutions. Analysis of our results with the literature reported cases suggests that early realignment of the extensor mechanism is critical, in order to avoid secondary growth changes and thus, prevent recurrences.

CONCLUSIONS
We advocate the implementation of the Stanisavljevic procedure principles in young age as safe and reproducible solution to the complicated condition of fixed and obligatory patellar dislocation in children.

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