

Cruciate Disease – a common problem

The cranial cruciate ligament (CCL) is one of the main stabilizing structures of the stifle joint (in man this joint would be called the knee).

CCL rupture is the most common orthopaedic condition that we treat and affects all breeds of dogs, and occasionally cats.

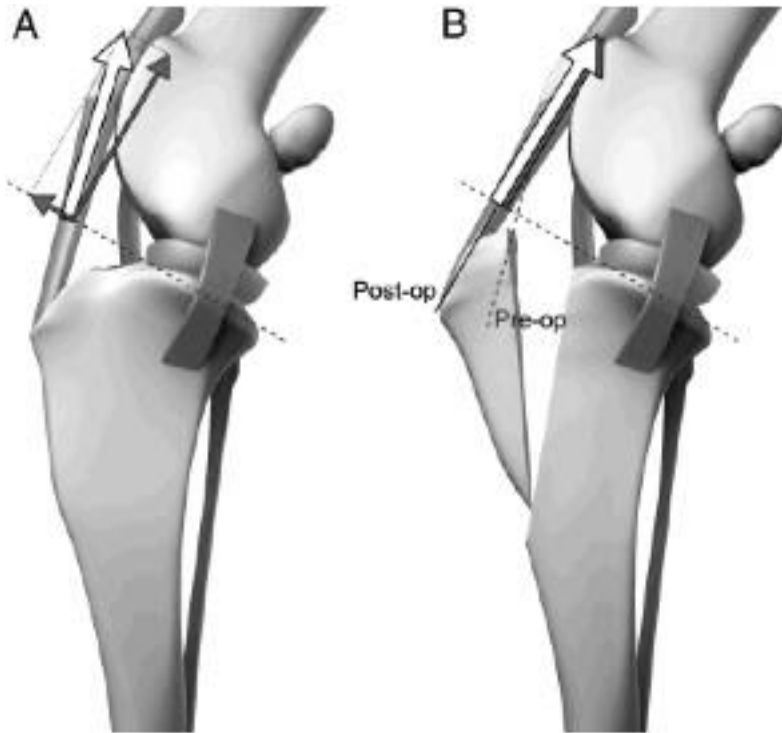
Rupture of the CCL is associated with the development of osteoarthritis within the stifle. This occurs in every case and is often evident by the time the dog is examined and X-rayed.

The signs of CCL rupture can be quite variable as rupture may be sudden and complete, or gradual and partial. The key signs are hind limb lameness and stiffness. The latter is generally most evident after rest following exercise.

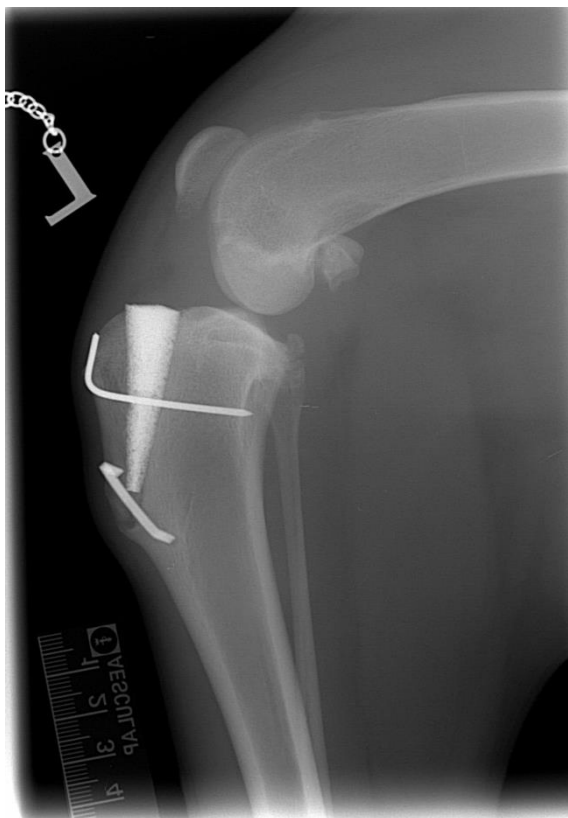
In most cases palpation under anaesthesia will be necessary to enable the detection of subtle instability. Radiographs provide additional information, especially regarding the presence and severity of osteoarthritis. Specific views may be necessary to assess the angle of the top of the shin bone (the tibial plateau) prior to possible surgery. In selected cases it may be necessary to take a sample of fluid (synovial fluid) from the knee and send it to a laboratory for analysis.

Some dogs with CCL rupture can be managed satisfactorily without the need for surgery, however most medium, large and giant breed dogs with CCL rupture benefit from surgery. At Capontree we are able to offer one of the most advanced types of stabilisation surgery, called the MMP procedure, in addition to the more conventional artificial ligament repair.

MMP stands for Modified Maquet Procedure. In this procedure, a cut is made in the front of the tibia to allow the patella tendon to move forward and a honeycomb wedge of titanium is secured behind the cut. This is a very secure repair and alters the angle of the joint so that the damaged ligament is no longer important. It is especially suited to athletic dogs that like to run a lot.



This picture demonstrates the issues with angle in the dog's knee that can predispose to cruciate disease. Image B shows how the cut can correct this problem.



This is a post-operative x-ray showing the implants (see below) in place



With either technique, the vast majority are significantly improved from their preoperative state. Success is nearly always down to choosing the best option for your pet, so please discuss your concerns with our orthopaedic surgeon Dan Lewis.