

Knock Knee

Knock Knees (Genu Valgum) – What you should Know ?

Quite a few parents present to the outpatients department with their child with complains of knocking of knees i.e knees touch each other and the child usually keeps falling due to this problem.

Well this is a worry but the parents should be assured and made to understand about the normal physiology. Many young children have knock knees, **which tend to be most obvious at around the age of 4.It's almost always just a normal part of their development, and their legs will normally straighten by the age of 6 or 7.**

Slight knock knees can continue into adulthood, but this also isn't usually anything to worry about unless it causes other problems. However, knock knees can be a sign of an underlying condition that needs treatment, especially if the condition develops in older children or adults, or doesn't improve with age.

In Medical terminology – Knock Knees are called Genu Valgum deformity. The knees tilt inward while the ankles remain spaced apart. The condition is slightly more common in girls, though boys can develop it too. As mentioned above Knock knees are usually part of a child's normal growth and development.



When You should Worry About? A Big Question !!!

A small distance between the ankles is normal, but in people with knock knees this gap can be up to 8cm (just over 3 inches) or more. Knock knees don't usually cause any other problems, although a few severe cases may cause knee pain, a limp or difficulty walking.

You Should visit an Orthopaedic Surgeon when you feel ...

- The gap between the ankles is greater than 8cm while standing with the knees together
- There's a big difference between the angle of the lower legs when standing compared with the upper legs
- The problem seems to be getting worse
- A child under the age of 2 years
- or over the age of 7 years has knock knees
- When only one leg is affected
- Other symptoms, such as knee pain or difficulty walking
- When you have any other concerns about the way your child stands or walks
- When you develop knock knees in adulthood

CAUSES or Aetiology Of Knock Knee (GenuValgum Deformity)



Knock knees that develop later in childhood or don't improve with age can sometimes be associated with an underlying problem, such as:

- **Rickets** – problems with bone development resulting from a lack of [vitamin D](#) and [calcium](#)
- **excessive pressure on the knees** – for example, as a result of obesity or loose knee ligaments (the bands of tissue around joints that connect bones to one another)
- **an injury or infection** affecting the knees or leg bones
- **Genetic conditions** affecting the development of the bones or joints

Adults can sometimes develop knock knees. These cases are often associated with joint problems such as osteoarthritis or rheumatoid arthritis.

- Renal (Kidney Problems) -

Treatments for knock knees



In most cases, knock knees don't need to be treated because the problem tends to correct itself as a child grows. The

child doesn't need to avoid physical activity, wear supportive leg braces or shoes, or do any special exercises. Mild knock knees that persist into adulthood don't need to be treated unless they're causing problems, such as knee pain.

Treating the underlying cause

If knock knees are caused by an underlying condition, treatment for this may be necessary. For example, rickets can be treated with vitamin D and calcium supplements.

Surgery

Surgery for knock knees is rarely necessary, although it may be recommended if the condition is severe or persistent.



There are 2 main types of operation that may be carried out:

- **Guided growth** – where small metal plates (Staples) are placed on the inside of the knees, which helps correct their growth over a period of around 12 months; the plates will be removed once the treatment is complete
- **osteotomy** – where a thin wedge of bone is removed from the leg bones so they're realigned into the correct position; plates and screws are used to fix the bones in their new position

Children with persistent knock knees who are still rapidly growing are more likely to be offered the guided growth

operation. Osteotomies are mainly used for adults with severe knock knees. Both procedures are carried out under general anaesthetic, which means you or your child will be unconscious while having the operation.

A child can usually start walking again within a few days of having a guided growth procedure and return to sports within a few weeks. It can take a few months to return to all your normal activities after having an osteotomy.