EFFICACY OF PERCUTANEOUS ACHILLES TENOTOMY VS. COMBINED POSTERIOR CAPSULOTOMY AND OPEN ACHILLES TENOTOMY IN THE CORRECTION OF EQUINUS DEFORMITY IN CONGENITAL TALIPES EQUINOVARUS

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Abstract:

Purpose: To compare efficacy of percutaneous Achilles tenotomy alone to combined posterior capsulotomy of the ankle joint together with open Achilles tenotomy. Patients & Methods: We retrospectively reviewed 167 patients with 260 congenital clubfeet operated upon for equinus after Ponseti serial casts between the ages of 1 day and 1 year (idiopathic clubfeet) and between 1 day and 10 years (non-idiopathic clubfeet), who presented to our institution between January 1, 2001 and January 1, 2011, with a minimum of two years follow-up. Recurrence was defined as failure to passively dorsiflex the ankle beyond 0°. Patients had undergone one of two procedures: either percutaneous Achilles tenotomy (AT) alone, or combined posterior capsulotomy of the ankle joint together with open Achilles tenotomy (PC+AT). 73 idiopathic and 12 non-idiopathic clubfeet underwent AT, while 116 idiopathic and 59 non-idiopathic clubfeet underwent PC+AT. Results: 260 clubfeet met our inclusion criteria and were followed for a mean period of 4.8±2.4 years. 189 clubfeet (72.7%) were idiopathic, and 71 (27.3%) were non-idiopathic (20 associated with spina bifida, 12 with Arthrogryposis, 2 with congenital myopathy & 38 with other chromosomal and developmental abnormalities). Mean age at surgery was 3.4±1.2 months (idiopathic clubfeet) and 7.3±7.8 months (non-idiopathic). p

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