COMBINED BONY AND SOFT TISSUE CORRECTION FOR
CAVUS FOOT DEFORMITY

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Abstract:

Background: Cavus foot is one of complex foot deformity. The hindfoot may be in neutral, valgus or varus position. In sagittal plane it may in equinus, neutral or calcaneal position. The forefoot may be pronated or supinated. It has wide variety of etiology. Type of Study: retrospective study. Patient and methods: 20 feet in 15 patients were operated in 2008, in Heidelberg University hospital, Germany. The pre- and post-operative radiographs were reviewed. The patients were called backed for clinical evaluation. AOFAS of the ankle and hindfoot scale and the function index were used for post-operative evaluation.

Results: In lateral pre-operative radiographs, the mean values of talo-1st metatarsal angle was 13.12°, calcaneal pitch was 21.75°, tibial-calcaneal angle was 69.14°, talo-calcaneal angle was 51.70° and the calcaneo-1st metatarsal angle was 58.72°. In dorso-plantar pre-operative radiographs, the mean values of talo-1st metatarsal angle was 32.51°, forefoot adductus angle was 41.73° and talo-calcaneal angle was 13.67°. In lateral post-operative radiographs, the mean values of talo-1st metatarsal angle was -7.92°, calcaneal pitch was 12.35°, tibial-calcaneal angle was 73.78°, talo-calcaneal angle was 40° and the calcaneo-1st metatarsal angle was 29.67°. In dorso-plantar post-operative radiographs, the mean values of talo-1st metatarsal angle was 5.67°, forefoot adductus angle was 16.01° and talo-calcaneal angle was 17.60°. The average of AOFAS was 77.67, while the average foot function index was 20.62. Conclusion: The correction of foot deformity is not only correction of foot form but also restoration of foot function. Restoration of soft tissue balance, which is achieved with planned tendon transfer, is essential for patient satisfaction.

Keywords: Cavus Foot, Tendon transfer around foot

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