Posterior Ankle and Hind Foot Arthroscopy: Indications and Results

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Objectives: While anterior ankle arthroscopy is a widely accepted technique, posterior ankle/hind foot arthroscopy is still a relatively new procedure. The arthroscopic visualisation was often initially limited and vulnerabilty of the posteromedial neurovascular structures to injury scared orthopaedic surgeons. The goal of this review is to highlight the indications, and to present the long term follow up results of posterior ankle/hind foot arthroscopy.
Methods: The study included 21 ankles in 21 patients (12 male and 9 female).The mean age was 37.7 , the mean duration of preoperative symptoms 12.8 months . Arthroscopy performed with the patient prone , under general and spinal anesthesia with tourniquet hemostasis . Preoperative intravenous antibiotic prophylaxis is performed (cefazolin 1g) , sand bag placed under ipsilateral anteresuperior iliac spine to correct natural external rotated posture of the ankle and ankle is left hanging of the table so that it can moved freely during surgery. We applied noninvasive distraction method with simple rope which tied and knotted waist of the surgeon . The posterolateral and posteromedial portals which described by Van Dijk was utilized . The arthroscopic visualisation was often initially limited and careful debritement of some adipose tissue of the kager fat pad (Kager's fat pad, also known as the pre-Achilles fat pad) was necessary to create more space to aid visualization .The most valuable point to stay clear from trouble is to understand , know and aware where the flexor hallucis longus tendon exist .So neurovascular structures located beyond this tendon. Principally the process must advance into lateral to medial manner. The mean follow up period was 55 months. The most common preoperative diagnoses were osteochondral lesions of talus (ten),painful os trigonum syndrome with (five)or without (three) FHL tenosynovitis (total eight), posterior talofibular ligament thickenning (two), Haglund's deformity (one)
Results: The mean pre operative AOFAS score was 50.75, the mean post operative AOFAS score was 93.75. Complications were noted. Complex regional pain syndrome (CRPS) and oedema was diagnosed during early post operative period in one patient (%4.7), resolved with physical therapy.
Conclusion: The most common procedures were osteochondral lesion debritement and curettage with multidrilling /microfracture (10), isolated os trigonum excision (2), tenolysis of the flexor hallucis longus tendon with os trigonum excision (6), debritment of the thickened posterior talofibular ligament (2), endoscopic partial calcanectomy for Haglund's deformity (1) . Our experience demostrated that posterior ankle and hind foot arthroscopy can be performed with low rate of major postoperative complication.

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