TREATMENT OF ATRAUMATIC SUBTALAR DISLOCATIONS IN ADULT ACQUIRED FLATFOOT DEFORMITY

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There is a subset of patients with AAFD that progress to the point of subtalar dislocation causing subfibular impingement. These patients can be difficult to treat as they tend to have higher rates of reoperation. We sought to describe the patient characteristics and reasons for reoperation of patients with AAFD and atraumatic subtalar dislocation.
Materials & Methods

- Retrospective chart review of operatively treated patients with AAFD who underwent subtalar, double, triple or pantalar arthodesis who met radiographic criteria.
Radiographic Criteria

- 3 sequential sagittal CT cuts of the calcaneus without the talus present
- 3 sequential sagittal CT cuts of the talus without the calcaneus present
- Presence of calcaneofibular articulation on coronal CT cuts
Radiographic Criteria
23 patients qualified, avg BMI 34kg/m², 8 diabetics, 4 with fibular stress fx at presentation
30.4% of patients required reoperation
<table>
<thead>
<tr>
<th>Procedure Performed</th>
<th>Complication</th>
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<tbody>
<tr>
<td>Subtalar fusion</td>
<td>Symptomatic hardware</td>
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<td>Subtalar fusion</td>
<td>Deep infection requiring I&amp;D</td>
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<tr>
<td>Subtalar fusion</td>
<td>Continued pain and rapid degeneration of ankle joint</td>
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<td>Triple arthrodesis, TAL</td>
<td>Talonavicular nonunion</td>
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<td>Triple Arthrodesis, TAL</td>
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<tr>
<td>Pantalar fusion</td>
<td>Subsidence, hardware failure requiring hindfoot nail</td>
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Case Example
Revision Case
Patients with AAFD who develop atraumatic dislocation of the subtalar joint have a high rate of reoperation and should be counseled about this prior to treatment.
References