COALITION TALOCALCANEANA
RESECTION AND INTERPOSITION OF
FLAP OF FLEXOR HALLUCIS LONGUS:
A NEW TREATMENT APPROACH

Mário Kuhn Adames
Gustavo Batista Birro
Julio Cesar Sartori

mkadames@uol.com.br
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DISCLAIMER

My disclosure is in the Final AOFAS Program Book.
I have no potential conflicts with this presentation.
INTRODUCTION

The sutalar coalition painful shas great discussion still about to the best treatment and which is the correct indication of each. The interposition of fat or division of flexor hallux longus (FHL) aims to cover the calcaneal bone resection area decreasing the recurrence\(^1,2,3,4\).

OBJECTIVE

Our work aims to evaluate the surgical technique of resection of bone subtalar bar with the interposition of a flap of the flexor hallux Longus tendon in relation to motion, recurrence and patient satisfaction the end of follow-up.
Resection of subtalar Coalition

MATERIAL

Prospective study (2006-2009)

- 16 patients (18 foots)
- 9 Male/7 Female.
- Age: 12 – 26 years (mean 16a)
- Valgus 17 foots / 1 Varus foot
- All patients have pain for more 6 months after conservative treatment

METODOLOGY

- AOFAS Score
- SATISFACTION
  a) Satisfeid without/restriction
  b) Satisfeid with/restriction
  c) Dissatisfied
- Recurrent
Resection of subtalar Coalition

1- X-RAY AND CT Show Subtalar Coalition

2- Oblique incision foot curve of proximal scaphoid margin up to 1 to 2 cm of the medial malleolus.

3-A: Coalition Ressection with onion technique. 3-B: Subtalar Joint free coalition. 3-C: Paper Template Mensurament
ResSECTION OF SUBTALAR COALITION

4-A: FLH is identified and the tendon is released, 4-B: resection of a flap until to half its thickness with 4 to 5 cm in length.

5-A: This graft is prepared same size of template. 5-B: his visceral portion is superimposed on the raw flesh of the calcaneus and fixed with fibrin glue. The remaining tendon is sutured at the ends of the area of resected flap.
Resection of subtalar Coalition

RESULTS

- Follow up was of 14 until 36 months (Average 26m).
- the Ankle mobility remained unchanged
- Subtalar mobility improve in average 10 degrees ranging from 0 to 30 degrees
- 8 cases associated a calcaneus valgus osteotomy
- One recurrent case

SATISFACTION

- WITHOUT RESTRICTION
- WITH RESTRICTION
- INSATISFEITO

AOFAS

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<tr>
<th></th>
<th>AVERAGE</th>
<th>MINIMUS</th>
<th>MAXIMO</th>
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<tbody>
<tr>
<td>PREOP.</td>
<td>50</td>
<td>20</td>
<td>60</td>
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<tr>
<td>POSOP.</td>
<td>87,25</td>
<td>70</td>
<td>99</td>
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Ressection of subtalar Coalition

DISCUSSION

✓ Block ressection of the subtalar bone\(^8,9,10\) alone promote motion but it doesn’t prevent the recurrence of pathology.

✓ The literature describe good result with Interposition with fat\(^11,12,13\), but it has two problems almost time need second incision and the fat is free and it can move out.

✓ The literature described the FHL Interposition\(^14,15\) have the same problems, the other techniques don’t cover the cruent area, because this we prefer take a flap of FHL and this is pasted in calcaneus surface and calcaneus osteotomy can be associated for promote better isocinetica of foot and it doesn’t have high level of the recurrence.
CONJECTURE

- The signs improvement on average: AOFAS 37,25 points, Subtalar mobility in 10 degrees, Satisfaction in 17 (94.4%) and in only one (5.5%) patient featured with recurrence.

- The result demonstrates that is an alternative to treatment of tarsal coalition but still don’t show the limit (affected area, ideal age) to employment of this technique.
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