Session A - 10:47 – 10:54 am

Endoscopic Treatment of Midportion Achilles Tendinopathy

Presenting:

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Summary:

In this prospective study we present the short-term clinical results of a new endoscopic surgical technique for treating chronic painful midportion Achilles tendinopathy. Twelve consecutive patients (9 men and 3 woman, mean age 49 years) suffering from chronic painful Achilles tendinopathy were included in this study and were treated with endoscopic debridement of the ventral neovascularized area, the peritendineum and the Achilles tendon. The short-term clinical results of this study on patients with chronic painful midportion Achilles tendinopathy treated with endoscopic debridement of the area of neovascularization outside the ventral part of the Achilles tendon were completely satisfactory.

Introduction:

Although results of open surgical treatment of Achilles tendon pathologies have been reported to be satisfactory, postoperative complication rates remain high and varying from 4.7% to 11.6%. Open surgical treatment is also associated with a relatively long postoperative rehabilitation period and a delayed patient recovery in terms of full tendon loading activity. A less invasive endoscopic surgical procedure would be a useful alternative to open surgery, in order to minimize the rate of the postoperative complications and enhance postoperative patient recovery. In this prospective study we present the short-term clinical results of a new endoscopic surgical technique for treating chronic painful midportion Achilles tendinopathy.

Materials and Methods:

Twelve consecutive patients (9 men and 3 woman, mean age 49 years) suffering from chronic painful Achilles tendinopathy were included in this study and were treated with endoscopic debridement of the ventral neovascularized area, the peritendineum and the Achilles tendon. For evaluation, the patients recorded the function of the Achilles tendon and the severity of Achilles tendon pain during tendon loading activity pre and postoperatively in a visual analogue scale (VAS). Patient global satisfaction with the results of the operation was also assessed in a similar manner. Patients were followed-up at monthly intervals and at least for a 6 month period, when the last follow-up examination took place.

Results:

All patients experienced immediate postoperative pain relief. In terms of Achilles tendon pain, their mean score on the VAS increased significantly from 39.2 (preoperatively) to 94.2 (last follow-up examination). In terms of Achilles tendon function, their mean score on the VAS increased significantly from 29.5 (preoperatively) to 90 (last follow-up examination). In terms of global satisfaction with the results of the operation, their mean score on the VAS in the last follow-up examination was 85.8. No postoperative complications were recorded.

Conclusion:

The short-term clinical results of this study on patients with chronic painful midportion Achilles tendinopathy treated with endoscopic debridement of the area of neovascularization outside the ventral part of the Achilles tendon were completely satisfactory.