Outcomes of Chronic Insertional Achilles Tendinosis after Surgical Repair Using FHL Tendon Autograft Through Single Incision

Presenting:

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Summary:
Recalcitrant insertional achilles tendonosis was treated through a single midline posterior incision with a debridement, repair, Haglund Exostectomy and FHL transfer to the calcaneus with 95% good/excellent results assessed with AOFAS score, Biodex dynamometry and patient self-assessment.

Background:
The purpose of this study was to evaluate the clinical outcomes and objective isokinetic dynamometry on a cohort of patients with chronic insertional Achilles tendinosis, who underwent surgical reconstruction using a FHL tendon autograft transfer through a single incision.

Methods:
Forty patients (16 male and 24 female, mean age 57 years, range 39 to 76) with persistent chronic Achilles tendinosis were evaluated after surgical reconstruction at an average of 27 months after surgery. At the time of final followup, ankle strength and active range of motion (AROM) were evaluated using Biodex® isokinetic dynamometry. Additionally, patients were assessed with AOFAS-AH Ankle Hindfoot Scale scores, pain on a Visual Analog Scale (VAS) and with regard to their self-reported level of satisfaction (Very Good, Good, Fair, Poor).

Results:
We found no loss of plantarflexion strength or plantarflexion power in the operated ankles; an average of 4-degree loss of AROM was found. The study population scored an average of 96/100 for the total AOFAS-AH score post-repair. The average VAS decreased from pre-op 7.5 to post-op 0.3. Thirty-eight of 40 patients (95%) were satisfied with their outcome (rated Very Good or Good), 2 patients rated their outcome as Fair and none as Poor.

Conclusions:
For individuals with chronic insertional Achilles tendinosis, operative repair using a FHL tendon with the single-incision technique achieved a high percentage of satisfactory results as well as excellent functional and clinical outcomes including significant pain reduction.