Overview:

- Relatively simple procedure for a Type II accessory navicular (one with symptomatic synchondrosis)

- Advancing the PTT or not (Kidner vs modified Kidner) does not seem to make a difference in outcome

- Two treatment options
  - Excising the accessory navicular (more common)
  - Arthrodesing the accessory navicular (less common)

- Modified Kidner
  - Symptomatic synchondrosis removed
    - Must be removed entirely with a healthy surface on main navicular body so that tendon may heal to bone
  - Must protect the adjacent spring ligament, flexor tendons, medial plantar nerve during excision
  - Must anchor the tendon to the bone so that satisfactory healing may occur
  - Must allow for adequate time for the tendon to heal to bone

- Accessory navicular arthrodesis
  - Less commonly performed
  - Symptomatic synchondrosis removed and bony healing desired
  - Satisfactory fixation to allow bony union
  - Avoid prominent hardware

- Persistent symptoms:
  - Modified Kidner
    - Incomplete healing of tendon to navicular
      - Although not a degenerative process, similar to symptoms following surgery for any other insertional tendinopathy
      - Irritation from the prominent or reactive anchor/suture
  - Arthrodesis
    - Nonunion
    - Prominent hardware
    - Prominent residual navicular
      - At time of arthrodesis, some of main body of navicular should be removed to allow arthrodesed accessory navicular to recess more anatomically
  - Adjacent structures
- Injury to the spring ligament
- Injury to the flexor tendons or medial plantar nerve
  - Symptomatic pes planovalgus
  - Patients with a flatfoot and no accessory navicular have pain from being flatfooted
  - Thus, even if accessory navicular is successfully treated, symptoms may persist due to pes planovalgus
  - May need to consider foot realignment
    - Unknown in which patients this is necessary
    - Anecdotally, it is not necessary in all patients that have concomitant symptomatic accessory navicular and pes planovalgus

References:


NOTES