Tibial component subsidence is easier to deal with than talar subsidence. The loss of tibial bone could usually be dealt with by the addition spacer thickness, or used of a longer stemmed tibia.

Tibial subsidence is almost always anterior. Most of these cases happened due to an “over-stuffed” joint, or a gastro-soleus contracture. With a revision the joint should not be too tight, and I have a very low threshold to do a Achilles lengthening.

The talar subsidence is a much bigger problem.

Our ability and options to deal with talar component subsidence changed a lot since the FDA stopped the use of long stemmed revision talus components.

The only way talar subsidence can be salvage with another replacement is if there is enough healthy, vascular talus left to allow a flat cut component to have adequate stability. Placing the talar component on the calcaneus is possible, but there might not be enough height in the spacers to balance the ankle.

One could cement the component if there is not adequate initial stability, but I am somewhat skeptical about that. My feeling is – no initial stability – no TAA.

There are revision systems available, but in reality much of the revision require a true three dimensional sense and the ability to do free-hand cuts.

As with a primary TAA the medial and lateral ligament balance is of paramount importance.

With severe subsidence a conversion to a bone block fusion might be needed.

Suggested literature


NOTES