Tibiotalocalcaneal arthrodesis with humeral locking plate

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

- There are many options for Tibiototalocalcaneal arthrodesis.
- The aim of this study is to retrospectively review the role of the inverted proximal humeral locking plate to fix this arthrodesis thru an extended lateral ankle approach resecting the distal fibula.
Methods

✓ Retrospective study

✓ Between July 2007 and July 2010

✓ 12 tibiotalocalcaneal arthrodesis in 12 patients

✓ Age ranging from 46 to 67 years old

✓ Patients were followed for a period between 7 and 36 months (19 months)
Methods

- VAS, clinical and Xray evaluation as well as patient satisfaction
- Diagnosis: Rheumatoid arthritis (3), Charcot arthropaty (3) and posttraumatic osteoarthrosis (6)
The multiple fix angle screw fixation to distal Tibia, Talus and Calcaneus offers excellent stability to this construct and corrects hindfoot alignment.
Results

✓ All the patients fused their arthrodesis in a period of 12 to 22 weeks

✓ 11 of 12 patients were satisfied with their surgery and would do the procedure again

✓ VAS improved from 7.3 preop to 1.2 postop

✓ No patient had lateral ankle discomfort from the plate

✓ 3 patients presented delayed union, 2 were Charcot patients.
Diabetic neuroarthropaty Charcot in 59 years old female
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Postop
Conclusion

This study showed that the inverted proximal humeral locking plate is an excellent option for tibiotalocalcaneal arthrodesis because of the high fusion rate and the facility for correct hindfoot alignment because of the plate shape

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