10:41 am
Treatment of Failed Peroneal Tendon Surgery
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Peroneal Subluxation and Dislocation

1. Recurrence of subluxation following primary operation is rare
2. Address predisposing factors for failure
   - Shallow fibular groove
   - Lateral ankle ligament instability
   - Hypertrophic peroneal tubercle
   - Hypermobility syndromes
3. Surgical options
   - Remember that groove deepening and SPR repair are procedures of choice
   - Tendon rerouting behind calcaneofibular ligament
     - Rerouting brevis alone may reduce risk of irritation due to overcrowding
   - Bone block
     - Risk of nonunion and tendon irritation
   - Tissue reinforcement of SPR
     - Can use periosteal strip, Achilles, plantaris or peroneus brevis

Peroneal Tears

1. Failure of primary tendon repair is uncommon
2. Address predisposing factors for failure
   - Progressive tendinosis
   - Chronic tendon subluxation
   - Hindfoot varus
   - Presence of peroneus quartus or low-lying peroneus brevis muscle belly
   - Posterolateral fibular bone spur
3. Tenodesis if one tendon is in good condition (though I now prefer allograft)
   - Avoid tenodesis within fibular groove
4. Tendon transfer or allograft if both tendons unusable
   - FHL or FDL transfer to peroneus brevis stump or fifth metatarsal base
     - Risk of metatarsal fracture with drill hole in base
   - Semitendinosus allograft/autograft can be used (excellent case series published)
Contraindicated with absence of muscle excursion
- Staged reconstruction if poor tissue bed
  - Placement of Hunter rod followed by FHL transfer at 3 months

References


