PROCEDURE
73 out of 74 patients had medial ankle arthrotomy with extensive debridement of all non-viable bone and soft tissue. Areas of hypertrophic bone and soft tissue were extensively debrided. Distraction of ankle with external fixator
Ankles acutely distracted 4-6 mm
All patients were allowed to weight bear as tolerated one week post-operatively.
Pin sites were cleansed with isopropyl alcohol from daily to weekly.

Ancillary Procedures
Patients undergoing acute distraction had prophylactic tarsal tunnel release to decrease traction of the posterior tibial artery and nerve.

RESULTS
Increased Range of Motion in Ankle Joint.

Of the 3 Poor Results
1/74 Underwent an Ankle Replacement.
2/74 Underwent an Ankle Arthrodesis.

Major Complications
1/74 Developed deep venous thrombosis with pulmonary embolism.
1/74 Developed Charcot arthropathy of the mid-foot.
No change in functional outcome.

CONCLUSION
Although no single treatment is appropriate for every patient, the use of ankle distraction with ankle arthroplasty can be a viable alternative to joint destructive procedures.

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References