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[Endoscopic gastrocnemius recession as therapy for gastrocnemius equinus]

Abstract:
AIM: Endoscopic gastrocnemius recession is a new technique to treat gastrocnemius equinus. Smaller incisions and the ability to perform the technique in a supine position are purported advantages. This study was designed to evaluate the results and possible complications of this new technique. METHODS: 47 patients undergoing 54 endoscopic gastrocnemius recessions were followed in a prospective study. Pre-operative criteria were a lack of ankle dorsiflexion with the knee extended to create a 90 degrees relationship of the foot to the leg in symptomatic patients. Pre- and postoperative ankle dorsiflexion were assessed, as were complications such as infection, nerve injury, haematoma, over-lengthening and poor cosmesis. RESULTS: Mean age of the patients was 49.4 years. Post-operative follow-up from the index procedure was 27 months (range: 12 - 62 months). Pre-operative dorsiflexion was - 8 +/- 4 degrees; post-operative this improved significantly to 7 +/- 4 degrees (p = 0.00001). Most patients had additional reconstructive procedures. There were no infections; six limbs had lateral foot or leg dysaesthesia, one haematoma, one over-lengthened gastrocnemius while six limbs has an unacceptable cosmesis (due to tenting of the skin). Two diabetic patients required additional Achilles tendon lengthening in subsequent surgery. Patients with pre-operative dorsiflexion of - 10 degrees or more had an untoward result, but this was not statistically
significant (p = 0.13). Lateral foot dysesthesia was observed more often in patients having a combined procedure with calcaneal osteotomy (p = 0.03). CONCLUSION: The endoscopic gastrocnemius recession procedure can significantly increase ankle dorsiflexion, but has potential complications including lateral dysesthesia (11 %), and unacceptable cosmesis (11 %) as the most common. Modifications to the technique may be needed. Overall, the endoscopic technique appears promising in decreasing gastrocnemius contracture.