

# INDICATIONS OF ACHILLES TENOTOMY IN OLDER CHILDREN TREATED WITH PONSETI TECHNIQUE



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## Introduction

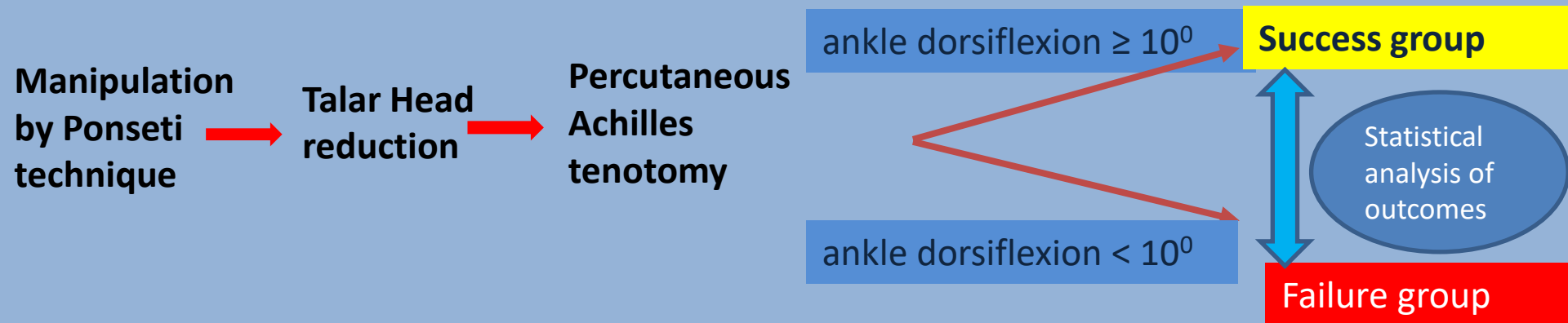
- Club foot treatment in older children by classical Ponseti technique and Achilles tenotomy has been well established
- Inadequate information on indication for equinus correction, ideal foot abduction and ankle dorsiflexion and definition of corrected / braceable foot
- No clear answers whether indications of Achilles tenotomy and standards of equinus correction as used for infants / young children can be utilised for older children

# Aim

Can reduction of lateral head of talus be used as a reliable indicator to perform percutaneous Achilles tenotomy in older children similar to infants?

# Method

- Study design - Short term prospective study
- Inclusion - Previously untreated, unilateral / bilateral idiopathic clubfeet of 2-12 years age group



# RESULTS AT A GLANCE

- 27 children (39 feet; bilateral 12)
- Success group posttenotomy - 16 feet (41%)
- Residual foot deformities - empty heel (26 feet, 66.7%) Varus (38 feet, 97.4%), equinus & rotation, (35 feet each, 89.7%), adduction (26 feet, 66.7%)
- mean residual posttenotomy Pirani score 0.4

Parameter	Success group(n=16 feet) 41%	Failure group (n=23 feet) 59%	Statistical significance
Mean age at presentation (years)	3.3±1.6	5.8±2.3	p=0.0003 <sup>#</sup>
Average pretreatment Pirani score	4.0	3.8	p=0.5484*
Average pretreatment Dimeglio score	12.8	13.3	p=0.6816*
Mean number of casts pre tenotomy	6.1±2.1	6.9±2.0	p=0.2340 <sup>#</sup>
Mean foot abduction at talar head reduction	39.4±11.1	28.7±11.3	p=0.0027 <sup>#</sup>
Mean ankle dorsiflexion posttenotomy	14.7±5.9	4.1±6.1	-



*Case illustration: before ponseti casting (a), Post tenotomy success group (b), failure group (c) and residual equinus (d)*

## Conclusion

- Reduction of lateral head of Talus was not found to be a reliable indicator for percutaneous Achilles tenotomy in the older child.

Residual deformities may be associated with recurrences

