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Functional outcome analysis of Degenerative Tendoachilles ruptures treated with augmented repair using Peroneus Brevis

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Degenerative ruptures of tendoachilles typically occur after the age of 30 years. In the past this injury was treated with end suturing and a plaster cast, but this was associated with high rates of re-ruptures and weakened push off. Hence, there is rationale to perform reconstruction using an expendable tendon such as the peroneus brevis.

Objective:

To evaluate the functional outcome of repair with Peroneus Brevis augmentation in Degenerative Tendoachilles tears.

Materials and Methods:

This was a retrospective Cohort study with sample size-Twenty patients. The study population included patients with degenerative Tendoachilles tears. Intervention done in these patients was Tendoachilles repair with peroneus Brevis augmentation. Objective outcome measures included range of motion, toe raise, neurological examination. Subjective criteria included Modified Rupp Score.

Results:

Study group (n=20) included in the evaluation were homogenous in terms of age and sex distribution. Average dorsiflexion was 18° (compared to 24° on the non-injured side) and average plantarflexion was 26° (compared to 35° on the non-injured side). Results of testing the patient's ability to toe raise for 60 seconds, 13 patients were able to sustain, while 5 patients were able to raise the toe but could not sustain it. Two-Three patients complained

of sensory hypoesthesia at 18 months follow-up. 85% patients had excellent or good results and 15% had fair or poor results. One patient à re-rupture, one patient had superficial postoperative infection and two patients had hypertrophic scarring.

Conclusion:

Advantages of Peroneus Brevis Augmentation include Incorporation of a healthy tendon and hence reliable healing potential and expendable tendon with little disability in its absence. Results show a strong and stable repair, Allows early weight bearing with favourable clinical results in most patients. Care must be taken to prevent wound problems and deep infection.

Biography

Swagat Mahapatra is Associate Professor, Department of **Orthopaedics** and Consultant Hand Surgeon at Dr. Ram Manohar Lohia Institute of Institute of Medical Sciences, Lucknow, India. He has done his post-Graduation in Orthopaedics and has completed his Post-Doctoral Fellowship in Hand and Reconstructive Microsurgery. He is also a diploma holder from the Royal College of Surgeons of Edinburgh. He has more than 50 Publications in international high impact journals. He specializes as a clinician as well as an academician in the field of Orthopaedics, Joint Surgery, Trauma, Hand Surgery and Peripheral Nerve Surgery.

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