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Madrid (Spain)
Neglected Rupture of Achilles Tendon

Surgical Procedures for Reconstruction
....cases in which the reconstruction, the reinstatement does not allow term(end) – terminus degenerative severe injury exists with substance loose.
Etiology:

Low incidence: (4%-6%)

- Failures of conservatives treatments and diagnostics mistakes evolved in the time……70%
- Failures of surgical treatments………………20%
- Degenerative tendinosis……………………10%

LONG-STANDING TENDINOSIS WITH MICRORUPTURES AND PROGRESSIVE ELONGATION OF THE GAP WILL DETERMINE THE POSTERIOR DISFUNCTION
Decision making:

Patient Evaluation

Natural History:
- Time elapsed.
- Previous treatments.
- Risk factors associated.
- Others…..

Physical Examination.
M.R. scan.
Surgical Procedures
Required:

- Sufficient distal stump.
- Integrity proximal gastrocnemius fascia.
- Good vascularisation.
TURN-DOWN FLAP PROCEDURE

Christiensen - Sylferkiold

Christiensen R.E.: To tifaelde af subcutan Achilles sensuptur.
Dansk Kir Selsk Forth 1975.
Chronic injury.

Orthop. Treatment since 1 year.

Male 62 y.o.

*Turn-Down flap (Christiensen)*
Blood factors  (F.C.P.)
Chronic injury.          Gap 8 cm.            Male 54 y.o.
Previous resection of non viable area.

Turn-Down flap (Christiensen)
Funct. results after 1 year
Longitudinal chronic rupture. Tendinosis. 

Orthop. Treat. 9 m. Inf. Cort.

Male 38 y.o.

Resection and Turn-Down flap. (Christiensen)
Chronic lesion. 6 cm. Gap. Female 58. y.o. (Rerupture)

Reconstruction and Turn-Down flap (Christiensen)
Degenerative Tendinosis

Prim. Treat. 1y. Infiltrations

Resection of non viable area 8 cm. (Christiensen)
Degenerative Tendinosis

(Substance loose 4 cm.)

Resection and Christiensen

Male 38 y.o.

Prim. Treat. 1y. Cortycotherapie.

Funct. Res. 1y.
Achilles Tendon defects bigger than 8 cm.

Cause:

*Neglected ruptures can lead to wound necrosis.*

*Massive degenerative tendinosis.*

*Non integrity Gastrocnemius fascia.*

*Vascularity disorders of Achilles Tendon.*
TRANSPLANT OF FREE-MASIVE ALLOGRAFT OF ACHILLES TENDON.


Haraguchi N., Bluman E.M., Myerson M.S.: Reconstruction of Achilles Tendon Disorders with Achilles Tendon Allograft. Techniques in Foot and Ankle Surgery 2005

Acute rupture, surgical treatment failure, re-rupture, new surgical treatment failure.

Female 64 y.o.

Degenerative tendinosis

Substance loose more than 8 cm.

18 m. evolution.
Approach. The tendon is exposed.

Removed.

Inserted Allograft anchor calcaneus.
Transplant: Insert and gastrocnemius suture.
Postoperative care and rehabilitation.

Follow-up 1 year. R-X and functional result.
Walking cycle.
Conclusions
The neglected ruptures of Achilles Tendon require surgical treatment !!!!

Nunley J.A. The Achilles Tendon Treatment and Rehabilitation. Springer 2009
The decision to implement treatment depends:

Time elapsed since the rupture.

The magnitude of the disability.

Associated Factors.
The surgical risk must be evaluated previously according to the necessity of a tissue transfer or allograft repair, otherwise could appear severe problems !!!!!
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