Outcomes of Chronic Insertional Achilles Tendinosis Using FHL Autograft Through Single Incision

Reference:

Scientific Literature Reviews

Reviewed by: Miguel Cunha, DPM
Residency Program: Washington Hospital Center, Washington D.C.

Podiatric Relevance:
The purpose of this study was to evaluate the clinical outcomes of patients with chronic insertional Achilles tendinosis, which can be a common entity encountered in the podiatric office. These patients underwent surgical reconstruction using an FHL tendon autograft transfer through a single incision.

Methods:
Forty patients with persistent chronic Achilles tendinosis were evaluated after surgical reconstruction at an average of 27 months postoperatively. Ankle strength and active range of motion (AROM) were evaluated using the Biodex isokinetic dynamometry at the time of final assessment. Additionally, patients were evaluated using the AOFAS Ankle Hindfoot scale, the Visual Analog Scale (VAS) score for pain, and their subjective satisfaction as Very Good (VG), Good (G), Fair (F), or Poor (P).

Results:
No significant loss of dorsiflexion or plantarflexion torque was found in the operated ankles. On average there was only a 4 degree loss in AROM between the operative and nonoperative sides. Postoperatively, AOFAS-AH scores averaged 96.2 out of 100 points. The average VAS decreased from 7.5 pre-op to 0.3 postoperatively. Thirty-eight of 40 patients (95%) rated their outcome satisfaction as either Very Good or Good, two patients rated their satisfaction as Fair, and none as Poor.

Conclusions:
In individuals with chronic insertional Achilles tendinosis who failed conservative treatment, operative repair using an FHL tendon autograft with the single incision technique achieved significant patient satisfaction as well as excellent functional and clinical outcomes including marked reduction in pain.