Surgical correction of neglected clubfoot deformity is a difficult and challenging problem to the foot and ankle surgeon. Gradual distraction avoids the risks of cutaneous or neurovascular compromise as well as excessive shortening of the foot, while use of internal fixation provides stability to an unstable deformity. Staged correction by gradual distraction followed by stabilization with internal fixation yields excellent correction of the deformity.

**Literature Review**

The Ponseti method has become adopted in the 21st century as the mainstay for treatment of congenital idiopathic clubfoot (1, 2). Ponseti described that 71% of his patients had complete correction, while 28% had mild residual deformity (3). Despite excellent and reproducible results using the Ponseti technique, there are a few patients with “neglected” clubfoot, that did not undergo treatment at all. These patients typically present with forefoot pronation, adduction of the midfoot, and varus hindfoot, with the ankle in severe equinus (4). With these older patients, osseous adaptations have occurred, and therefore isolated soft tissue releases are unlikely to dramatically correct the deformity. Conventional boney procedures alone usually cannot fully correct these severe deformities (5, 6). External fixator using a hexapod frame can be utilized to gradually distract the deformity. This also decreases the risks of cutaneous or neurovascular compromise as well as excessive shortening of the foot. Once the deformity is distracted out to length, it can be stabilized using internal fixation or by fusing the affected joints, maintaining the deformity correction and preventing recurrence.

**Results**

Excellent correction of the clubfoot deformity was noted postoperatively. The patient was able to ambulate on the extremity pain-free in a custom AFO. At 1.5 years follow-up no recurrence of ulceration was noted.

**References**