Complications after primary arthroscopic lateral ankle stabilization for military related chronic lateral ankle instability.

Neha W. Singh, DPM1,2,3, Evangelos M. Kypros, DPM1,2,3, Himani Patel, DPM1,2,3 Naohiro Shibuya, DPM, FACFAS1,2,3
1Scott & White Healthcare, 2 Texas A&M University Health Science Center, Temple TX, 3Central Texas VA Health Care System, Temple, TX

Purpose

Ankle sprains are the most common trauma in the foot and ankle. It has been reported that 30% of injuries in military personnel on active duty are ankle sprains. Though most acute ankle sprains can be treated non-operatively, chronic instability has a poorer long-term recovery without operative treatment. To our knowledge, there is no current literature evaluating the complication rate of the “all inside” arthroscopic Brostrom procedure in a veteran population with military related chronic lateral ankle instability.

Methodology

We reviewed 20 consecutive patients receiving an arthroscopic Brostrom for correction of chronic lateral ankle instability from one Veterans Affairs institution performed by one surgeon. We included patients who had this procedure from 2014-2015 with an average of 17.5 month follow up. We excluded patients who had a previous lateral ankle stabilization procedure. We inspected complications including neuritis, chronic regional pain syndrome (CRPS), infection, wound dehiscence, recurrence rate and revision surgery.

Results

3 out of 20 patients (15%) had neuritis at last follow up; one had suspected CRPS (5%). No patient developed infection, nor was there any wound dehiscence. 3 out of 20 cases developed recurvatum (15%), of which one had revision surgery.

Discussion

The most common complications in this cohort were neuritis and recurrence. Given the minimally invasive nature of this procedure, it may still be beneficial for surgical treatment of military related chronic lateral ankle instability in a veteran population. As the procedure also addresses intra-articular problems, such as synovitis, impingement, and osteochondral defect, with relatively short recovery time, we believe that it is a useful procedure for this pathology.

References