

Management Of Neglected Clubfoot Via Ponseti Method: Experience In Penang General Hospital

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INTRODUCTION:

Neglected Clubfoot are resulting from failure to detect and receiving adequate treatment for the deformity of foot at birth or early infancy. They are commonly seen in a poorer population. Patient usually present with issue of pain over the dorsum of foot (weight bearing area), inability to wear normal shoes, recurrent skin breakdown, infection which may eventually require amputation in later life.

MATERIALS & METHODS:

We have a 3-year-old Indian girl present to us at with deformity of left foot. Mother denied on any peculiar during infancy. However, she notices deformity of the left foot at age of 1 when the girl starts walking. Due to financial issue, no immediate medical treatment been received. Her left foot was scored 6 in Pirani. She underwent 8 cycles of casting (weekly change) and lastly fractional FHL release, total ankle and subtalar release and Z lengthening of Achilles tendon was done. Post-surgery, all component of Pirani over her left foot achieve 0. Currently she is on Dennis Brown shoes and still under our follow-up.



Figure 1: 1st and latest presentations of foot

DISCUSSIONS:

Ponseti method is a very specific method of clubfoot manipulation and casting, percutaneous tenotomy of Achilles tendon and a specific and prolonged follow-up program with foot abduction brace. The age limit for Ponseti technique is not known but it was particularly useful in cases with more flexible deformity with considerable osseous remodeling potential. The goal of treatment in clubfoot is to obtain a plantigrade foot that can wear shoes. However, treatment of neglected clubfoot mainly surgical due to significant deformed talus, malformed navicular and cuboid and subluxated joint.

CONCLUSION:

Neglected clubfoot is 1 of the most difficult pediatric orthopedic problem to treat as it usually come with rigid severe deformities. However, with serial casting, we still able to fully correct through merely subtalar, ankle and TA lengthening.

REFERENCES:

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