

## IT ALWAYS SEEMS IMPOSSIBLE UNTIL ITS DONE - MODIFIED PIROGOFF AMPUTATION, A CASE REPORT

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**Introduction:** The goal of Pirogoff's amputation of the hindfoot is a weight-bearing stump with minimal loss of limb length and stable soft tissue coverage with preservation of the sensation of the sole of the heel.

**Discussion:** A 22 years old gentleman presented with crush injury of left forefoot following motor vehicle accident. Patient underwent emergency debridement and K wiring of the forefoot. After 1 week post surgery, patient presented with forefoot gangrene and infection. Examination revealed a non-reconstructable forefoot and midfoot after complex trauma, with deep bony and soft tissue infection. As the patient young and healthy, heelpad, the tibial nerve and posterior tibial artery intact, patient underwent modified pirogoff amputation over left foot. Under spinal anesthesia, surgical site clean and draped as usual manner. Skin incision was modified and the level of skin flap was mark according to viability of healthy skin flap. Stabilization of bony interface was done with screw fixation. Patient was not allow to weight bear until bony union and wound healed. Cosmetically patient is very satisfied and waiting for his prosthesis from rehabilitation unit. The reasons for choosing a Pirogoff amputation were a rapid recovery and return to functional mobility, either with or without prosthesis; minimal energy loss when walking because of a minimally shortened limb; minimization of leg-length discrepancy; and a decreased risk of pressure ulceration.

**Conclusion:** Modified Pirogoff amputation can be considered as one of amputation level of foot. This report showed with careful patient selection, good results can be obtained with the modified Pirogoff amputation.