

REVIEW AND OUTCOME OF SYME AMPUTATION PERFORMED ON TRAUMA, MALIGNANCY AND INFECTION CASES IN A NON-TERTIARY CENTRE

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Introduction: Syme amputation is a disarticulation at the tibiotalar joint with resection of the malleoli which allows excellent gait with prosthetics and traditionally done in 2 stages. It can be performed on patients with foot and ankle disorders such as with trauma, infection, malignancy, ischemia and congenital abnormalities. We report the review and outcome of several patients that underwent the procedure for the mentioned disorders in a non-tertiary centre.

Methodology: This was a retrospective study. We identified 6 patients with median age 36.5 (range: 22-66) presenting to our centre which required Syme amputation between May 2018 until July 2020. Clinical notes, pathology, vascular assesment and imaging results were reviewed.

Results: The cohort included 2 patients with traumatic foot injuries, 3 patients with forefoot infections and 1 patient with malignancy. 2 trauma cases (33%) underwent 2-stage procedure and yielded good outcome without further second look debridement. 4 other cases (67%) underwent single stage procedure, with 2 from 3 infection cases (67%) required redebridement and higher amputation.

Conclusion: Syme amputation done in 2-stage procedures 5 - 7 days apart provides better outcome as compared to a single stage procedure. Poor wound healing factors especially in diabetic patients with foot infections maybe a bump in the road for a successful Syme amputation thus higher amputation should be reconsidered as definitive surgery.