

PERCUTANEOUS ACHILLES TENDON REPAIR IN DIABETES ELDERLY AND OUTCOME

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INTRODUCTION:

Acute Achilles tendon rupture may be caused by various etiological factors, the most common seen in diabetic patients and sudden violence during exercise. Minimally invasive techniques may help minimize wound-related complications in the treatment of Achilles tendon rupture in diabetic patients. We discuss the use of minimally invasive and percutaneous surgery in elderly with comorbidity.

REPORT:

A 53 years old lady with comorbidity diabetes mellitus and hypertension presented with left ankle pain for 1 month, preceded history of multiple episode of ankle sprained and fall episode over left ankle. Done ultrasound of ankle showed complete tear of Achilles tendon. After 2 weeks post operation, patient able to off slab and begin to ambulate with walker boot. 3 months later of active physiotherapy, patient able full weight bear and ambulating as normally.

DISCUSSION:

Meta-analyses have shown that non-operative management has increased risk of re-rupture whereas surgical intervention has risks of complications related to the wound and iatrogenic nerve injury. The percutaneous method took a considerably shorter period of time than the open repairs. Minimally invasive surgery has been adopted as a way of reducing infections rates and wound breakdown however avoiding iatrogenic nerve injury must be considered. Although percutaneous repair of the Achilles tendon is known to minimize adhesions, adhesions can lead to ongoing symptoms related to the Achilles tendon and this can be misdiagnosed as a re-rupture. Open surgical treatment had a higher risk of infection (RR 4.89), adhesions and disturbed skin sensibility.



CONCLUSION:

Achilles tendon repair could be successfully performed through a miniopen technique to minimize wound complications in diabetic patients.

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