ARTHROSCOPIC EXCISION OF TALAR STIEDA'S PROCESS

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INTRODUCTION:

Posterior ankle impingement syndrome generates hindfoot pain typically on ankle plantar flexion which may be attributed to bony or soft tissue lesions. Bony impingements are commonly related to Stieda's process and os trigonum. We would like to share a case with such presentation treated with posterior ankle arthroscopic debridement and resection. This diagnosis should be beared in mind as patients would have visited multiple centres in vain.

REPORT:

A 26 years old gentleman presented with posterior ankle pain and intermittent swelling for a year without history of trauma. His symptoms did not improve after bracing and physiotherapy. Clinically, there was posteromedial ankle tenderness, worsened by plantar flexion without evidence of instability. Surprisingly, stretching and resisted contraction of Flexor Hallucis Longus (FHL) did not aggrevate his symptoms. Plain radiographs and CT scan were performed as showed in Figure 1.

Patient underwent posterior ankle arthroscope under general anesthesia in prone position with tourniquet application. Standard dual posterior portal as described by Van Dijk were used with 4.5mm diameter 30° arthroscope.¹ Shaver and radiofrequency ablation were used to clear soft tissue around the talus. Figure 2 demonstrates the Stieda's process impinging on FHL tendon. Burr and osteotome were used for complete excision followed by debridement of FHL tendon as showed in Figure 3.

Postoperatively, patient was put on walker boot and allowed partial weight bearing. Radiographs were repeated on follow up demonstrated sufficient excision where full weight bearing and ankle mobilization exercises were commenced after 3 weeks. Patient is currently 6 months post surgery and able to participate in contact sports without ankle pain.



Figure 1: <u>X-ray Lateral View with Arrow Pointing</u> to Stieda's Process



Figure 2 and 3: Pre (2) and Post (3) Debridement

CONCLUSION:

Posterior ankle impingement syndrome is a commonly missed diagnosis and arthroscopic excision provides a minimal invasive approach with good clinical improvement.

REFERENCES:

1. van Dijk et. al. A 2-portal endoscopic approach for diagnosis and treatment of posterior ankle pathology. Arthroscopy: The Journal of Arthroscopic & Related Surgery, 16(8), 871-876.