A COMBINED ACUTE CORRECTION OF TIBIA MALUNION AND GRADUAL EQUINUS CORRECTION IN A VASCULAR-BYPASSED LIMB

¹Ravindran, Kesavan; ¹Rizal Z; ¹Low WK; ¹Hanif; ¹Orthopedic Department, Hospital Kuala Lumpur, Jalan Pahang, Kuala Lumpur, Malaysia

INTRODUCTION:

A combined tibia malunion and gradual correction of ankle deformity is a complex and challenging surgery. Deformity correction of the lower limb requires thorough knowledge of anatomical parameters. This is an aspiring case of a combined acute oblique plane deformity correction and gradual equinus correction in a vascular-bypassed limb using ilizarov external fixator.

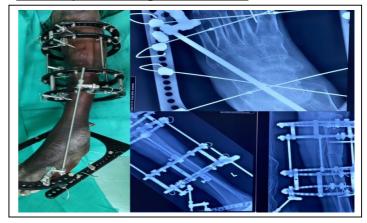
REPORT:

A 29-year-old man, who is semi-dependent with crutches presented with a varus left leg and ipsilateral equinus ankle resulting from previous his injury. In June 2019, he sustained a closed fracture of the left tibia complicated with popliteal artery injury and common peroneal nerve injury. He was treated with leg fasciotomy, vascular bypass surgery and spanning external fixator. Pre-operatively, the centre of rotation of angulation (CORA) was measured from radiograph using malalignment test based on Palev et al. 1 Plain radiographs revealed tibia malunion with varus angulation of 19 degrees. He underwent a corrective osteotomy of the left tibia, fibulectomy and gradual correction of the left ankle via ilizarov external fixator. Intraoperatively, closed wedge osteotomy was performed to achieve good cortical contact while avoiding tension of prior vascular bypass. Early outcome at 2 weeks follow-up revealed no loss of tibia reduction and clinical improvement of ankle equinus deformity.

Figure 1: <u>Pre-operative image of left leg with varus and ankle equinus deformity</u>



Figure 2: <u>Post-surgery correction of varus</u> <u>deformity & ankle equinus with IEF</u>



CONCLUSION:

The "law of tension stress" states that under effect of slow and gradual distraction bone and soft tissues would regenerate. The IEF is a stable circular external fixator with gradual corrections provides good outcome avoiding insult to soft tissue and surrounding vasculature.

REFERENCES:

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