Early Postoperative Results of Endoscopic Transfer of Flexor Hallucis Longus for Chronic Achilles Rupture

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Category: Ankle,Arthroscopy,Hindfoot

Keywords: Achilles Tendon Rupture, FHL Transfer, Endoscopy

Introduction/Purpose: Background Achilles tendon chronic rupture lead to proximal retraction of the tendon and have a greater tendency to show poorer functional outcomes than acute ruptures. Numerous surgical procedures have been described to treat this pathology. The transfer of the flexor hallucis longus is a well-established treatment option, usually performed as an open procedure. The aim of this paper is to report a case series of six patients with chronic Achilles tendon rupture treated with endoscopic transfer of FHL.

Methods: Six patients with Achilles tendon chronic injuries or re-ruptures were treated with endoscopic FHL transfer. There were four man and two women, average of 50 years, with four left and two right tendons involved, and no bilateral cases. All lesions were at zone 2 (between 2-6cm proximal to insertion). We describe the surgical technique and report our results at an average of a nine-month follow-up.

Results: The average follow-up of the series was 9 months (range, 5–12 months). Three patients had an associate procedure at the Achilles tendon to repair the pre-existent gap, using a minimally invasive technique. On average, we expend 56 minutes to perform the surgery, ranging from 45 to 70 minutes. All patients had a major increase in ATRS score values postoperatively, with an average of 17.8 preoperatively and 83,3 postoperatively No major complications or wound healing problems were noted. Tiptoe stance was possible for all patients without limitation. None of the patients noticed functional weakness of the hallux during daily life activity.

Conclusion: Endoscopic FLH transfer is a reliable option for patients with higher skin risk and soft tissue complications. Other studies are needed to compare this technique with the open procedure, gold standard by now, to ensure its safety and efficacy.

Foot & Ankle Orthopaedics, 2(3)
DOI: 10.1177/2473011417S000112