

patient population, re-rupture (3.3%) or other complications (11.8%) can be anticipated with 99.6% return to military duty after primary biceps repair.

Arthroscopic Ankle Arthrodesis: A Long-Term Follow-up Study

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April 15, 2:20 PM

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Introduction: Despite advances in arthroplasty techniques, ankle arthrodesis remains the gold standard for the treatment of degenerative ankle disease. Following tibiotalar fusion, there is concern of development of arthritis in the adjacent hindfoot joints as well as deterioration in functional outcomes secondary to a loss of motion at the ankle joint. We performed a long-term study to address these concerns.

Methods: Between 1993 and 2013, 116 patients (120 ankles) underwent arthroscopic ankle arthrodesis (AAA). Mean age at surgery was 61.1 years with a mean follow-up of 86 months. Patients were assessed according to the American Orthopaedic Foot and Ankle Society (AOFAS) Ankle and Hindfoot scale, Ankle Osteoarthritis Scale (AOS) and Foot and Ankle Outcome Score (FAOS). Patients also underwent a comprehensive clinical and radiographic (pre and postoperative x-ray/CT) examination.

Results: Radiographic evidence of ankle fusion was achieved in 95% of patients. The mean AOFAS score was 83.3 (SD 13.2). The mean modified FAOS score was 87.4 (SD 10.4). There were 75% good/excellent results according to the modified AOS scoring system. According to the Kellgren-Lawrence score and van Dijk osteoarthritis grading scale 85% and 69% of patients had no change in talonavicular or subtalar grade of osteoarthritis, respectively. There were no cases of deep infection or other serious adverse events. All but 4 patients were able to return to work following AAA.

Conclusion: Arthroscopic ankle arthrodesis is an effective operation for treating degenerative ankle disease, even in cases of moderate tibiotalar coronal deformity. It resulted in good/excellent functional outcomes at a mean of 86 months post-operatively in nearly three-quarters of our patient cohort. Arthritis found in the adjacent hindfoot joints at the time of tibiotalar fusion appears to be a function of preexisting arthritic change and not directly caused by the tibiotalar fusion.

Outcomes and Complications of Endoscopically-assisted Percutaneous Achilles Tendon Repair

SS-47

April 15, 2:30 PM

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Introduction: Open repair of acute Achilles tendon rupture is considered as a standard surgical treatment while percutaneous technique has gained increasing popularity especially under endoscopic control. However, there is a lack of currently research reporting outcomes and complications following this technique.

Methods: A retrospective chart reviews with prospectively collecting data were performed in 30 patients with 30 legs who underwent endoscopically-assisted percutaneous Achilles tendon repair using 6-portal technique between 2008 and 2015. The minimum follow up to be included in the study was 6 months (mean, 49.3 months; range, 6 to 76 months). The primary outcome was FAAM, SF-36, and VAS. The secondary outcomes included operative time, recovery time, and complications.

Results: There were 30 patients (24 male and 6 female) with mean age of 36.7 years. An average of tourniquet time was 39.6 minutes (range, 23-67 minutes). There was significant improvement of VAS (7.1/10 to 0.1/10), SF-36 (PCS (38.8 to 49.9) and MCS (49.0 to 51.8)), FAAM (Activity, 19.0 to 88.4 and Sport, 0 to 65.6). An average time to return to activity of daily living, work, and sports were 6 weeks, 7 weeks, 3.6 months respectively. The complications included hypertrophic scar without pain (6.7%), superficial wound infection (3%). There was no re-rupture, deep vein thrombosis, sural nerve injury, and painful scar in this study.

Conclusion: Endoscopically assisted percutaneous Achilles tendon repair demonstrated significant improvement in terms of functional outcomes as measured with the FAAM, SF-36, and VAS. This technique is safe and feasible for treatment patients with acute rupture of Achilles tendon.

Arthroscopic Antero-superior Ancillary Portals for Addressing Surgical Repair perpendicularly on Talar Dome: Sixteen Years' Experience

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April 15, 2:25 PM

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Introduction: Restore of talar dome cartilage disorders are generally achieved with open surgery, considering malleolar osteotomy as main surgical choice. Concerns are on fate of ankles submitted to this procedure, being still unclear even this may influence further evolution in DJD. Aiming to avoid open surgery, authors have set up an arthroscopic technique by antero-superior portal, placed medially or laterally to permit vertical instruments position for addressing surgery to chondral lesions.

Methods: Since 1998, 123 patients underwent arthroscopic OLT repair by superior portals in addition to 2 standard anterior ones. Maintaining foot in maximum plantar flexion, a spinal needle is inserted 5-to-7 centimetres superiorly to anterior standard portal: slipping along anterior tibial bone surface, it reaches talar dome vertically. Trying several times until correct perpendicular placement