to OLT is achieved, portal is opened. Along switching stick the scope is inserted, showing upper view of anterior compartment, keeping 2anterior portals for working. Moving instruments inside joint space from "above" while talar dome is rolled on, better exposition of talus surface is reached. Furthermore, to gain room for those disorders placed on middle transverse talar line and beyond, additional dorsal capsulotomy is performed. Removing eventually some superficial bone at Harty's notch by bur, repair instruments reach defected talar dome, achieving visualization and shaver into anterior portals.
Results: Patients reported immediate significant improvement because of whole procedure without aggressive open approach and because no immobilization. Authors' malleolar osteotomy indication dropped down in last 16years, except selected cases where arthroscopy itself was hardly difficult to be lead out.
Conclusion: At outcome, Authors experience confirmed medial and lateral antero-superior ancillary portals have strong value in addressing repair procedures to ankle joint compartments, blind to traditional arthroscopic access. Easy to place and interchangeable, they help avoiding bony osteotomy and limiting articular further problems

Peroneal Tendons Well Vascularized: Results From a Cadaveric Study
SS-49

April 15, 2:35 PM
Pim van Dijk, B.Sc, Presenting Author
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Introduction: The purpose of this study was to provide clarification on the arterial anatomy supplying blood to the peroneal tendons to provide recommendations for optimal tendoscopic treatment. Knowledge of vascularisation pattern helps in preoperative and peroperative planning and decision making and optimizes surgical approach.
Methods: Ten adult cadaveric lower extremities were obtained from a university-affiliated body donation program. The femur artery was injected with natural coloured latex at the level of the knee. Macroscopic and microscopic dissections were performed to visualize the vascularization towards the tendons. To expose intratendinous vascularity, the tendons were cleared using a modified Spälteholz technique.
Results: In all specimens, blood was supplied by the posterior peroneal artery, through a posterolateral vincula connecting both tendons. Branches were bifurcated every 3.9±1.8 cm, starting 24±5.3 cm proximal to the fibula tip. Eight out of 10 (80%) specimen had avascular zones in the peroneus longus tendon. The peroneus brevis was well vascularized over the whole course of the tendon, without appearance of avascular zones.
Conclusion: The peroneal tendons are well vascularized. Blood is supplied by the posterior peroneal artery, via vessels running through a common vincula for both tendons. In the peroneus brevis, avascular zones were not found. While the vincula may set back optimal tendoscopic view within the tendon sheath, surgeons should take care leaving the vincula intact during surgical procedures to keep the tendons well vascularized and therefore not jeapardize tendon healing.

Functional Outcomes of Peroneal Tendoscopy in the Treatment of Peroneal Tendon Disorders
SS-50

April 15, 2:40 PM
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Introduction: The purpose of this study was to evaluate clinical outcomes following peroneal tendoscopy in treating peroneal pathology. Additionally we assessed the correlation between peroneal tendoscopic findings and pre operative MRI diagnosis of peroneal tendon pathology.
Methods: Twenty-three patients with a mean age of 34±8.8 years undergoing peroneal tendoscopy were pre- and post operatively assessed with the Foot and Ankle Outcome Score (FAOS) and the Short Form-12 (SR-12). Follow-up was over 24 months in all patients. In comparison with peroneal tendoscopy, sensitivity and specificity for MRI was calculated, as well as the positive likelihood ratio.
Results: Both the FAOS and the SF-12 improved significant from preoperatively to final evaluation at a mean follow-up of 33 ±7.3 months, respectively $p<0.01$ and $p=0.01$. MRI showed an overall 90 (95% CI 82-95)% sensitivity and 72 (95% CI 62-80)% specificity. The positive likelihood ratio for MRI diagnosis of peroneal tendon pathology was 76 (95% CI 68-83).
Conclusion: Intraoperative findings by tendoscopy are highly correlated with preoperative MRI diagnosis and the high Positive Predictive Value indicated that MRI is a useful diagnostic method in the evaluation of peroneal tendon pathologies. Peroneal tendoscopy provides good outcomes in the treatment of peroneal tendon pathologies. Therefore, tendoscopic evaluation and treatment of peroneal tendon pathologies is recommended when MRI suggests a peroneal tendon pathology.

Evidence of Healing of Partial-thickness Rotator Cuff Tears Following Arthroscopic Augmentation With a Collagen Implant: A 2-year MRI Follow-up
SS-51

April 16, 9:50 AM
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