Arthrodeseis Seems to Be Effective in Midfoot Arthritis

BY KERRI WACHTER
FROM THE ANNUAL MEETING OF THE AMERICAN ORTHOPAEDIC FOOT AND ANKLE SOCIETY

NATIONAL HARBOR, MD. — Arthrodesis is a safe procedure for midfoot arthritis, with an excellent union rate and high patient satisfaction, according to findings in a small, retrospective study.

Union was achieved in 92% of 104 feet after the primary operation, and fusion after revision was achieved in 99%. In addition, most of the patients (90%) were satisfied with the results of their procedures, reported Dr. Scott A. Nemec.

Patients included in the study had primary midfoot arthritis with or without radiologic or clinical arch collapse. The researchers identified 95 patients (104 feet) who had undergone arthrodesis. Most were women and their mean age was 61 years. The primary indication for surgery was disabling foot pain that was not relieved by other measures. On radiograph, pre- and postoperative measurements were made of the anteroposterior talus and first metatarsal angle, the lateral talus and first metatarsal angle, the medial cuneiform height, and the talonavicular uncoverage.

Other outcomes included complications and reoperations, the AOFAS midfoot score, the visual analog scale pain score (0-10), and patient satisfaction. In all, 297 joints were fused — roughly 3 per patient. Gastrocnemius recession was performed in 80% of the feet, and 56% had a forefoot procedure. In terms of bone grafts used, autograft was used in 91% of the feet, allograft in 4%, and no grafts were used for 5%. The most commonly fused joints were the first, second, and third tarsometatarsals and the naviculocuneiform. No further surgery was required for one asymptomatic third TMT nonunion. One delayed union was consolidated with immobilization. Radiographically, improvement was seen in all parameters. Major complications included three deep infections and one instance of chronic pain. The infections were treated with debridement. The patient with chronic pain was referred to a pain clinic.

There were 11 reoperations — 7 for refusion, 3 for debridement, and 1 gastrocnemius recession. Four of the refusion patients and one debridement patient were not satisfied with their results. Hardware removal was required for a quarter of the feet at an average of 20 months, said Dr. Nemec, who is an orthopedic specialist in private practice in Petoskey, Mich.

Patient-reported outcome data were available for 68 patients (74 feet), with a mean follow-up of 56 months. The visual analog scale pain score dropped by a significant average of 4.6 points after surgery. The AOFAS score increased by a significant 47 points (maximum 100).

Foot Deformities Usually Are Correctable With Early Action

BY HEIDI SPLETE
FROM THE ANNUAL SCIENTIFIC MEETING OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

ATLANTA — Got bunions? Thank your parents. Bunions were inherited in 89% of adults younger than 60 years, according to genetic data from more than 2,000 adults.

Bunions and other foot disorders can limit mobility and exacerbate other musculoskeletal weaknesses, but interventions are available, and they are most effective if foot deformities are identified early, said Marian Hannan, D.Sc., of Harvard Medical School, Boston.

Foot disorders occur in 20%-60% of adults who have bunions, 89% inherited the condition, said Dr. Hannan and her colleagues reviewed data from 959 men and 1,220 women in the Framingham Foot Study of 2002-2005. A trained examiner evaluated the study participants for any of 20 different foot disorders. In this study, Dr. Hannan reported data about the most common and least common diagnoses between genes and foot deformities, Dr. Hannan said.

Overall, 675 individuals (31%) had bunions and 154 (7%) had high arches. A bunion was defined as a big toe angled at least 15 degrees toward the first metatarsal. High arches were identified by calculating weight-bearing arch width.

The researchers used statistical genetics software to determine the heritability of the two conditions. Across all ages, 39% of women and 38% of men inherited their bunions, and 68% of women and 20% of men inherited their high arches. Among individuals younger than 60 years, 99% of women and 63% of men inherited their high arches. The heritability estimates were statistically significant for both conditions. Participants’ average age was 66 years, and 57% were women.

Major Finding: In 20% of patients first seen in primary care settings, axial spondyloarthritis was the cause of chronic low back pain.

Data Source: A cross-sectional study of 364 adults aged 19-45 years with chronic low back pain.

Disclosures: Dr. Weel said that she had no financial conflicts.

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