

Managing Tendon Problems in the Foot and Ankle

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Problems related to the tendo-Achilles have been a source of disappointment to all surgeons dealing with this area, with the significant wound complication rates being at the forefront. Re-rupture rates are another factor to be considered, and failure after a surgical intervention has long propelled the concept of a formal open repair with good suturing of the torn tendon, or some form of augmentation. The current issue has an article by Meena et al., "*Functional Outcomes of Gastrocnemius Fascial Turn Down Flap with FHL Augmentation in Chronic Achilles Tear: A Short-term Prospective Study*" documenting a single surgeon's experience of a turn down flap with FHL augmentation. Thirteen patients operated on at an average of 5.9 months after injury, had significant improvements in VAS and FADI scores, but the incisions were extensive, and the authors caution against wound dehiscence, which needs appropriate care.

Due to the problems associated with open surgery, modern thinking is to use minimally invasive procedures, which are evolving to replace open surgical interventions; two articles in the current issue highlight this point. Wan et al. did a "*Retrospective Comparative Study between Open and Modified Ultrasound-guided Percutaneous Achilles Tendon repair*" and showed that short-term outcomes are equally satisfied with the MIS procedure. Although retrospective, a patient population of 52 cases with a minimum 1-year follow-up gives sufficient food for thought to consider further prospective randomized trials to confirm the findings of MIS procedures.

The article by Koo et al. from Singapore looks at 19 patients who underwent MIS TA repair and compares the outcomes with 38 who underwent open repair. In their article, "*Minimally Invasive Achilles Tendon Repair Confers Faster Recovery and Reduced Complications Compared to Open Achilles Tendon Repair*" they noted only two superficial infections in the MIS group compared to six in the open group; 7.9% of the open cases had wound breakdown requiring formal debridement and IV antibiotics. Some bias in their study does exist; multiple surgeons performed all the open operations, while all MIS cases were done by one of two fellowship-trained surgeons. They recommend the MIS technique as the new "gold standard treatment" when done by a properly trained surgeon.

The current issue also included a review of minimal invasive stripping of the Achilles tendon to address the chronic issue of this troublesome tendinopathy, written by the team headed by Nicola Maffulli. He has been a pioneer in the concept of tendon pain related to neovascularization, and I have assisted him personally in this procedure. This is a simple and minimally invasive method that is evolving as a treatment method for this condition. The pictorial depiction of the operative steps nicely demonstrates the technique, and the multiple previous publications by the authors listed in the references make for interesting reading.

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The editorial policy of the journal has evolved to include articles from non-surgical specialties, as it is felt that these publications would help even the foot surgeons' deal with their patients in a better way.

Plantar fasciitis remains a management enigma; the article by Holla et al. demonstrating the efficacy of calcaneal taping as a form of treatment as compared to LASER shows that an alternative form of treatment is effective. The review by Dhillon and associates on rehabilitation after lateral ankle sprains discusses the non-surgical options available for the management of this common problem, and the protocols laid down. Pictorial depictions of taping techniques and tabulated rehabilitation protocols make it easy to understand for both the resident and the experienced surgeon.

The issue is completed by two interesting case reports; subungual glomus tumor, though common is often missed due to lack of awareness, and the case presented by Verma et al., although simple in nature highlights just this. On the other hand, Gupta and co-authors discuss an unusual case. Rosai-Dorfman disease, also known as sinus histiocytosis with massive lymphadenopathy, is something many of us are not familiar with. Since many surgeons commonly look at osteolytic lesions in the bone as "infective" and start treatment for tuberculosis while nothing else comes to mind (therapeutic trial of ATT!), the concept of a biopsy and proper evaluation is highlighted here; the authors emphasize the fact that we should not only be focusing on the radiological features alone. These cases make for interesting reading.

We hope that conceptualizing mini-symposia focused on a specific topic in each of our issues will generate more interest. Feedback to the editors, in the form of letters to the editor, would be appreciated. The next two issues will have symposia on "Calcaneal Fractures" (April 2022) and "MIS Techniques: Tenoscopy and Arthroscopy in the Foot and Ankle" (July 2022), with invited Guest editors. We hope you enjoy all of these.