

Understanding and Treating Flatfoot in the Young

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Journal of Foot and Ankle Surgery (Asia-Pacific) (2023): 10.5005/jp-journals-10040-1300

Flatfoot in adolescents and adults is a much more common condition than usually perceived and is one of the commonest presentations in a general outpatient clinic. Although many children present with flatfeet, this stage of the problem is often easily dealt with by reassurance and some orthotics; the problem arises when it persists into adulthood and causes discomfort or pain.

Flatfoot in early adulthood is a problem that is very different from the adult-acquired flatfoot, which develops later in life due to issues with the posterior tibialis tendon and is a gradually progressive deformity; much has been written in the literature about this.

The current issue, however, has a mini-symposium focussing on flatfoot at a much younger age; the article by Maheshwari and Johari focuses on identifying pediatric flexible flatfeet that are at risk of becoming symptomatic in adulthood. Thus it is important for us to identify these as adolescent flatfoot treatment becomes more difficult; the authors' description of the anatomy, pathophysiology, and evolution of the problem makes a good read.

Various surgical options are available for treating flatfoot in adolescents and adults, including lateral column lengthening, medializing calcaneal osteotomy, and the newly rediscovered subtalar arthroereisis. The choice of surgical procedure depends on the severity of the condition and the underlying cause of the flatfoot.

The article by Rangasamy et al. has searched electronic databases to see the outcomes of lateral column lengthening procedures in pediatric flatfoot. They found that iliac tricortical graft was most commonly used, and both the American Orthopaedic Foot and Ankle Society scores and radiological parameters were significantly improved after the procedure.

The mini-symposium contains three other articles discussing subtalar arthroereisis; this involves inserting an implant into the foot to limit the amount of motion and prevent excessive flattening. Tang and Chong have evaluated the changes in radiological alignment after the use of an extraosseous talotarsal stabilizing device and have shown significant hindfoot alignment improvement in

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How to cite this article: Dhillon MS. Understanding and Treating Flatfoot in the Young. *J Foot Ankle Surg (Asia-Pacific)* 2023;10(2):47–47.

Source of support: Nil

Conflict of interest: None

flexible pes planus. The article by Jain and Graham, where one of the authors is the inventor of a type II sinus tarsi stabilizing device, explains the indications and gives technique tips. The commentary by Patel and coauthors discusses the current status of arthroereisis as evaluated from the literature. Overall this symposium should be very informative for those of us who are dealing with flatfoot at any age. It is critical to understand that each procedure has its own risks and benefits, and it is important to discuss the options with the patient in detail so that both the physician and the patient's family are on the same page.

The current issue also contains interesting articles on some other topics. Khurana et al. reviewed the technical differences between the various arthroscopic lateral ankle ligament stabilization methods and found little evidence to support one technique over the other. Aljabi et al. evaluated the abundance of online resources on Lisfranc Injury and could not predict which resources were of better quality. The role of the clinician in educating patients thus becomes important. The journal issue also includes a brief commentary on percutaneous bone adhesives, which may be a development for the future.

All in all, this is an interesting compilation of articles for your reading pleasure.