

Endoscopic calcaneoplasty – The new frontier in Haglund’s syndrome treatment

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INTRODUCTION:

Haglund syndrome consist of superior calcaneal prominence (Haglund deformity), retrocalcaneal bursitis, and Achilles’s tendinopathy. 20% of patients require surgery following trial of conservative therapy. Open resection of Haglund deformity is widely accepted surgical approach. Complications associated with this approach, include tendon or skin breakdown, infection, and Achilles’s tendon avulsion¹. Here, we share our experience treating a case of Haglund’s syndrome via endoscopic calcaneoplasty.

REPORT:

A 46-year-old-woman presented with pain and swelling over left ankle past 1 year, affecting her daily activities. Physical therapy fail to relieve her symptoms. Upon examination, tenderness noted at TA insertion and retrocalcaneal space. Patient able to perform the single heel-raise. Plain radiography revealed a Haglund deformity with no calcific tendinopathy. The Philip Fowler angle was abnormal but calcaneal pitch angle was within normal. Surgery performed under regional anaesthesia. A K-wire first inserted under image intensifier guidance. The lateral and medial portal established. Arthroscopic debridement of bursal tissue performed. A 4.0 mm arthroscopic burr used to resect the calcaneal prominence, posterior to anterior direction. Resection completed once the k-wire became visible and confirmation done with image intensifier. Post operatively, patient was put on control ankle motion walker boot. She was allowed to fully weight bear after 2 weeks. She returned to work at 8 weeks.

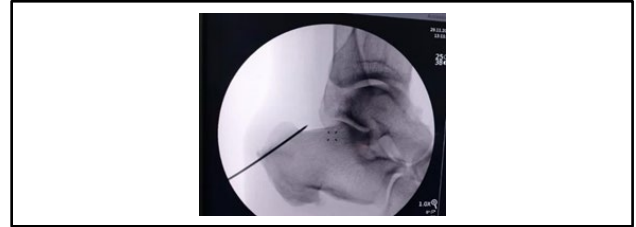


Figure 1: K-wire as guide for level of resection

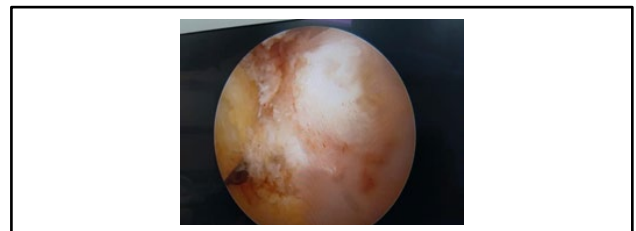


Figure 2: Endoscopic view of the tip of k-wire and the Haglund deformity

CONCLUSION:

The endoscopic exposure has the advantages of lesser morbidity, a shorter operating time, reduced postoperative pain, and a lower rate of wound and soft tissue healing problems¹. The use of a k-wire as a lighthouse, prevents the surgeon from going too anteriorly towards the neurovascular bundle. In conclusion, endoscopic calcaneoplasty is an effective and suitable approach to treat Haglund’s syndrome.

REFERENCES:

1. Van Dijk CN. et al. Endoscopic calcaneoplasty. Am J Sports Med 2001;29: 185-189.