

A Proposed Staging Classification for Minimally Invasive Management of Haglund's Syndrome with Percutaneous and Endoscopic Surgery



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KEYWORDS

- Haglund's syndrome • Achilles tendonopathy • Minimally invasive approach
- Endoscopy • Percutaneous • Zadek's osteotomy • Classification • Calcaneoplasty
- Management

KEY POINTS

- Surgical treatment of posterior heel pain and Achilles insertional tendinopathy and understanding of the pathophysiology of the condition have improved.
- The treatment modalities have changed because of technological advances, including endoscopy and minimally invasive surgery, and fixation of tendon onto bone with suture anchors.
- Modern techniques allow earlier functional recovery, lesser insult to tissues through smaller portals, be it minimally invasive surgery or endoscopic management.

HAGLUND'S DEFORMITY HISTORICAL PERSPECTIVE

Swedish orthopedic surgeon Patrick Haglund, who gave his name to the condition in 1928, believed more 'cultured people' developed this condition, because they wore either high heels or stiff-soled shoes while playing golf or hockey.¹ However, this condition was described even before that by 2 physicians, one of whom was in Vienna and give his name to it as Albert's disease in 1893.^{2,3}

The authors have nothing to disclose.

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Foot Ankle Clin N Am 21 (2016) 641–664

<http://dx.doi.org/10.1016/j.fcl.2016.04.004>

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It has been associated with various types of shoes as reflected by various names like pump bumps,⁴ high heel,⁵ and winter heel.⁶ Some other names used for this are calcaneus altus, cucumber heel, high prow heel,⁵ and hatchet-shaped heel.⁷ It must be distinguished from Haglund's disease, which refers to osteonecrosis of the accessory navicular.⁸

The term Haglund's deformity refers to an enlargement of the posterior superior/lateral calcaneum (**Fig. 1**). This can cause impingement of the retrocalcaneal bursa and Achilles insertion, and results in irritation of these and other structures such as the superficial bursa, the bone itself, and the enthesis organ made of the cartilaginous surfaces of the posterior calcaneum and Achilles tendon as well. This symptomatic irritation is referred to as Haglund's syndrome and includes Achilles insertional tendonopathy.

Clinical Features

The patient with symptomatic Haglund's syndrome has a painful, red, irritated heel with a palpable and visible osseous prominence on the lateral aspect of the postero-superior heel. This is often associated with Achilles insertional tendinopathy, retrocalcaneal bursitis, and superficial adventitious Achilles tendon bursitis.⁹ The patient complains of enlargement of the posterior heel and difficulty with footwear and sport. The posterolateral surface can become very enlarged and reddened.

ETIOLOGY

Bursitis of the retrocalcaneal space is often of idiopathic origin.^{10,11} However, this is an attrition injury and therefore training—and especially running—is a risk factor. With the increasing popularity of running, there has been an increase in the incidence.^{12,13} However, it is not confined to athletes, in 1 series of 58 patients, nearly one-third did not participate in vigorous physical activity.¹⁴

Myerson and McGarvey¹⁵ have noted that a tight gastrocnemius complex, hyperpronation, cavus foot, and obesity^{16–19} can predispose to degeneration, attrition, mechanical abrasion, and chemical irritation that leads to a chronic inflammatory response to the heel. Other authors, too, have described that the patient has a high arched cavus foot with particular narrow heel. However, a recent paper by Shibuya and colleagues²⁰ found no clinically significant difference in calcaneal inclination between those with or without insertional Achilles tendinosis.



Fig. 1. Showing Haglund's deformity on the posterolateral aspect of the heel.

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