### Valgus Deformity of the Arthritic Ankle



# Specific Problems for Total Ankle Replacement





### Valgus Deformity

#### Is TAR feasible?

- proper realignment of the ankle
  - tensioning of ligaments
  - osteotomy of calcaneus
- appropriate instrinsic stability
  - implant design
  - implant positioning

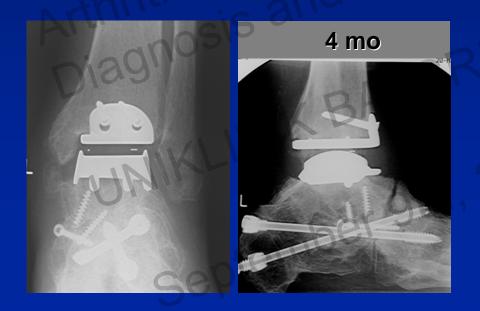


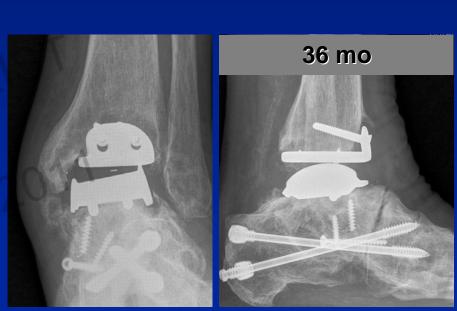
2 years

Valgus Deformity

Is TAR feasible?

- Valgus malunion after fusion
- Medial ankle instability



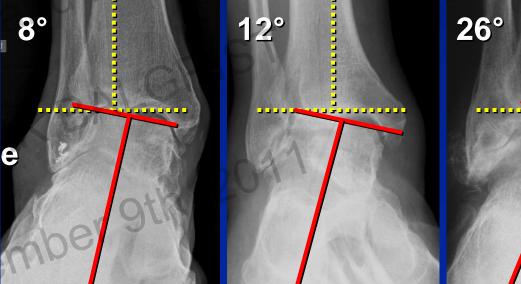


### Valgus Deformity



#### Limitations

- valgus < 5°</li>
  - → possible
- valgus 6 10°
  - → at risk
- valgus > 11°
  - not possible



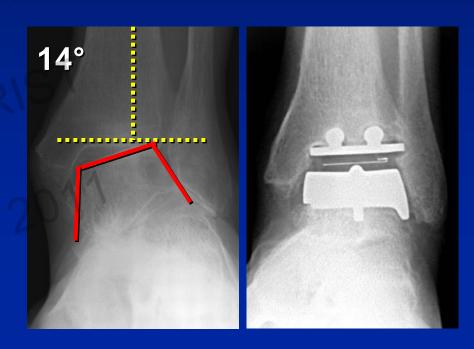
P.A. Wood, 2004

### Valgus Deformity



#### Limitations

- valgus < 10°</li>
  - correct with implantation
- valgus 11 20°
  - → at risk
- valgus > 20°
  - probably not possible



### It is Fact ...

## 1=829

### **Talar Malpositioning**

- Varus
  - → 159 ankles (19%)
- Valgus
  - → 112 ankles (14%)



### It is Fact ...



- Without any other procedure
  - → 222 ankles (65%)





### It is Fact ...

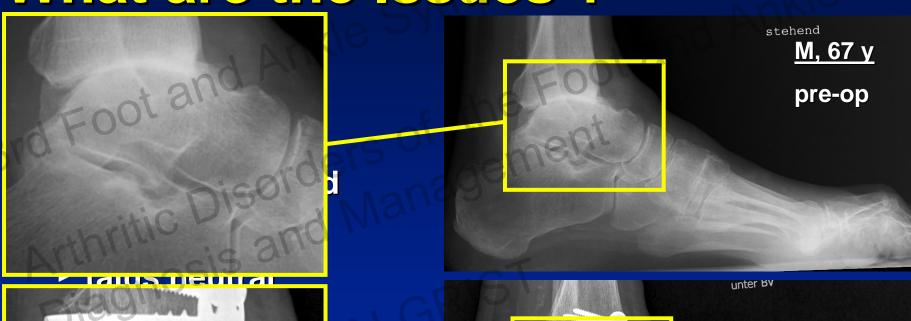


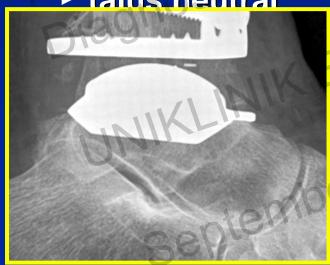
- Without any other procedure
   → 222 ankles
  - → 222 ankles (65%)
- With other procedures
  → 118 ankles (35%)





### What are the Issues?









UNIKLINIK

Septemb

ssues?





### My Approach

#### **Step-by-Step Approach**

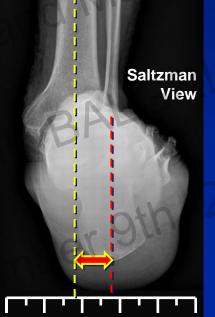
- Identification of the problem
  - → understanding the case
- Determining of treatment modalities
  - associated surgeries
- Total ankle replacement
  - continuous intraoperative assessment
  - addressing all problems



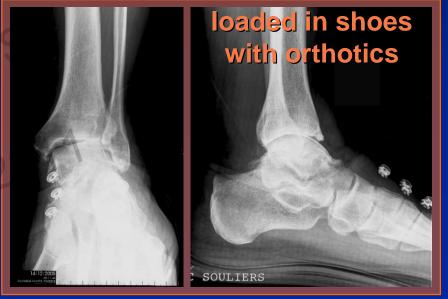
**Diagnostics** 

### Weigth-Bearing X-Rays

- Mandatory for identification
  - overall instability
  - deformity



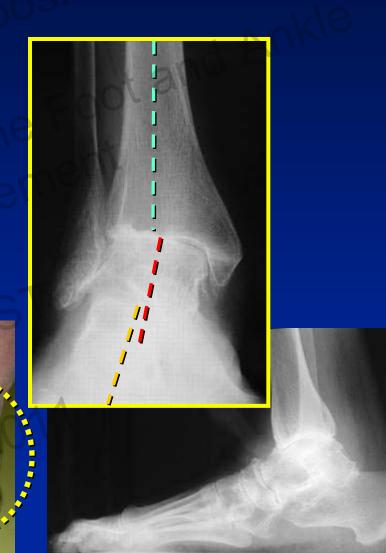




Valgus Deformity

#### What are the Issues?

- incompetence of ligaments
  - medial ankle
  - Spring ligament complex
- tendon dysfunction
  - posterior t<mark>ibial muscle</mark>



### Case Report

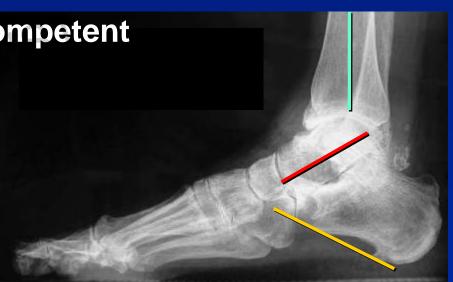
#### Valgus Ankle

- Collapse of the ankle joint complex
  - impaction of lateral pilon tibiale
- But:
  - medial ankle ligament competent
  - no break-down of arch!

#### <u>f, 61 y</u>

- multiple ankle sprains
  - conservative treatment
- pain





### **Case Report**











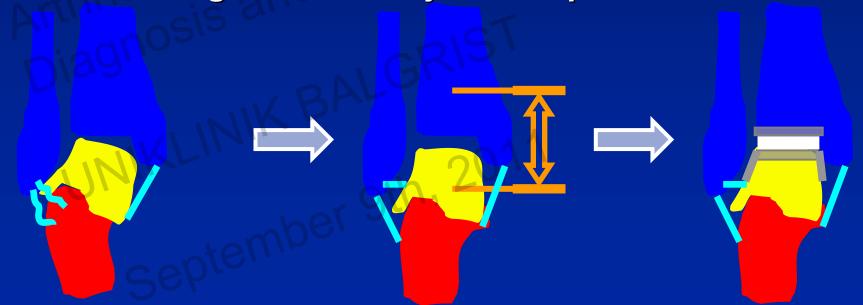




### **Hypothesis 1**

#### **Possible Explanation**

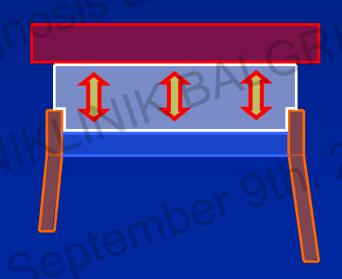
- Increasing height of worn-out ankle
  - tightening of the ligaments
  - stabilizing whole ankle joint complex



### **Hypothesis 2**

#### Possible Explanation

- Parallelism at primary and secondary interface
  - **→** restoring of intrinsic stability
  - frontal plane stability





### Case Report

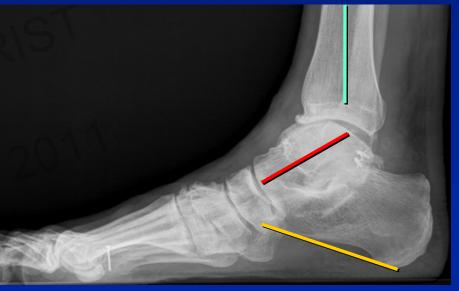
#### Valgus Ankle

- Collapse of the ankle joint complex
  - gapping of lateral tibiotalar joint
- E.g:
  - medial ankle ligament not competent
  - no break-down of arch!

#### <u>m, 67 y</u>

- multiple ankle sprains
  - -> ligamentoplasty







### Case Report

#### What Have I Learned?

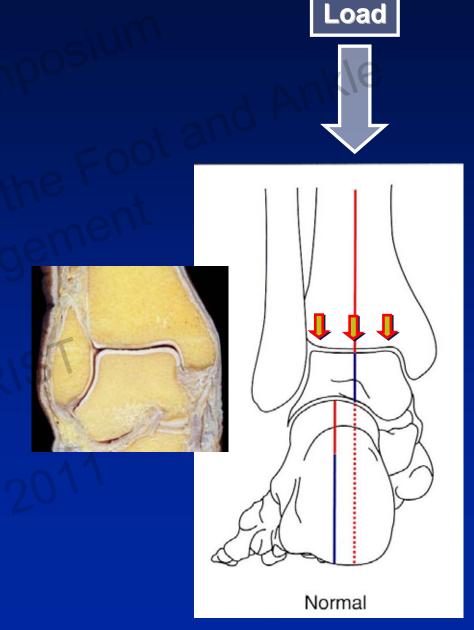
- Despite remaining valgus
  - → stable over time
- BUT:
  - potential lateral overload
  - → asymmetric PE wear



### **Biomechanics**

#### What do we Know?

- Ankle joint
  - → most congruent joint
  - → 100% self-stabilizing



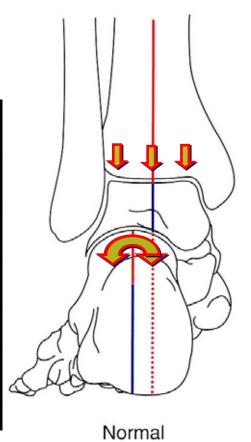
### **Biomechanics**

#### What do we Know?

- Ankle joint
  - → most congruent joint
  - → 100% self-stabilizing
- Posterior subtalar joint
  - congruent
  - **→** round surface
  - not stabilized



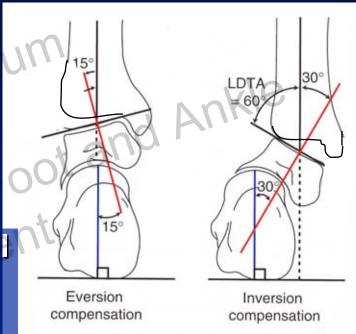


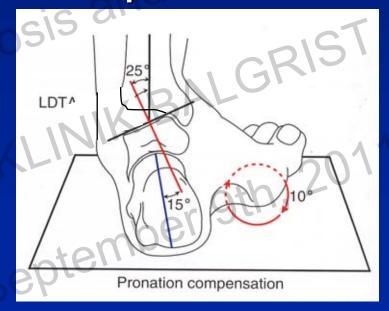


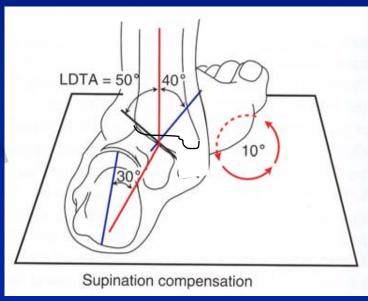
### **Biomechanics**

#### Implications to the Clinics

- Tibial plafond has lost talar control
  - → talus tilted
  - → subtalar compensates talar tilt



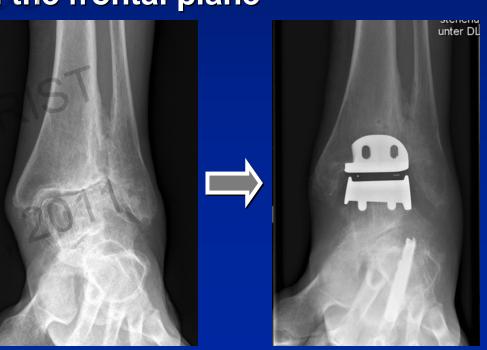




### **Biomechanics**

#### Implications to the Clinics

- Ankle prosthesis must
  - re-orientate the talus in the frontal plane
  - provide talar stability
- Ankle prosthesis may
  - → re-orientate calcaneus
  - provide stability to calcaneus



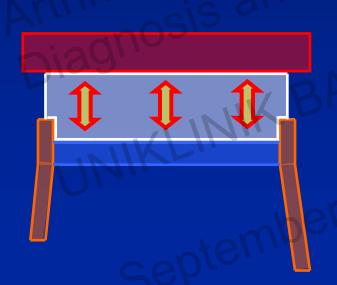
### **Biomechanics**

#### Implications to the Clinics

Speculations

→ Ankle prosthesis should provide intrinsic stability in

the frontal plane





Clinical Case - Valgus

















Clinical Case - Valgus











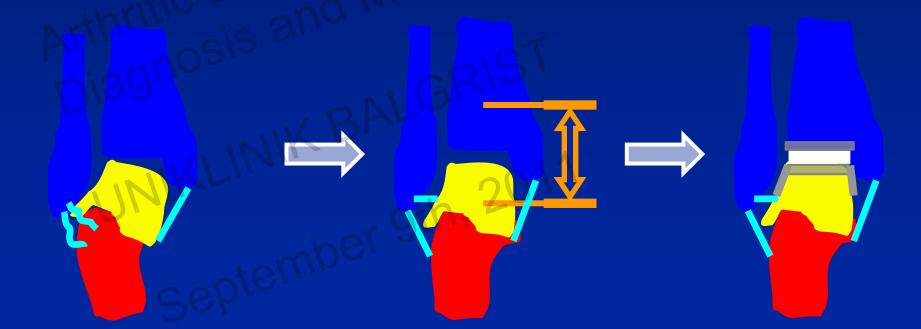






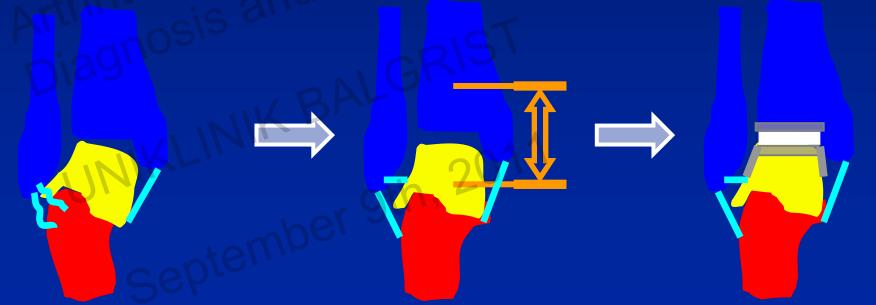
### Conclusions

- May act as a spacer to tension the worn-out ligaments
  - → stabilizes the whole ankle joint complex



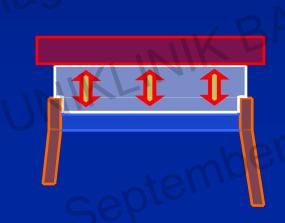
### Conclusions

- Has the potential to provide lost intrinsic stability of ankle joint
  - re-orientates and stabilizes talus within ankle mortise



### Conclusions

- Although not proven, it is my believe
  - → ankle prosthesis must provide intrinsic stability in frontal plane
  - needs parallelism at primary and secondary interface



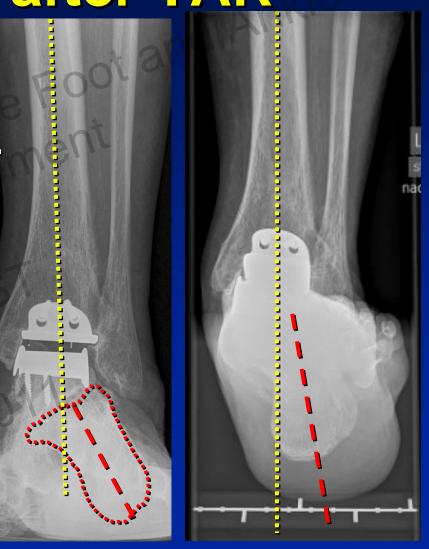


The Valgus Ankle after TAR

Be Aware of it!

Valgus will destroy the ankle ...





### The Problem (Case Report)

### **Valgus Osteoarthritis**

- Valgus malpositioning of talus
  - → OA lateral tibiotalar joint
- Misalignment lower extremity
  - → genu varum
  - → heel valgus

#### m, 63 y

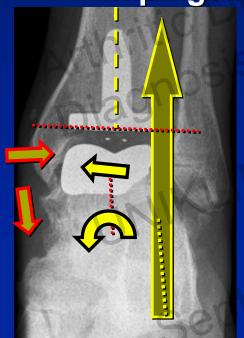
- Posttraumatic OA
- Lateral ankle pain
- Limited ROM

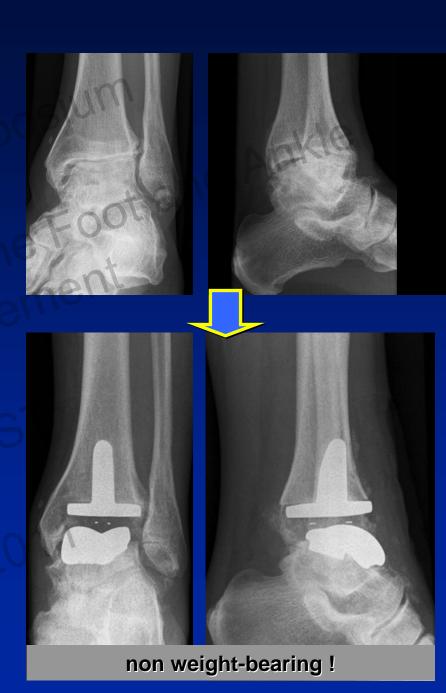


### The Problem

### Painful from the Beginning

- Medial shift of talus
  - impingement



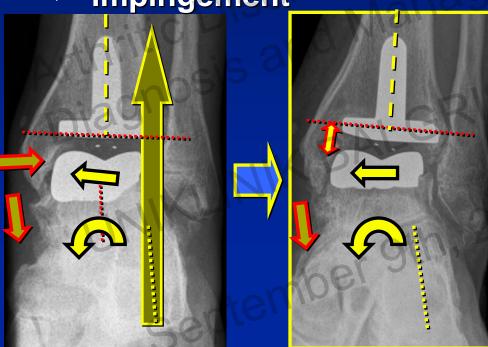


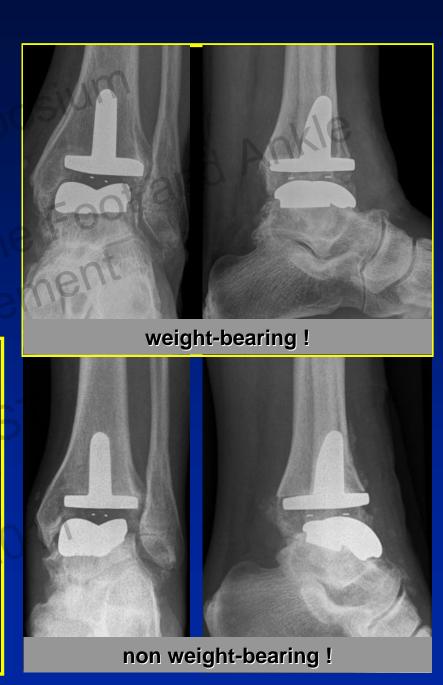
### The Problem

### Painful from the Beginning

Medial shift of talus

impingement





The Problem (Case Report)

### Valgus-Misalignment

- Medial shift of talus
  - → medial pain syndrome

#### M, 51 y

- Posttraumatic ankle pain
  - → ankle fusion
- **6 y** 
  - > subtalar and cc-fusion 4 y
  - -> overall 19 surgeries
- Painful pantalar arthrodesis
  - -> TAR

16 mo

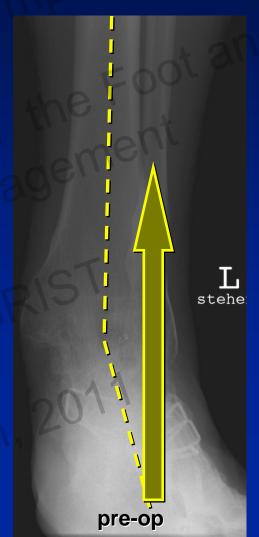


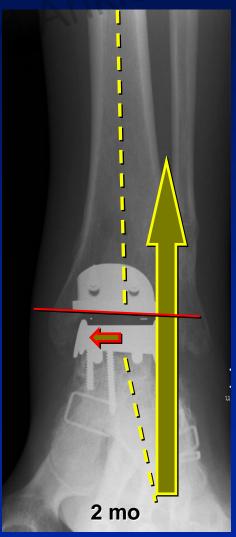


## The Problem

## Valgus-Misalignment

- Medial shift of talus
  - → medial pain syndrome
- Tibiotalar varus
  - → medial shift of talus
- Pronation-abduction deformity
  - edge load

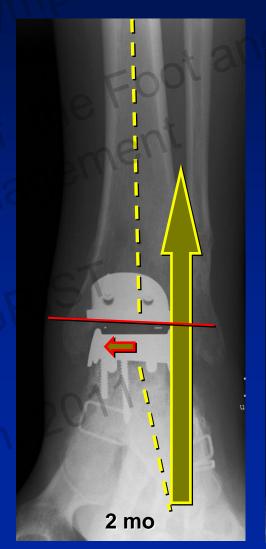


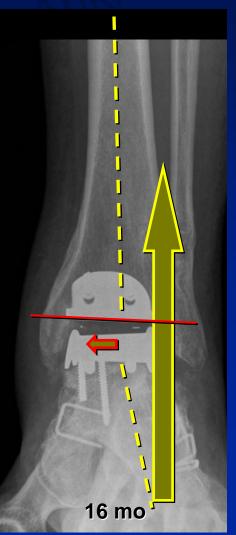


## The Problem

## Valgus-Misalignment

- Medial shift of talus
  - → medial pain syndrome
- Tibiotalar varus
  - → medial shift of talus
- Pronation-abduction deformity
  - edge load

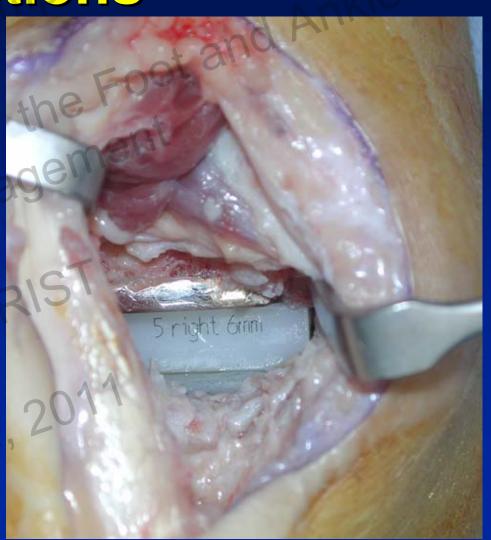




# **Surgical Corrections**

#### **Joint Debridement**

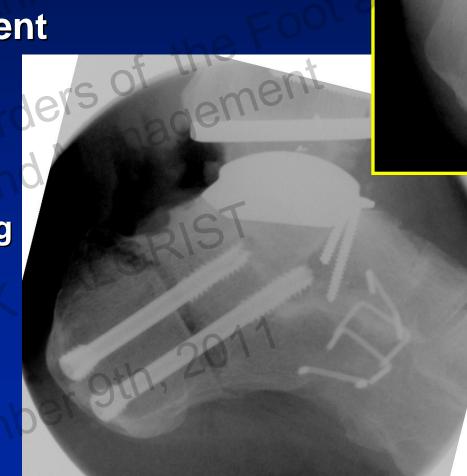
- Change of inlay
  - → damages



# **Surgical Corrections**

#### **Joint Debridement**

- Change of inlay
  - → damages
- Calcaneal
  - medial sliding



**Post-Operative Findings** 

#### **After Osteotomies**

- Talar component
  - centralized
- Well-balanced ankle
  - → frontal plane but: still some external rotation
- Patient
  - immediately better feeling



## **Final Result**

#### **Effect of Osteotomies**

- Decompresses medial ankle joint
  - regular position of talar component
- Decreases stress
  - bony tissues
- Patient
  - pain relief
  - better feeling



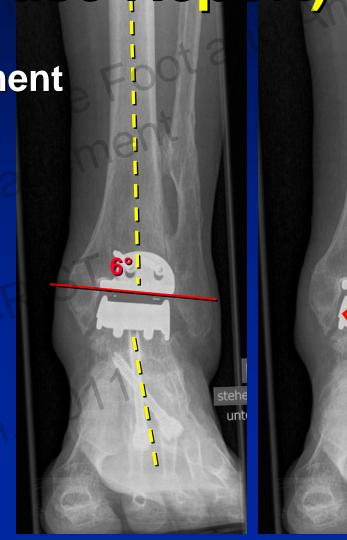
The Problem (Case Report)

Varus-Valgus-Misalignment

- Medial shift of talus
  - → medial pain syndrome

#### <u>f, 73 y</u>

- Posttraumatic OA
  - -> TAR 26 months
- Pain
  - -> medial malleolus
- Limited load tolerance
  - walking distance < 1 h



# **Surgical Corrections**

#### **Osteotomies**

- Supramalleolar
  - → medial closing
- Calcaneal
  - → medial sliding





# **Post-Operative Findings**

#### **After Osteotomies**

- Talar component
  - centralized
- Well-balanced ankle
  - → sagittal plane
  - frontal plane
- Patient
  - immediately better feeling

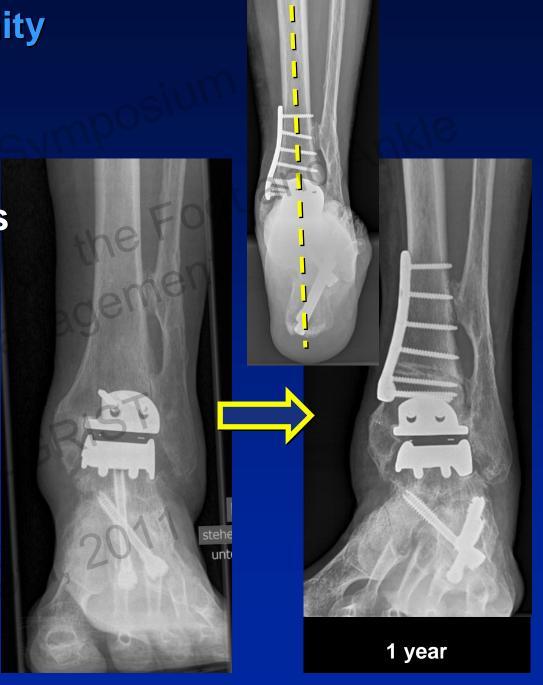




## **Final Result**

#### **Effect of Osteotomies**

- Decompresses medial ankle joint
  - regular position of talar component
- Decreases stress
  - bony tissues
- Patient
  - pain relief
  - better feeling



## Conclusions

## **Valgus Deformity**

- Crucial
  - → fully correct it
- Tools
  - → arthrodeses
  - → osteotomies
  - → ? ligamentoplasty









# Conclusions



- You will be punished
  - → the patient will be back ...



