

# □ COMPRESSION ARTHRODESIS WITH ILIZAROV FRAME IN CHARCOT ARTHROPATHY



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# REGION KURGAN OF SIBERIA



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# ILIZAROV FRAME

- Compression arthrodesis
- Distraction osteogenesis
- Bone transport
- Deformity correction
- Extremity lengthening



# VALERIJ BRUMEL (1943-2003)



Brumel Had A Serious Case Of The Hops

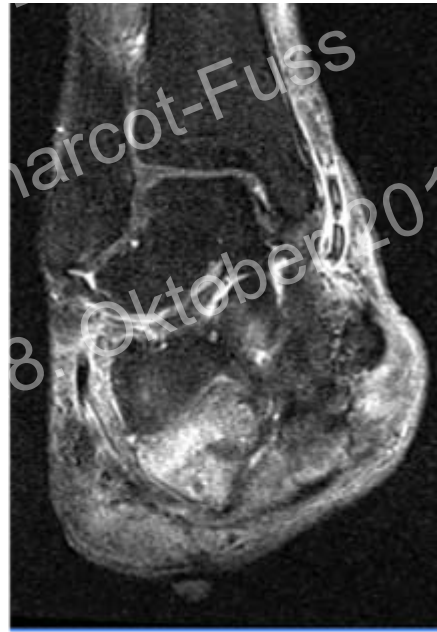


1962 y – 226 cm

# VALERIJ BRUMEL (1943-2003)



# CHARCOT ARTHROPATHY

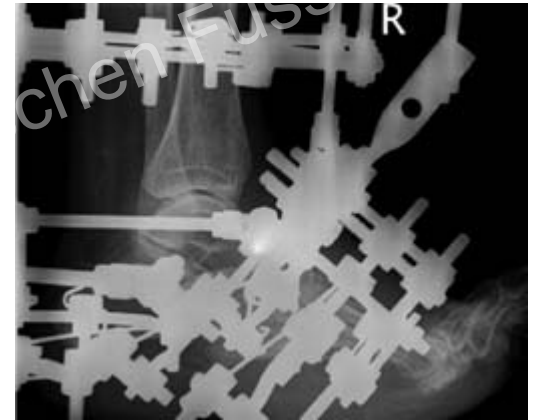




# REALIGNEMENT / ARTHRODESIS



plantigrade  
foot

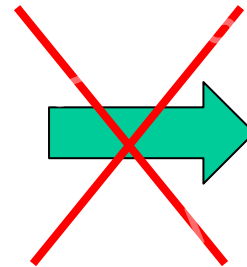


ulcer-free  
foot



# CONTRAINDICATIONS FOR INTERNAL FIXATION IN CHARCOT ARTHROPATHY

- Acute phase
- Osteomyelitis
- Infected ulcers
  
- Poor bone stock
- Soft tissue pathology
- Poor compliant



**Internal  
fixation**

# ILIZAROV FRAME

## Indications for realignment / fusion with Ilizarov frame:

- **Severe unbraceable deformity / instability**
- **Deep infection**
- **Remaining deformity with recurrent ulcers despite of conservative treatment**

# EXTERNAL FIXATOR

## Advantages of Ilizarov circular frame:

- **The high degree of fixation rigidity achieved by wire placement and tensioning**
- **The flexibility of wire positioning**
- **Ability to weight bear immediately after fixation**
- **the apparatus provides complete support while the bone is healing**

# CASE 1.

M, 35 y

Non Hodgkin

Lymphoma L2-S1

Para paresis

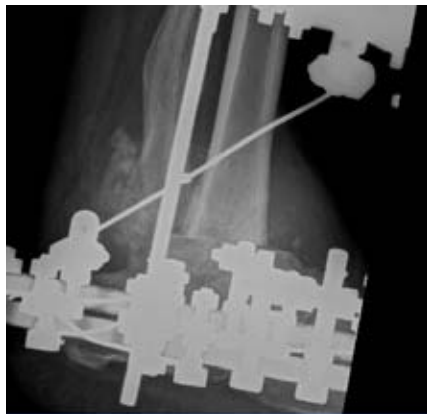
NOAP

Below knee amputation

contra lateral



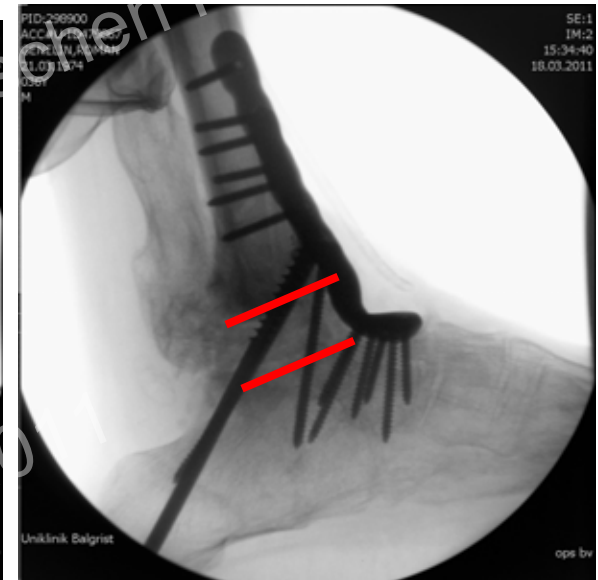
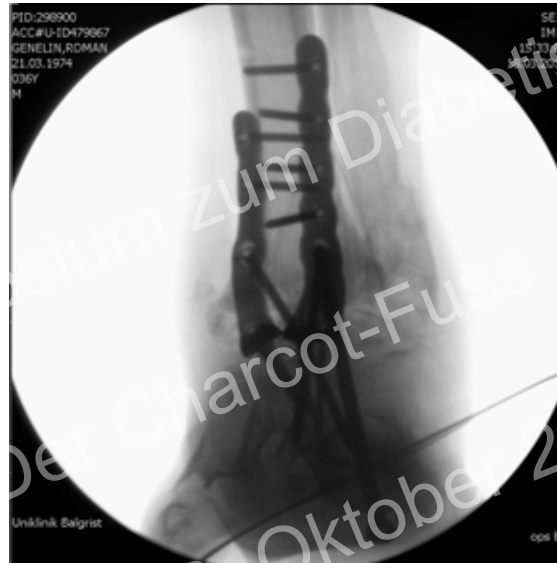
# CASE 1. ANKLE FUSION



# CASE 1. ANKLE FUSION



F-up 1 y



# CASE 1. ANKLE FUSION



**F-up 6 month**



# CASE 2.

**F, 75 Y**  
**Diabetic neuropathy**  
**Acute NOAP**



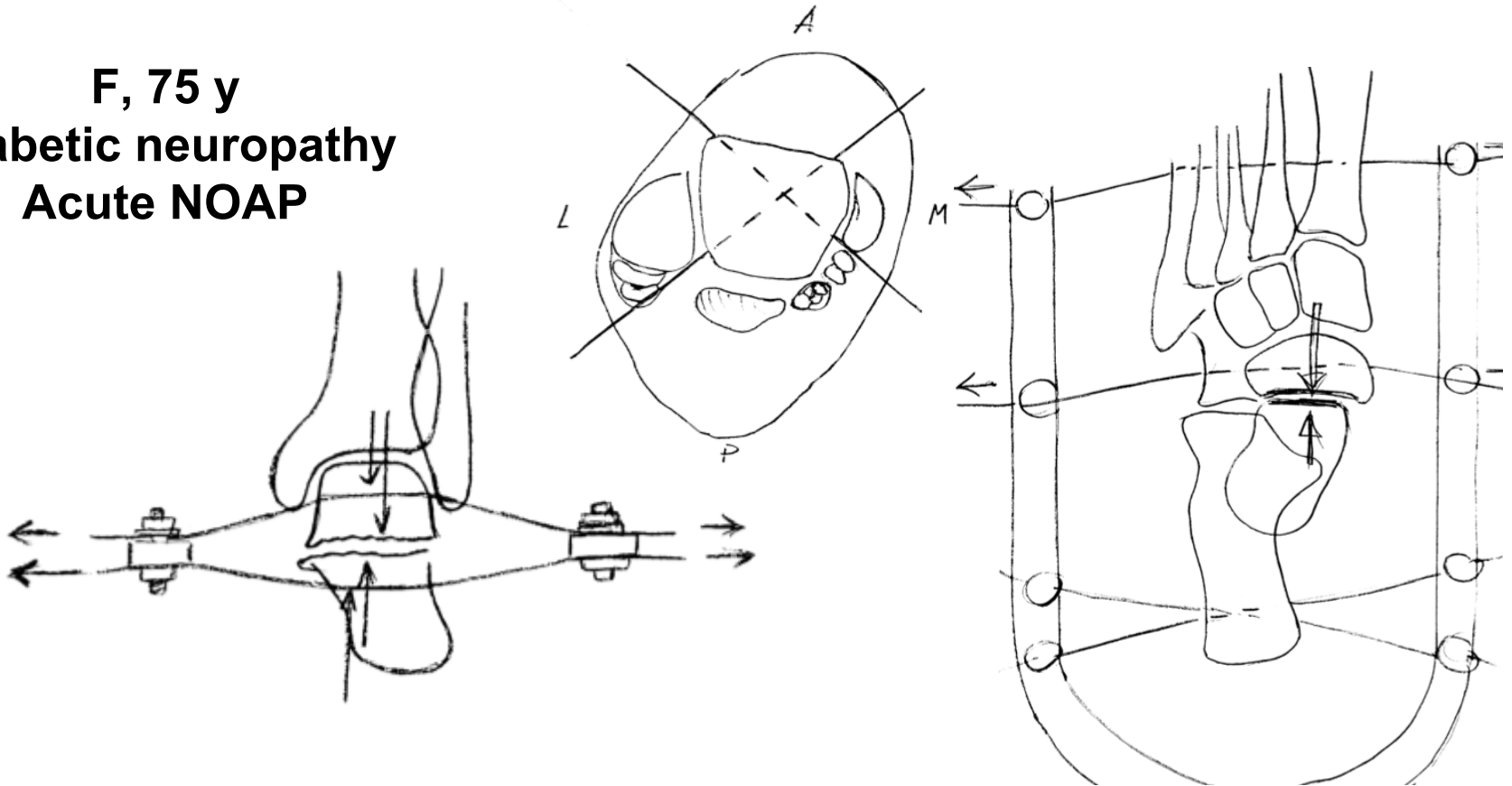
# CASE 2. TRIPLE FUSION

**F, 75 y**  
**Diabetic neuropathy**  
**Acute NOAP**



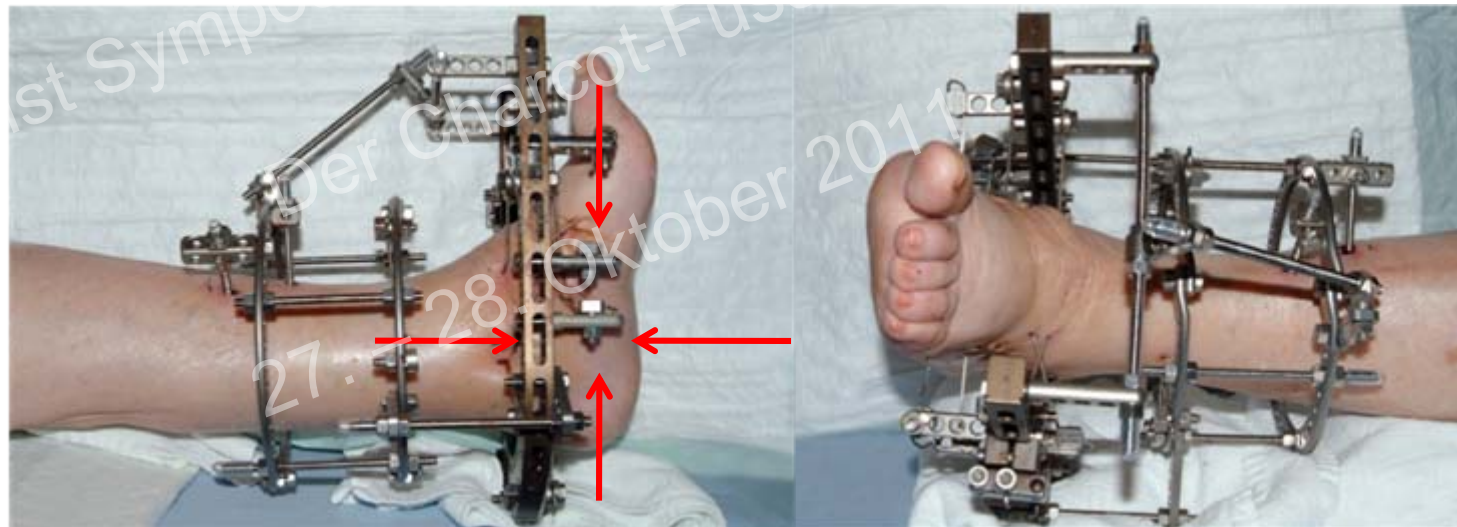
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# CASE 2. TRIPLE FUSION

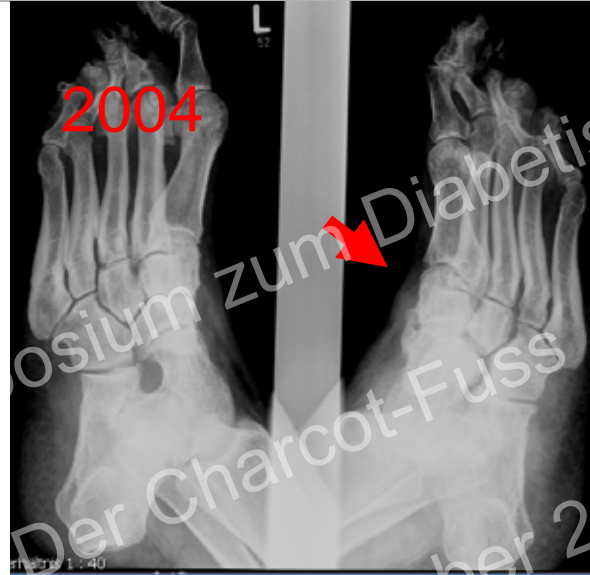
**F, 75 y**  
**Diabetic**  
**neuropathy**  
**Acute NOAP**



**F-up 2 y**

# CASE 3.

M, 41 y  
Idiopathic neuropathy  
Acute NOAP  
150 kg!

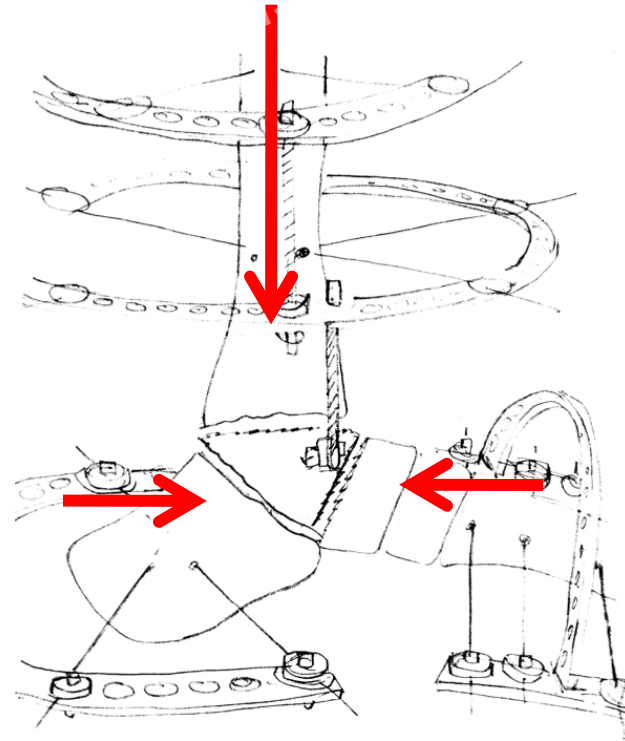


# CASE 3.



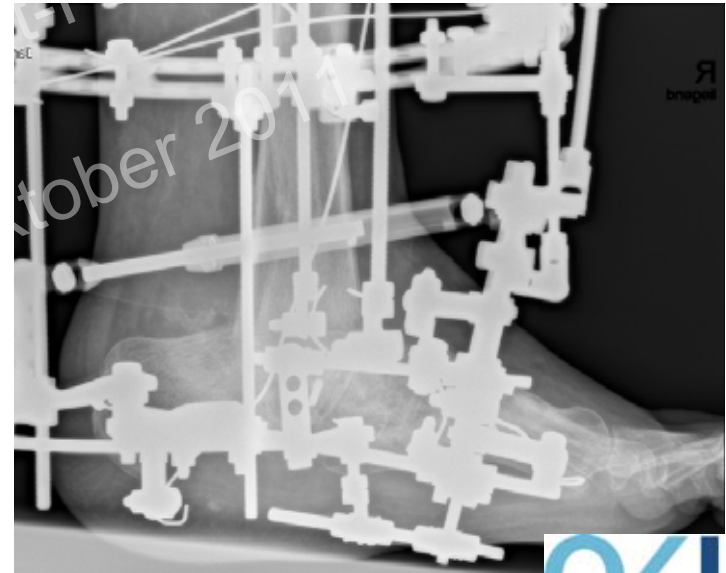
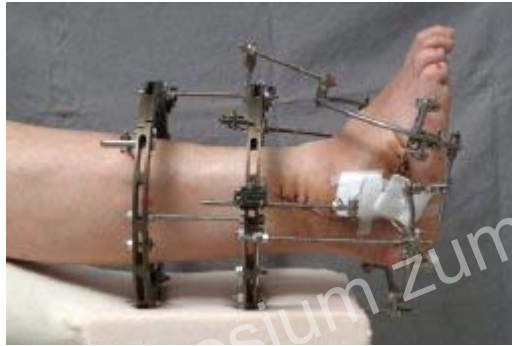
**Infected, progressive flatfoot**

# CASE 3. PANTALAR FUSION





# CASE 3. PANTALAR FUSION



# CASE 3. PANTALAR FUSION



**F-up 2 y**

# CASE 3. PANTALAR FUSION



# CASE 4. FAILED PANTALAR FUSION WITH INTERNAL IMPLANTS

**F, 54 y**

**Rigid flatfoot**

**Idiopathic**

**neuropathy**



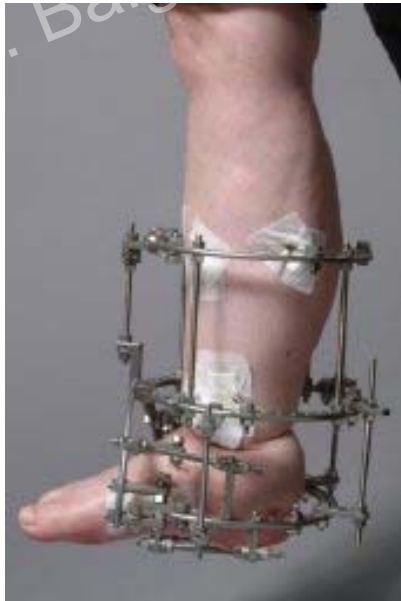
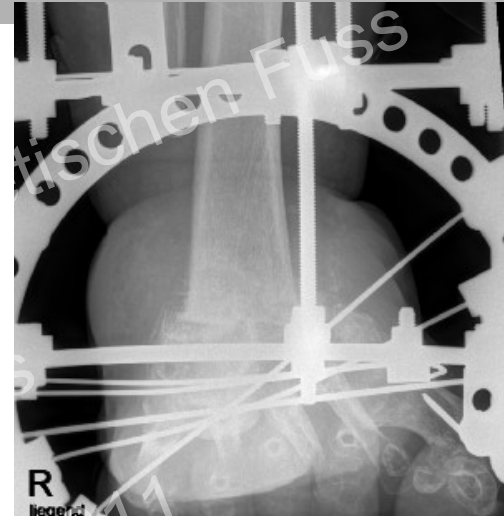
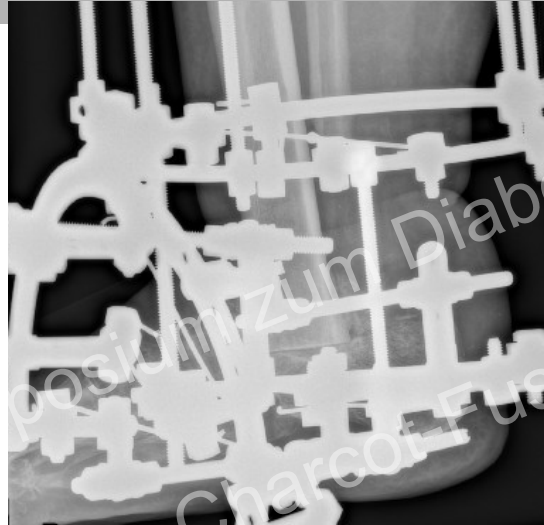
# CASE 4. FAILED PANTALAR FUSION WITH INTERNAL IMPLANTS



3 months



# CASE 4. REVISION HINDFOOT FUSION



# CASE 4. REVISION HINDFOOT FUSION



**F-up 2 y**

# CASE 4.

F, 18 y





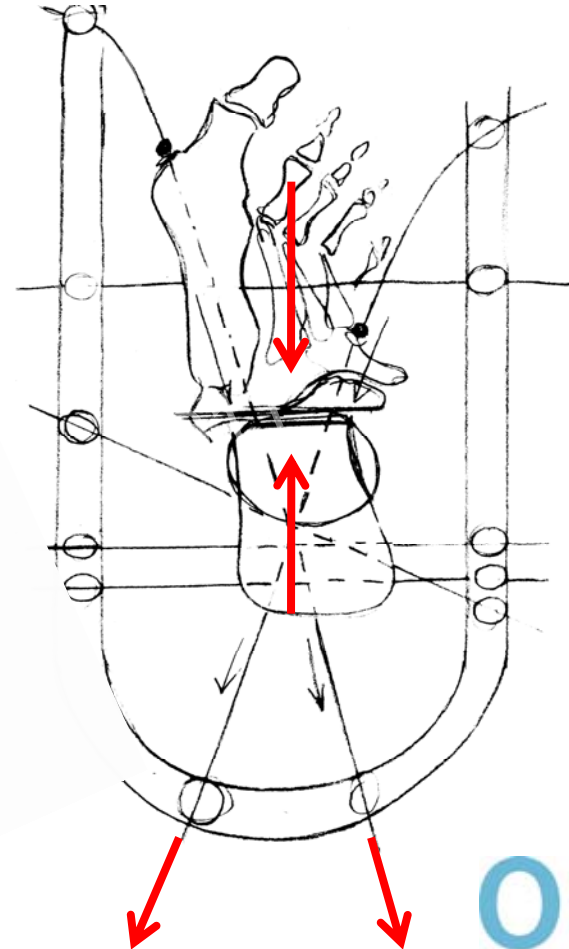
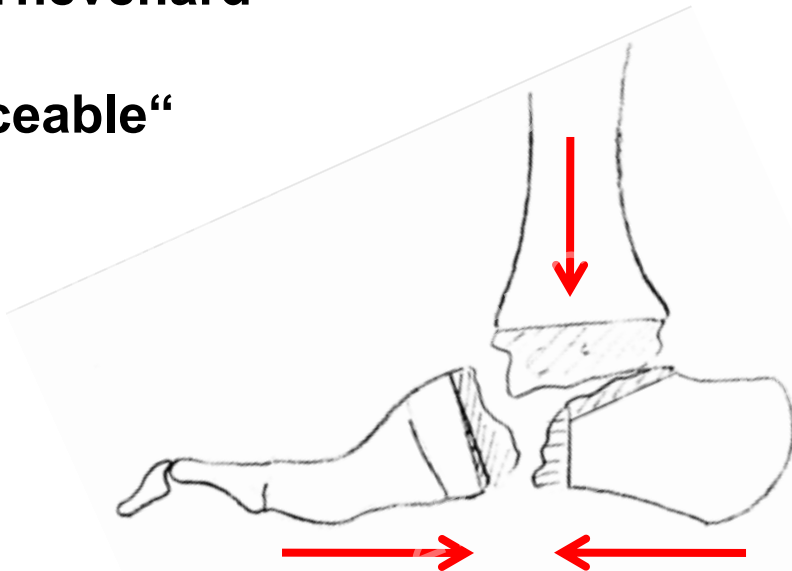
# CASE 4. EXTENSIVE TARSAAL RESECTION WITH RECONSTRUCTION

37 y  
Morbus Thevenard  
NOAP  
unbraceable



# CASE 4. EXTENSIVE TARSAI RESECTION WITH RECONSTRUCTION

37 J  
Morbus Thevenard  
NOAP  
„not braceable“





# CASE 4. EXTENSIVE TARSAAL RESECTION WITH RECONSTRUCTION



# CASE 4. EXTENSIVE TARSAAL RESECTION WITH RECONSTRUCTION

F-up  
1 y



F-up  
2 y

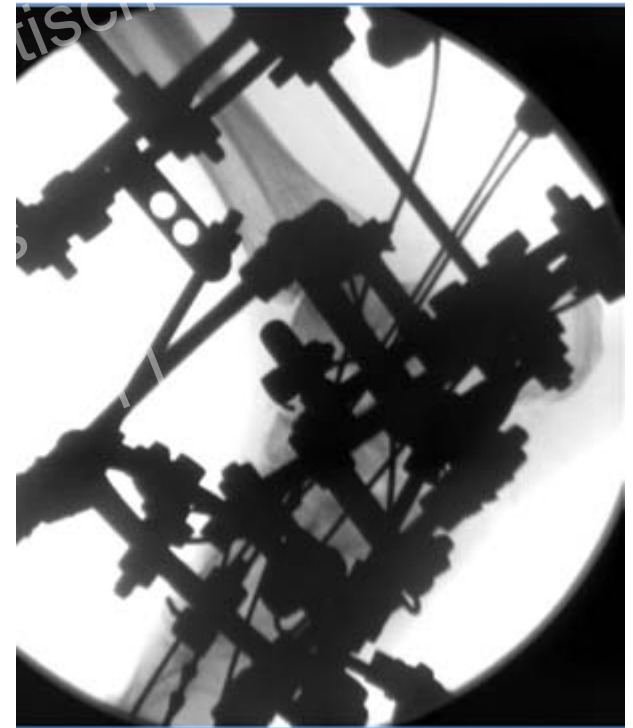


# CASE 5.

F, 67 y  
Diabetic neuropathy  
Chronic NOAP  
Osteomyelitis



# CASE 5. TARSALE RESECTION, MIDFOOT RECONSTRUCTION



32

# CASE 5. TARSALE RESECTION, MIDFOOT RECONSTRUCTION





# CASE 5. TARSAL RESECTION, MIDFOOT RECONSTRUCTION



F-up 2 y

# THANK YOU FOR YOUR ATTENTION

