

Rheumaliga, 24. Oktober 2015, Luzern

Fusschirurgische Rheumaorthopädie
Rheumaorthopädische Fusschirurgie
Fussorthopädische Rheumachirurgie
Rheuma Fuss Ortho Chirurgie

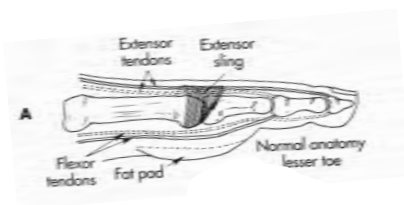
PD Dr. med. et phil. André Leumann

Inhalt

- *Vorfussdeformation*
 - *Hallux rigidus*
 - *Achillessehne*
- *Tibialis Posterior Dysfunktion – Pes planovalgus et abductus*
 - *OSG Arthrose*

Rheuma-induzierte Vorfussdeformation

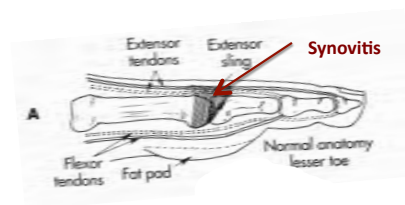
Stadium A



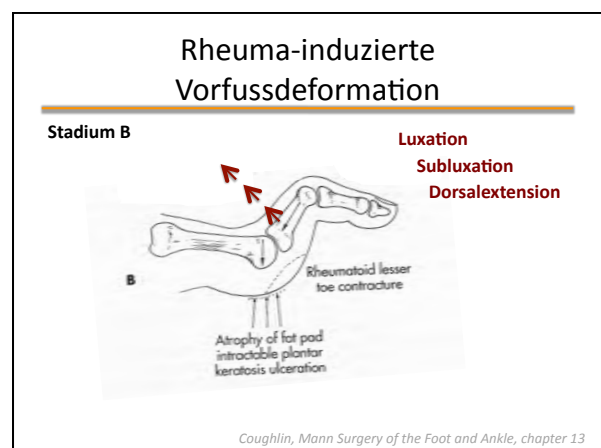
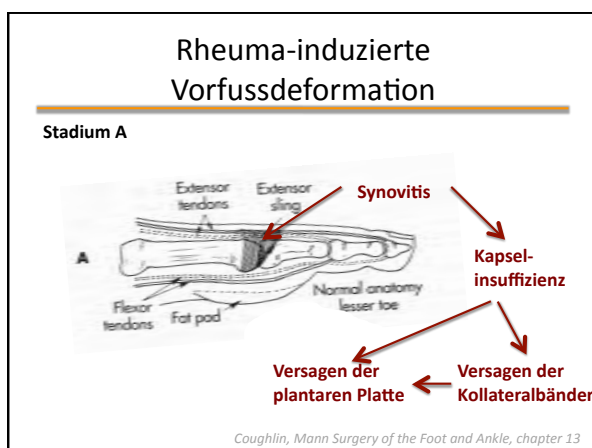
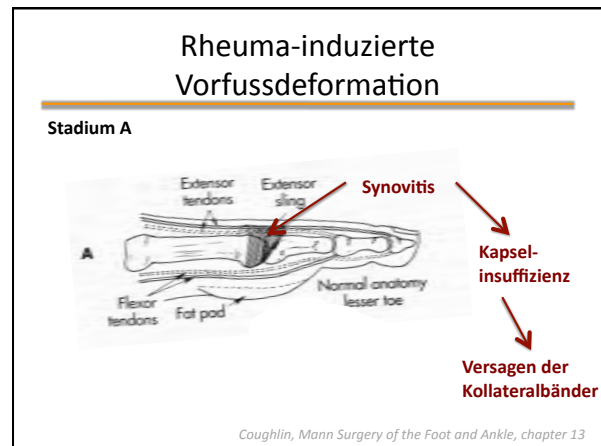
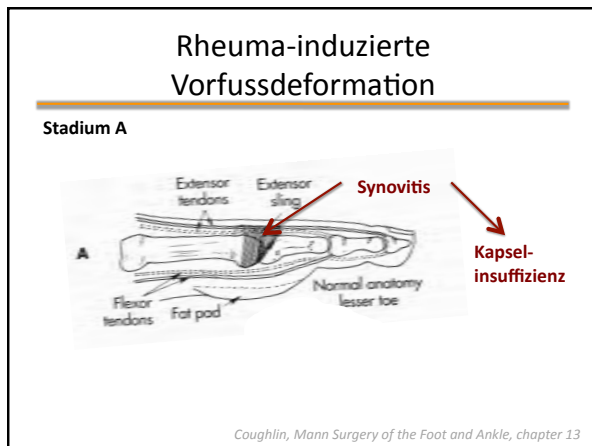
Coughlin, Mann Surgery of the Foot and Ankle, chapter 13

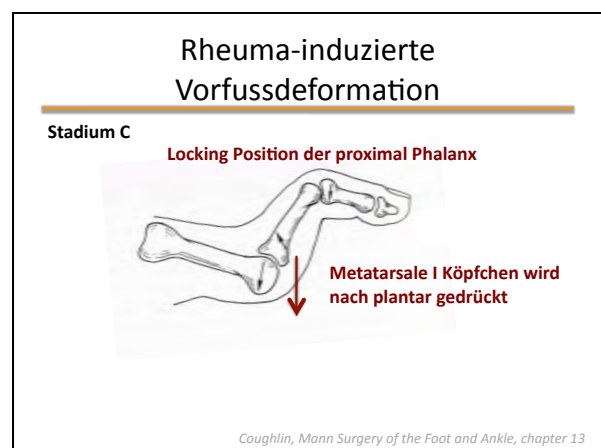
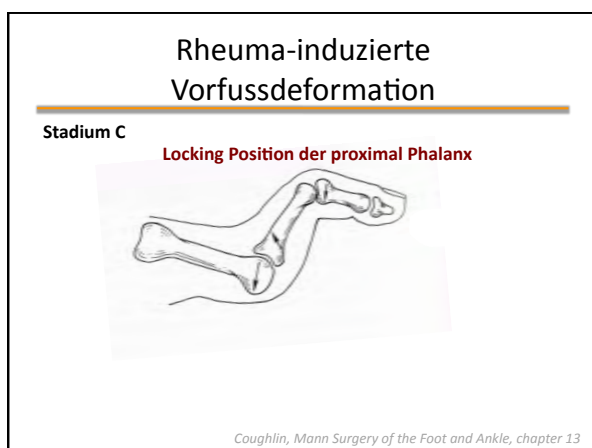
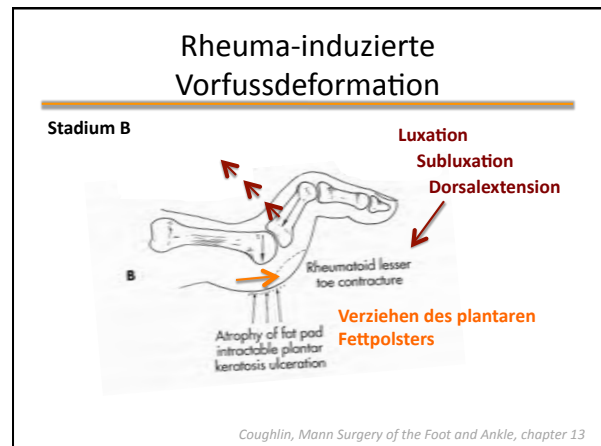
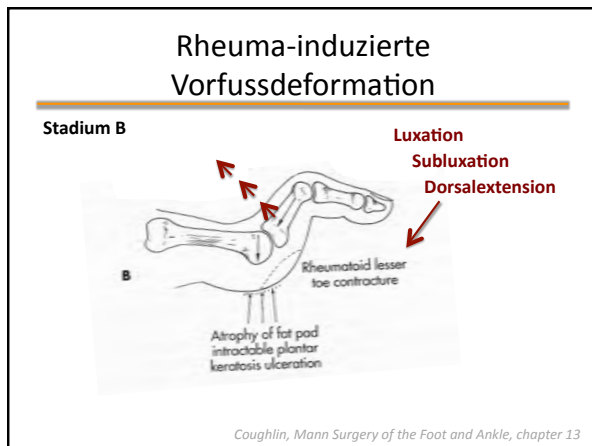
Rheuma-induzierte Vorfussdeformation

Stadium A



Coughlin, Mann Surgery of the Foot and Ankle, chapter 13






Rheuma-induzierte Vorfusdeformation

Stadium C

Locking Position der proximal Phalanx




Metatarsale I Köpfchen wird nach plantar gedrückt

Hyperkeratose (Horhaut)
Ulcera

Coughlin, Mann Surgery of the Foot and Ankle, chapter 13

Rheuma-induzierte Vorfusdeformation

Stadium D



Clavus

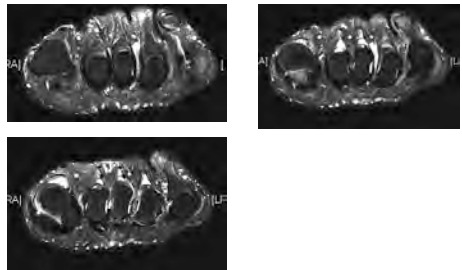
Hammer- / Krallenzehe

Dysbalance zwischen Extensoren/Flexoren

Coughlin, Mann Surgery of the Foot and Ankle, chapter 13

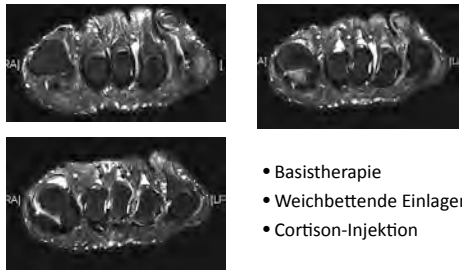
Rheuma-induzierte Vorfusdeformation

58jähriger Patient



Rheuma-induzierte Vorfusdeformation

58jähriger Patient



- Basistherapie
- Weichbettende Einlagen
- Cortison-Injektion

Rheuma-induzierte
Vorfussdeformation



Rheuma-induzierte
Vorfussdeformation



Rheuma-induzierte
Vorfussdeformation



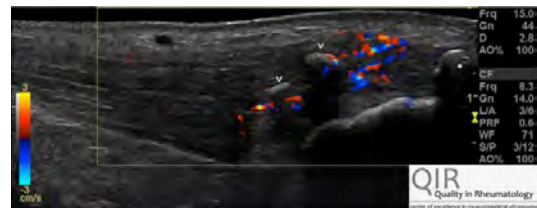
Rheuma-induzierte
Vorfussdeformation



Rheuma-induzierte Vorfusdeformation



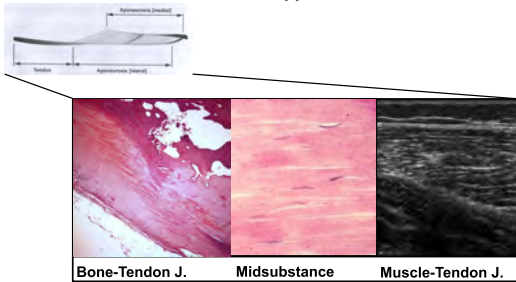
Die Achillessehneninsertion



Courtesy KD Dr. Giorgio Tamborini

Bursitis subachillea

Makrostruktur: Muskel-Sehnen-Apparat




Bursitis subachillea

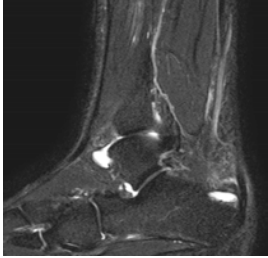
55jähriger Läufer



Bursitis subachillea



AS-Partialruptur



Calcaneus-Zyste

Bursitis subachillea

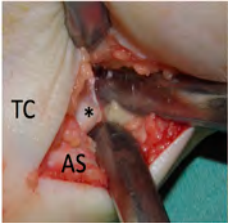
Konservative Therapie Haglund-Exostose/BSA

Stufe 1	Stufe 2	Stufe 3
Reduktion der Trainingsdauer	Systemisch NSAR	Infiltration der Bursa subachillea (z.B. Arnika, Hyaluronsäure, Formicain)
Änderung der Trainingsform (Aqua jogging, Fahrradergometer,...)	Extrakorporale Stosswellentherapie	
Angepasstes Schuhwerk (Einlagen, Silikonfersenschalen, Fersenerhöhung,...)		
Lokale NSAR		
Physiotherapie (inkl exzentrisches Krafttraining)		

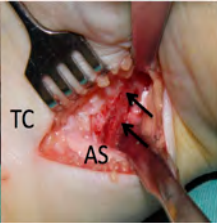
Beirth, Leumann, Farkas, Tamborrini, Sportortho Trauma 2014

Bursitis subachillea

Operative Therapie Haglund-Exostose/BSA



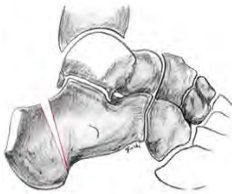
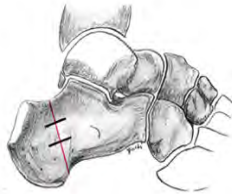
TC *
AS

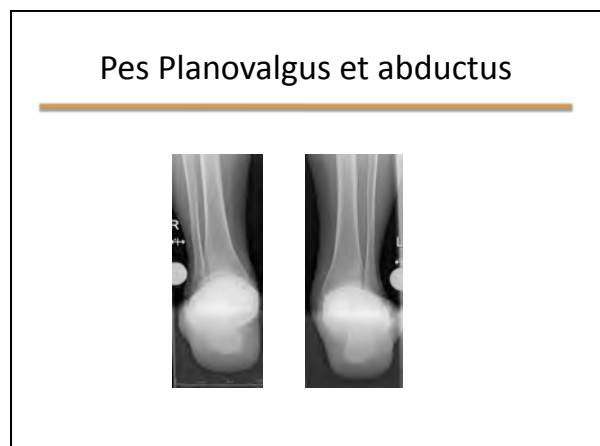


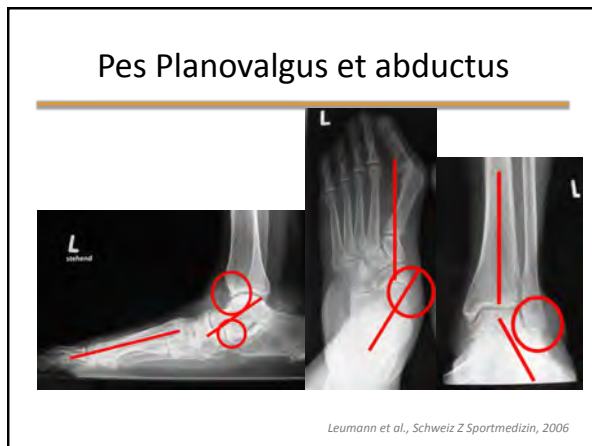
TC
AS

Bursitis subachillea

Operative Therapie Haglund-Exostose/BSA









	Johnson-Strom	Johnson-Strom	Johnson-Strom	Myerson
	Stadium 1	Stadium 2	Stadium 3	Stadium 4
Tibialis posterior Sehne				
Tenosynovitis oder Degeneration, oder beides		Elongation, Degeneration, Teilruptur	Elongation, Degeneration, Ruptur	Elongation, Degeneration, Ruptur
Deformität: Pes planovalgus abductus et supinatus	Absent	Flexibel, redressierbarer Planovalgus	Fixiert, unredressierbarer Planovalgus	Fixiert, unredressierbarer Planovalgus
Schmerz	Medial	Medial, lateral, or both	Medial, lateral, or both	Medial, lateral, or both
Too-many-toes sign	Negativ	Positiv	Positiv	Positiv
1st Met. rise sign	Negativ	Positiv	Positiv	Positiv
OSG-Deformität	Nein	Nein	Nein	Ja

Pes Planovalgus et abductus

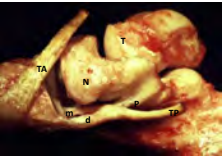


3 Funktionen

OSG Flexion

USG Inversion

Chopart Adduktion

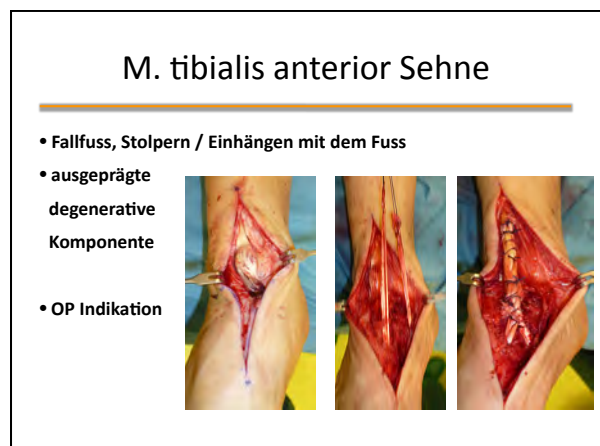
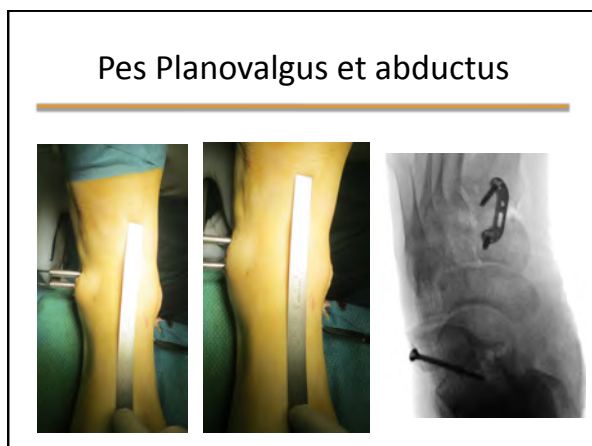
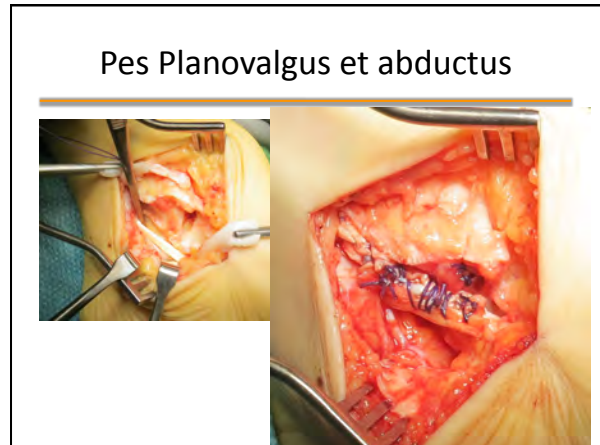


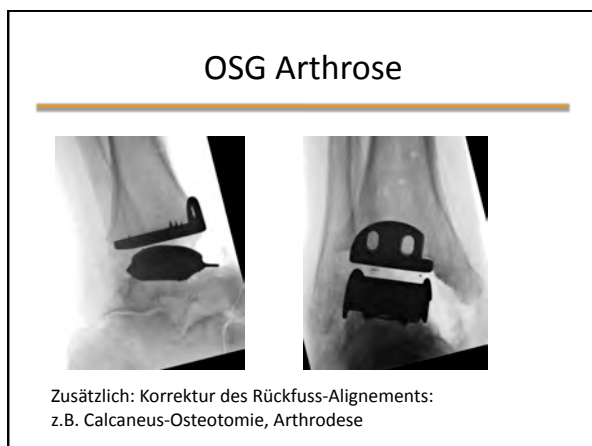
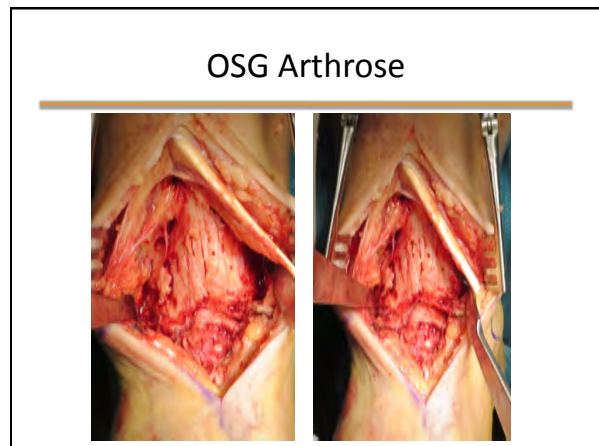
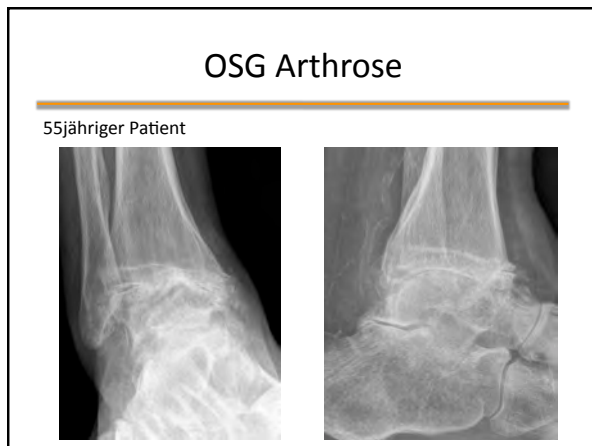
Insertion 3-Zügel-System

Funktion Stärkster Invertor
Locking-in
Fusswölbung

Pes Planovalgus et abductus

	Mediale Weichteil-Rekonstr.	Osteotomien Rückfuss/ Mittelfuss	Arthrodesen Rückfuss/ Mittelfuss	Supramall. OT, OSG-Prothetik
Stadium II	+ (TP, Spring, Deltoid)	+		
Stadium III	+ (Deltoid)		+	
Stadium IV	+ (Deltoid)		+	+





OSG Arthrose

Table 1. Etiology of ankle osteoarthritis.

Etiology group	Distribution		
	Number of ankles (number of patients)	Percentage	Number of males/females*
Posttraumatic osteoarthritis	318 (313)	78	153/165
Malleolar fracture (AO fracture type 44)	157 (157)	39	63/94
Ankle ligament lesions	65 (60)	16	44/21
Tibial plafond fracture (AO fracture type 43)	58 (58)	14	28/29
Tibial shaft fracture (AO fracture type 42)	20 (20)	5	10/10
Talus fracture	9 (9)	2	5/4
Severe combined fractures	9 (9)	2	6/3
Secondary osteoarthritis	52 (46)	13	27/25
Rheumatoid arthritis	23 (19)	5	5/17
Hemochromatosis	11 (9)	3	5/5
Hemiplegia	6 (5)	1	6/0
Claydon	4 (4)	1	2/2
Avascular talus necrosis	3 (3)	1	3/0
Osteochondritis dissecans	3 (3)	1	0/2
Postinfectious arthritis	3 (3)	1	2/1
Primary osteoarthritis	36 (31)	9	25/11
Total	406 (390)	100	200/197

* Association between gender and etiology: chi square (13) = 38.979, p < 0.001.

Valderrabano et al., CORR 2009

OSG Arthrose

Arthrodesse

Goldstandard

OSG ist steif

wird von Weichteilen besser toleriert

Anschlussarthrose

niedrigere Revisionsrate

Risiko des Non-Union

OSG Prothese

OSG bleibt beweglich

mehr Stress für Weichteile

schützt Anschlussgelenke

schwierig bei Mal-Alignment

höhere Revisionsrate

Zusammenfassung

Vorfußdeformität

- Stadien der Deformation
- Weichbettung des Vorfußes
- Stabiler erster Strahl

Achillessehne

- Enthesiopathie versus Bursitis subachillea

Pes planovalgus et abductus:

- Tibialis Posterior Sehne
- Stadienadaptierte Therapie

OSG Arthrose

- Prothese versus Versteifung



Sporttraumatologie • Fusschirurgie • Endoprothetik • Arthroskopie

ab 1. März 2016
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