



ISAKOS  
CONGRESS  
2023



**Boston**  
Massachusetts  
June 18–June 21



# All-inside endoscopic anatomic reconstruction leads to satisfactory functional outcomes in patients with chronic ankle instability

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# Disclosures:

Dr Bauer : consultant for Arthrex

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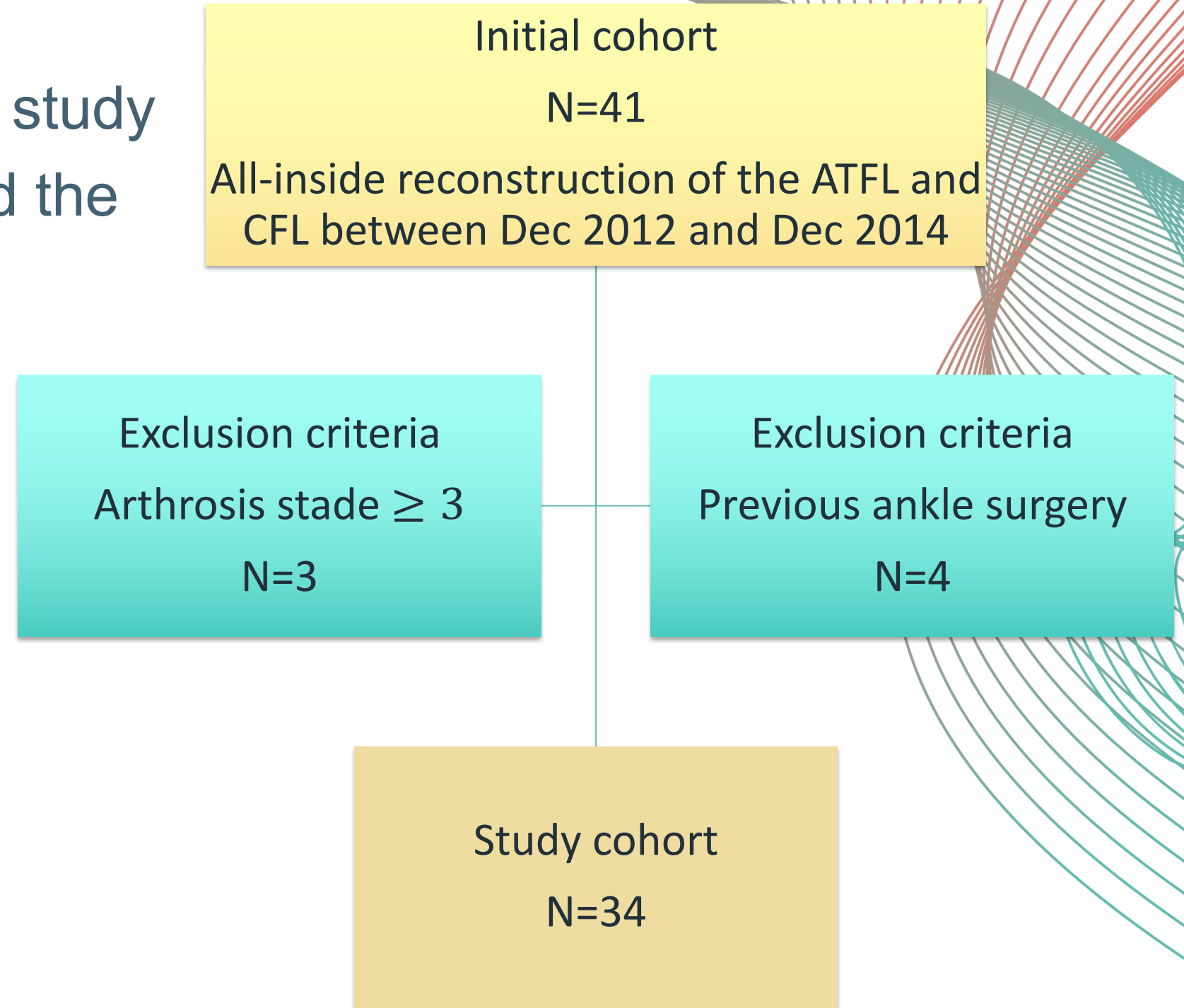
# Introduction

- Ankle sprain: most frequent sport injury
- Risk: chronic instability
- Multiple surgeries described: anatomical and non-anatomical
- Purpose: to evaluate the functional scores and complication rates of an all-inside anatomic reconstruction technique to treat Chronic Ankle Instability (CAI) at a minimum follow-up of 24 months



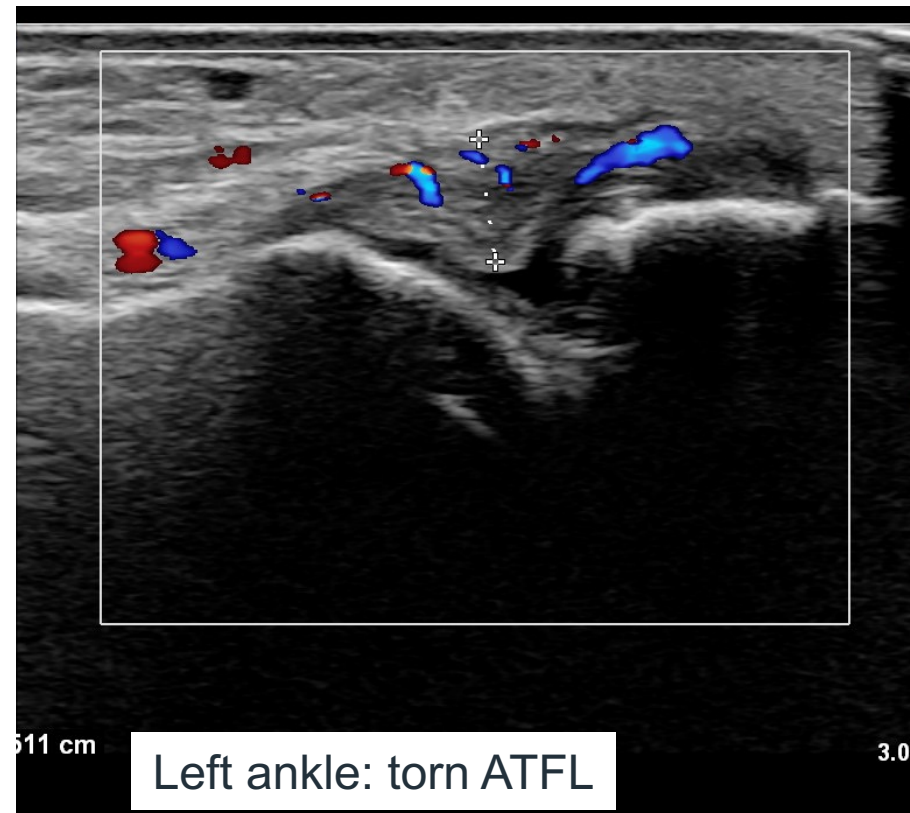
# Materials and methods

- Retrospective, monocentric study
- One surgeon who described the technique: S. Guillo

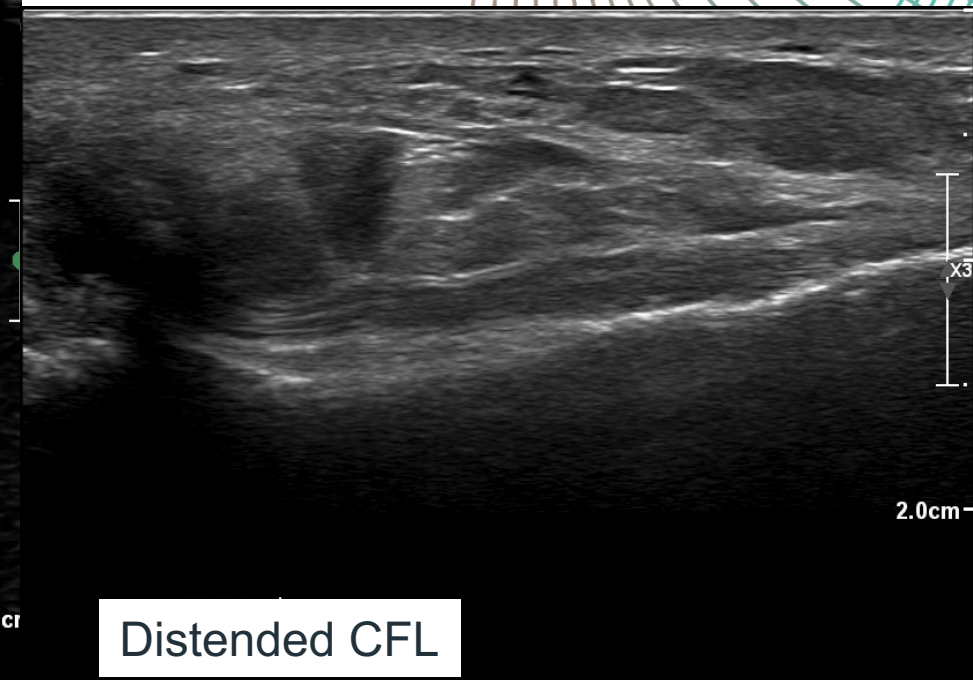


# Materials and methods

- Diagnosis of instability:
  - Failure conservative treatment
  - Minimum 3 months after last ankle sprain
  - Feeling of instability
  - Laxity
  - Sonographic diagnostic by an expert musculoskeletal radiologist



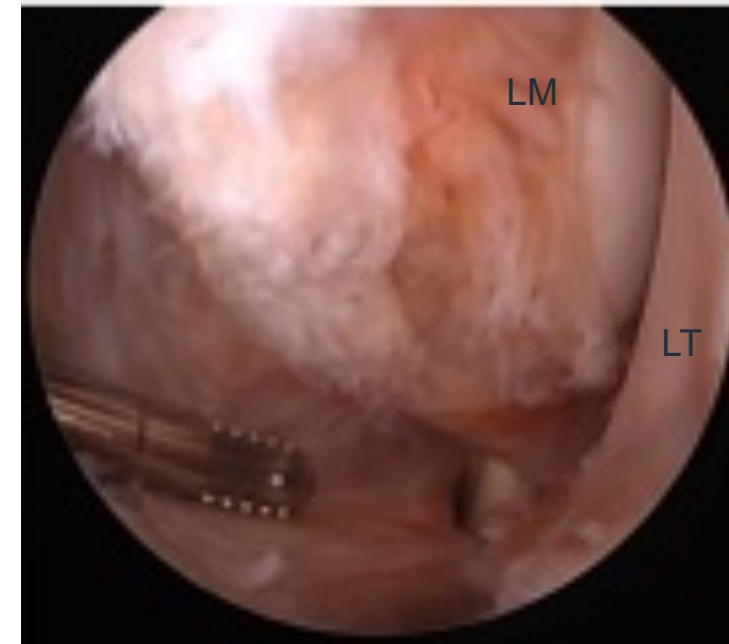
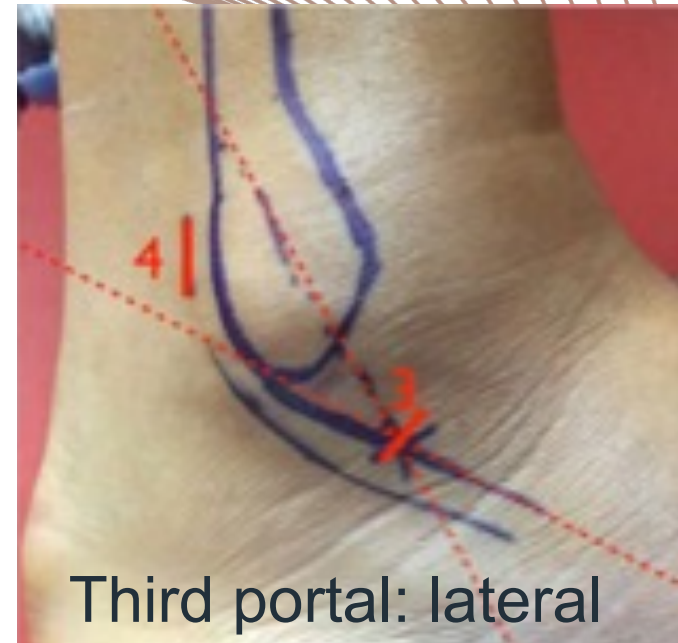
Left ankle: torn ATFL



Distended CFL

# Materials and methods

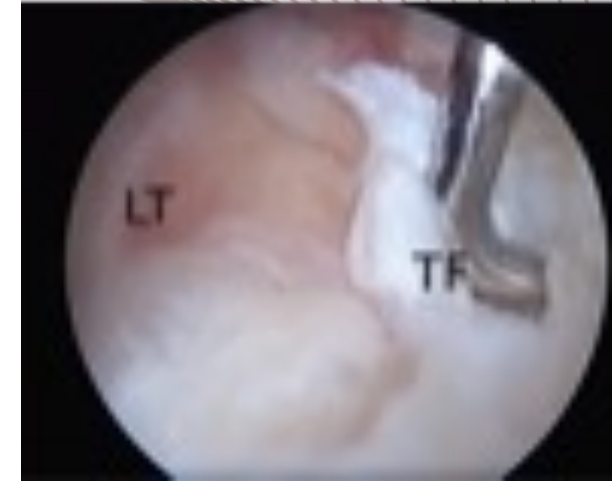
- Surgical technique, described by S. Guillo
- 3 portals: anteromedial, anterolateral and lateral
- 5 steps:
  - 1) Lateral gutter debridement
  - 2) Drilling of the calcaneal and fibular tunnels through the lateral portal



LM: Lateral Malleolus  
 LT: Lateral side of the Talus  
 No remaining ATFL

# Materials and methods

- 3) Drilling of the talar tunnel through the anterolateral approach
- 4) Positioning of the Gracilis graft, at first in the talar tunnel with an interference screw, then in the fibula with an endobutton
- 5) Fixation in the calcaneal tunnel with an interference screw



LT: Lateral side of the Talus  
TF: Talar Footprint of the ATFL



Final aspect of the ligamentoplasty

# Materials and methods

- Postoperative rehabilitation:
  - Aircast 3 weeks
  - Partial weightbearing and mobilisation at D15
  - Inversion and eversion movements at D45
  - Sports M5
- Clinical evaluation:
  - American Orthopaedic Foot and Ankle Society (AOFAS)
  - Karlsson score
  - Ankle Activity Score (AAS)
  - Satisfaction (0-10)
  - Reoperation
  - Instability
  - Eversion/inversion deficiency





# Results

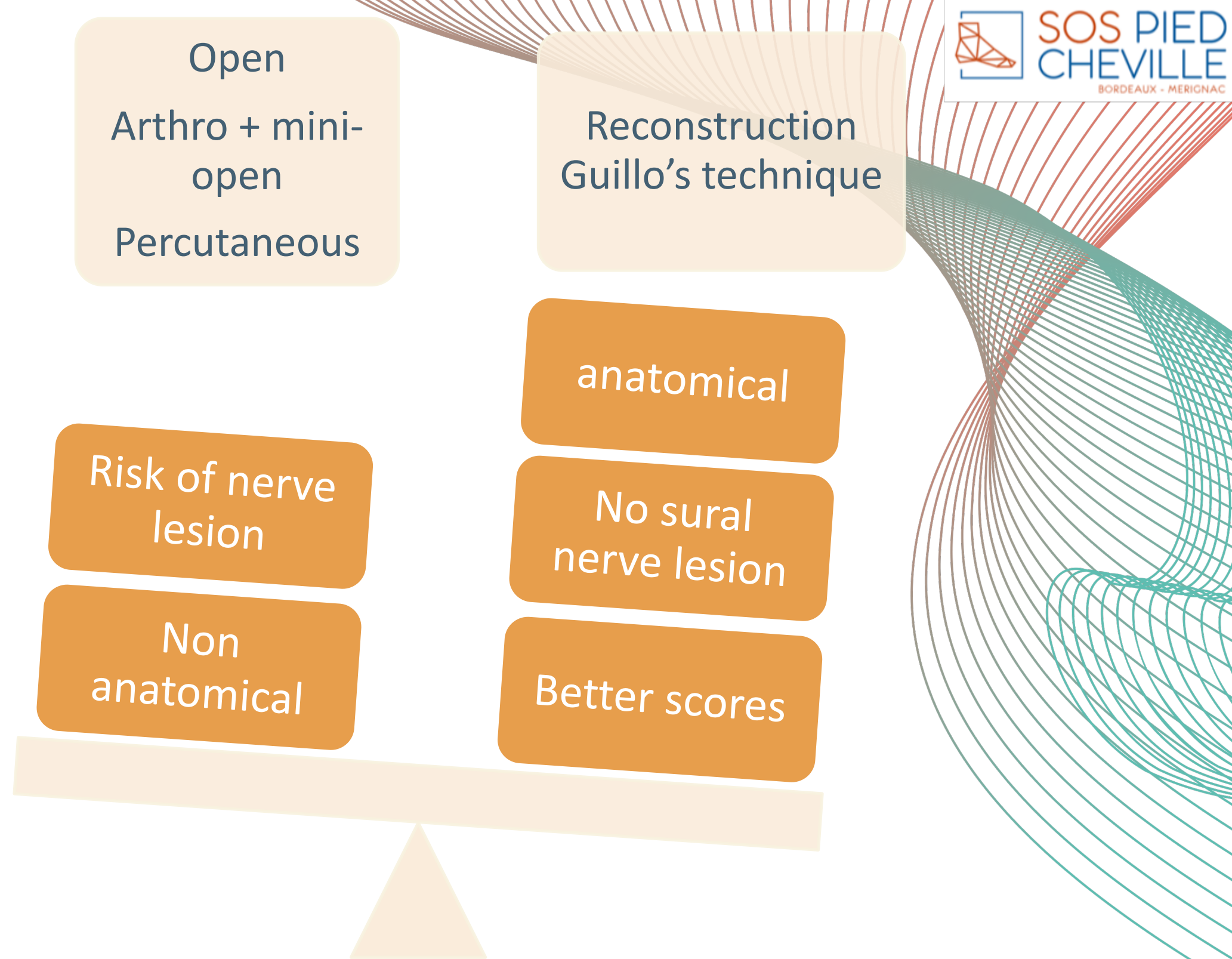
Patients	M/F	Age	BMI	Dominant foot	complications	reoperations	instability	Eversion/ inversion deficiency
N=34	25/ 9	35,6 (16- 53)	25,6 (18- 37)	50%	1 hematoma	6 1 hematoma 5 removals of endobutton	0	0

# Results

	Preop	Postop	Progression
	Median	Median	Median
Follow up (M)		48,7 (24-70)	
AOFAS	60,3 (28-77)	94,3 (78-100)	34 (14-68)
KARLSSON	49 (17-77)	87,2 (62-100)	38,3 (5-60)
AAS		5,6 (2-9)	-0,1 (-4- 0)
Satisfaction	5,7 (2-9)	8,6 (2-10)	8,6 (2-10)



# Discussion



# Conclusion

- Advantages of the arthroscopic techniques
- Excellent results at 2 years
- Benefits in hypermobility, repair failure
- Necessity long-term follow up
- Need to improve the fibular fixation



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