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Ankle Arthroscopy Combined With Hardware Removal For Chronic Pain After Fracture.

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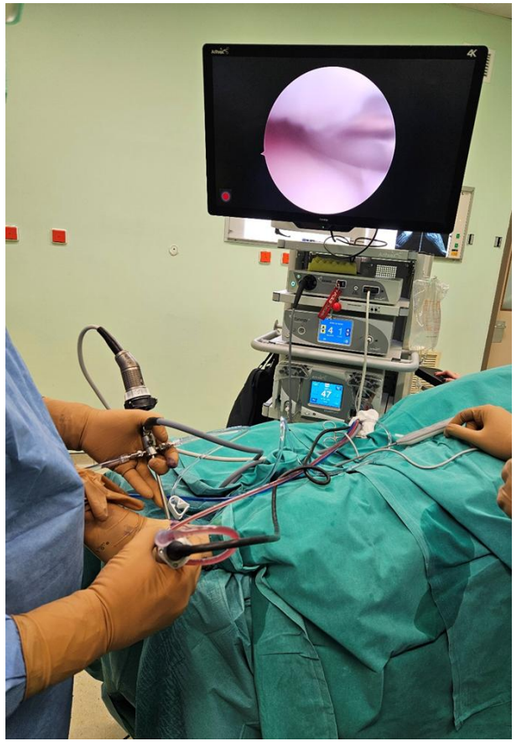
Faculty Disclosure Information

- Nothing to disclosure.

Purpose

The purpose of this prospective study was to **evaluate** the **effectiveness** of **arthroscopy combined** with **hardware removal** for **chronic pain** after satisfactory healing of **ankle fractures**.

We hypothesized that **combining hardware removal with arthroscopy** for the intra-articular pathology would improve residual complaints more versus the hardware removal alone.



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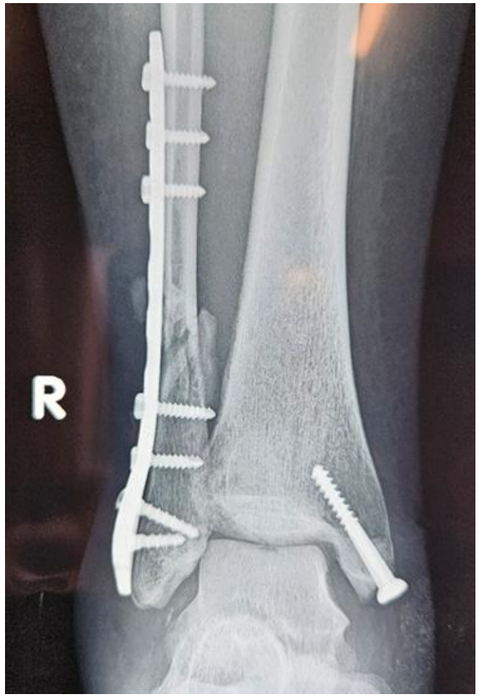
Methods

The last **12 years**, the outcomes of **120 patients** (61 female-59 male) of **mean age 37,2y** (Group A) and **33,3y** (Group B), with **chronic pain** after **healed ankle fracture** treated with two different therapeutic plans, by **two** different **Surgeon Groups** were prospectively studied.

In **Group A**, it was performed **hardware removal** with conservative treatment and in **Group B**, **arthroscopic intervention** with **hardware removal**.

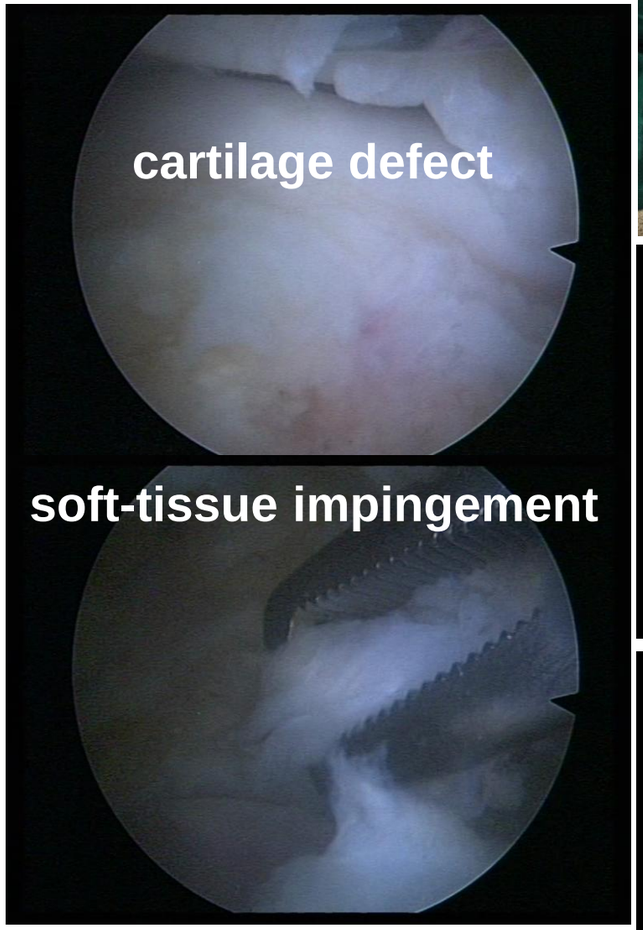
Patients were reviewed **pre-, 6** and **12 months post-**operatively using **ROM**, **VAS**, American Foot and Ankle Society (**AOFAS**) scale and the Foot and Ankle Disability Index (**FADI**).

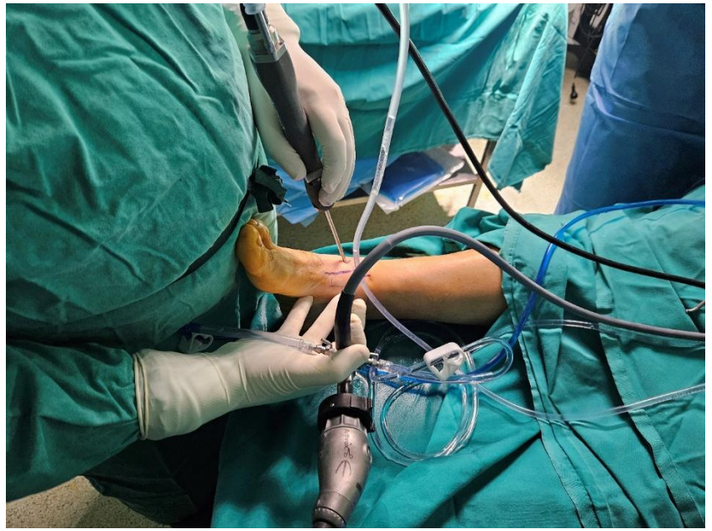
Group A - ONLY hardware removal

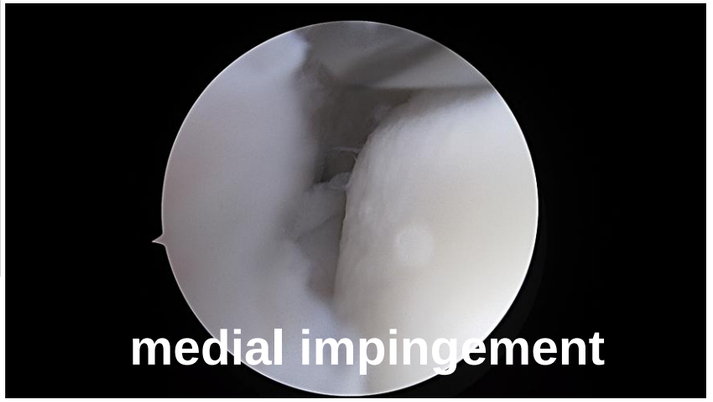


+ physiotherapy

Group B – ARTHROSCOPY + hardware removal







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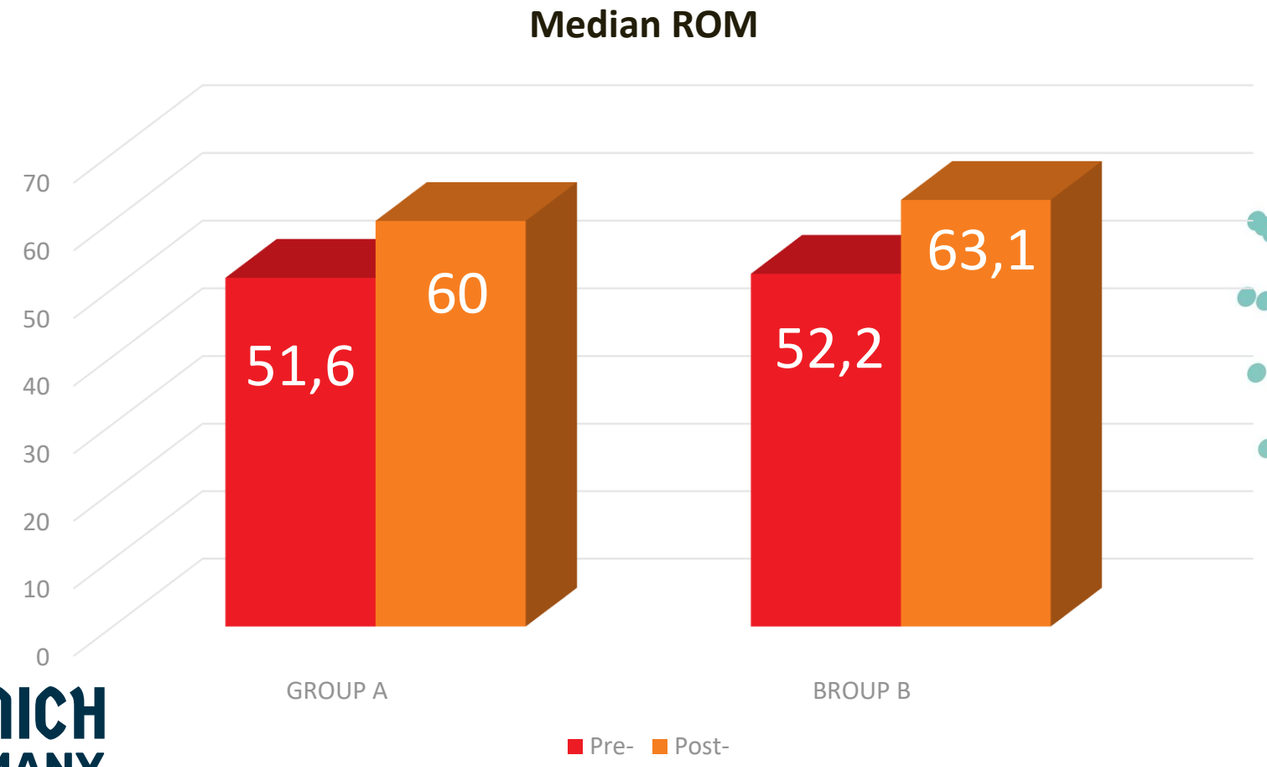
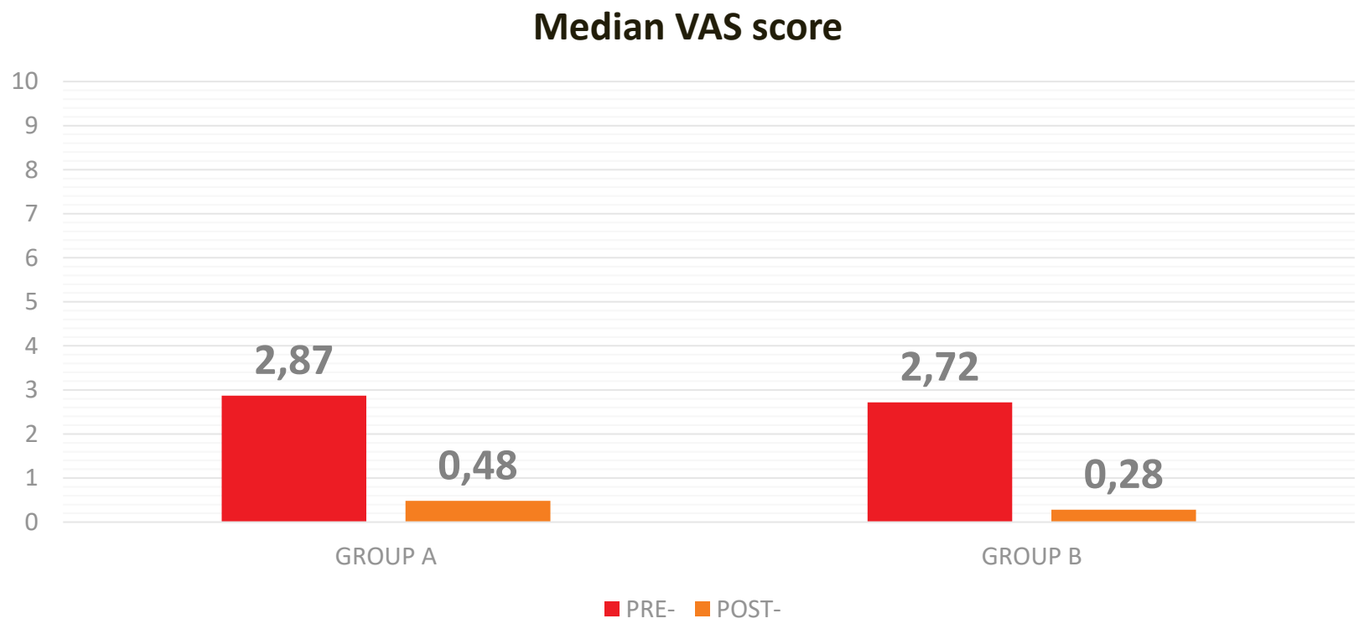
Results

- **Median ROM improved significant** from 51,6 (45-60) points to 60 (55-65) points in group A; and from 52,2 (45-60) points to 63,1 (55-65) points in group B, and this improvement was significantly higher for patients in group B (MWU test: z-score is -4.83; significant at p <0.05).



Results

- **Median VAS** scores **improved significant** from 2,87 (2-4) points to 0,48 (0-1) points in group A and from 2,72 (2-4) points to 0,28 (0-1) points in group B, and this improvement was not significant between two groups (MWU test: z-score 1.89 / not significant at p <0.05).



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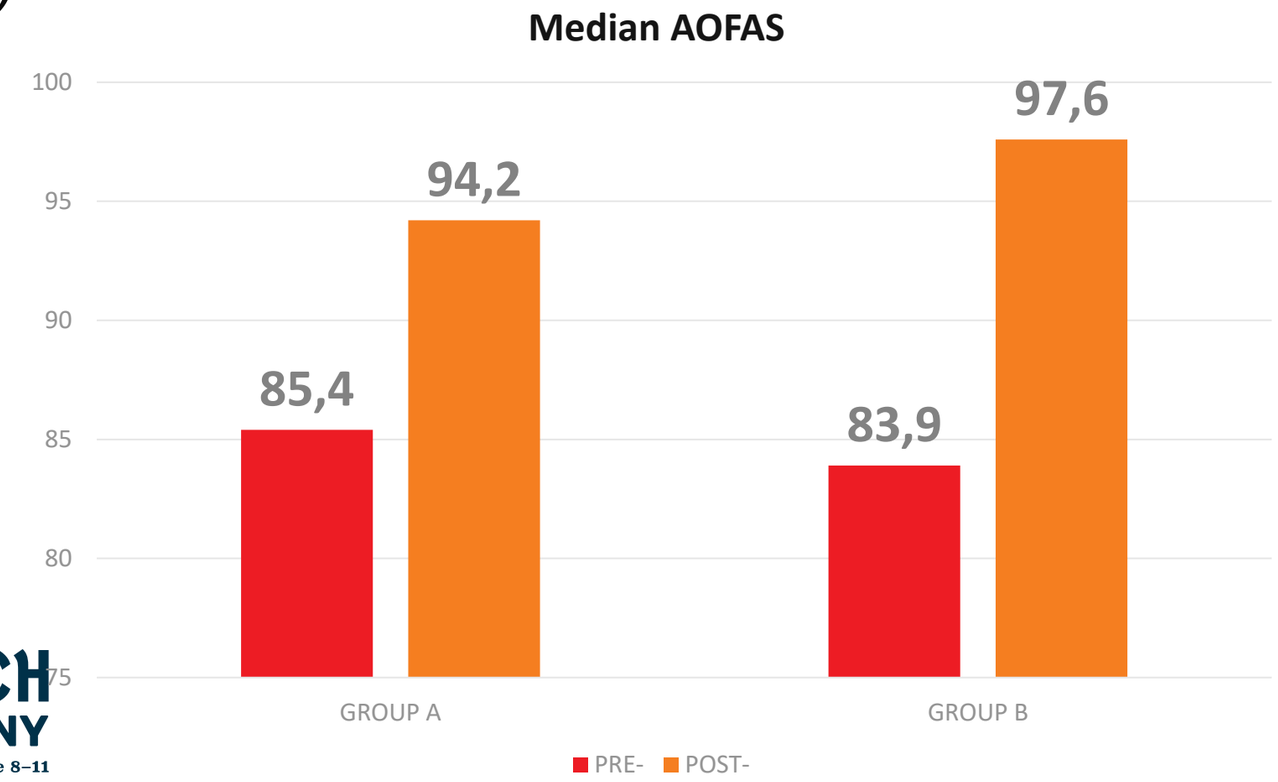
Results

- **Median AOFAS** scores **improved significantly** from 85,4 (77-95) points to 94,2 (83-100) points in group A and from 83,9 (77-91) points to 97,6 (94-100) points in group B, and this improvement was significantly higher for patients in group B (MWU test: z-score -4.47; significant at p <0.05).



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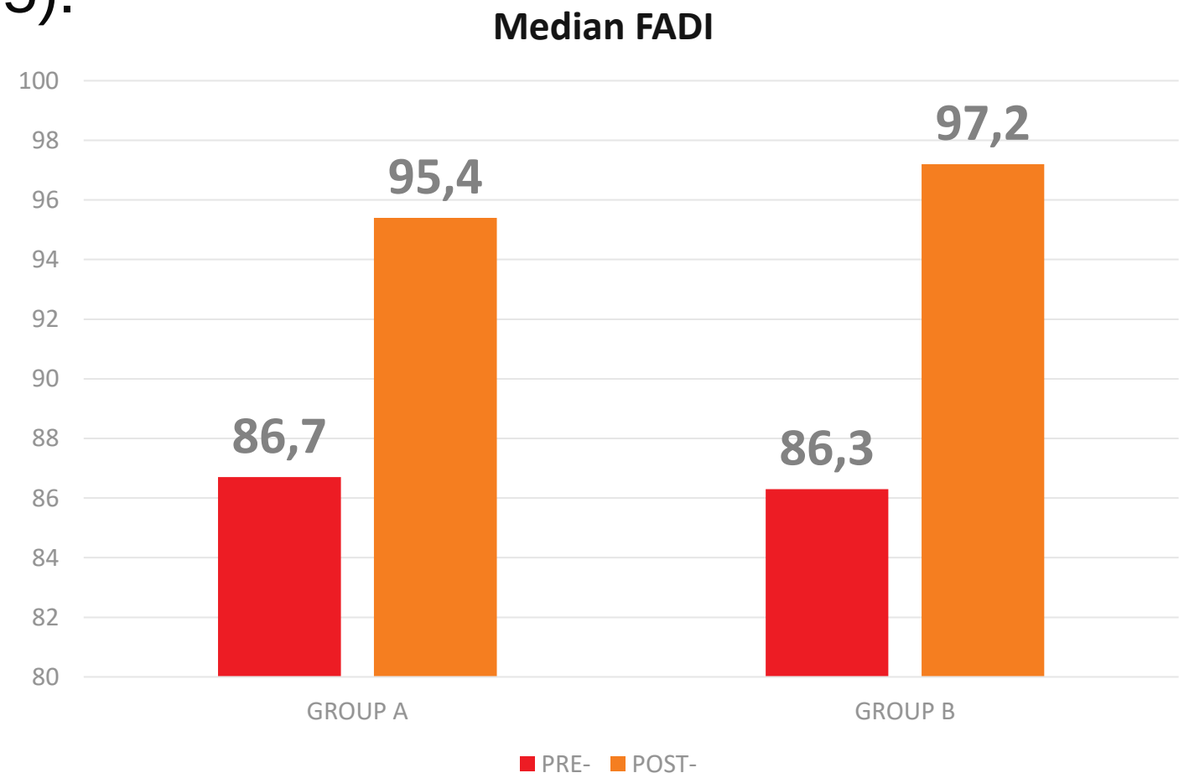
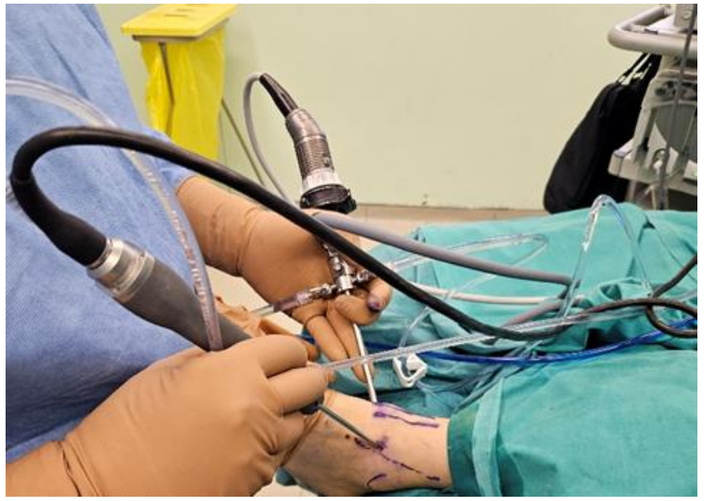
Results

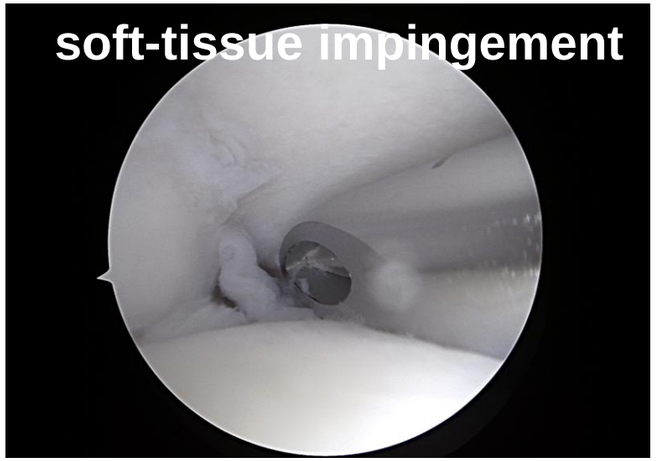
- Median FADI scores improved significantly from 86,7 (76,9-90,4) points to 95,4 (91,3-99) points in group A and from 86,3 (76,9-90,4) points to 97,2 (91,3-100) points in group B, and this improvement was also significantly higher for patients in group B (MWU test: z-score -4.47; significant at p <0.05).

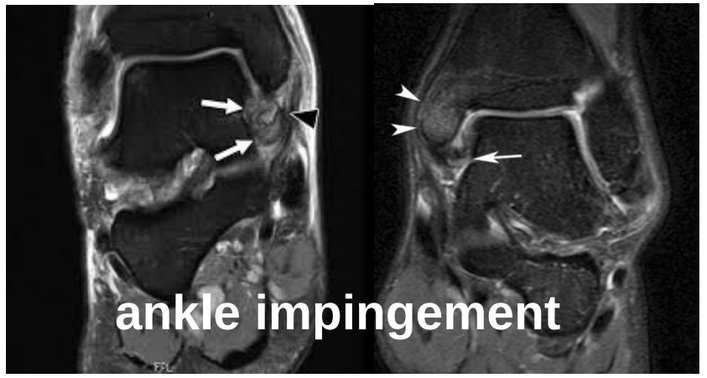


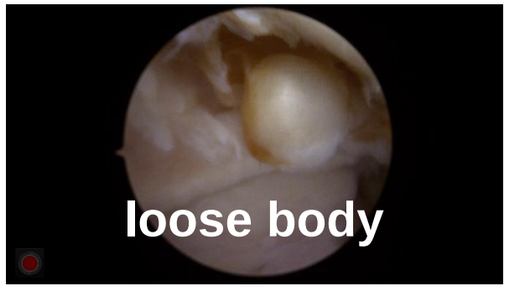
Conclusions

This study supports the conception that when there is a definite diagnosis such as **loose body, bony impingement, cartilage defect or anterolateral or anteromedial soft-tissue impingement causing chronic pain** after **healed ankle fracture**, **arthroscopic treatment** with hardware removal is a **better** treatment option than hardware removal and conservative treatment.









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