Subtalar Arthroscopic Surgery Utilizing 1.9-mm Diameter Needle Arthroscopy for Osteochondral Lesions of the Subtalar Joint Without Any Invasive Distraction: A Report of Three Cases

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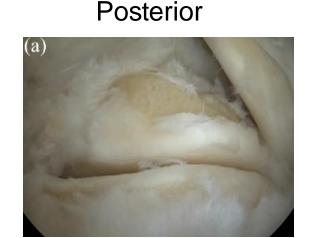
Conflict of Interest

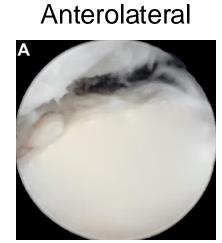
Nothing to disclose

Subtalar Joint Arthroscopy

Posterior approach

Anterolateral approach (Sinus Tarsi)





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Sometimes, approaching the intra-articular space can be challenging

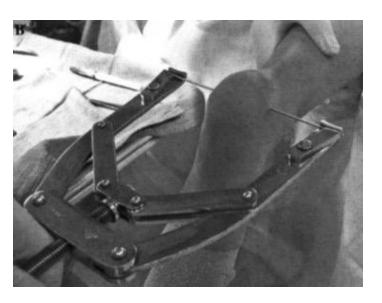
Subtalar Arthroscopy for Osteochondral Lesions (OCL)



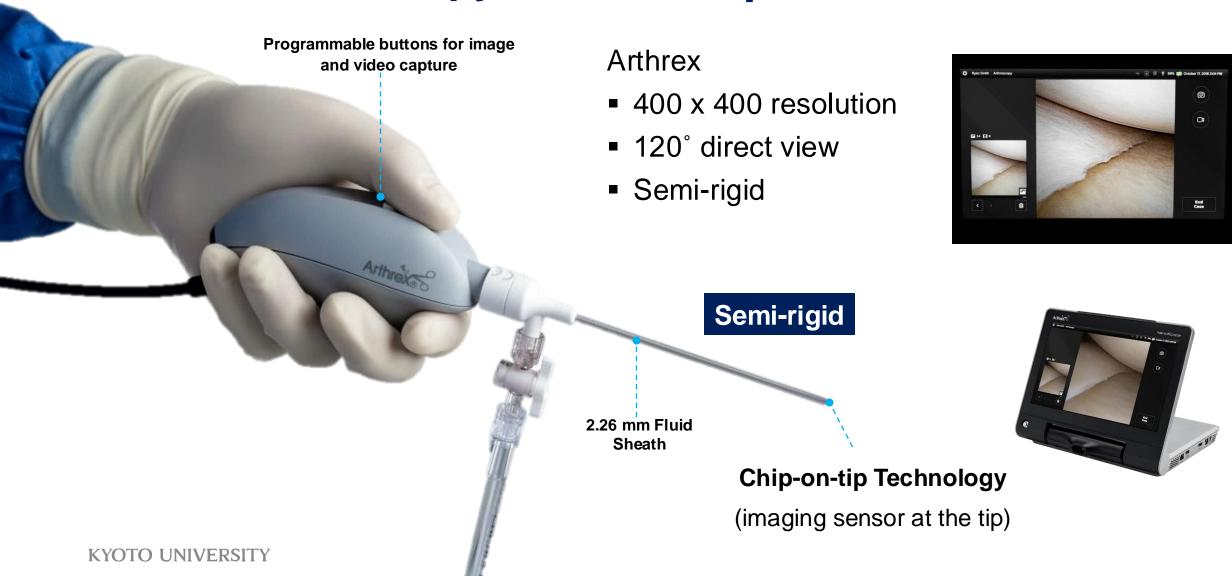
 In some cases, invasive traction equipment is required to approach the joint arthroscopically

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Needle Arthroscopy: NanoScopeTM



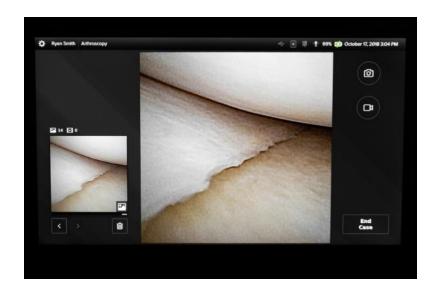
NanoScope Camera

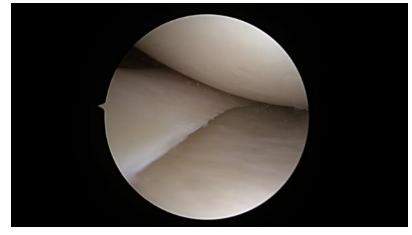


2.2 mm inflow/outflow sheath Approximately 15-gauge needle



5.9 mm inflow/outflow sheath







Needle arthroscopy for subtalar OCL

 We present three cases of arthroscopic bone marrow stimulation with platelet-rich plasma (PRP) without invasive distraction using 1.9-mm diameter needle arthroscopy (NanoScopeTM) for subtalar joint OCLs

NanoScope for Subtalar OCL

- 3 cases (3 feet)
- Mean age: 35 years (29, 37, 40)
- All OCL were on the calcaneal side of the posterior facet
- Arthroscopic visualization via anterolateral portal using NanoScope and bone marrow stimulation performed via central portal. For cases with cysts, cancellous bone was harvested from the calcaneus and grafted.
- PRP injection into the subtalar joint 3 days after surgery
- No traction device. Only manual inversion stress was performed to approach the OCL









Case: 37 yo male

Manual inversion stress only











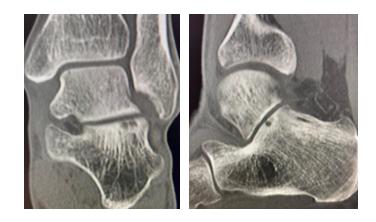


OCL

debridement

Case: 37 yo male

Manual inversion stress only





Microfracture (Bone marrow stimulation)





Cancellous bone grafting

Outcomes

- All 3 cases were treated with NanoScope using only manual inversion stress
- Mean Follow-up: 22 months (15 27)
- Mean JSSF scale : Pre-op 70.3 → Post-op 96.7
- Mean VAS: Pre-op 5.7 → Post-op 0.3
- All 3 patients were able to return to sports (triathlon, running, tennis)
- No complications

Conclusions

 Although limited to three cases, arthroscopic surgery using 1.9mm needle arthroscopy for subtalar OCL is considered an effective surgical method that does not require invasive traction