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ACHILLES PERITENDINOPATHY REFRACTORY TO CONSERVATIVE TREATMENT: ENDOSCOPIC OR OPEN TENOLYSIS?

A LONG TERM FOLLOW UP

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INTRODUCTION

Achilles tendinopathies are common in athletes. The term peritendinopathy usually indicate a pathology of the peritendinous sheath, without significant pathological changes in the tendon itself.

In cases with persistent relevant symptoms notwithstanding conservative treatment, surgery may be indicated to release the paratenon and remove adhesions.

OBJECTIVES

The aim of this study was to identify the most effective surgical approach in sports people.

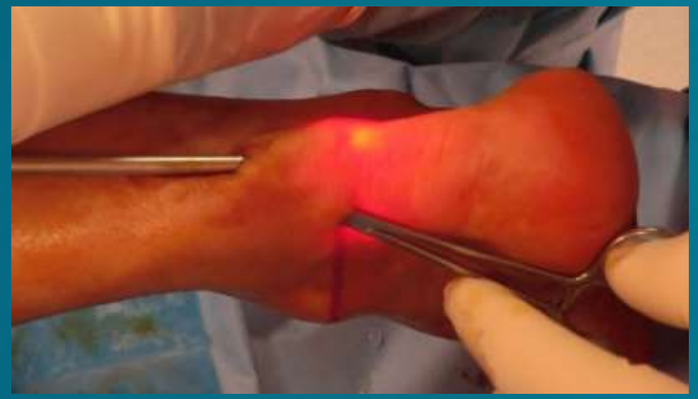
We compared functional results after an arthroscopic or an open Achilles tenolysis for treating Achilles peritendinopathy refractory to conservative management.

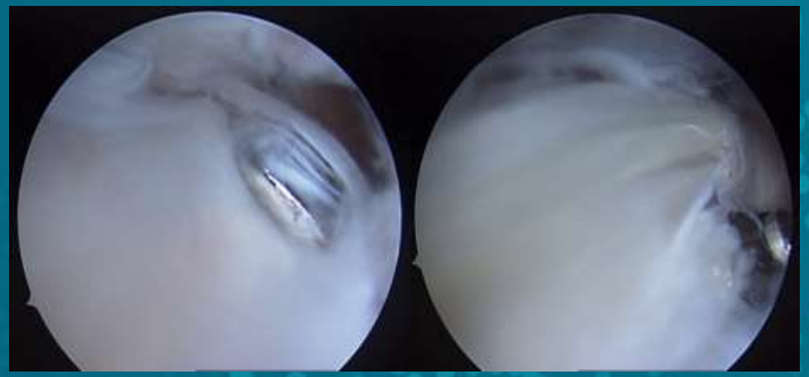
MATERIAL AND METHODS

- Patients with Achilles peritendinopathy were involved in the present study. The diagnosis of peritendinopathy was established with clinical evaluation, echography and MRI. Multiple conservative measures were prescribed. Surgical treatment was reserved to patients with persistent symptoms and functional impairment after 4 months of therapies.
- 9 patients, mean age 57 years (r. 42-75), 8 males and 1 female, undergoing Achilles tenolysis were prospectively divided into two groups. **Group A:** 5 patients, 4 males and 1 female, mean age 59 (range 51-75) underwent tenolysis performed endoscopically. In **Group B:** 4 patients, all men, mean age 51 (range 42-79) an open technique was used.
- The mean follow-up was 14.7 years (range 7-21ys).

MATERIAL AND METHODS

- The pre- and postoperative evaluation used methods were the American Orthopedic Foot and Ankle Score (**AOFAS**), the Victorian Institute of Sports Assessment for Achilles tendon (**VISA-A**), the Visual Analogue Scale (**VAS**) score and the Tegner Activity scale.
- Statistic analysis performed with Student t test.
- All patients were assessed echographically 2 months after surgery and at final follow up.



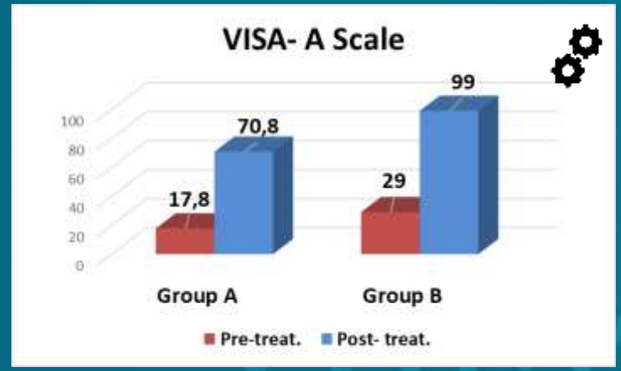


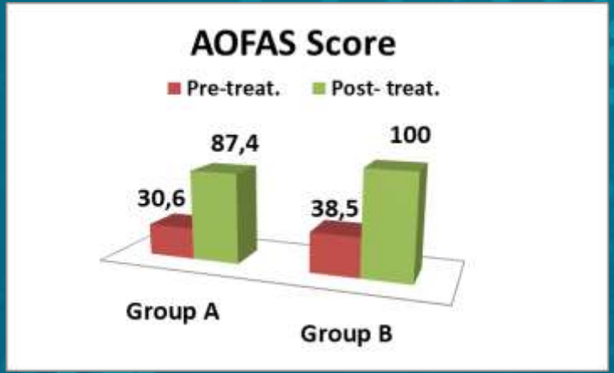
ENDOSCOPIC TENOLYSIS (GROUP A)
PARATENON ENDOSCOPIC DISSECTION WITH A BASKET.
ACHILLES TENDON FREE AFTER TENOLYSIS.

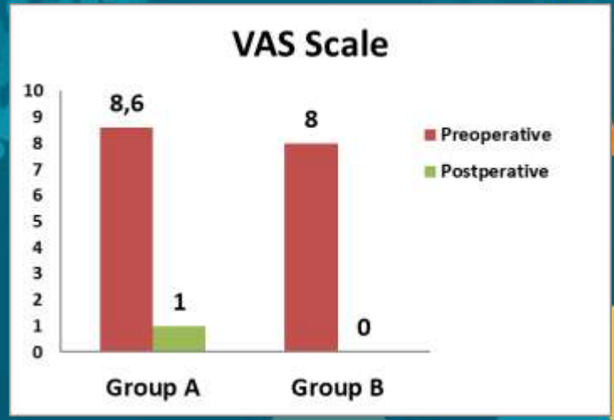
OPEN APPROACH (GROUP B)

RESULTS

- Group A: mean preoperative Tegner scale 5.6 (SD 0.9), postoperative 4.4 (SD 1.3). Mean preoperative AOFAS score 30.6 (SD 19.6), postoperative 87.4 (SD 20.5). Mean preoperative VISA-A score 17.8 (SD 9), postoperative 70.8 (SD 24.3). Mean preoperative VAS score 8.6 (SD 0.9), postoperative 1 (SD 1.3).
- Group B: mean preoperative Tegner scale 6.3 (SD 1), postoperative 6 (SD 1.2). Mean preoperative AOFAS score 38.5 (SD 27.6), postoperative 100 (SD 0). Mean preoperative VISA-A score 29 (SD 14.3), postoperative 99 (SD 2). Mean preoperative VAS score 8 (SD 2.2), postoperative 0 (SD 0).







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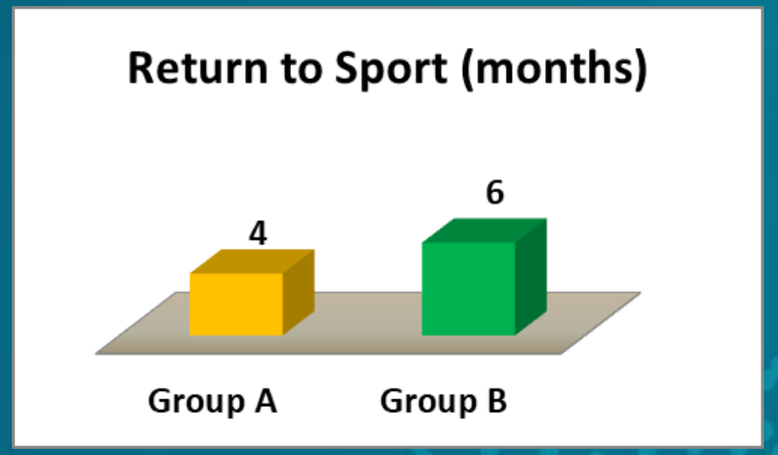
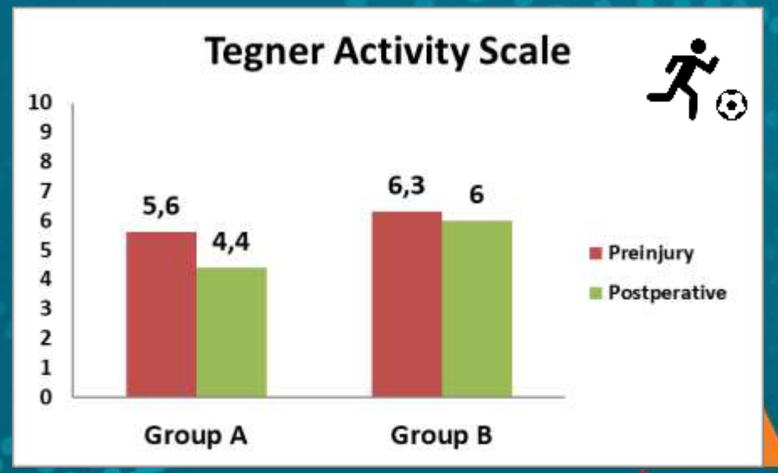
RESULTS

- In both groups, one patient quit sport for other reasons.
- The mean time to return to sport was 4 months after the endoscopic approach and 6 months after the open technique.
- The statistical analysis showed no significant differences (p >0.05) between the two groups in postoperative functional results with the Student t test.





CONCLUSIONS

- Compared to the open access procedure, the endoscopic technique for treating Achilles peritendinopathy offers the advantage of similar results, less invasiveness, low morbidity without postoperative complications.
- Long lasting benefits can be expected after Achilles tenolysis in peritendinopathies.

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