

Arthroscopic Retrograde Drilling in Juvenile Osteochondritis Dissecans of the Talus

Abstract

Background:

Juvenile osteochondritis dissecans of the talus is rare, and the literature provides little data to guide treatment. The purpose of the present study was to evaluate our clinical and radiographic results with arthroscopic retrograde drilling in patients who were refractory to conservative care.

Methods:

We retrospectively evaluated all patients with juvenile osteochondritis dissecans of the talus who underwent surgery for the treatment of stable lesions that failed conservative treatment. Medical records were reviewed for symptoms and demographic information. Preoperative and latest postoperative radiographs were used to determine degree of healing. AOFAS Ankle/Hindfoot scale and visual analog scale for pain were used to evaluate clinical outcomes.

Results:

We identified 6 patients (6 ankles). The mean age was 13 years, and the mean duration of follow-up was 37 months (range, 16 to 69 mo). All of them had progressed toward healing and were asymptomatic, but only 3 out of 6 had a complete radiographic healing at last follow-up. The average AOFAS Ankle/Hindfoot score improved from 69 points (55 to 75, IQR=10) preoperatively to 98 points (90 to 100, IQR=7) ($P<0.0027$). Visual analog scale improved from 6.2 (4 to 8, IQR=3) to 0.3 (0 to 2, IQR=1) ($P<0.002$). All patients expressed satisfaction with operative results.

Conclusions:

Arthroscopic retrograde drilling seems to be effective for symptoms relief, although 50% of the cases have had persistent lesions on radiographs. A longer follow-up is necessary to assess joint function in those cases with partial radiographic healing.

Level of Evidence:

Level IV—therapeutic.

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