

## Supramalleolar Osteotomy for limited Osteoarthrosis of the ankle

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### Introduction

Can supramalleolar osteotomy for malaligned ankles prevent or delay arthrodesis or arthroplasty for symptomatic ankle osteoarthrosis?

### Material and Methods

Between 1996 and 2002 prospectively 24 feet of 23 consecutive patients with symptomatic osteoarthrosis of the ankle due to malalignment were corrected with supramalleolar osteotomy. Median follow up was 27 months (12~91). Preoperative planning included full weight bearing radiographs and MRI as needed. Varus and valgus, recurvatum and antecurvatum were corrected with closing or opening wedge osteotomies. Results were rated with the AOFAS hindfoot score and radiographs.

### Results

At last follow up the AOFAS score increased from an average of 28 (7,5 Pain) preoperative to 86 (Pain 32,9) postoperative. At present 20 of 24 patients have an excellent/good result and live a nearly unrestricted life since 1-6 years despite initial referral for arthrodesis/arthroplasty of the ankle. Two patients have daily moderate pain, even not yet restricted in work capacity, definitive treatment might be considered. The other two patients have been converted to total ankle arthroplasty 12 and 26 months after osteotomy for recurrence of symptoms.

### Conclusions

The short to midterm results are promising. The cases demonstrate that supramalleolar osteotomies can delay definitive treatment of ankle arthrosis if malalignment is the underlying cause. Longer follow up is needed to evaluate the long-term value.