

APOA Foot & Ankle Council Presents..

# Case of the Month

1st August 2023



[www.apoaonline.com](http://www.apoaonline.com)

[www.apoafootandankle.org](http://www.apoafootandankle.org)

Presented by:



**Dr. TANG Holmann**

Department of Orthopaedics and  
Traumatology, Princess Margaret Hospital  
Hong Kong, SAR

## Learning Points:

- ⊙ Insertional Achilles tendinosis is prevalent among both athletes and untrained active adults.
- ⊙ Following a thorough history and physical examination, X-Ray and ultrasound scans are considered.<sup>1,2,3,4,5</sup>
- ⊙ Non-operative treatment methods such as exercise and ESWT (extracorporeal shockwave therapy) are effective. Other non-operative treatments such as splinting, steroid injections, PRP (platelet-rich plasma) injections lack sufficient evidence to be recommended.<sup>6,7,8</sup>
- ⊙ Effective surgical treatment includes open debridement and excision of ossified/calcified tendon, along with excision of Haglund deformity. Other surgical techniques such as endoscopic, minimally invasive, or percutaneous procedures, have not gained sufficient evidence to be recommended for routine use.<sup>6,7</sup>

**Title:**

**Management of Avulsion Fracture  
of the Ossification in Insertional  
Achilles Tendinosis**

*Upcoming Case  
on 1st September 2023*

Presented by:

**Dr. Sora Tonsuthanluck**  
Rajavithi Hospital  
Bangkok, Thailand



**Title:**

**Less invasive surgery for calcaneus fracture  
fixation using modified sinus tarsi approach**

Want to present a case? Write to...



**Prof. Chayanin Anthonng**  
[chatthara@yahoo.com](mailto:chatthara@yahoo.com)



**Dr Kwai Ming Siu**  
[siukmhk@hotmail.com](mailto:siukmhk@hotmail.com)

**To become a member of  
APOA foot & ankle council [CLICK HERE](#)**

# Case of the Month

1st August 2023



## Management of Avulsion Fracture of the Ossification in Insertional Achilles Tendinosis

**Dr. TANG Holmann**

Department of Orthopaedics and Traumatology, Princess Margaret Hospital, Hong Kong, SAR

### Case presentation

A 56-year-old hotel coach driver suffered a sprain injury to his right heel after tripping on a curb, resulting in a forced dorsiflexion injury in Apr 2011. Upon presentation to our facility, he exhibited a painful and swollen heel and was unable to walk. He had a longstanding history of diabetes. Additionally, he underwent an operation in 1993 to repair a right Achilles tendon cut by a broken piece of glass and had experienced no significant residual symptoms since.



(Fig. 1)



(Fig. 2)



(Fig. 3)

On physical examination, a marked bruise and swelling were observed around the posterior ankle and heel region (Fig. 1-3). A horizontal curvilinear "smile" scar was also noted over the heel region (Fig. 4-5) which was a result of the previous surgery. Tenderness was detected upon palpation of the region, and a palpable gap was felt over the insertion site of the Achilles tendon. The Thompson test yielded a positive result, and distal pulses were present.



(Fig. 4)



(Fig. 5)

APOA Foot & Ankle Council Presents..

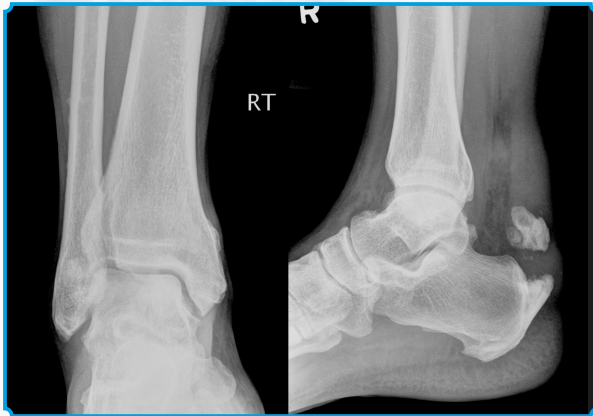
# Case of the Month

1st August  
2023



[www.apoaonline.com](http://www.apoaonline.com) [www.apoafootandankle.org](http://www.apoafootandankle.org)

X-Ray of the right heel showed a fracture of the heterotopic ossification of the Achilles tendon (**Fig. 6**)



**(Fig. 6)**  
*X rays of the right ankle showing fracture of the heterotopic ossification of Achilles*

Initially, the procedure entailed the excision of the heterotopic ossification and the debridement of the diseased tendon tissue (**Fig. 7-10**).



**(Fig. 7)**

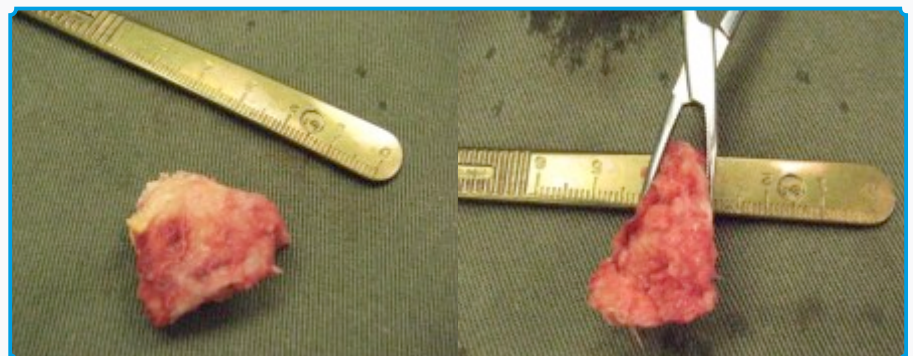
*Excision of the heterotopic ossification and the debridement of the diseased tendon*



**(Fig. 8)**



**(Fig. 9)**



**(Fig. 10)**

*Size of heterotopic ossification*

To become a member of APOA foot & ankle council [CLICK HERE](#)



APOA Foot & Ankle Council Presents..

# Case of the Month

1st August 2023



[www.apoaonline.com](http://www.apoaonline.com)

[www.apoafootandankle.org](http://www.apoafootandankle.org)

Subsequently, the proximal tendon was affixed using the Achillon device. It is worth noting that, in instances of Achilles tendon repair without previous scarring, a shorter longitudinal incision could be executed (**Fig. 11**), compared to the typical open repair.



(Fig. 11)

*Achillon device (On another patient)*

To address the distal insertion site, the Mitek GII suture anchor device was employed. Furthermore, the Achilles tendon was reattached with advancement. Following the operation, the patient was provided with a dynacast for protection (**Fig. 12**).



(Fig. 12)

*Post op X-Ray showing ossified tendon being excised*

Postoperatively, he demonstrated favorable ankle motion, as evidenced by his ankle with dorsiflexion of 20° and plantarflexion of 40° (**Fig. 13**). He was on follow-up for more than 4 years and did not experience any lingering heel pain. In fact, he was able to resume normal activities and even indulged in hiking!



(Fig. 13)

*Post-op 19 months ROM*

To become a member of APOA foot & ankle council [CLICK HERE](#)

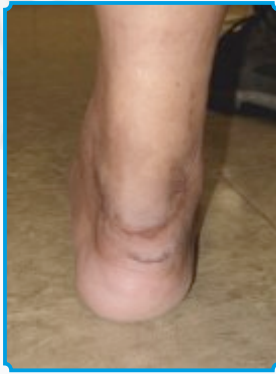
# Case of the Month

1st August  
2023



[www.apoaonline.com](http://www.apoaonline.com)

[www.apoafootandankle.org](http://www.apoafootandankle.org)



**(Fig. 14)**  
Scar over the right heel



**(Fig. 15)**  
X-Ray on follow-up 21 months

## Reference

1. Tourné Y, Baray AL, Barthélémy R, Moroney P. Contribution of a new radiologic calcaneal measurement to the treatment decision tree in Haglund syndrome. *OrthopTraumatolSurg Res.* 2018;104(8):1215-1219. doi:10.1016/j.otsr.2018.08.014
2. Tang S-C, Tu K-C, Liao W-J, Hsu C-T, Shih H-T, Tung K-K, Wu M-H, Wang S-P. Novel Radiographic Measurements for Operatively Treated Haglund's Deformity. *Tomography.* 2022;8(1):284-292. <https://doi.org/10.3390/tomography8010023>
3. Leung JL, Griffith JF. Sonography of chronic Achilles tendinopathy: a case-control study. *J Clin Ultrasound.* 2008;36(1):27-32. doi:10.1002/jcu.20388
4. Zellers JA, Bley BC, Pohlig RT, Alghamdi NH, Silbernagel KG. FREQUENCY OF PATHOLOGY ON DIAGNOSTIC ULTRASOUND AND RELATIONSHIP TO PATIENT DEMOGRAPHICS IN INDIVIDUALS WITH INSERTIONAL ACHILLES TENDINOPATHY. *Int J Sports Phys Ther.* 2019;14(5):761-769.
5. Khan KM, Forster BB, Robinson J, et al. Are ultrasound and magnetic resonance imaging of value in assessment of Achilles tendon disorders? A two year prospective study. *Br J Sports Med.* 2003;37(2):149-153. doi:10.1136/bjism.37.2.149
6. Lopez RG, Jung HG. Achilles tendinosis: treatment options. *Clin Orthop Surg.* 2015;7(1):1-7. doi:10.4055/cios.2015.7.1.1
7. Chimenti RL, Cychosz CC, Hall MM, Phisitkul P. Current Concepts Review Update: Insertional Achilles Tendinopathy. *Foot Ankle Int.* 2017;38(10):1160-1169. doi:10.1177/1071100717723127Dilger CP, Chimenti RL. Nonsurgical Treatment Options for Insertional Achilles Tendinopathy. *Foot Ankle Clin.* 2019;24(3):505-513. doi:10.1016/j.fcl.2019.04.004

APOA Foot & Ankle Council Presents..

# Case of the Month

1st August  
2023



[www.apoaonline.com](http://www.apoaonline.com)

[www.apoafootandankle.org](http://www.apoafootandankle.org)

Case of the  
Fortnight  
Sponsored by:  
**stryker**

Plating  
**that fits.**

Only by truly understanding the challenges you face can we offer a portfolio to best fit your needs. With anatomically contoured plates designed or validated using our proprietary SOMA technology, streamlined instrumentation and trained representatives, Stryker's plating portfolio is designed with you in mind.

**Fit** for patients  
**Fit** for procedures  
**Fit** for you  
**Fit** for the future



A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. The other does not represent medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery. The information presented is intended to demonstrate the benefits of Stryker products. However, a surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area. Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Stryker. All other trademarks are trademarks of their respective owners or holders.

Consent ID: AN-AD-14-09-0017  
Copyright ©2017

To become a member of APOA foot & ankle council [CLICK HERE](#)