55th Annual Conference of Orthopedic Surgeon Society of Andhra Pradesh

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Organized by : Department of Orthopaedics, Kurnool Medical College Kurnool

INTRODUCTION

Clubfoot is the most common birth defect in lower limb which requires weekly casting and manipulation for correction, which is inconvenient for people travelling from distant places, expensive and associated with plaster complications, hence accelerated Ponsetti method of casting was adopted

CASE REPORT

This prospective cohort study included 30 children (40 feet) under one year of age. The accelerated Ponseti protocol was followed, with the first cast applied on the day of presentation and subsequent casts applied at 48-hour intervals.

OPERATIVE FINDINGS

After completion of casting (average 7 days), a Dennis Brown foot abduction brace was applied and continued for one year.

Pirani scores were recorded at presentation, at the end of casting, and during follow-up. Data were analyzed using SPSS software.

All 40 feet achieved correction with an average of five casts per foot over a mean treatment duration of seven days.

5.1 – Complication

Pressure sore over the talar head after the removal of 1st cast

Case 6 Case 14

DISCUSSION

40 feet's achieved deformity correction with 5 cast per foot, over an average duration of treatment for 7 days. Piano score was 4.72+/-0.35 and reduced to 0.73+/-0.33, a the end of casting period. None of the feet required tenotomy. The main Pirani score at the time of application of DenisBrowne splint was 0.37+/-0.33 and reduced to 0.45+:-0.14, at the end of 1 year follow up. 5 complications occurred during the casting period of which 3 were thigh excoriations and 2 pressure sores over talar head. No relapse of deformity was seen at end of 1 year follow up.

CONCLUSION

The accelerated Ponseti protocol of daily casting employed in our study was successful in achieving the correction of clubfoot deformity in children under the age of 1 year, similar to that of traditional Ponseti technique.