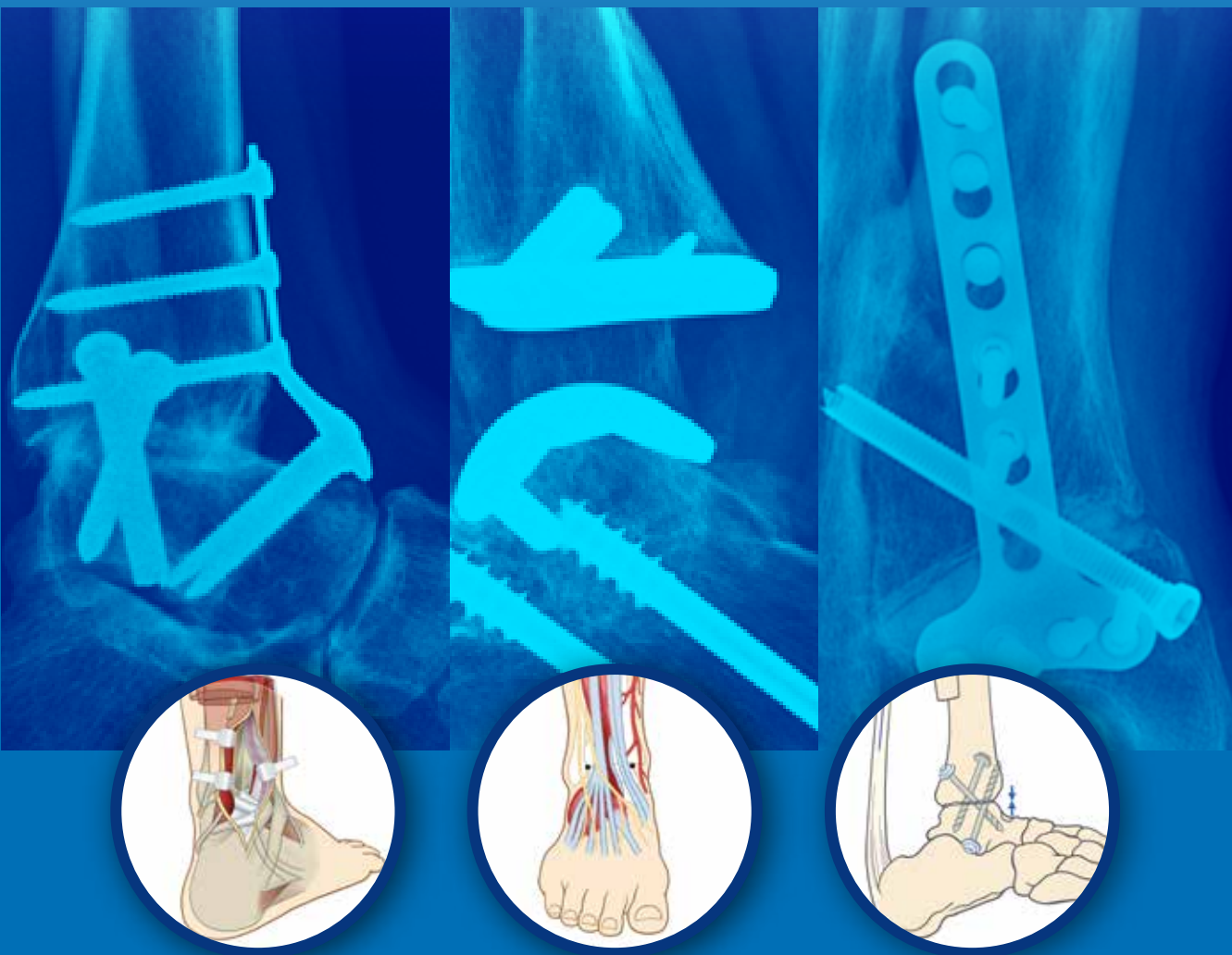


# THE ANKLE

## OSTEOARTHRITIS:

## EVIDENCE-BASED TREATMENT



# The Ankle Osteoarthritis

## Evidence-based Treatment



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To my wife, Wirana,  
who always supports many things for me in my life.

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# F o r e w o r d

Ankle osteoarthritis is one of major disability in the foot and ankle. It is less common than hip or knee osteoarthritis; however, it is significantly related to poor quality of life. Treatments have conventionally consisted of various options until operative treatment in the form of arthrodesis is required. More recently, interesting modality has been increasing in both nonoperative and alternative operative options, including biologic injections, joint-sparing osteotomy surgery, arthroscopic ankle arthrodesis, and new arthroplasty designs. This textbook exclusively presents currently evidence-based information on diagnosis, three-dimensional technology application, other new technology and perspectives, and the updated treatment options available for the ankle osteoarthritis.

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# P r e f a c e

Arthritis of the ankle continues to be a significant problem for patients and its prevalence, at least post-traumatic osteoarthritis, appears to be increasing. Currently there is a great deal of interest within the orthopaedic foot and ankle community concerned with treating patients with osteoarthritis of the ankle. In the past, ankle arthrodesis has been advocated as the golden standard for treatment of ankle osteoarthritis. However, as we became aware that there are many more secondary problems associated with ankle arthrodesis, some sophisticated treatment modalities and alternative solutions have become promoted such as visco-supplementation, PRP, and other conservative options, and joint preserving procedures to realign and stabilize the ankle for the less advanced stage of ankle osteoarthritis and total ankle replacement for the end-stage ankle osteoarthritis. As many of these new treatment modalities still lack of evidenced based results, there is need for thorough analysis of their effectiveness, potential risks and limitations.

With this textbook, Dr. Chayanin Angthong has added a masterpiece for every orthopaedic surgeon faced with the treatment of ankle osteoarthritis. With the contribution of recognized experts in their field, he understood to provide thorough insight in the current possibilities and in their effectiveness, based on evidenced based analysis. I find this book to be extremely timely and I congratulate Dr. Chayanin Angthong for his great work. Without any doubt, it will become an important book for **all serious foot and ankle surgeons for successful decision making and treatment of ankle osteoarthritis.**

*Beat Hintermann, M.D., Ph.D.*

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# A c k n o w l e d g e m e n t

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# Part I



## **The Introduction**

# Chapter 1

## The Importance of Ankle Osteoarthritis

Chayanin Anghong, M.D., Ph.D.

*Ankle osteoarthritis is an inflammation with the degeneration and destruction of the talocrural joint from various causes. Traumatic injury is the most common etiology of ankle osteoarthritis. The incidences of ankle osteoarthritis may not be high as in other major joints such as the hip and knee; however, it is undoubtedly a condition that is associated with disability in terms of reduced function, mobility, and quality of life based on the current evidence.*

### ✓ Introduction

Ankle osteoarthritis is an inflammation with the degeneration and destruction of the talocrural joint from various causes. Traumatic injury is the most common etiology of ankle osteoarthritis (Figure 1.1).<sup>1</sup> The ankle anatomy consists of the tibial plafond and medial malleolus, which articulates with the dorsal and medial talus.<sup>2</sup> Here, the articulation has a slight posterior slope in the sagittal plane.<sup>2</sup> In the coronal

plane, the distal tibial surface is 88 to 92 degrees relative to the lateral tibial shaft axis.<sup>2</sup> In addition to the tibiotalar articulation, the distal fibula articulates with the lateral talus.<sup>2</sup> This part is responsible for one-sixth of the axial load distribution of the ankle.<sup>2</sup> The rest is carried by the syndesmotic articulation between the distal tibia and fibula.

Based on the mentioned anatomy, the ankle joint is the integral part



A. Anteroposterior view.

B. Mortise view.

C. Lateral view.

**Figure 1.1** Ankle radiographs of a 41-year-old man with possibly post-traumatic right ankle osteoarthritis from the previous tibial and fibular fractures.

that dissipates the axial load from the body through the leg to the structures below including the hindfoot, midfoot, and forefoot. Osteoarthritis of this joint is, therefore, associated with the deterioration of weight-bearing ability, mobility, and quality of life.

## ✓ Epidemiology

Ankle osteoarthritis accounts for 6-13% from all of arthritis in the body.<sup>3</sup> Lateef et al reported that nearly 7% of a large, well-characterized, community-based cohort of older individuals (864 participants) had radiographic ankle osteoarthritis.<sup>4</sup> In our institution, the incidence of

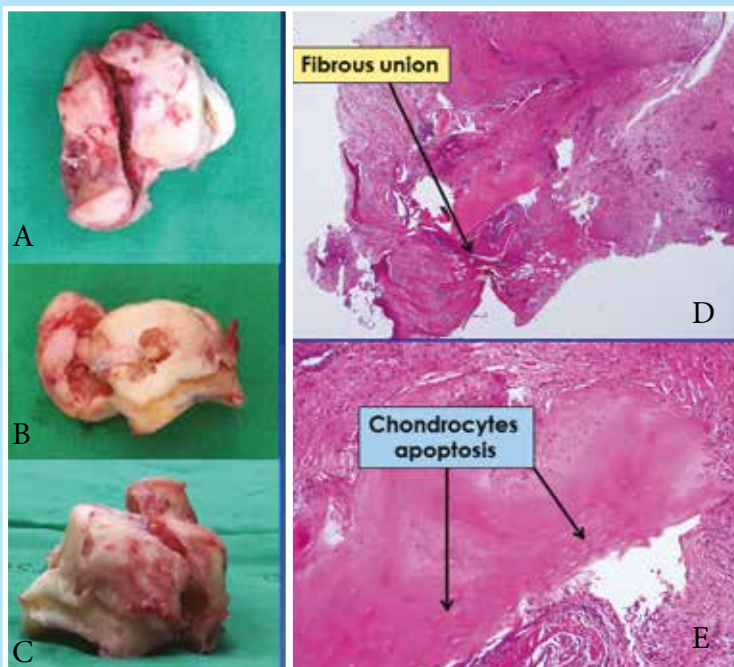
symptomatic ankle osteoarthritis was 4.1%, based on a review of 318 patients in the foot and ankle service. One of major causes of the ankle osteoarthritis is the post-traumatic issue. For instance, the natural progression of post-traumatic osteoarthritis is shown in a 49-year-old woman who suffered a traumatic event and a left talar fracture that led to avascular necrosis, nonunion, deformed articular surface of the talar dome, and deformity of the talus (Figure 1.2). Apoptosis of chondrocytes and fibrous union were found in the histopathologic sections (Figure 1.3).



**Figure 1.2** Ankle radiographs.

A. Anteroposterior view shows nonunion of a talar dome fracture.

B. Lateral view shows the deformed articular surface of the talar dome and deformed talar morphology with anterior subluxation of the talus.



**Figure 1.3** demonstrate the gross appearances as the nonunion and osteoarthritic changes of talus (A-C) and pathologic sections with the fibrous union and chondrocytes apoptosis (D-E) of a talus from a patient in figure 1.2 who had a talectomy for the total talar prosthesis replacement.