

THERAPEUTIC STRATEGIES FOR SYMPTOMATIC OLTS

HOW TO CHOOSE ?



OCD: THERAPEUTIC OPTIONS

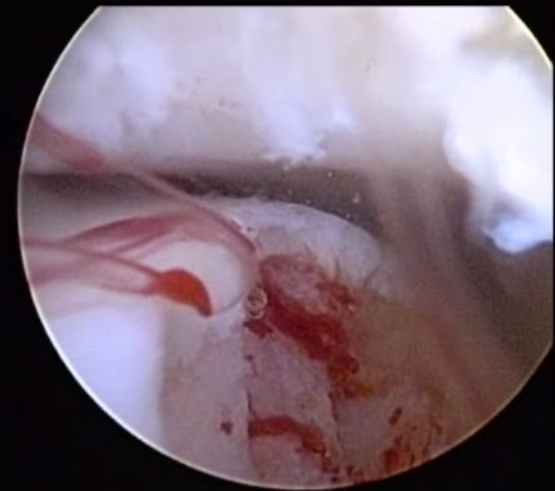
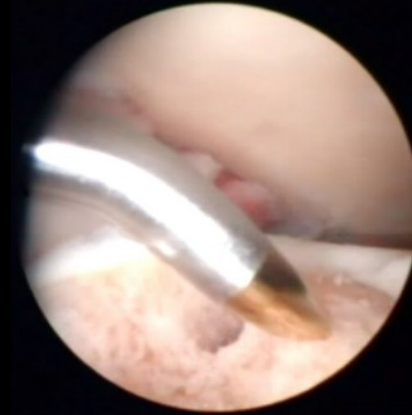
- **NON OPERATIVE TREATMENT**
 - REST, NSAID,
 - WEIGHT BEARING AS TOLERATED
 - +/- CAST
 - SUCCESS: 45 TO 53%

**NEVER TREAT
ASYMPTOMATIC LESIONS**



OCD: THERAPEUTIC OPTIONS

- NON OPERATIVE TREATMENT
- **EXCISION, CURETTAGE, DRILLING**
 - CURETTES OR SHAVER
 - UNSTABLE CARTILAGE REMOVAL
 - DEAD BONE REMOVAL
 - DRILL (DRILL SLEEVE)
 - MICROFRACTURE PROBE
 - HOLES IN THE SCLEROTIC ZONE
- **SUCCESS: 85% (46-100)**



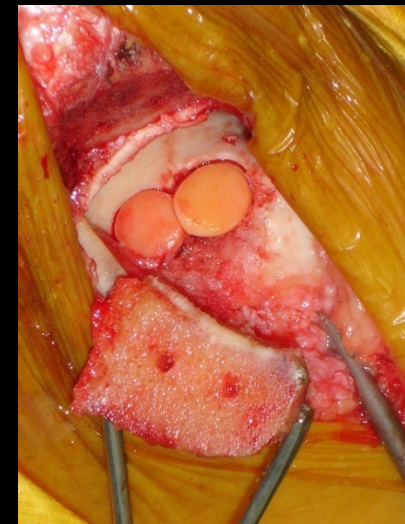
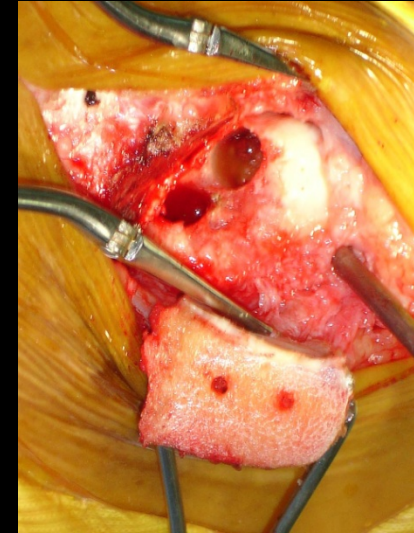
OCD: THERAPEUTIC OPTIONS

- NON OPERATIVE TREATMENT
- EXCISION, CURETTAGE, DRILLING
- **CANCELLOUS BONE GRAFT**
 - FILLING WITH AUTOGENOUS CANCELLOUS BONE
 - **LIFT, DRILL, FILL AND FIX (G KERKHOFFS)**
 - OCD > 15MM DIAMETER
 - **SUCCESS: 41 TO 93%**



OCD: THERAPEUTIC OPTIONS

- NON OPERATIVE TREATMENT
- EXCISION, CURETTAGE, DRILLING
- CANCELLOUS BONE GRAFT
- **OSTEOCHONDRAL TRANSPLANTATION**
 - MOSAICPLASTY OR OATS
 - OPEN OR ARTHROSCOPIC APPROACH
 - DIFFICULTIES IN POSITIONING THE TRANSPLANT
 - MORBIDITY OF THE DONOR SITE
 - **SUCCESS: 87% (74-100)**



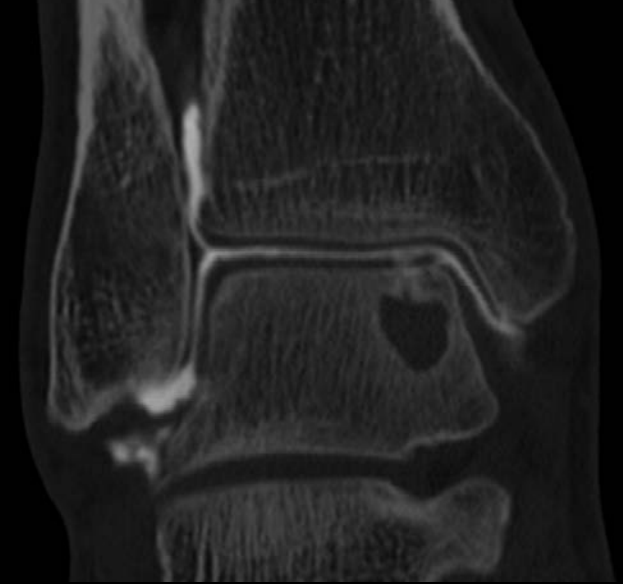
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- NON OPERATIVE TREATMENT
- EXCISION, CURETTAGE, DRILLING
- CANCELLOUS BONE GRAFT
- OSTEOCHONDRAL TRANSPLANTATION
- **AUTOLOGOUS CHONDROCYTE IMPLANTATION**
 - REGENERATION OF HYALINE-LIKE CARTILAGE
 - 2 PROCEDURES
 - **SUCCESS: 76% (70-92)**



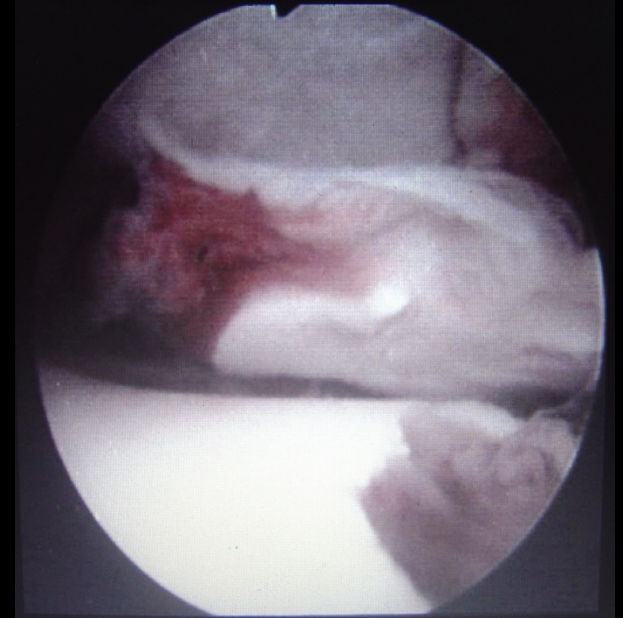
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- NON OPERATIVE TREATMENT
- EXCISION, CURETTAGE, DRILLING
- CANCELLOUS BONE GRAFT
- OSTEOCHONDRAL TRANSPLANTATION
- AUTOLOGOUS CHONDROCYTE IMPLANTATION
- **RETROGRADE DRILLING**
 - **LARGE CYST + INTACT CARTILAGE + DEFECT HARD TO REACH**
 - **SUCCESS: 88% (81-100)**



OCD: THERAPEUTIC OPTIONS

- NON OPERATIVE TREATMENT
- EXCISION, CURETTAGE, DRILLING
- CANCELLOUS BONE GRAFT
- OSTEOCHONDRAL TRANSPLANTATION
- AUTOLOGOUS CHONDROCYTE IMPLANTATION
- RETROGRADE DRILLING
- **FIXATION: LARGE LOOSE FRAGMENT, GOOD UNDERLYING BONE**



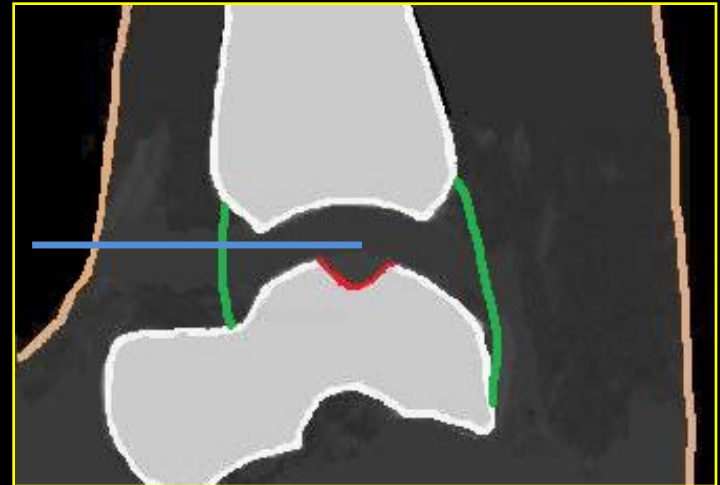
OCD: PREOPERATIVE CONSIDERATIONS

- **SIZE**
 - 15 MM
- **SUBCHONDRAL BONE**
 - SCLEROTIC ZONE
 - CYSTIC LESION
- **FOG CLASSIFICATION**
 - FRACTURE
 - OSTEONECROSIS
 - GEODE (= CYST)



OCD: PREOPERATIVE CONSIDERATIONS

- SURGICAL APPROACH
 - OPEN
 - ANTERIOR
 - POSTERIOR
 - MALLEOLAR OSTEOTOMY
 - ARTHROSCOPY
 - DISTRACTION?
 - PREOPERATIVE ANKLE ROM
 - FORCED PLANTAR FLEXION



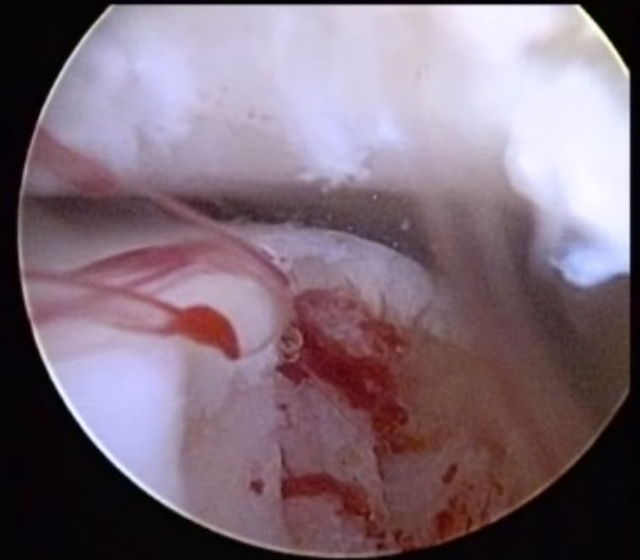
OCD: PREOPERATIVE CONSIDERATIONS

- **OVER WEIGHT**
- **LOWER LIMB MALALIGNEMENT**
- **ANKLE INSTABILITY**
- **FUNCTION**



EXCISION-CURETTAGE & BONE MARROW STIMULATION

- **GOOD OR EXCELLENT RESULTS:**
 - 83% TO 86% IN PRIMARY GROUP
 - 75% IN REVISION GROUP
- **NO DEGENERATIVE CHANGES**



-Schuman L et al. Arthroscopic treatment for osteochondral defects of the talus. Results at follow-up at 2 to 11 years. JBJS Br, 2002; 84: 364-8.

-Zengerink M. Current concepts: Treatment of osteochondral ankle defects. Foot Ankle Clin N Am. 2006; 11: 331-59.



ALWAYS CONSIDER ARTHROSCOPIC OPTION

- **EXCISION-DEBRIDEMENT-DRILLING:**
 - FIRST STEP IN THE TREATMENT OF SYMPTOMATIC OCD.
 - BEST INDICATIONS: < 1 CM
 - CAN ALWAYS BE CONSIDERED FOR LARGER LESIONS
- **FOR LARGE CYSTIC LESIONS:**
 - PLACE FOR RETROGRADE DRILLING & CANCELLOUS GRAFT

-Tol JL et al. Treatment strategies in osteochondral defects of the talar dome: a systematic review. Foot Ankle Int . 2000; 21: 119-26

-Verhagen RA et al. Systematic review of treatment strategies for osteochondral defects of the talar dome. Foot Ankle Clin. 2003; 8: 233-42.

-Chan KM, Karlsson I. Ankle instability. Chronic injuries – Management for osteochondral defects. Presented at the 2005 biennal ISAKOS Congress.

