

LIMB SPARING RECONSTRUCTIVE SURGERY AND ILIZAROV LENGTHENING IN FIBULAR HEMIMELIA OF ACHTERMAN–KALAMCHI II PATIENTS

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Fibular hemimelia is the commonest congenital deformity or absence of long bones. It encompasses a spectrum of anomalies affecting femur, knee, tibia, ankle, and foot. It may be associated with other complex syndromes as femur fibula ulna syndrome (FFU), but mostly occurs as an isolated deformity. Management of this complex deformity is controversial, and the question has always been; is amputation a must? The aim of this study was to evaluate the long-term results of management of fibular hemimelia (Achterman–Kalamchi, type-II) using limb reconstructive surgeries, followed by staged lengthening by the Ilizarov method. We reviewed 157 consecutive patients (180 limb segments) with a mean follow-up period of 10.7 years (1.2–21 years). The results were favorable, and all the patients walked independently. Although, this type of management is technically demanding and entails a lengthy procedure with many complications anticipated, the Ilizarov lengthening after limb reconstruction is still an attractive option for management of this type of limb deficiency.



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