Letter to the editor


We read the surgical technique for the correction of drop-foot with interest. We perform this type of surgery regularly during missions that mainly, but not exclusively involve the fight against the disabilities of leprosy.

Based on our experience we would like to provide certain details that could provide further information to the reader.

In fact, we perform this type of procedure regularly both in patients with gun shot wounds presenting with distal neurological injuries and in patients with leprosy who are operated on in Asia and Africa in Order of Malta facilities.

1. In relation to lengthening of the Achilles tendon

Although we agree that this should be performed, we prefer lengthening by Z-plasty by retro-medial malleolar approach, which makes it possible to harvest the posterior hamstring. No other surgical approaches are needed in this case. A Z-plasty lengthening also allows precise adjustment. Care should be taken not to lengthen the Achilles tendon too much otherwise the patient may lose propulsion at push off which we have observed following percutaneous tenotomies.

2. In relation to the type of transfer

We only use the tibialis posterior tendon which we divide into two strips based on the technique by Srinivasan et al. [1]. This preserves the flexor digitorum longus of the toes. We reconstruct the extensor hallucis and the extensor digitorum communis for a balanced tendon transfer without varus.

3. In relation to rehabilitation

We keep the patient completely immobilized without weight-bearing for 6 weeks, then the patient receives rehabilitation in a center. Physical therapy is gentle and based on assisted active movements. It should be very gradual to prevent any release of the transfer.

4. In relation to the indications

Insensitivity of the sole of the foot is not a contraindication for this type of transfer. However, in this case, the patient must wear a special orthopedic shoe for the rest of his/her life to prevent cutaneous injuries that may cause plantar foot ulcerations. Tendon transfer on the tibialis anterior tendon is only used in cases of disassociated paralysis in which the peroneal tendons are still functional. Otherwise, this results in unwanted varus.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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