Insertional Achilles tendinopathy

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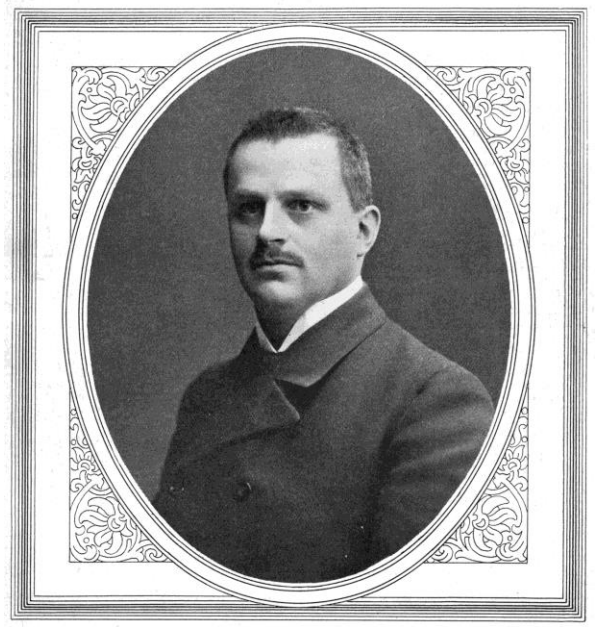
Background

- Almost 6% of the general population will suffer from Achilles tendinopathy in their lifetime (Chimenti, *et al, 2017),* 25% being insertional (Maffulli, 2019).
- Patrik Haglund (1927): Swedish Professor in Orthopaedics first described retrocalcaneal exostosis. He was a pioneer for rehabilitation.
- Haglund Triad: Haglund deformity + retrocalcaneal bursitis + insertional Achilles tendinopathy
- Intrinsic risk factors include age, chronic comorbidities (for example systemic rheumatological conditions), and limb alignment defects.
- Extrinsic factors include new exercise, wearing inappropriate shoes, and some medications (such as fluouroquinolones) (Maffulli, 2019)



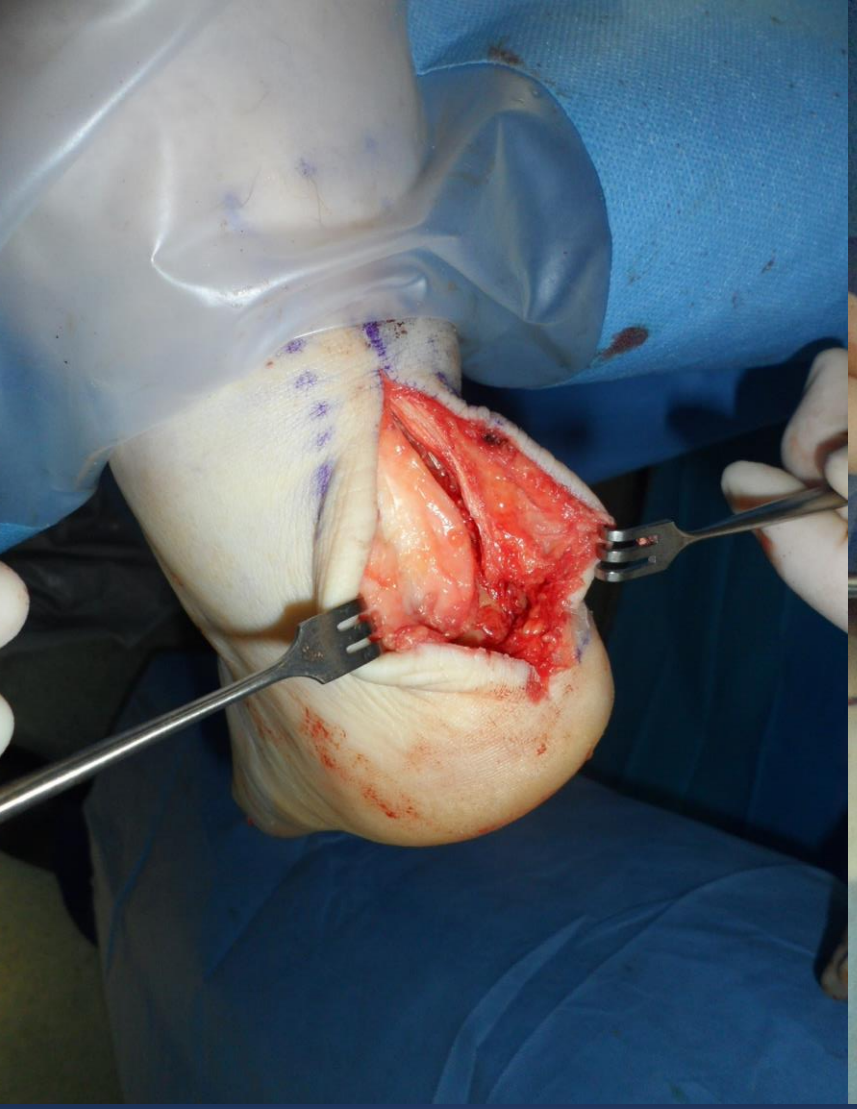
Insertional Achilles tendinopathy – definition

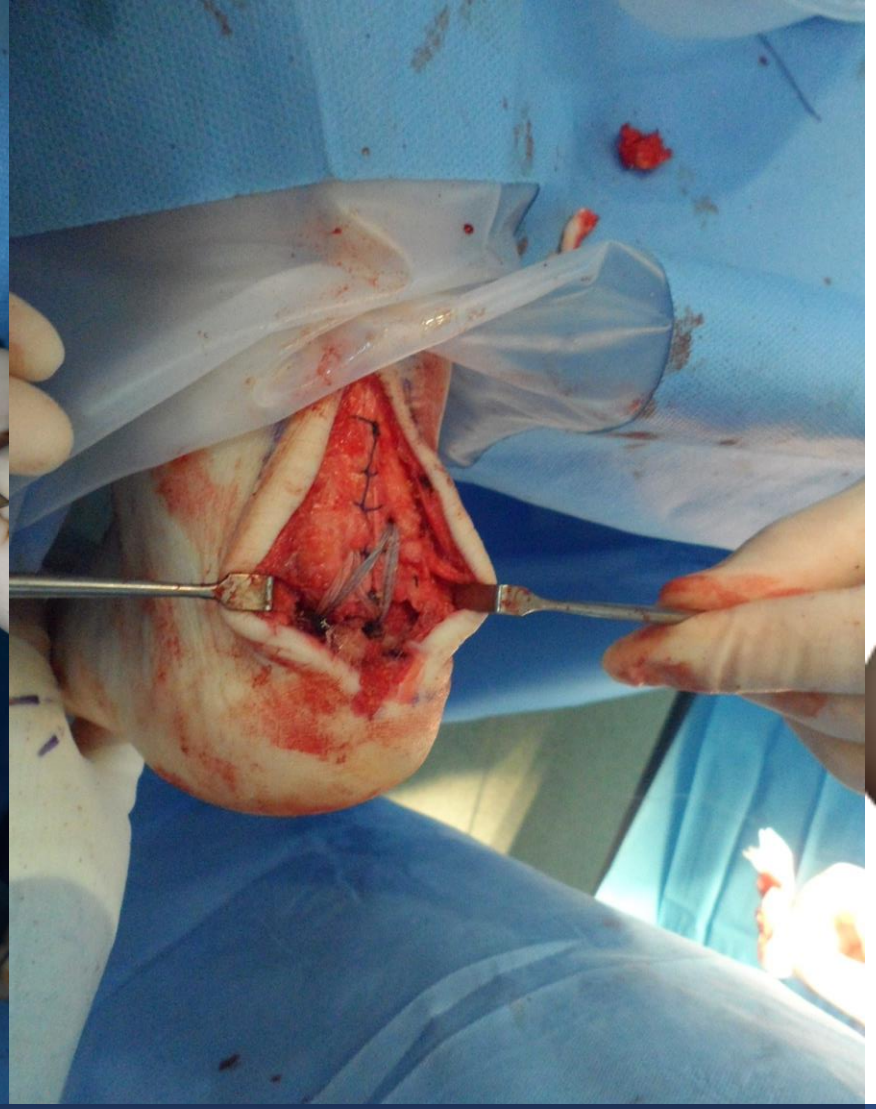
- **Anatomic location** - Insertion of Achilles tendon onto calcaneus, most often with formation of bone spurs and calcifications in tendon proper at insertion site
- **Symptoms** - Pain, stiffness, sometimes a (solid) swelling
- **Clinical findings** - Painful tendon insertion at the midportion of the posterior aspect of the calcaneus, swelling may be visible and a bony spur may be palpable
- **Histopathology** - Ossification of enthesial fibrocartilage, and sometimes small tendon tears occurring at tendon–bone junction
- *Van Dijk CN, van Sterkenburg MN, Wiegerinck JI, Karlsson J, Maffulli N (2011) Terminology for Achilles tendon related disorders. Knee Surg Sports Traumatol Arthrosc 19(5):835–841*

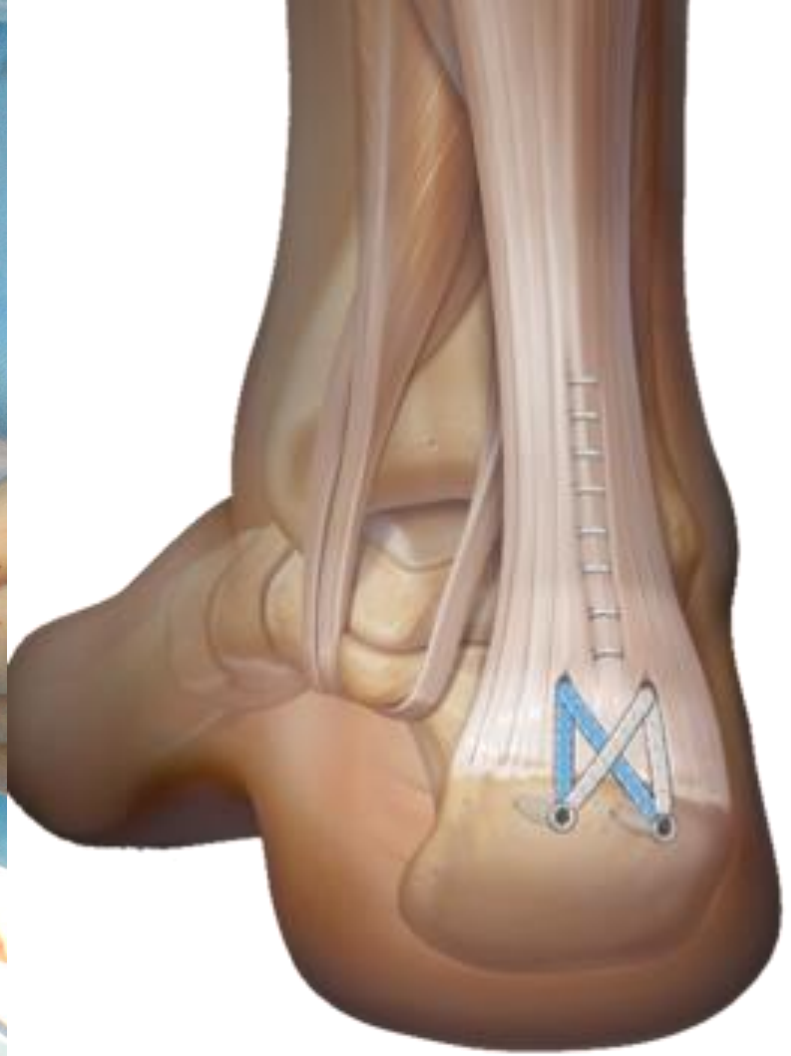
Haglunds vs insertional Achilles tendinopathy.
Is there a difference ??

Clinical presentation

Posterior calcaneus







Surgical technique

(4) Achilles SpeedBridge™ - YouTube

Surgical outcomes

- Gillis and Lin, 2016. Presented case series reports on the results of a central splitting approach with 80% to 90% detachment of the Achilles insertion repaired with a double-row bridging suture device. 14 patients 18month follow up. The mean visual analog pain scale core had decreased 5.84 (range 1 to 9) points postoperatively.

- Greenhagen *et al*, 2013. 35 patients who underwent surgical treatment for insertional Achilles tendinopathy with the suture bridge technique. Excellent clinical outcomes in 97% of patients, with a mean follow-up of 29 months. (AOFAS scores)

Surgical outcomes

- Scott *et al*, 2021. In a retrospective cohort study, 38 patients (40 Achilles tendons) who received double-row repairs At a mean follow-up of 32.5 months. Decreased pain levels were reported in 38 (95%) ankles, with 21 (52.5%) ankles being rated pain-free postoperatively. Two patients developed postoperative infections, one of which required operative debridement.

- Rigby et al, 2012. 43 patients who underwent surgical treatment of insertional Achilles tendinosis with reattachment of the Achilles tendon using the suture bridge technique. The mean follow-up period was 24 months. The mean interval to weightbearing was 10 days. No postoperative ruptures occurred. Of the 43 patients, 42 (97.6%) successfully performed the single heel rise test at the final postoperative visit.

Conclusion

- Predictable results
- Low risk of rupture
- Early weightbearing
- Low complication rates

- My procedure of choice with repeatable outcomes.

Thank you.