



A CASE OF OPEN PARTIAL TEAR OF TENDO-ACHILIES IN A 11 YEAR OLD MALE MANAGED WITH MODIFIED KESSLER REPAIR:

Orthopaedics

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KEYWORDS

INTRODUCTION:

Tendo-achilles being the largest tendon in the human body functions as a foot plantar flexor and assists in walking from preventing the foot undergoing excessive dorsiflexion and lurching¹. In the general population achilles tendon injury is encountered in the patients in middle age or older age group². In paediatric population the tendon injury is presented usually when the patient engages in physical activities³. Many studies have been published on complete tear of achilles tendon and reported the improvements of successful follow-up of the same⁴. Partial tear of achilles tendon in paediatric age group have few studies⁵. This case report is done on a 11 year old male with partial tear of his right achilles tendon and review of the existing literature on the achilles tendon partial rupture in paediatric age group.

CASE PRESENTATION:

11 year old male with complaints of open injury of his right ankle presented to casualty. On examination the lacerated wound extended 8cm distal to lateral malleolus curving to meet at midline posteriorly. The wound was contaminated and patient had difficulty to walk. Through wound wash was given with 3liters on normal saline. Active plantar flexion of right ankle was graded as 3/5. Patient did not have any distal neuro vascular deficits. Patient underwent plain X-ray of the right ankle and foot to look for any foreign bodies. Patient was taken up for emergency wound debridement and exploration within 2 hours of admission.



PROCEDURE:

Patient in prone position under spinal anaesthesia, parts painted and draped. Thomson test was positive. Partial tear of achilles tendon was identified on the postero-lateral aspect of the tendon. Using 2-0 prolene modified kessler's repair was done on the partial tear. Through wound was given. Wound was closed in layers and sterile dressing was done.



Patient was placed on a dorsal above knee slab with plantar flexion of 15° for 1 weeks. Later the slab was converted to below knee for 1 week. Patient underwent regular dressing, wound inspection was routine in everyday rounds. Patient was discharged with below knee cast in 5° plantar flexion for 1 weeks. On follow up of 4 weeks post-op the cast was converted to ankle in neutral and at the end of 6 weeks post-op the cast was removed and patient was advised for partial weight bearing.

DISCUSSION:

Achilles tendon injury in adults is usually presented as a closet injury or as a sports injury². Said et.al¹ had done a case series on 205 patients who underwent surgery for complete or partial lacerations of achilles tendon and have good results. If the partial rupture is left untreated surgically and managed conservatively, overtime it can lead to complete rupture with just minor trauma⁶. Patients need to undergo Ultrasound and MRI for further confirmation of the partial tears. In cases of closed injury with partial tear of achilles tendon can be given a trail of conservative management⁷.

CONCLUSION:

In cases of open partial tear of achilles tendon rupture wound debridement with tendon repair and post-operative immobilization gives good results.

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