Ankle arthrodesis (AA) has been the gold standard surgical treatment for patients with End-stage Ankle Arthritis (ESA) failing non-operative treatment. Joint specific clinical outcome scores have supported the efficacy of AA over the intermediate and long (AOFAS ~78 and Kofoed ~32 pain 16 function)[1]. Further, the safety of this procedure is also well documented with several studies documenting low non-union, mal-union and infection rates (e.g. [1, 2]). AA arthrodesis is also not technically demanding and the durability allows patients to return to high demanding physical activity.

Distraction Arthroplasty is a relatively new and technically demanding surgical procedure for treatment of ankle arthritis. There are very few clinical outcome studies available to support the clinical efficacy. Outcome studies that are available (e.g. [3-5]) are poorly designed and report clinical outcomes, failures and complication rates that are inferior to those reported for AA. Distraction Arthroplasty should be considered a procedure that lacks evidence based literature to support its efficacy and safety and therefore should currently be performed within the confines of well designed prospective studies by orthopedic surgeons with advanced training in external fixation techniques.

References