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Guided growth in Blount's disease

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In 1966, Walter P. Blount describes osteochondrosis deformans tibiae, an epiphyseal and metaphyseal lesion of the proximal tibia. Blount's disease is commonly attributed to an intrinsic, idiopathic defect in the posteromedial proximal tibial physis resulting in progressive bowing of the leg, Intoeing and lateral knee thrust. Not easy to manage and follow. Traditionally treatment depends on patient's age and surgeons' preference. Permanent joint damage and deformity can be sustained if left untreated. Early on the disease (<4 years), bracing has been utilized, yet the effectiveness is controversial. Majority of cases require surgical intervention in a form of proximal tibial osteotomy, which is technically challenging with higher potential complications (NV injury, compartment syndrome, infections). Hemiepiphyseodesis has the advantage of being less invasive procedure with fewer major complications. Lateral tibial hemiepiphyseodesis in Blount's disease was previously described in a 1992 in case series. The literature was quite generous discussing this topic since but it still insufficient in some aspects, minimal invasive procedure, cost effective, pain management, no post-op immobilization, early weight bearing and limited complications. Hemiepiphyseodesis is safe and effective first line of treatment for skeletally immature patients. Surgical decision-making must weigh the safety and simplicity of this procedure against the much more extensive but much more predicable realignment obtained with osteotomy procedures. Technical issues are avoid mechanical failure by using solid stainless screw, pre-drilling the cortex and avoid wide divergence, initially plate coaptation to the bone (2 plates, 4 holes plate), and if varus recurs, re-do the procedure. Follow patients till skeletal maturity. Literature lacks proper description of surgical placement and location of TBP. All modalities of treatment talks about offloading the physis, were non-describes dealing with the pathology itself.

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