

EARLY CENTRALIZATION AND RECONSTRUCTION IN FIBULAR HEMIMELIA

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INTRODUCTION

- Most frequent limb anomalies is partial or total absence of fibula;
- Most common long bone deficiency
- Most often is unilateral;
- Commonly seen as complete terminal deficiency (lateral rays of the foot are affected as well)
- Males are affected twice as often as females in most series

CLASSIFICATION

- **Achterman and Kalamachi-** according to amount of fibula present
- **Birch-** according to toe present
- **Paley's-** according to patho anatomy and deformities of ankle and sub talar joint



Type IA



Type IB



Type II

FIGURE 33-34 Achterman and Kalamchi classification of fibular hemimelia.

Problems

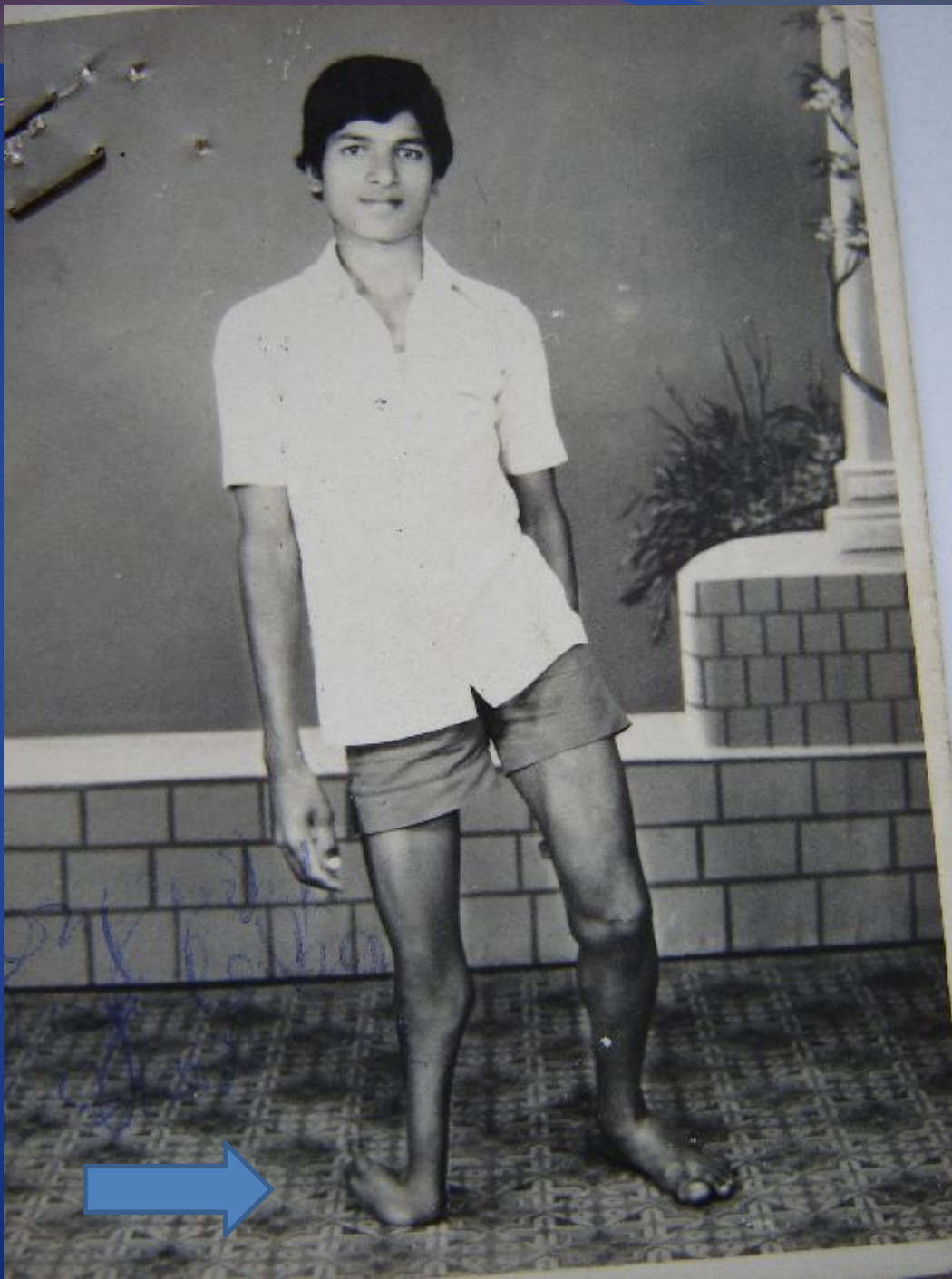
- Limb length discrepancy
- Foot and ankle deformities and deficiencies
- Tibial deformity
- Genu valgum
- Knee instability

MANAGEMENT

- **AMPUTATION- Parents do not agree**
- **RECONSTRUCTION AND**
- **LIMB LENGTHENING**

Aim of study

- **Analyze complications**
- **Knee and ankle function**
- **Stability of ankle and knee**
- **Braceability of feet**
- **Patient satisfaction**





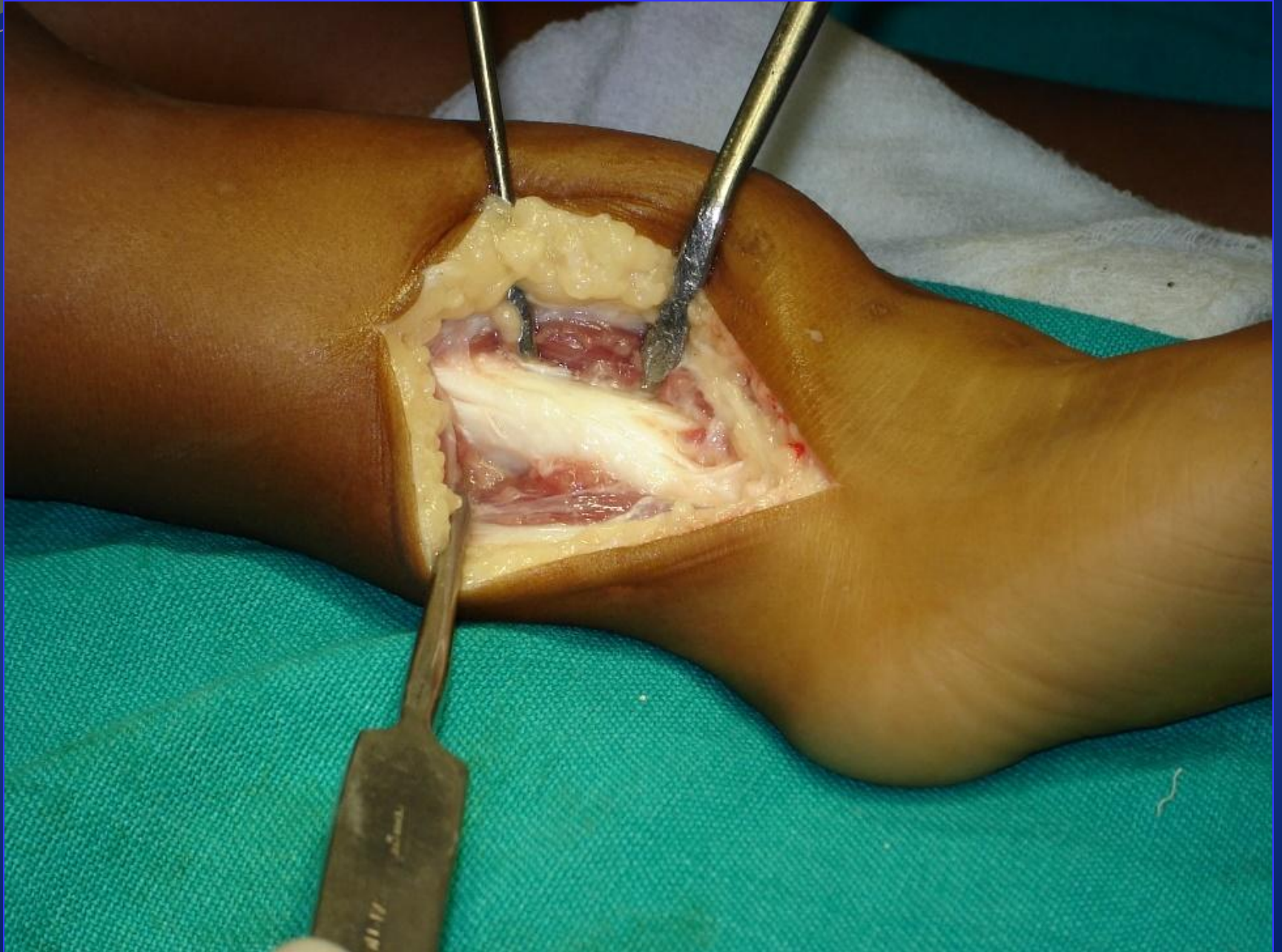
Case details

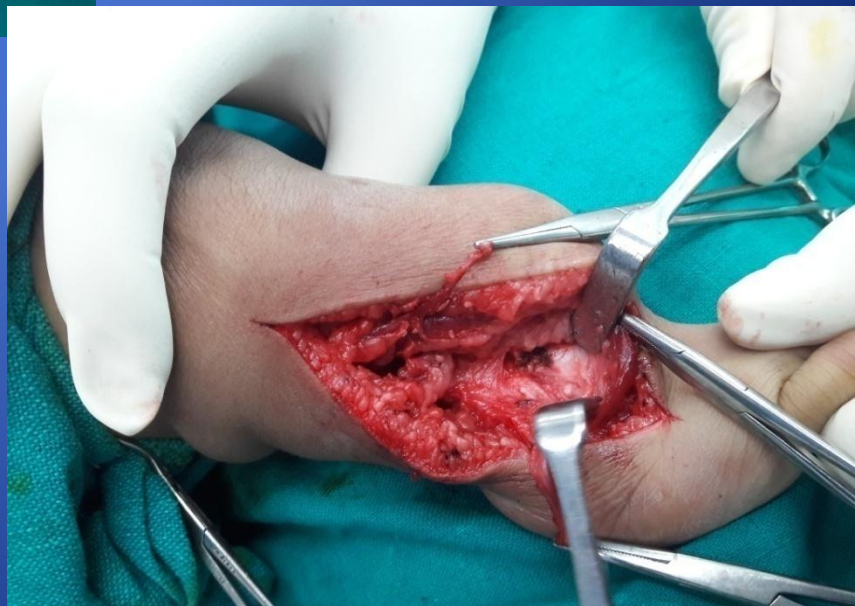
- Number of children- 28
- Number of limbs- 34
- M:F::17:11
- Patients under study-17
- All are Type II(Achterman and Kalamachi)

Procedures

- Excision of fibular anlage
- TA Lengthening
- Peroneal tendon lengthening
- Antero lateral ankle capsulotomy
- Tibial osteotomy when required
- Centralization by K wire
- Maintain by brace
- Lengthening as and when required





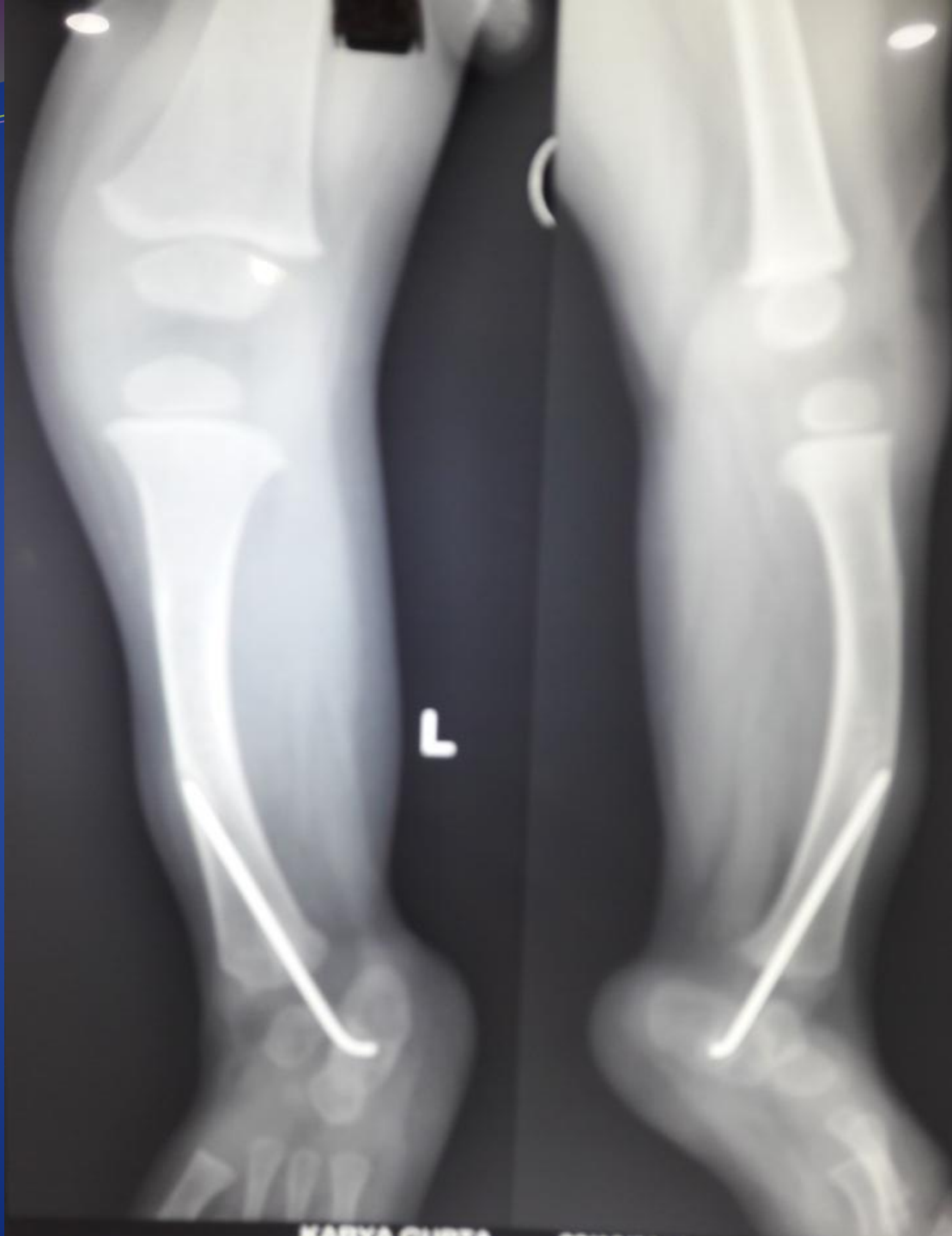




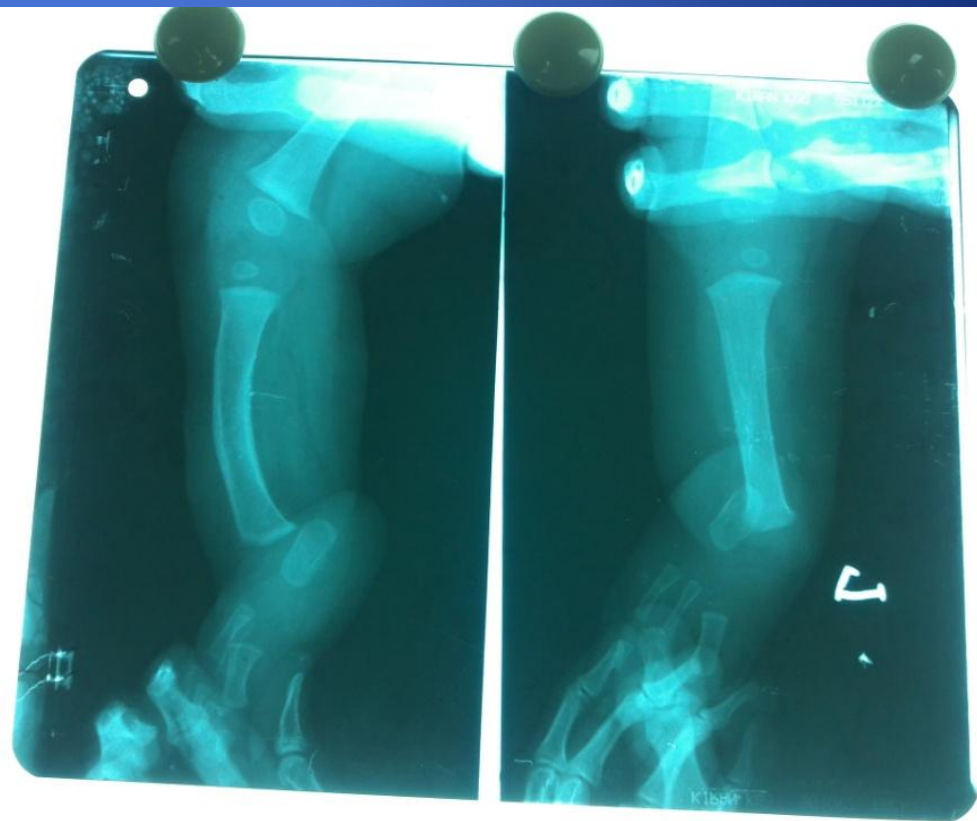
























Results and conclusion

- **Complications- manageable**
- **Knee and ankle function- good**
- **Stability of ankle and knee- good**
- **Braceability of feet- Excellent**
- **Patient satisfaction- Better**



THAKS

THANKS