

HAGLUND DEFORMITY: SURGICAL RESECTION BY COMBINED MEDIAL AND LATERAL APPROACH

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INTRODUCTION:

Haglund deformity is a painful posterior heel condition which can be treated either conservatively or surgically. Surgical excision can be done either by tendon splitting, lateral or medial approach.

CASE REPORT:

We report a case of a bilateral Haglund deformity in a 25-year-old male amateur football player who complained of pain at posterior heel which is worse on the left side. He was treated by surgical excision through combine medial and lateral approach. First longitudinal incision about 8cm was made over medial aspect at medial border of the deformity. Resection was done using osteotome from the wound laterally where a lateral incision was made when osteotome reach the lateral side. The deformity and pre-calcaneal bursa was completely resected. We enhanced the tendon achilles with an anchor suture even the distal part of the tendon still attached to calcaneal tuberosity to prevent rupture as it may weekend after procedure.

DISCUSSIONS:

In Haglund deformity surgical treatment it is important to resect enough bone to allow decompression of tendon and retrocalcaneal bursa. In lateral approach alone, it has been reported to have longer duration to heal and difficulty to adequately resect periosteum on the medial side. Tendon splitting approach in our experience has a post-operative complication of pain at surgical scar which we want to avoid as patient is active in sport. Therefore, we choose to do the surgery through combine medial and lateral approach as it can address the problems mentioned.



Figure 1: Area of incision marked

CONCLUSION:

Combine medial and lateral approach can give a good exposure for adequate resection of Haglund deformity as good as tendon splitting approach.

REFERENCES:

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