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## Short term results of treatment for idiopathic congenital clubfoot

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**Background:** Idiopathic Congenital Clubfoot is a complex deformity. Joint-sparing Ponseti method for its correction is technically non-demanding and therefore offer a promising future perspective for those parts of the world where health facilities are scarce like Bangladesh. Other surgical options for older children need to be categorized. To make an effort on this ground is our perspective.

**Objectives:** To create awareness about early treatment and regular follow up that may lead to full correction as well as to formulate an updated management protocol, which will ultimately reduce disability as well as morbidity.

**Materials & Methods:** This Cross Sectional Observational study was done in Orthopaedic OPD of Comilla Medical College Hospital from 01.01.2014 to 31.12.2014. 205 patients with congenital clubfoot without sex discrimination were enrolled after informed consent from the parents. All the patients were graded according to Dimeglio system. They were treated using different methods as needed and followed up weekly.

**Results:** Out of 205 samples, 56 were bilateral (112 foot), 64.4% (132) were under 6 months age. M:F was 2:1.5 (114 : 91). By Dimeglio grading system we found only 18 cases (8.78%) with Grade I & II deformity, rest (91.22%) possessed Grade III and IV deformity. All children after 3 years of age had Grade III & IV deformity. All Grade I deformity were corrected by only plaster cast application (6 – 9 casts). Almost all cases of Grade II deformity were corrected by plaster cast followed by tenotomy. Only one Grade II deformity needed further surgery. Mean number of plaster cast was 7.08 and mood was 8. Most cases with Grade III and Grade IV deformity were corrected by plaster cast followed by tenotomy. A total of 17 (8.29%) children needed surgery, among them 12 needed only soft tissue release. 04 required additional osteotomy, only 01 required arthodosis along with STR and osteotomy. 168 cases (81.95%) were completely corrected. 03 cases with Grade IV deformity remained uncorrected and 14 cases with Grade III and Grade IV deformity were improved but grade II deformity persisted.

**Conclusion:** Early presentation and less initial severity score are important factors for reasonably better outcome of a patient with congenital club foot. The Ponseti method remains the gold standard and radically decreases the need for extensive corrective surgery.

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