Tibiotalocalcaneal arthrodesis with distal tibial allograft for massive bone deficits in the ankle

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© 2018 European Foot and Ankle Society. Background: The purpose of this study was to assess the outcomes of distal tibial structural allograft to obtain a stable TTC fusion. Methods: Retrospectively, ten patients were carried out with a minimum one year follow-up. The median age was 72 (33-81). The median BMI was 28 (24-33). Indications for TTC arthrodesis included failed total ankle arthroplasty (n = 7 patients), prior nonunion (n = 2 patients), and a trauma injury. Results: Union rate was 80%. The median initial height of the distal tibial allograft was 19. mm (14-24. mm). In seven cases the allograft did not lose height. The AOFAS score median was 69 (31-84). SF-12 median physical component was 39 (30-53), and 59 (23-62) for mental component. The VAS median was 2 (0-8). Conclusions: TTC using distal tibial allograft shows a lower rate of collapse than other structural grafts and provides a fusion rate higher or in accordance with the literature. Level of evidence: Level IV, retrospe