lower post-operative FAOS. Conclusions: The main finding of this study is patient age was not an independent risk factor for inferior clinical outcomes after AOT for OLT. Additionally, having a cystic lesion, or having a lesion because of a traumatic injury were not significantly associated with post-operative FAOS. Having a shoulder lesion had the largest marginal effect on post-operative FAOS. These findings provide important information for providers when counseling and selecting patients for AOT procedure for treatment of OLT.

Category: Ankle/Foot/Calf


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Summary:
Inferior extensor retinaculum reinforcement does not improve clinical outcome scores in patients undergoing chronic lateral ankle ligament stabilization. Data:
Background: Ankle sprains are common musculoskeletal injuries and the lateral ligament complex, most notably the ATFL, is involved in 85% of cases. First line therapy is conservative, but up to 20% of ankle sprains will not resolve with conservative therapy and progress to chronic lateral ankle instability. Patients with chronic lateral ankle instability after failed conservative management often require surgical intervention. Various arthroscopic procedures have been introduced to restore lateral ankle stability. Some arthroscopic procedures involve repair of only the ATFL with suture anchors, while others involve a procedure similar to the traditional modified Brostrom and utilize reinforcement with the inferior extensor retinaculum (IER). Studies directly comparing different arthroscopic techniques are limited. Purpose: The purpose of this meta-analysis was to compare clinical outcomes of patients receiving different arthroscopic lateral ankle ligament stabilization procedures in which only the ATFL was repaired vs procedures involving a Brostrom-like repair with IER reinforcement. We hypothesized that clinical outcomes would be superior in patients receiving a Brostrom-like arthroscopic ankle stabilization with IER reinforcement. Methods: A systematic review per PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines was conducted. The search net 867 results. Two independent reviewers subsequently conducted exclusion by title and abstract, resulting in 50 studies. The remaining studies then underwent full-text review to confirm they met the appropriate inclusion and exclusion criteria. The reviewers cross-referenced inclusive studies for references to ensure no studies were missed in the initial search. 19 studies were included in the final analysis. To assess the relationship of type of surgical procedure (repair of only the ATFL or repair of the ATFL plus IER reinforcement) to reported clinical outcomes based on the American Orthopaedic Foot and Ankle Society (AOFAS) score, the Karlsson and Peterson Scoring System for Ankle Function (KAFS), and the Visual Analogue Score (VAS), we used the standardized mean difference (SMD) with a 95% confidence interval (CI) of preoperative to postoperative scores as an effect size. The method of random-effects models was used to calculate the overall summary estimates. Results: 19 studies were included in this meta-analysis to compare clinical outcomes of arthroscopic procedures to restore lateral ankle instability. Improvement of AOFAS, KAFS, and VAS scores from preoperative to postoperative periods were compared across studies to assess patient outcomes. In the meta-regression model, the type of surgical procedure had no significant difference on the preoperative to postoperative SMD score of AOFAS (P.value = 0.315), KAFS (P.value = 0.373), and VAS (P.value = 0.942). Conclusion: There is no significant difference in clinical outcomes for patients receiving arthroscopic lateral ankle stabilization with repair of only the ATFL (without IER reinforcement) or repair of the ATFL with IER reinforcement. Patients receiving either modification of ankle arthroscopic surgery should achieve excellent functional outcomes. Disclosures: Military Identification: Benjamin C Murray, LT, MC, USN, NMRTCP Non-research disclaimer: The views expressed in this abstract are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government. Research Disclaimer: The views expressed in this abstract reflect the results of research conducted by the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government. Copyright Statement: I am a military service member. This work was prepared as part of my official duties. Title 17 U.S.C. 105 provides that “Copyright protection under this title is not available...