SUMMARY

Club foot is one of the most common congenital deformities. Club foot is a complex foot deformity that readily apparent at birth. All club feet are not of the same severity, although all have the basic components of adduction and inversion of the forefoot and mid foot, heel varus, and fixed equinus. The soft tissue changes vary from mild to severe. Club foot should best be thought of as a spectrum of deformities. Club foot may occur as an isolated disorder or in combination with various syndromes and other associated anomalies such as arthrogryposis, sacral a genesis, amniotic bands, Larsen syndrome, diastrophic dwarfism, freeman Sheldon syndrome, and myelodysplasia.

The earliest recorded attempts at treatment included. Various combinations of manipulations and splinting. The idea of manipulation and several casting remain the standard of care for the first line.

In most children conventional surgical management of Idiopathic club foot give a satisfactory result but a recurrent deformity that require further operation may occur in approximately 20%. The treatment of this recurrent deformity depends on the nature and the severity of the deformity. A foot which remam passively correctable may respond to transfer of tibialis anterior tendon. A fixed deformity is likely to require repeated soft tissue release, sometimes combined with a bony surgery such as ***Dillwyn – Evans or Dwyer*** procedure particularly in a child over the age of five years.

Repeated operation on the soft tissue is likely to cause increased stiffness of the foot while bony procedures make a foot which is usually

already small, even smaller. An alternative is to use the Ilizarov technique.

The application of this form of external fixator to the foot allows gradual distraction of the joint & correction of all aspects of the deformity after which a tendon transfer can be used to maintain the correction.

The Ilizarov technique can correct the deformity well because of the three dimentional nature of the foot & the apparatus & with an Ilizarov frame the axis of correction could be placed with extreme precision that allows accurate correction of the deformities.

Gradual correction can be performed slowly so that the neurovascular bundles and other soft tissue structures are not exposed to excessive stretch injury, also an Ilizarov frame allows continuous post – application adjustment & fine tunning of the ultimate degree of correction. This preventing under correction of the deformities.

Careful pre-operative planning and close follow-up of the Ilizarov frame is an important for success, complications may take place yet, they can be minimized as experience is gained without jeopardizing the ultimate success.