Early management of talipes equinovarus during the first year after birth

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Congenital talipes equinovarus is the commonest congenital abnormality of the foot. In our series, it is 2.2 as common in boys as in girls and bilateral in 38.9 % of cases.Although, the very mild corrected so called postural clubfoot is still considered to be related to the position of the foot in utero, the true etiology of the severe clubfoot is still unknown. Hence the use of term idiopathic .The basic anatomic derangement in clubfoot is a congenital subluxation of the talocalcaneonavicular joint in which the navicular and the calcaneus are displaced medially in relation to the talus.History is a light guide to predict is it idiopathic clubfoot or associated with other anomalies. Careful general examination of the infant and local examination of the deformity are essential to diagnose a case of idiopathic clubfoot.The clinical picture of talipes equinovarus is characteristic. The affected foot and leg have a club like appearance. The deformity has four components, equinus, varus, adduction and may be cavus. Idiopathic clubfoot should be differentiated from postural clubfoot.Some authors advocate x-ray for assessment of the clubfoot while many paid less attention to the value of x-ray in assessing the clubfoot. Radiologic examination is important to exclude other associated anomalies during assessment of a case of idiopathic clubfoot. X-ray helps in assessment of the deformity but has no role in drawing the plane of treatment. All feet corrected clinically are corrected when assessed radiologically, and all feet uncorrected clinically also are not satisfactory when assessed radiologically.In talipes equinovarus a universally accepted method of classification of the severity of the deformity (to help to detect the proper treatment or to prognosticate the outcome) is lacking and no standardized method of evaluating the results of the treatment has been developed yet.Conservative treatment must be started as soon as possible immediately after birth. Early gentle stretching manipulation, then adhesive strapping and then manipulation and serial application of casts is the optimum sequence of a successful conservative treatment program.The optimum age for surgical intervention is the age of six month, even in cases which are known to be uncorrectable conservatively at an earlier age.Posterior release is recommended to fully correct the residual equinus deformity while lengthening of tendo Achilles was found intraoperatively not sufficient alone to fully correct the equinus deformity.Complete subtalar release of Carroll is recommmended to fully reduce the talocalcaneonavicular joints. This technique for complete subtalar release provides good exposure with less wound

complications.For easy proper and comprehensive assessment of results of treatment of an idiopathic clubfoot, the foot is considered having satisfactory results if it has normal shape (no residual deformity and plantigrade) and normal function (no pain with activity and no tenderness) and also be radiologically is normal. Absence of any of the previous crieteria is denoting that the results are not satisfactory and the foot is not fully corrected.(Tachdjian, 1985)(Tachdjian, 1985)(Tachdjian, 1985)Fig. 40 : Complete subtalar release by MaKayFig. 40: (Cont.)Fig. 40: (Cont.)Fig. 40: (Cont.)Fig. 40: (Cont.)Case 1 Case 2 Case 3 Case 4Case 5 Case 6 Case 7B1 B2 B3 C1 C2 C3D1 D2 D3B1 B2 B3 C1 C2 C3D1 D2 D3B1 B2 B3 C1 C2 C3D1 D2 D3B1 B2 B3 C1 C2 C3D1 D2 D3A A A A A AB B B B B BC C C C C CD D D D D DA B C D E EE E E E E EF F F F F FF G G G G GG G H H H H