
management planning of congenital talipes equinovarus

raed mohamed helmy badr

Clubfoot is one of the most common congenital deformity, its incidence ranges about 1 to 2 per 1000 live birth, it has a male predominance of 2:1 , and an incidence of bilaterality about 50% .The deformity consists of fore foot adduction and inversion, heel varus and hind foot equinus .Many theories exist to explain the aetiology of such deformity with reasonable data to support each of them .Clubfoot may occur as an isolated disorder or as a part of a syndrome or in combination with other associated anomalies, such as arthrogryposisWe have discussed the pathogenesis of such deformity and patho -anatomical change that affect the normal anatomy of the foot and that result in such deformity .Clinically, clubfoot is apparent at birth and the affected foot is usually smaller in size than the apposite normal foot with varying degree of calf atrophy .Radiographs are useful for diagnosis, assessment of severity, determining the response for conservative treatment, and for planning for operative treatment . The normal values of bony relationship on standing A.P and lateral views of the foot are some what variable and age dependent .Treatment of clubfoot should begun immediately after birth and consists of manipulation and immobilisation either in adhesive tap or plaster of paris cast to maintain the corrected position .The equinus deformity is the last deformity to be corrected to avoid the development of a rocker - bottom foot .The cast is changed weekly and the treatment is assessed at 2-3 months old. It is difficult to assess successful treatment of a clubfoot deformity, since, the criteria for assessment vary in the orthopaedic literature, some depend on radiographic criteria, function, and other depends on clinicalcriteria .When to operate is controversial, the guidelines are that a plateau has been reached in the non - operative treatment, the foot is of sufficient size, and the child s general condition is satisfactory .Recurrent, Neglected and resistant clubfoot that fail to respond to conservative treatment will require extensive posterior, medial and lateral soft tissue releases which can be done with satisfactory results until 5 years old .Persistent deformity after 5 years old age may require bony procedures, and triple arthrodesis may be necessary for older children which is best done at 10 to 12 years of age .