

# Case Study

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Case 012

The patient is a 39 year old male with complaints of deep pain in the right ankle that occurs constantly. He claimed the onset was sudden without injury about six years ago. He scheduled a surgery at the hospital, but canceled it. Now the pain has increased and become worse and is further aggravated by walking.

Initially it was thought to do a total ankle reconstruction because of abnormal joint and surface wear or a possible Triad, Kidner or other procedures to realign the ankle. As pain increased until he could hardly stand, surgery became more necessary and the option became available to use a donor talus joint that would replace his own.



There was a bone allograft taken from the patient's tibia to promote the healing process once the talus head was replaced. The talus was cut and shaved and prepared with drill. The holes were also made on the donor talus head. They were filled with the allograft taken from the tibia. The patient's talus and the donor talus head were connected together by three screws. Achilles tendon lengthening was also performed by making three small stab incisions to increase dorsiflexion.

One year post-operative, the patient has a fully fused talus and has minimal pain. He completed physical therapy. He wears a brace when he knows he's going to be more active and claims it reduces swelling and pain during and after the activities.

