[P37] PLANTAR SURGICAL APPROACH AND MID FOOT STABILIZATION BY EXTERNAL FIXATION IN TREATMENT OF MEDIOTARSAL OSTEOMYELITIS IN ULCERATED MID FOOT CHARCOT NEUROARTHROPATY

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Aim: Midfoot charcot neuroarthropathy is characterized by severe deformity and joint instability of midfoot with inversion of plantar arch and bone protrusion that may leads to chronic plantar ulcer with high risk of midfoot osteomyelitis The aim of study is value safe and efficacy of plantar surgical approach by wide ulcerectomy to remove infected bone together with midfoot stabilisation by external fixation.

Method: From December 2009 to August 2014 we treated 16 patients suggested to major amputation. All patients presented normal vascularisation of affected leg end foot.. Patients were treated by a first surgical procedure performing of ulcerectomy and infected bone removal followed by second surgical look consisted of debridment of bone and deep tissue, suture of plantar ulcerectomy and midfoot and and ankle stabilisation by external fixation. Bone and deep tissue biopsy for histological and cultural specimen were performed. Antibiotic therapy with Daptomic 8 mg/kilos/day and piperacillin-tazobactan 16 mg/day was applied the day before first surgical step and modified when obtained results of cultural specimens. After three months external fixation was removed and patients were allowed to walk with custom shoes with biomechanics rigid sole and moulded insole.

Results/Discussion: We observed healing of 14 patients (87%) while 2 patients (13%) shown progression of osteomyelitis that requested major amputation. We didn't observe progression of bone infection in the 14 patients healed.

Conclusion: Our study demonstrate that aggressive plantar surgical approach of mediotarsal ostemielyetis in ulcerated midfoot charcot neuroathropaty allow to obtain an elevate rate of healing reducing dramatically risk of major amputation