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Technique

Use of Keratome 1-0 for percutaneous Tendo Achilles tenotomy for correction of equinus deformity in club foot

To the Editor,

With an incidence of one per thousand births, club foot is the most common congenital musculoskeletal disorder. Although most cases are sporadic; families have been reported with club foot presenting as an autosomal dominant trait with incomplete penetrance. It is seen more commonly in males and is bilateral in about 50% of the cases.¹ Although Ponseti's method of treatment has been there for around 50 years it has aroused interest in the recent past after the long term results of this method were published. In a 34 year follow-up of patients treated by Ponseti's method Cooper and Dietz reported 78% good to excellent results.^{2,3} Today Ponseti's method is universally accepted, and is first line treatment in the management of congenital club foot.

As per Ponseti, all components must be corrected simultaneously but for equinus which takes place in ankle joint and must be corrected last. Seventy to eighty percent feet require tenotomy of Achilles tendon for correction of equinus.⁴ Traditionally, a scalpel or a no 11 blade is used for doing the tenotomy. However we found Keratome 1-0 (Fig. 1) to be a good alternative for performing Tendo Achilles tenotomy. Its advantage over standard surgical blade include:-

1. Smaller skin incision (Fig. 2b).
2. Lesser bleeding.
3. Lesser chances of enlarging skin incision as we go deeper and therefore no requirement of suturing.
4. Lesser chances of damaging neurovascular bundle.
5. Lesser chances of scar formation.

Fig. 1 – Figure comparing the size of Keratome 1-0 with surgical blade no 11.

Fig. 2 – a Patient with congenital club foot with residual equinus deformity. b After Tendo Achilles tenotomy using Keratome 1-0. The deformity is completely corrected and surgical scar is negligible.

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