DIAGNOSTIC ANKLE ARTHROSCOPY

THESIS

SUBMITTED FORPARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER DEGREE IN ORTHOPEDIC SURGERY

BY

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Abstract

Background:The diagnostic component of the ankle arthroscopy was the most important.Currently,because of improved radiographic techniques and instruments used, the therapeutic component is growing. The diagnostic component of ankle arthroscopy has aided in the gathering of information not otherwise obtainable

Methods:observational study to 20 cases were done,included patients complained of either chronic ankle pain, ankle swelling, locking, giving way or limitation of motion not responding to conservative treatment.*All patient were prepared for arthroscopic therapeutic intervention and the diagnostic step was done as a part of the intervention*

Results:ankle arthroscopy used todiagnose 20 cases that added extra findings over X-ray and MRI in twelve cases(60%), of these 12 cases 4 cases of intra articular synovitis and adhesions,3 cases of meniscoid lesion at the lateral gutter, 2 cases of arthritic changes of the articular cartilage, 2 cases of intra articular cartilagenous loose bodies,and one case of tibial plafond cartilagenous ulcer .Eight cases (40%) in which the cause of disability could not be detected using standard methods,2 cases of ankle arthritis, 2 cases of intra articular synovitis and fibrous adhesions , one case of osteochondral lesions, and all 3 cases of anterolateral impingement.

Conclusion: arthroscopy has been proven to represent a helpful diagnostic tool in assessing extent and in particular stability and integrity of the OCD lesion,and avoid unnecessary surgery on stable lesions,and diagnose the cause of residual pain after an ankle sprain in most cases not diagnosed by clinical examination and imaging study.