

هیئت مدیره محترم انجمن ارتوپدی ایران

جلسه ماهانه انجمن ارتوپدی شاخه فارس بصورت حضوری در تاریخ ۱۴۰۳/۲/۲۷ در بیمارستان شهید چمران با گرداندگی دکتر محمد جعفرامامی نایب رئیس انجمن ارتوپدی شاخه فارس برگزار گردید.
سخنرانی های علمی زیر بصورت جامع و کامل انجام پذیرفت :

الف- دکتر امیررضا وثوقی

TARSAL COALITION



Take home messages

- In children with vague foot and ankle pain, particularly after repeated episodes of ankle sprain , unresponsive to routine treatments, tarsal coalition must be ruled out.
- The contralateral foot should be investigated to find out possible coalitions.
- The parents of children should be aware of associated tarsal coalitions which will present in the future.
- It is recommended to obtain bilateral CT scans before any surgical intervention.

SURGICAL TREATMENT OF FLEXIBLE PESPLANOVALGUS DEFORMITY



Key points

- represents a multitude of possible etiologies
- Pes planus may be flexible or rigid
- Pes planus may be painful or asymptomatic
- Usually managed nonoperatively
- infrequently may need surgical treatment

SURGICAL TREATMENT

- symptomatic feet
- The goals of surgery :
 - **pain reduction**
 - **resolution and realignment of the foot**
- Reconstructive osteotomies (extra-articular)
- Arthroereisis
- Arthrodesis
- Medial column soft tissue procedures
- **Combination of these types of procedure**

COMPLICATIONS OF FLAT FOOT SURGERY



Complication of flat foot surgery:

- Failure to Manage the Lateral and Medial Soft Tissue
- Failure to Align and Stabilize the Calcaneo-Cuboid Joint
- Failure to Recognize and Lengthen the Short Tendo-Achilles or Gastrocnemius
- Failure to Recognize and Correct Structural Supination Deformity of the Forefoot
- Failure to Recognize Residual Hinfot Valugs Deformity After a Calcaneal Lengthening Osteotomy
- Delayed or Nonunion of the Osteotomy
- Pin Tract Infection
- Recurrent Deformity

Take Home Message

- Flatfoot is a common shape of foot in normal population
- There is No Corrective Shoe!
- The best way to avoid the complications of flatfoot surgery is to avoid flatfoot surgery.

د- معرفی بیماران مشکل و بحث و گفتگو توسط همکاران ارتوپدی برگزار گردید:

دکتر محمد جعفرامامی

خانم ۴۹ ساله که به علت عفونت مفصلی هیپ چپ در دوران کودکی با فیوژن و محدودیت شدید حرکتی مفصل هیپ چپ با فلکشن کانترکچر ۷۵ درجه حدود ۵ سال پیش تحت عمل جراحی *Girdle stone*، آزاد سازی وسیع بافت نرم مفصل هیپ همراه با کشش قرار گرفته اند. پس از عمل حرکت مفصلی و توانایی در راه رفتن بهبود یافت هم اکنون بیمار با لنگش مراجعه نموده در معاینه فلکشن کانترکچر هیپ ۲۰-۱۰ درجه و حرکت مفصلی خوب می باشد.

درمان غیر جراحی و استفاده از *shoe lift* پیشنهاد گردید.



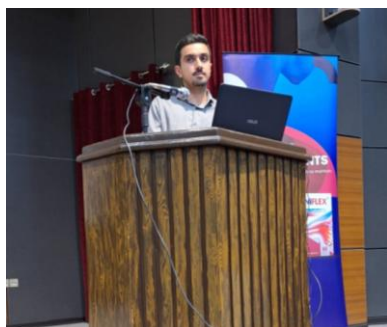
دکتر محمد جعفرامامی

-دختر ۱۹ ساله کیس DDH مفصل هیپ راست که در دوران کودکی تحت عمل جراحی سالتر استئوتومی قرار گرفته است هم اکنون با لنگش مراجعه نموده ولی حرکت مفصل هیپ خوب است . در رادیولوژی subluxation مفصل هیپ راست و دیفورمیتی سر فمور مشاهده می گردد.
درمان جراحی استئوتومی Ganz ، periacetabular پیشنهاد گردید.



American Academy of Orthopaedic Surgeons Technology Overview Summary: Platelet-Rich Plasma (PRP) for Knee Osteoarthritis

توسط دکتر امین رهبر دستیار گروه ارتوپدی و با سرپرستی دکتر سید محمد طحامی برگزار گردید



American Academy of Orthopaedic Surgeons and the International Cellular Medicine Society have suggested guidelines, many of which are included below:

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- ▶ Osteoarthritis pain affects daily activities
- ▶ Other more conservative treatments have failed or been eliminated:
 - ▶ Physical therapy to strengthen joint muscles has not helped
 - ▶ The patient is sensitive to anti-inflammatory medications (NSAIDs) such as ibuprofen, or find NSAIDs do not provide adequate pain relief
 - ▶ [Joint aspirations](#) are not appropriate or do not provide adequate pain relief
 - ▶ [Steroid injections](#) have not worked, or the patient wants to avoid steroid injections

Contraindications for Platelet-Rich Plasma Therapy

- ▶ Have a medical condition that could worsen or spread with injections, such as an active infection, a metastatic disease, or certain skin diseases
- ▶ Have certain blood and bleeding disorders
- ▶ Are undergoing anticoagulation therapy (and cannot temporarily suspend treatment)
- ▶ Are anemic
- ▶ Are pregnant

The use of PRP for the treatment of knee osteoarthritis has shown statistically significant improvements in some patient –reported outcomes compared with placebo.

When compared with multiple alternative treatments, however, he results varied .Notably, the current body of published research has notable limitations, including a scarcity of studies assessing knee function or structural changes. In addition, published articles inconsistently reported leukocyte and platelet concentrations, the standardization in reporting of which will be paramount to drawing additional conclusions.

