



RECONSTRUCTION OF ACHILLES TENDON RERUPTURE IN A NON-PROFESSIONAL SOCCER PLAYER: A CASE REPORT

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INTRODUCTION

➤ Achilles tendon (AT) rupture is a common injury among athletes involved in high-impact sports. The literature describes various surgical methods addressing these injuries, each with its unique advantages and challenges.

➤ We present a case report of a 32-year-old amateur soccer player who suffered a rerupture of the AT 10 weeks after primary end-to-end AT repair following a bike accident.

➤ The study aims to report a case of AT rerupture in a non-professional soccer player, detailing the operative treatment employed and the subsequent functional outcomes observed.

METHODS AND MATERIALS

➤ The patient presented to our department two weeks after the bike accident with symptoms consistent with AT rerupture. Radiographs were obtained to exclude other pathologies, and ultrasound confirmed the diagnosis.

➤ Surgical intervention was deemed necessary. The patient was positioned prone, and a thigh tourniquet was applied. A longitudinal incision just medial to the AT was made. Intraoperatively, a 2.5 cm gap in the AT was observed. The incision was extended proximally, and the AT was reconstructed using two parallel longitudinal gastrocnemius flaps. The gastrocnemius defects were repaired side to side.

DISCUSSION

➤ The reconstruction technique employed, utilizing parallel longitudinal gastrocnemius flaps, yielded positive functional outcomes, enabling the patient's return to sports activities. The presented technique represents a viable alternative for AT rerupture reconstruction.

➤ It provides good functional outcomes and can be considered alongside other methods such as flexor hallucis longus transfer, V-Y advancement of the gastrocnemius, or AT reconstruction with semitendinosus autograft or allograft. The choice among these depends on the defect's size and the specific case's requirements. However, the extensive surgical approach necessitates vigilance regarding wound healing complications.

RESULTS

➤ The foot was immobilized in an anterior splint in plantar flexion for 14 days. Gradual weight-bearing in a boot started at three weeks and full weight-bearing at three months.

➤ At five months, the patient demonstrated good functional outcomes and participated in low impact activities. He successfully returned to sports at eight months.

CONCLUSIONS

This case report demonstrates the successful reconstruction of Achilles tendon rerupture using parallel gastrocnemius flaps in a non-professional soccer player. The findings underscore the importance of considering Achilles tendon defect in cases of rerupture and provide insight into a surgical technique that yielded favorable functional outcomes. The presented technique offers an effective approach for managing Achilles tendon rerupture in selected cases.

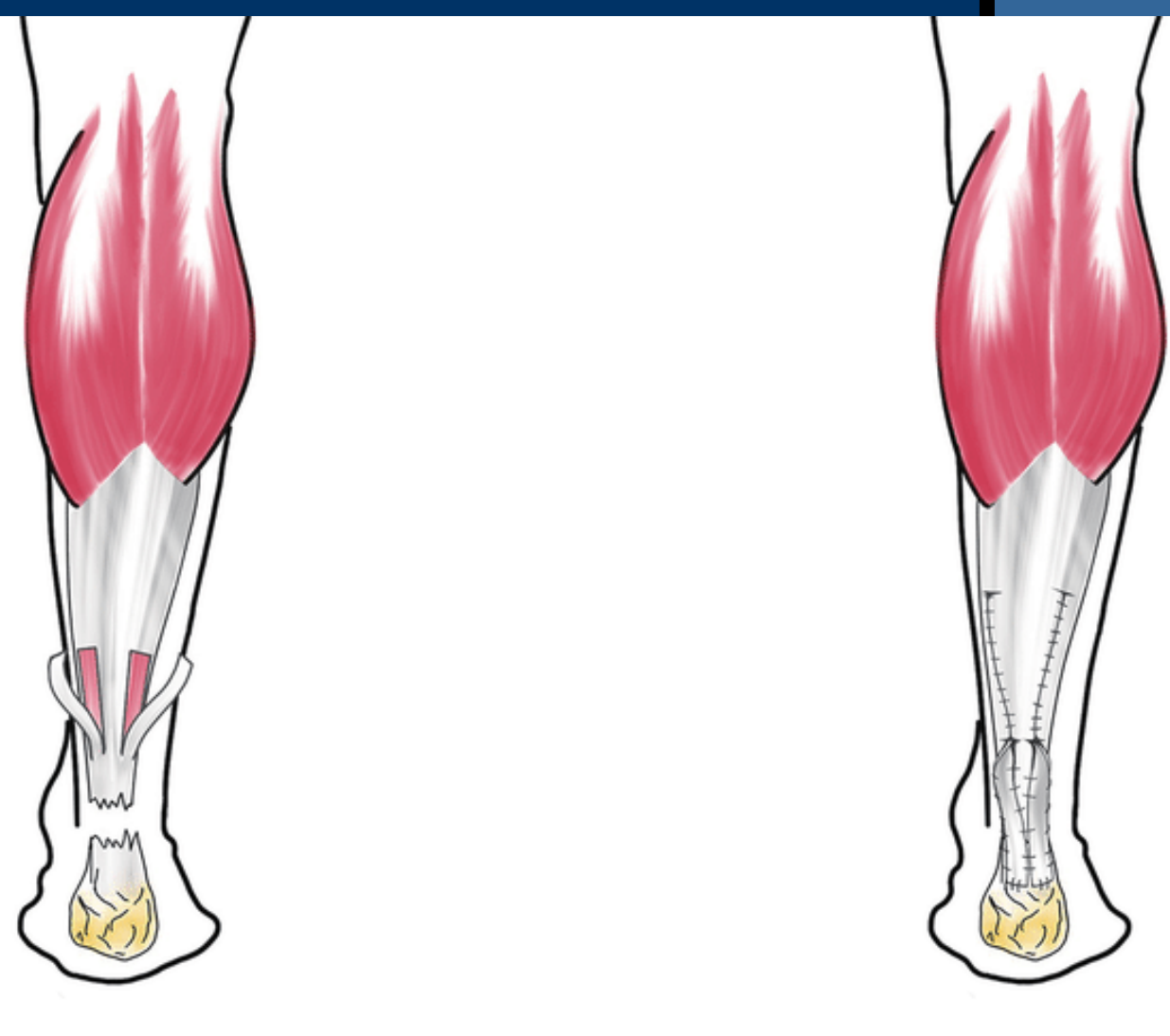


Figure 1. Schematic illustration demonstrating the Achilles tendon rerupture reconstruction technique using parallel longitudinal gastrocnemius flaps.



Figure 2. Intraoperative views of the Achilles tendon reconstruction using parallel longitudinal gastrocnemius flaps.