Surgical Technique, Weight-Bearing Status, and Outcomes Following Haglund's Resection

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Disclosures: Kate Kutzer (N), Kali Morrissette (N), Zoe W. Hinton (N), Albert Thomas Anastasio (3B - QPIX Solutions), Emily Reinke (N), Annunziato Amendola (1 - Arthrex Inc, Springer, 4 - Bio2 Technologies, Bone Solutions Inc, Miach Orthopaedics, 5 - Stryker, 6 - Wolters Kluwer Health, 8 - American Journal of Sports Medicine, Journal of Isakos,)

INTRODUCTION: Approximately 6% of individuals will experience Achilles tendon pain during their lifetime, with one-third of these patients having Haglund's syndrome. The condition represents a triad of posterosuperior calcaneal bony enlargement (Haglund's deformity), retrocalcaneal bursitis, and Achilles tendinopathy and may be bilateral or unilateral. If a prolonged course of conservative treatment fails, surgical options include utilizing a Speedbridge (SB), corkscrew anchors (CS), or suture anchors (SA). The goal of this study is to investigate outcomes comparing various surgical techniques and postoperative weightbearing status.

METHODS: After institutional approval, retrospective data were collected from 476 patients who received surgical treatment for Haglund's syndrome across 8 surgeons at an academic institution from January 2015 to July 2022. Demographic data and surgical repair technique data (suture bridge – SB, corkscrew – CS, suture anchors – SA) were collected. Additional data included weight bearing status (weightbearing as tolerated -WBAT, non-weightbearing – NWB, partial weightbearing – PWB, touch down weightbearing – TDWB), complications, revisions, and date of patients' last follow-up. Post-operative complications included Achilles rupture, wound breakdown/infection, deep venous thrombosis, plantarflexion weakness, or other complications. Descriptive statistics were completed.

RESULTS: The most common weightbearing status was NWB (62%), followed by TDWB/PWB (13), and WBAT (12%). Mean age at time of surgery was 55.1 years (16 – 95) with 61% female patients. Mean follow up was 249 days (0-2626). Mean BMI was 34.4. Regarding surgical outcomes, 4 patients experienced rupture, 34 wound breakdown, 0 with DVTs, and 13 patients required revision or reoperation.

DISCUSSION: Haglund's deformity is a common occurrence in orthopaedic surgery for which there is a variety of both surgical implants as well as postoperative protocols. This follow up study demonstrates a rate of 2.7% revision/reoperation rate in this population. Further analysis is to follow this preliminary analysis before time of potential abstract presentation.

CLINICAL RELEVANCE: This is the largest study of its kind to investigate the outcomes for Haglund's resection based on surgical technique, weightbearing status, and patient demographics. These data demonstrate that risk factors for Haglund's syndrome include female sex, BMI in the overweight (BMI>25) or obese (BMI>30) range.