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 weight-bearing 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 (weight-bearing as tolerated – WBAT, non-weight-bearing – NWB, partial weight-bearing – PWB, touch down weight-bearing – 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 weight-bearing 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, weight-bearing 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.