

Comparative Outcomes of Total Ankle Arthroplasty versus Ankle Arthrodesis: A Longitudinal Study

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Abstract

Objective:

Background: Total ankle arthroplasty (TAA) and ankle arthrodesis (AA) are surgical options for end-stage ankle arthritis. This study compares the long-term outcomes of TAA and AA in terms of patient satisfaction, functional outcomes, and complication rates. The study was conducted over a 10-year period, involving 100 patients who underwent either TAA or AA. The primary outcome was patient satisfaction, measured using the American Orthopedic Foot and Ankle Society (AOFAS) Ankle-Hindfoot score. Secondary outcomes included functional outcomes, measured using the Foot and Ankle Activity Profile (FAAP) score, and complication rates, including infection, implant loosening, and revision surgery.

Methods:

Results: The study included 100 patients, with 50 in the TAA group and 50 in the AA group. The mean age was 65 years. The AOFAS score was significantly higher in the TAA group compared to the AA group at 10 years post-surgery. The FAAP score was also significantly higher in the TAA group. Complication rates were similar between the two groups, with infection being the most common complication.

Conclusion: TAA provides superior long-term patient satisfaction and functional outcomes compared to AA. However, both procedures have similar complication rates. The choice between TAA and AA should be based on patient-specific factors, including patient age, activity level, and surgeon experience.

Keywords: Total ankle arthroplasty; Ankle arthrodesis; Ankle arthritis; Comparative outcomes; Longitudinal study

Introduction

End-stage ankle arthritis poses significant challenges to patients, impairing mobility, causing debilitating pain, and impacting overall quality of life. Surgical interventions are often necessary to alleviate symptoms and restore function, with total ankle arthroplasty (TAA) and ankle arthrodesis (fusion) emerging as primary treatment options. Each procedure offers distinct advantages and considerations, prompting ongoing debate among orthopedic surgeons regarding the optimal approach for individual patients. Total ankle arthroplasty involves the replacement of the arthritic joint with a prosthetic implant, aiming to preserve ankle motion and potentially reduce stress on adjacent joints.

This approach has gained popularity due to its potential to maintain or improve joint function and mobility, thereby potentially delaying the onset of adjacent joint arthritis. However, concerns exist regarding the longevity of implants and the risk of complications such as loosening, infection, and implant wear [1].

In contrast, ankle arthrodesis achieves pain relief and stability by fusing the ankle joint, eliminating joint motion. This procedure has been historically favoured for its reliable pain relief and durability, often resulting in high rates of patient satisfaction. Despite its efficacy in pain relief, ankle fusion limits ankle motion and can lead to altered gait mechanics and potential stress on adjacent joints, which may predispose to arthritis in neighbouring joints over time. The choice between TAA and ankle arthrodesis is influenced by various factors, including patient age, activity level, bone quality, and surgeon experience. While

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Total ankle arthroplasty involves the replacement of the diseased ankle joint with a prosthetic implant, designed to replicate the native joint mechanics and preserve motion. This approach holds appeal for its potential to maintain or improve ankle function, restore mobility, and potentially delay the onset of adjacent joint arthritis. However, concerns exist regarding implant durability, long-term outcomes, and the risk of complications such as implant wear, loosening, and infection [3].

The choice between TAA and ankle arthrodesis is multifaceted and

References

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