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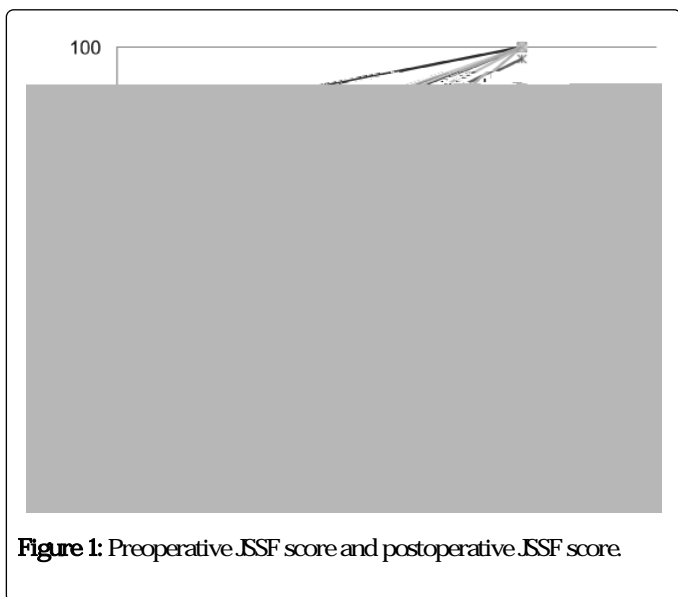
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Abstract d

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<b>Case</b>	<b>Age</b>	<b>Sex</b>	<b>Side</b>	<b>Procedure</b>	<b>JSSF score Preoperative/ Postoperative</b>	<b>Sport</b>	<b>Time return to</b>	<b>to</b>
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by repeated plantar flexion or injuries by sports, resulting in tenosynovitis in the FHL, causing pain as a result



**Figure 1:** Preoperative JSSF score and postoperative JSSF score.

Although the first choice for treatment was conservative therapy such as rest, administration of anti-inflammatory analgesic, or injections of steroid or regional anesthetic, it was reported that 40% of the cases showed resistance to these [1]. For those cases in which symptoms did not improve with conservative therapy, surgical therapy was chosen. The open surgery has been reported for some time, since Williams and Ferkel [2] first reported on the arthroscopic excision for os trigonum disorder in 1994, and van Dijk et al. [3] reported on the posterior 2-portal arthroscopic technique, and favorable results have been reported from various surgeons [2,3,10-12]. Guo et al. [13] reported that there were no significant differences in AOFAS scores, when endoscopic surgery was compared to open surgery, but significant differences were shown in the return to the sports activity level before

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