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Salvage of the limb with calcaneal osteomyelitis; a case-series of 20 partial calcaneectomies.

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Purpose: To review the outcome of partial calcaneectomy procedures for calcaneal osteomyelitis in patients at risk for major lower extremity amputation.

Methods: From 1999 to 2003, twenty partial calcaneectomies were performed on 18 patients for calcaneal ulcer with osteomyelitis. Medical records were reviewed retrospectively to assess outcomes and predictors for success or failure.

Results: Seventy-two percent of patients were male. The average age of patients at time of operation was 61 (44-83). Fourteen patients (78%) had diabetes (3 Type 1, 11 Type 2). The average duration of Type 1 DM was 34.3 years and Type 2 DM was 12.4 years. Intraoperative cultures were positive for 18 specimens (MRSA 13, MSSA 4, Acinetobacter 1). Follow-up period was an average of 14.4 (1.75 – 34) months. Fourteen wounds (70%) completely healed at an average of 4.3 weeks. Negative outcomes were recorded for 11 patients (5 deaths, 3 BKA, 3 subsequent ulcerations). Only patients with diabetes had a negative outcome. The causes of death were MI 3, sepsis 1, and leukemia 1. Of the 7 patients with ESRD, 6 of them had negative outcomes (3 deaths, 1 BKA, 2 subsequent ulcers). Ambulatory status was available for 17 of 18 patients and was graded as 1. unlimited community ambulator, 2. limited community ambulator 3. ambulates only at home, and 4. confined to a wheel chair. At follow-up, 9 patients were limited community ambulators and 8 were confined to wheel chairs.

Conclusions: Partial calcaneectomies are an alternative to BKA for calcaneal osteomyelitis with overlying tissue loss even in patients with MRSA or a history of peripheral vascular disease. Once healed, most patients can become limited community ambulators post-operatively. ESRD strongly predicted a negative outcome.