

NEGLECTED CLUBFOOT REPAIR IN THE UNITED STATES

Francois Harton, DPM

INTRODUCTION

The author will present 3 recent cases of neglected clubfoot repair that had the surgical procedures performed in the US. Physicians often think that they must travel to a foreign country in order to help correct neglected pediatric foot deformities. However, often the children can be brought to local hospitals by various charitable organizations. Performing the surgery in the US allows easier recovery and provides optimal health care for the child.

The first case is a 5-year-old boy from Guyana with unilateral clubfoot deformity. The child was brought to the US by volunteers from Guyana Adventist Medical Aviation Organization, and funding was provided by the Healing the Children Organization. The host family assigned to the boy was extremely supportive, and provided an environment where the child was able to rapidly learn English. The surgery consisted of a posteromedial release, with a hockey-stick type incision. The recovery was uneventful and rapid, and the postsurgical result was excellent (Figures 1, 2). The child had dreamed of being able to play soccer with his friend in Guyana, and his dream was realized when he returned to his native country.

The second case is a 7-year-old boy with severe contractures and bilateral clubfoot deformities. This child was brought to the US through the organization Healing

the Children. He was eager to learn to walk with his feet straight, and hoped to be able to wear shoes (something he could not do because of his deformities). A posteromedial release was performed, but due to the severity of the contracture a talectomy was also performed. Postoperative, there was a small dehiscence on one side, but it healed well, and the rest of the postoperative course was uneventful. Some residual forefoot varus and metatarsus adductus remained on the opposite side, but the child was functional, could walk well and wear shoes. Before the surgery he used to crawl around on his calloused knees (Figures 3, 4).

The third case is an 11-year-old female from Guyana. She was brought to the US by the Children's Circle Mission Organization. Her ankle was frozen in a plantarflex position with posteromedial contracture. She was ambulatory for only short distances. Her growth plates were closed and her bones calcified in this clubfoot position (Figure 5). Her dream was to be accepted by people, not be regarded as looking different, and to wear shoes instead of "flip-flops." A posteromedial release and a talectomy were performed. She is currently recovering, and is looking forward to be able to wear shoes in the future.

When a child is brought to the US for corrective surgery, their primary goal is to give them improved ambulation. However, they are often able to receive education, and to learn another language while they are in



Figure 1. Five-year-old boy with unilateral clubfoot.



Figure 2. Appearance after posteromedial release.

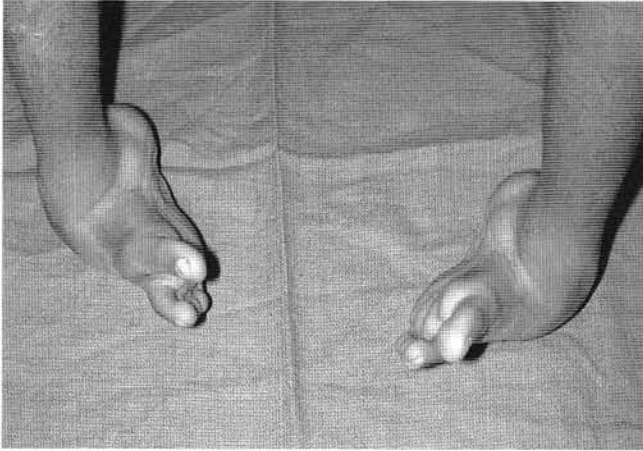


Figure 3. Seven-year-old boy with neglected, bilateral clubfoot



Figure 4. Result after posteromedial release and talectomy bilaterally.



Figure 5. Eleven-year-old girl with bilateral, neglected clubfoot deformity.

the US. Sometimes this is the only education they will receive in their lifetime. This exposure allows them to be accepted by others when they return in their country. The host families who donate their time are really the keystone to making the experience of these children successful.