# DILEMMA IN TREATING PATIENT WITH BILATERAL NEGLECTED SEVERE ANKLE CONTRACTURE

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## INTRODUCTION:

Lower limb disability impairs walking thus affecting activity of daily living, employment, self-esteem and social stigma. This case report is inspiring by portraying how a young girl coped and lived with her disability.

# **METHODS:**

A 29-year-old small build lady presented to us with a year-old ulcer over her left deformed foot. She has sustained the deformity following a fire accident at 3 years old. Both of her ankle was severely contracture over the years, and she was walking on both of her ankle joints. Over



the years, her ankle joints pain worsens, and she resorted to ambulate using her knees for the past 3 years. She is a full-time housewife and a loving mother of 2; age 4 and 2 years old.



Figure 1: Anterior view of bilateral legs of patient A

Figure 2: Left ankle xray of patient A

#### **RESULTS:**

On examination, her left ankle ulcer was 10cm x8cm over the medial ankle. There was no pus discharge or slough. The wound edge was regular and no surrounding erythema. Both of her ankle was contracted and there was callosity noted on both of her knees. She is able to achieve full extension and full flexion of both knees. Peripheral pulses were good, and sensation was intact. Bilateral below knee amputation was done in one setting with posterior flap incision.

# **DISCUSSIONS:**

Severe forefoot deformities in children can aggravate skeletal deformities as they grow besides giving rise to complications of contact ulcers, secondary inflammation, functional disturbances in joint areas which further affects posture and distortion of the pelvis and spinal curvature.<sup>1</sup>

Psychological adjustment is the main issue that needs tackling. Hence, multidisciplinary team approach including physiotherapist, rehab team, and social support from family members and friends are vitals. There is risk of patient going into depression, anxiety and body anxiety. O Horgan et al stated that there are factors associated with psychological adjustment post amputation which includes cause of amputation, level of amputation, time since amputation, phantom limb pain, stump pain, age, gender, prosthesis, social support, personality.<sup>2</sup>

## **CONCLUSION:**

Neglected severe ankle contracture is a rare indication for bilateral below knee amputation considering that patient has been able to adapt with the deformity and disability over the years. However, bilateral below knee amputation was discussed with the patient aiming for her to be able to walk with prosthesis instead of her knees considering that she is young, resilient, have very good social support. A good functional outcome is expected of her.

### **REFERENCES:**

- 1. Sang Hyun Lee et al; Reconstruction of postburn contracture of the forefoot using the anterolateral thigh flap. Clin Orthop Surg. 2016 Dec; 8(4): page 444-451.
- 2. Horgan et al; Psychosocial adjustment to lower-limb amputation: A review. Disability and Rehabilitation, 2004; Vol 26, No 14/15, 837-850.