

Preface

Arthroscopy and Endoscopy of the Foot
and Ankle



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Guest Editor

Significant progress has been made in the field of endoscopic foot and ankle surgery over the last 25 years. Arthroscopy of the ankle joint has become an important diagnostic and therapeutic procedure for the detection and treatment of chronic and posttraumatic problems. Additional radiographs, such as the anteromedial impingement view, the heel rise view, or the posterior impingement view, are important for the confirmation of a clinical diagnosis and for planning a treatment.

Anterior ankle problems include soft tissue and bony impingement, synovitis, loose bodies, and ossicles. Complaints located more centrally can originate from an osteochondral defect or from arthrosis. For preoperative planning, CT scanning offers better information than MR imaging. Therapy is guided mainly by the size of the lesion. For primary lesions, the best option for treatment is currently debridement and bone marrow stimulation. Large cystic lesions can be treated by retrograde drilling and bone grafting. Secondary lesions can be treated by osteochondral transplants or chondrocyte grafts.

Because of their nature and their deep location, posterior ankle problems pose a diagnostic and therapeutic challenge. By means of a two-portal hindfoot approach, with the patient in the prone position, posterior ankle joint problems such as loose bodies, ossicles, osteophytes, or osteochondral defects can be treated. In a case of a posterior ankle impingement syndrome, bony impediments

like an os trigonum can be detached and removed. This approach offers access to the deep portion of the deltoid ligament, the posterior syndesmotic ligament, the posterior talofibular ligament, and the flexor hallucis longus tendon, as well as the posterior compartment of the subtalar joint. Pathology of these structures can be detected and treated.

Tendoscopy of the peroneal tendons, the posterior tibial tendon, and the achilles tendon offers access to these tendons for diagnostic and therapeutic purposes. For chronic retrocalcaneal bursitis, endoscopic calcaneoplasty has been demonstrated to show several advantages, including low morbidity, functional after-treatment, outpatient treatment, excellent scar healing, a short recovery time, and quicker sport resumption, in comparison to open techniques. The same advantages apply to most of the endoscopic techniques described in this issue. Having read this issue of the *Foot and Ankle Clinics*, I expect surgeons familiar with the arthroscope, as well as their patients, to find these arthroscopic techniques a more rewarding experience.

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