
Name:	Wieczorek, Antonina	DOS:	10/01/2012
DOB:	03/21/2012	Chart:	
Physician:	Dror Paley, MD, FRCSC	Ref. Phy:	

ORTHOPEDICS CONSULTATION

History of Present Illness:

I am seeing Ms. Antonina Wieczorek and her family in Vogtareuth, Germany today.

Ms. Antonina is a six-month old girl born with bilateral fibular hemimelia as well as left hand polysyndactyly. On the left leg she has three toes and on the right leg she has two toes. On the left hand she has three digits, all of which are syndactylized together.

Physical Examination:

Extremities: She has excellent range of motion of both knees and hips with slight instability anterioposteriorly of the knees and perhaps slight valgus. The feet are in fixed equinovalgus. She was previously treated with Ponseti and had tenotomies bilaterally but the feet have recurred in to fixed equinovalgus. She has had no treatment for the hands.

Radiographic Findings:

Radiographs demonstrate complete absence of the fibula with a nearly 90 degree procurvatum deformity of both tibias apex anteromedial. There are three metatarsals of the left leg and two on the right leg. The right side tibia is shorter than the left. Her hand has clearly a duplicate thumb and one finger. The most radial thumb is shorter than the other one. Radiographically, the hands showed two phalanges on the middle thumb and one phalanx on the most radial thumb, and three phalanges on the ulnar finger. She has excellent mobility of the wrist. She also has good supination and good pronation of the left forearm. The right side is completely normal. There is no torticollis and no spinal abnormalities. Her hips are excellent to examination.

Recommendation:

Antonina, I believe would be best treated by bilateral super ankle procedures combined with lengthening around the age of 18 months. We could achieve 5 cm of lengthening combined with complete deformity correction at two levels, supramalleolar and mid-diaphyseal in order to completely realign her foot and ankle and her tibia. This would create a stable ankle joint and plantar grade foot as well as increase her leg length to compensate for the shortening that she has bilaterally. We would do more lengthening on the right than the left because of the leg length discrepancy. I would plan to start with the treatment of both lower limbs simultaneously to save on costs and then perhaps a month later to do her hand surgery starting with the pollicization. I would split the conjoint basal phalanx and make a thumb. She seems to have a delta conjoint metatarsal at the base. This would also need to be split, and then she would be two and a half months in West Palm Beach for the lengthening and physical therapy and then go home to Poland for another two and a half months. They will send me x-rays in between. After that they would return for the removal surgery and I would combine that with a syndactyly release of the little finger from the remaining thumb. This would create adequate timing between the two desyndactylizations. Once we remove the fixers she will go on a cast for a month and then return to Poland. They will send me x-rays from there. There is a possibility that she has genu valgum but I cannot tell from today's x-rays. When she is older and closer to the age of surgery, I would like to see new x-rays so we can determine if she needs hemiepiphyodesis with 8-plates on one or both sides to simultaneously treat the genu valgum, that would be done at the original procedure with the super ankle. I have shown the family videos of other patients with similar feet and post super ankle. We have had a lengthy discussion today. I think they have a good understanding of the process.

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We will prepare cost estimate for them for the various surgeries as described above. In addition to all of this we have discussed that at a later age they may choose to do another lengthening of about 8 cm sometime between the age of 8 and 10. I had the pleasure meeting with them. In the meanwhile, the only treatment she needs perhaps is closer to the age of walking getting an AFO (ankle foot orthotic) made and shoe with perhaps a small lift on the right side. I will help them coordinate that in about six months time when she starts walking.

Sincerely,

Dror Paley, MD, FRCSC

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10/16/2012