

Treatment of children with mobile flat feet with modified Kidner operation

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Annotation: In this article, a new modified Kidner's operation is used to treat flat feet, a common disease in children, so that children with flat feet can get up early without complications and get rid of flat feet so that children can walk on healthy feet.

Keywords: Kidner's operation, modified Kidner's operation, mobile flat foot, posterior tibiotalar ligament dysfunction, fixation, tarsal tunnel, Rehabilitation, artificial tunnel, healthy foot, patients,

Introduction:

Before we cover the modified Kidner operation, let's look for an answer to the question of what the operation is. Operation is (in medicine) intervention of a surgeon in the disease process in tissues and organs. In this case, an operative wound is created (bloody Operation), sometimes special mechanical methods are applied (bloodless Operation, putting a protruding bone, fixing broken bone pieces together). It is often done for treatment, and sometimes for diagnostic purposes (biopsy, puncture, laparotomy). A distinction is made between planned and non-delayed (immediate) operation. Before the planned operation, the patient is carefully examined and prepared for the operation. Operation is divided into radical and palliative types. In Radical Surgery, the pathological process is eliminated (the disease center and even the whole organ is removed). The task of palliative surgery is to eliminate the symptoms of the disease caused by the pathological process. Reconstructive operations have a special place (see Plastic surgery). At this point, Kidner used various methods to eliminate flat feet. Let's give a broader understanding of the question of what flat feet is and how much the useful coefficient of our modified Kidner operation is from the methods used by Kidner.

Flat feet is a flattening of the arch of the foot. The foot can be flat lengthwise or widthwise, and sometimes both occur together. If the foot is flat in width, its bottom is flat in width, and the weight does not fall on the 1st and 5th toes, but falls on the base of the fingers, on the heads of the palm bones. Oyoq bo'yiga qarab yassi bo'lsa, uning tagi yerga bir tekis tegib turadi. If the foot is flat, the sole of the foot is flat on the ground. Flat feet can be congenital (very rare) or acquired during life. Acquired in life is more common. It is mainly caused by weakness of the musculoskeletal system (due to rickets or overuse), uncomfortable shoes, lameness, leg injury or paralysis (often in poliomyelitis). Sometimes the disease appears in people who spend most of the working day standing on their feet (hairdressers, sellers, etc.). The first sign of the disease: the leg gets tired quickly, the sole hurts, the leg, the hip area also feels pain; later, the pain spreads to the knee joints and back. Kechqurunga borib oyoq shishadi, kechasi shish qaytadi. Oyoq juda yassi bo'lsa, oyoq panjasi uzun, o'rta qismi esa serbar tortadi. The leg swells in the evening, and the swelling returns at night. If the foot is too flat, the toe is long and the midfoot is narrow. Flat feet. people cross their legs, slightly bend their knees and ankles, shake their hands, and they eat more of the heel and sole (inner surface) of the shoes. In order to prevent flat feet, it is extremely important that the shoes are simple and comfortable (not tight, not too high heels).

To prevent flat feet in children, it is necessary to pay attention to their posture, teach them to hold their head and body correctly. Physical training and sports, as well as walking barefoot in the dirt on hot summer days, are useful for strengthening the muscles and ligaments of the legs. People with flat feet are treated by an orthopedic doctor. It is best to start treatment as early as possible. Under the influence of certain factors, the hollow part of the foot is deformed with age. Wearing shoes with high heels or, on the contrary, with completely flat soles, excessive physical exertion and obesity harms the feet. Because of all this, the main

symptoms of pathology after 30 years old are tiredness and pain in the legs after working until the end of the day or after a small load. Flat feet - deformity of the foot occurs in the disease. Today, almost half of adults (45%) suffer from this disease. There are the following types of the disease: in longitudinal flat foot, the longitudinal arch of the foot is flattened and the foot touches the ground with almost the entire surface of the paw, the length of the foot increases; and in transverse flatfoot, the transverse arch of the foot is flattened, its front part rests on the heads of all five metatarsal bones, the length of the foot is a fan-shaped spread of the metatarsal bones, the first toe is deviated outward, and the middle toe is hammer-shaped. In rare cases, flat feet can be congenital. When you get out of the bath or shower, pay attention to the trail of your wet feet. When you get out of the bath or shower, pay attention to the trail of your wet feet. If it is clear, then your foot is normal. If your footprint is like a shoe sole that touches the ground with its entire surface, you have flat feet. Since the foot rests on the ground at three points, it is considered three-legged. Thanks to these three supports, the sole of the foot is arched. Due to the structure of the bones, ankles, tendons and muscles of the foot, this arch is not rigid, but elastic and flexible. In fact, from an engineering perspective, a flexural arch is the best type of construction for a weight-bearing structure. The space under the sole of the foot is filled with fatty tissue. Blood vessels, nerves, finger tendons pass through this fatty tissue and they are not compressed during walking. An outdoors person may never have foot problems. This is because the unevenness of the ground and the "bending" of gravity changes the position of the foot with each step. Therefore, the entire leg, including the sensitive muscles and tendons of the arch, is constantly active. All parts of the leg are constantly exercising. When walking on flat city streets or hard floors, only a few foot points are active. The sole of the foot adapts to such special stimulation. It really remains in a state of "spastic loading". This condition of the sole of the foot disrupts the processes of all its points, their nutrition and activity. Some tissues with poor blood circulation become loose and weak due to the resulting anemia. As a result, the arch of the foot cannot support the weight of the body, and flat feet appear. Of course, in some cases, some people are born with a natural weakness of the tissues, and in the case we are looking at, a weak arch is the cause of flat feet.

Symptoms of the disease

Symptoms of flat feet in adults and children:

- rapid fatigue of the legs when walking;
- heaviness, heaviness, swelling in the legs in the evening;
- shoes break down very quickly and corrode from the inside;
- it is difficult to wear high-heeled shoes, pain and discomfort appear;
- the width of the foot (in transverse flat feet) or length (in longitudinal flat feet) increases;
- pain in the thighs, legs, back of the

Diagnostics To determine the methods of treatment of flat feet, the doctor orders the following tests:

- full inspection;
- x-ray examination of the legs;
- plantography of the feet

Dangerous aspects

If flat feet is not treated and the disease is not given due attention, as well as if the treatment is not prescribed in time, the following complications may occur:

- deformed toes;
- arthrosis;
- scoliosis;
- inflammation of the meniscus;
- osteocondrosis;
- spinal hernia;
- radiculitis;
- heel spursg

Those at risk

- women (especially during pregnancy);
- overweight patients;
- patients leading a sedentary lifestyle;

patients who work mainly on their feet (waiters, hairdressers).

Preventive measures

To prevent the disease, doctors recommend the following preventive measures:

frequent barefoot walking on grass and sand, on uneven surfaces;

keeping the body upright and walking upright;

exercise to strengthen leg muscles;

be careful when choosing shoes, make sure that the shoes have sole support (supinator); not being in the same position for a long time

Treatment of flat feet

Only children can completely cure flat feet. For adults, it is impossible to completely get rid of the disease.

Treatment:

massage;

manual therapy;

physiotherapy;

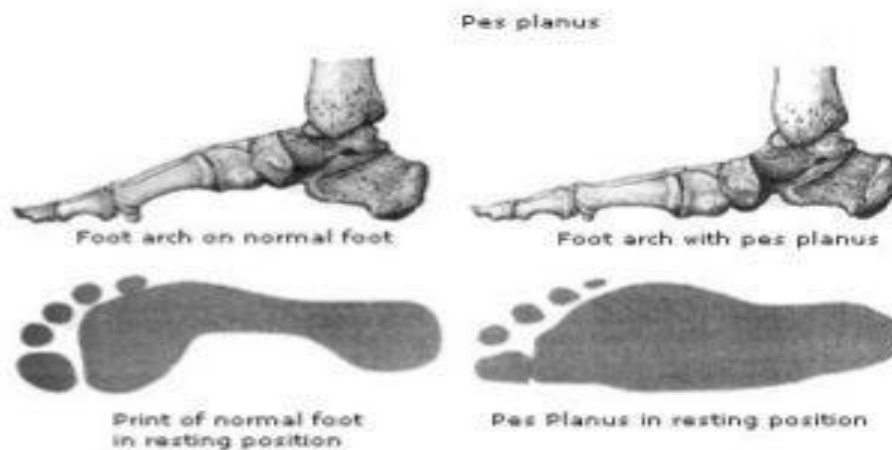
use of orthopedic shoes;

special gymnastics;

foot baths;

surgery (if the thumb is severely deformed).

Treatment of the disease is the same for both children and adults.



What is the surgical procedure for treating flat feet and what is Kidner's operation?

It is not necessary to have an extra bone in a normal, healthy leg, in this regard, the task of Kidner's operation is to stop the pain in young children when there is an extra bone. Due to the strong pain in the legs of children and the fact that there is an extra congenital bone in the leg, the pain begins very quickly when children are over 10 years old, that is, when their body weight increases. Such patients only have pain after the operation. The pain of such a patient is eliminated by Kidner's operation. But flat feet will remain. Later, these patients start to be bothered by flat foot clinics. Additional bone is removed using Kidner surgery. There are different methods and methods of kidney operation, let's give an example of some of them

Method 1

posterior tibial tendon dysfunction (posterior tibial tendon dysfunction)

pains in the area of the accessory bone or scapula

Children's longitudinal flat feet and valgus deformity of the paw

Method 2

Another treatment and use case of Anker System:

The posterior tibial tendon (posterior tibial tendon) is cut from the part where it connects to the scapula;

The posterior tibial tendon is completely separated from the bone;

Then the os tibialis externa (an additional scapular bone) is removed;

The posterior tibial tendon is fixed to the same length with anchor screws.

After the end of such a practice, the withdrawal of flat feet and pain symptoms decrease, but due to the slowing down of the joint process of the tendon to the bone, the early standing of the patients, i.e., the rehabilitation, was prolonged;

This is connected with the reduced function of nutrition of the tendon through the bone. Patients stand for a long time.

Posterior tibial tendon

The tibia is completely separated from the bone, os tibialis externa, the additional bone is removed;

The joint is fixed with anchors by changing its place;

Due to the fact that the fat is separated from the bone, the nutrition of the fat is reduced;

This causes patients to take a long time to get up quickly

Scientists have kept this type of operation in practice and tried to improve it, we also improved the modified Kidner operation for children with mobile flat feet and increased the nutrition of the tendon.

Operation technique:

Half of the tendon separated from the navicular bone is sutured into a compact state using vicryl threads. From the center of the navicular bone, a channel is formed with the help of hole drills. A stake sewn from the formed channel is drilled and tightened to the maximum. Until flat feet disappear. fixed with interference screws. And the second part of the tendon is left long, and it is sewn in duplicate to the tendon inserted into the canal. The strength of the joint is completely preserved.

The posterior tibial tendon (posterior tibial tendon) is cut in the part where it connects to the boat-shaped bone. An additional bone is removed and the bone is shaped.

The joint is divided into two parts, one part is separated, and the other part remains attached to the bone. The tendon separated from the bone is sutured with vicryl threads and inserted into the channel formed in the boat-shaped bone. Because the purpose of the tendon is to lift the boat-shaped bone and form the dome of the foot. The joint is pulled into the channel and fixed with interference screws. These screws are attached to the bones of the organism and turn into bone and do not cause any complications in the future. The second part of the pie remains long. This is duplicated and sutured to the tendon inserted into the bone. This method made it possible to further improve the joint strength. It made it possible for children to get up early.

Conclusion:

In conclusion, the posterior tibial tendon was shortened and the tendon of the posterior tibial tendon was shortened and the flat foot was removed. In order not to lose the strength of the tendon, the second remaining long part was duplicated and completely sewn. Firmness and nutrition were also preserved.

It was possible to get rid of flat feet by getting the patients on their feet early.

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