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قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

RELAPSED IDIOPATHIC CLUBFOOT

"Causes and management excluding Ilizarov technique"

An Essay Submitted for Partial Fulfillment of Master Degree in Orthopaedic Surgery

By
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Under Supervision Of

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Thank you .,

Ashraf Goda.

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القصر العيني

محضر

أجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب / أسرن جوده كيهه
توطئة للحصول على درجة الماجستير / ~~الدكتوراة~~
في جراحة العظام

تحت عنوان : باللغة الانجليزية : Relapsed idiopathic clubfoot causes & mangement excluding Ilizarov tech-
: باللغة العربية : فتق العقد الرابع

بناء على موافقة الجامعة بتاريخ / / ١٩ تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالي :-

١) أ.د/ علي عبد الرازق الرشيدي عن المشرفين
٢) أ.د/ كمال الدين علوده ممتحن داخلي
٣) أ.د/ [illegible] ممتحن خارجي

بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة في يوم بتاريخ / / ١٩ بقسم مدرج بكلية الطب - جامعة القاهرة وذلك لمناقشة الطالب في جلسة علنية في موضوع الرسالة والنتائج التي توصل إليها وكذلك الأسس العلمية التي قام عليها البحث .

قرار اللجنة : تمت مناقشة الرسالة وقبلت شكلاً وموضوعاً

توقيعات أعضاء اللجنة :-

المشرف	الممتحن الداخلي	الممتحن الخارجي
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(عصام)

Abstract

A relapsed clubfoot is a foot, which is unsatisfactory even after good care and adequate surgery. A satisfactory corrected clubfoot is a foot, which is plantigrade, pliable, painless and functionally good.

Causes of relapse include: muscle imbalance, rough methods of stretching, manipulating, plastering and splinting, discontinuing of conservative treatment, slipping out of plasters and defective follow up. Other causes related to surgery as occult subluxation of the subtalar joint, calcaneo-cuboid malaligment, medial tethering secondary to postoperative scarring, residual talo-navicular subluxation with residual metatarsus varus, infection and kirchener wire loosening, all these complications may predispose to relapse.

Assessment of a case of relapsed idiopathic clubfoot must be done carefully either clinically or radiologically. Treatment of relapse is more difficult than primary. Surgical correction may be soft tissue or bony surgery, according to analysis of residual deformities and skeletal maturity.

Key wards :

Relapsed clubfoot – heel varus – forefoot adduction – ankle equinus – cavus .

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Contents

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Introduction

Idiopathic clubfoot is one of the common congenital deformities, occurring in 1-2 per 1000 live births. There is no racial heterogenecity. The ratio of affected male to female is (2.5:1). The incidence of twining among all proposities is significantly increased . Population frequency, family history are noted. All that suggest the potential role of gene or genes operating in high risk families to produce this foot deformity[Lochmiller et al. 1998]

Clubfoot manipulation should be gentle. If a good correction is not obtained by 3 months, it is increasingly unlikely that non surgical treatment will be effective. [Carroll 1997]

The objective of clubfoot surgery is to obtain a full and lasting correction, preferably in one operation. This is achieved by releasing all components of the deformity simultaneously and restoring the tarsal bones to normal anatomic position thus allowing the joints to develop normally. [Tarraf and Caroll 1992]

When a child has had any residual deformity after initial surgical procedure to correct a clubfoot deformity, the question arises as to whether this residual deformity represents continuing uncorrected deformity or recurrent deformity.

It is vital to make sure that there is not a neurologic causes for the recurrence. Having ruled out a neurologic cause, one must then ask whether the corrective procedure was adequate, or there is an uncorrected pathology in the foot .

To answer these questions, one needs to understand the underlying pathology, and to do an accurate clinical and radiological assessment. [Carroll 1990]