



PRECISE[®]
BIOSCIENCE

Peroneal Tendon Repair



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Clinical History

58-year-old female with a longitudinal tear of the peroneus brevis tendon found on MRI. The patient had pain over the peroneal tendons along with a heel varus deformity. The patient failed custom orthotics, physical therapy, ankle bracing and NSAID's.

XCELLERATE[®]

Technology Platform

XCELLERATE™ is opaque and thicker than other grafts. The Lyophilized graft is flexible and easy to handle. What you can't see is the benefit of our proprietary Lyophilization processing focused on preserving the quality of the matrix. The growth factor-rich matrix with an outer basement membrane immediately serves as a natural barrier and supports re-epithelialization.

Procedure

- A curvilinear incision is made posterior to the lateral malleolus extending distally towards the base of the fifth metatarsal. The incision is deepened through the skin and subcutaneous tissue down to the peroneal tendon sheath. The peroneal tendon sheath is then incised, and both the peroneal tendons are inspected. The peroneal brevis tendon did have an obvious longitudinal split tear with scarring (FIG 1). The scarring was excised and the tendon was then tubularized (FIG 2).
- Next, XCELLERATE 4x7cm was applied to the peroneal brevis tendon after tubularization to decrease adhesions and facilitate healing. XCELLERATE is slid posterior to the tendon by utilizing two hemostats (FIG 3). XCELLERATE is then covered around the repaired tendon (FIG 4). No suture is required as the XCELLERATE will incorporate on the peroneal brevis tendon with a small amount of saline or blood. The wound was then closed in layers. A lateralizing calcaneal osteotomy to address the heel varus was performed previously to the peroneal tendon repair.

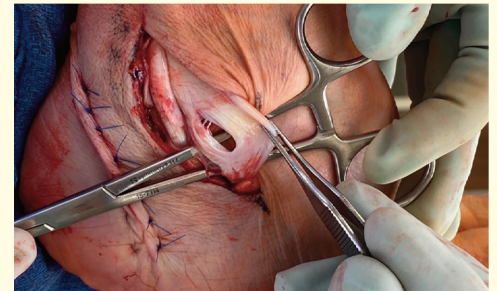


Figure 1

There is a longitudinal split tear with scarring identified within the peroneal brevis tendon.

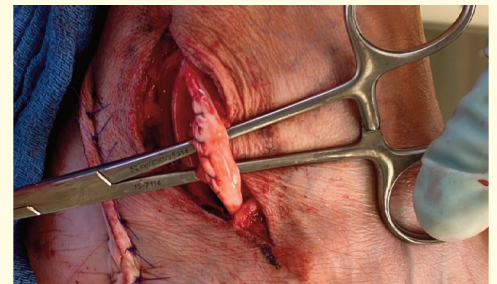


Figure 2

The peroneal brevis tendon has been tubularized.

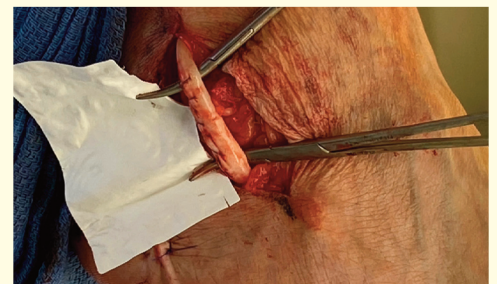


Figure 3

XCELLERATE is slid posterior to the peroneal tendon after it is repaired utilizing two hemostats.



Figure 4

Repaired peroneal brevis tendon with amniotic membrane wrapped around the tendon.

Outcome

- The patient is non weight bearing for 4 weeks in a cam boot.
- At 4 weeks the patient is transitioned to weight bearing in the cam boot for one month (FIG 5).
- At 6 weeks physical therapy is started to help with ankle range of motion, proprioception and strengthening.
- The patient did continue with physical therapy and steadily resumed activities.
- The patient has resumed all her activities without discomfort and is very pleased with the final outcome.



Figure 5

One month post op with healed incisions to the peroneal tendon repair and the calcaneal osteotomy.