TALUS OSTEOCHONDRAL DEFECT(OCD)

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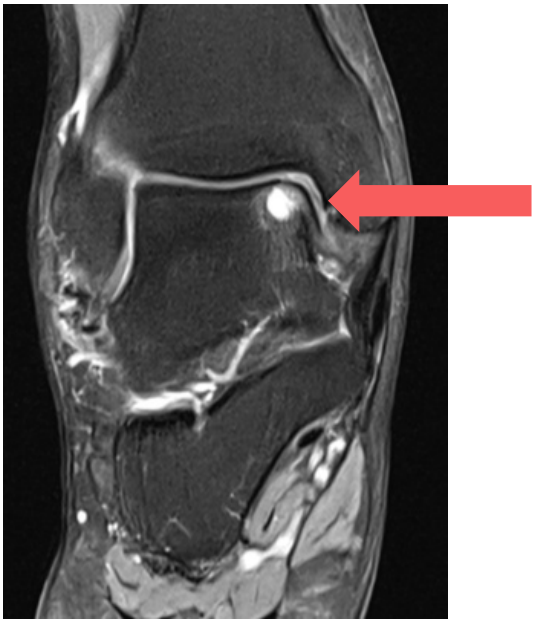
WHAT IS A TALUS OSTEOCHONDRAL DEFECT (OCD)?

A talus osteochondral defect (OCD) is damage to the smooth cartilage of the joiint and the underlying bone on top of the talus bone in the ankle joint. The talus plays a key role in transferring weight between the leg and the foot. When the cartilage is damaged, it can cause pain, swelling and problems with ankle movements. Sometimes, small fragments of bone and cartilage can break loose into the joint



MRI of talus ostechondral defect (OCD)

RISK FACTORS FOR A TALUS OSTEOCHONDRAL DEFECT

- Athletes
- Repeated ankle sprains
- Acute trauma to the ankle
- Poor alignment of the ankle
- Childhood osteochondritis dissecans

SYMPTOMS OF A TALUS OSTEOCHONDRAL DEFECT

- Recurrent ankle swelling
- Pain and stiffness of the ankle joint
- Giving way
- Locking or catching of the ankle
- An ankle injury that is not getting better

DIAGNOSIS

Diagnosis is usually made on taking a history, examining the foot and imaging which includes:

- Assessment of swelling, tenderness and range of movement
- Xrays may show bone changes but can miss early cartilage damage
- MRI scans are gold standard for detecting a talus osteochondral defect
- CT scan is useful to look at the bony detail and helps plan surgery

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TREATMENT

Non-Surgical Treatment:

Some talus OCDs are asymptomatic (ie do not cause any pain, swelling, or problems with the ankle), but can still progress to arthritis later in life. A stable talus OCD with intact articular cartilage that is causing symptoms may improve without surgery.

- Rest, activity modification and physiotherapy
- Ice and anti-inflammatory medications can reduce pain and swelling
- Bracing or immobilisation to protect the ankle

Surgical Treatment:
In cases which do not respond well to non operative measures, or in the case of a talus OCD that is unstable, several surgical options exist to help depending on the size and stability of the OCD

- **Arthroscopic assessment and retrograde drilling:** If the cartilage is intact but the bone underneath is damaged, the bone can be drilled through the adjacent bone under xray imaging (retrograde ie not through the cartilage) to keep the healthy cartilage in tact (see **Ankle Arthroscopy)**
- **Arthroscopic debridement and microfracture:** Damaged tissue is removed using keyhole surgery, and small holes are made in the bone to stimulate new cartialge growth; best for small lesions (see **Ankle Arthroscopy and Microfracture Surgery**)
- **Talus Osteochondral Articular Transfer Surgery (OATS):** For bigger lesions, healthy bone and cartilage taken from a non weightbearing portion of the knee are transplated to fill the defect (see **Talus OATS surgery**)
- **Fixation:** If the fragment has bone attached to it, it can sometimes be pinned or screwed back in place (see **Talus OCD Fixation surgery**)

USEFUL WEBSITES

Orthobullets

https://www.orthobullets.com/foot-and-ankle/7034/osteochondral-lesions-of-the-talus