

Case Study - Charcot Reconstruction

Patient is a 61 y/o male with long standing type 2 diabetes and severe peripheral neuropathy (foot numbness). His right arch collapsed 3 years ago and he has been battling a chronic ulceration since then. He was referred to us for possible Charcot foot reconstruction (re-building the arch).

Physical Exam: significant rocker bottom foot with breakdown (collapse) at the midfoot. The ankle is stable. There is a full thickness ulceration at the plantar midfoot just lateral to midline. There is not active infection present.



Here you see the plantar foot ulcer

Charcot foot is a severe complication from the neuropathy from diabetes. The bones in the foot and ankle become soft and the arch breaks and collapses. This results in abnormal pressures in the foot and wounds usually develop. These wounds are very difficult to heal.

This patient elected for a foot reconstruction to restore the arch. This will take the abnormal pressures off the bottom of the foot allowing the ulcer to heal. We often use a combination of screws, plates and external fixation to stabilize these bones until they heal. External fixation is a technique of placing a circular frame around the foot & lower leg with thin wires or large pins to stabilize the bones. This has been shown to be stronger than screws and can allow for adjustments in the office if needed.



The external fixator was left in place for 10 weeks. After 2 weeks from surgery, the ulceration was completely healed. The patient is now almost one year following the reconstruction and has maintained an ulcer free foot. He is walking in a diabetic shoe with a custom insert.



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