

### **Pirogoff's Amputation after Shotgun Injury of the Foot**

Harry Camps, a 73 year-old man suffered a shotgun injury to the left foot while loading a shotgun.

On the day of injury, a wound debridement was performed and the foot was stabilized by external fixation. Two days later, a vacuum assisted closure therapy was started. Due to the extensive soft-tissue defect and destruction of the medial column of left foot, Pirogoff's forefoot amputation was performed by rotation of the dorsal part of calcaneus to 70 degrees. This was performed in cooperation with the department of plastic surgery at the University of Schleswig-Holstein Campus, Lübeck, Germany. The wound defect was covered with a dorsalis pedis flap. Three days later, the drain was removed. Apart from a postoperative hematoma, the operation proceeded without complication. One month after operative treatment, the patient was referred to another hospital for functional rehabilitation.

Three months after amputation Harry was fitted with a prothesis.

(... ..)

The decision to amputate may be immediate within the first 24 hours or delayed as a procedure within the first hospitalization. However, reconstruction compared to amputation is associated with a higher risk of complication, additional surgical treatment and rehospitalization.

Before operative treatment, sufficient diagnostics and imaging must be performed. The tibiocalcaneal arthrodesis introduced by Pirogoff in 1854 can be a useful surgical alternative in selected cases. Injuries limited to the forefoot, especially in shotgun wounds, when reconstruction of the forefoot is not possible are an indication for forefoot amputation with arthrodesis between tibia and calcaneus. Absolute contraindications to the Pirogoff's arthrodesis are the destruction of the calcaneus, osteomyelitis of the lower tibia and calcaneus and malignancy of the heel.

The Pirogoff amputation offers a more stable stump and higher mobility compared to the Syme's amputation. The healed flap is less vulnerable than in a Syme's amputation and the stump offers a minimum of limb length shortening. This facilitates a better fit of the stump into a prothesis and allows some limited barefoot mobility.

Comorbidities and other factors such as age and risk of infection should however be considered before surgery.

*Source : adapted from The Foot and Ankle Journal, 2008*

<b>DIPLOME DE TECHNICIEN PODO-ORTHESISTE &amp; PROTHESISTE-ORTHESISTE</b>			
<b>SUJET</b>	<b>Session 2010</b>	<b>Durée : 2h00</b>	<b>Coef : 2</b>
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## TRAVAIL A FAIRE PAR LE CANDIDAT

### I. Répondez aux questions suivantes en français. (12 points)

- 1) Qu'est-il arrivé à Harry Camps ? (1 point)
- 2) Décrivez la méthode d'amputation de Pirogoff ? (2 points)
- 3) Après combien de temps Harry a-t-il été appareillé ? (1 point)
- 4) Quels inconvénients sont liés à la méthode de reconstruction ? (2 points)
- 5) Relevez 2 précautions préalables au traitement opératoire. (1 point)
- 6) Quelles sont les contre-indications absolues à ce type d'amputation ? (3 points)
- 7) Quels sont les avantages offerts par la méthode d'amputation de Pirogoff ? (2 points)

### II. Réécrivez logiquement la phrase suivante en mettant les 2 adjectifs entre parenthèses au comparatif. (2 points)

The Pirogoff amputation offers (low) risks of complication and (good) mobility compared to the Syme's amputation.

### III. Traduisez la phrase suivante. (2 points)

Apart from a postoperative hematoma, the operation proceeded without complication. One month after operative treatment, the patient was referred to another hospital for functional rehabilitation.

### IV. Writing in English. (4 points)

Harry Camps is interviewed by a journalist from *Health* (a U.S. magazine) who wants to know his point of view on the Pirogoff amputation he has undergone.

Write the interview in English. (80 words)

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