A Veteran’s Limb Salvage Outcome Following a Chopart’s Amputation
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Statement of Purpose
We present a successful outcome of a modified Chopart’s amputation with multidisciplinary approach to preserve greater limb length. Optimization of the residual limb length is important as the level of amputation has functional and quality-of-life implications for the patient.

Literature Review
Limb salvage techniques such as the Chopart amputation maintain limb length and increasing residual limb lever arm length. However, ulcerations are commonly reported secondary to equinovarus deformity and later necessitate a higher level amputation and loss of function. Brodell et al reported that 94% of patients developed postoperative wound complication and only 44% of patients ever successfully ambulated with a prosthesis after Chopart amputation, and the others (56%) required revision amputations such as a BKA.

We present a case report of a 74-year-old Vietnam War Veteran who presented with a chronic diabetic ulcer following a midfoot amputation. Midfoot amputation was converted to a Chopart’s amputation with tibiotalocalcaneal arthrodesis and tendo-achilles lengthening. This was complicated by surgical site dehiscence during his hospital admission. After multiple debridements, surgical dehiscence was successfully treated in the setting of internal fixation by utilizing secondary wound closure techniques consisting of dermal matrix grafts and negative pressure wound therapy, long term intravenous antibiotics, and offloading. When the patient has reached complete healing at the surgical site, a custom forefoot filler with ankle foot orthoses was prescribed to prevent further breakdown. At one year follow up, patient is fully weight bearing with length preservation and free of ulcerations and has resumed all his activities without any limitations.

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Case Study
Figure 1. a) & b): initial AP and lateral foot radiographs. c) & d): AP and lateral radiographs s/p TTC fusion and TAL. e) initial clinical presentation with failed midfoot amputation f) & g): clinical images after TTC fusion with TAL, h): surgical dehiscence. i), j), k), l): serial debridements and local wound care. m) & n): complete closure achieved. p) & q): 1 year follow up with forefoot filler and AFO

Analysis and Discussion
Studies showed reduced complication rates with modifications to Chopart’s amputation such as tendon balancing and hindfoot fusion. However, stump breakdown after modified techniques can still occur and pose a risk for limb loss. Our multidisciplinary approach involves obtaining alignment through surgical reconstruction, protection of soft tissue envelope from sheer forces with long term custom AFO and forefoot fillers. These limb salvage techniques decrease energy expenditure, provide improved function and improves quality of life of patient.

References