Patologie della Caviglia

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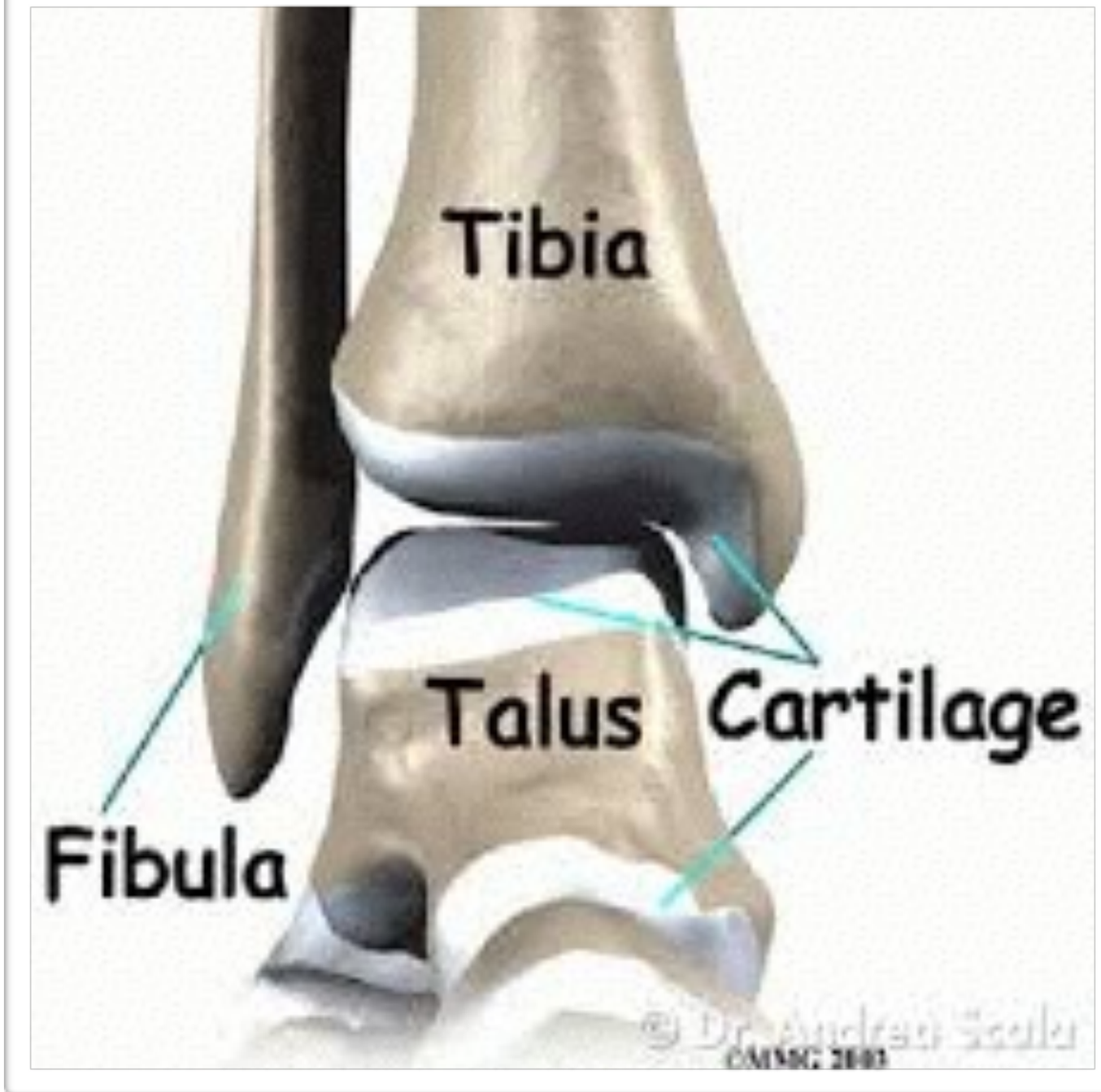

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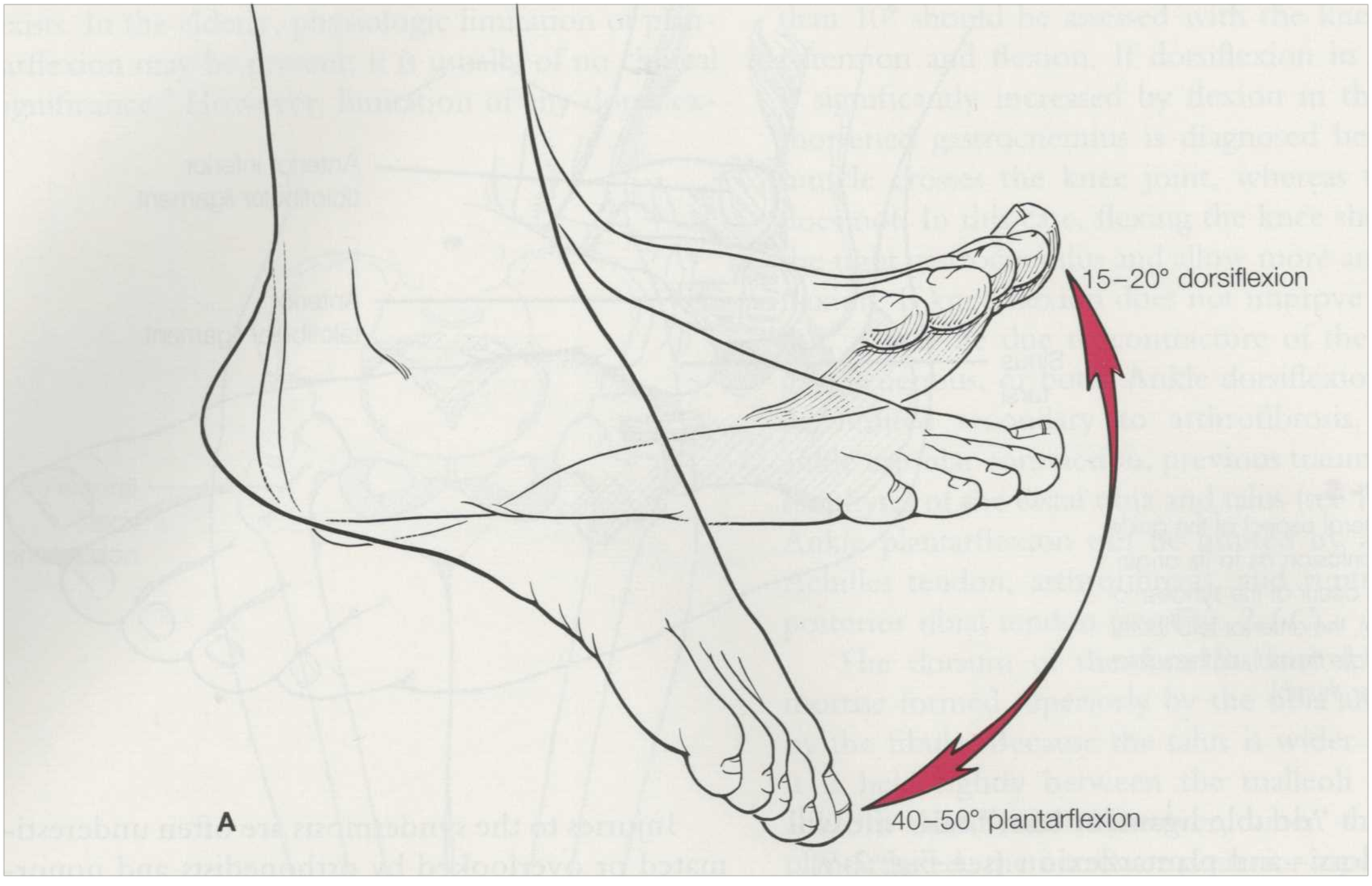

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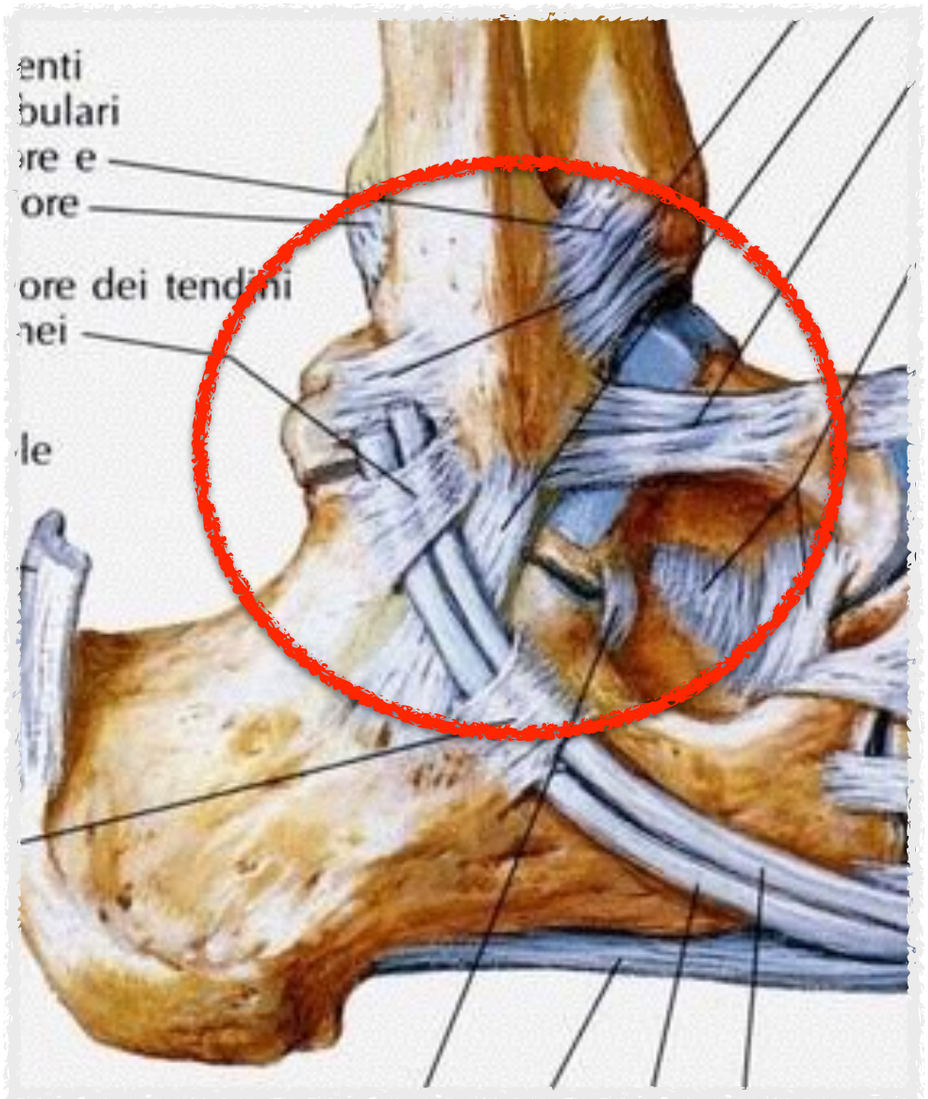
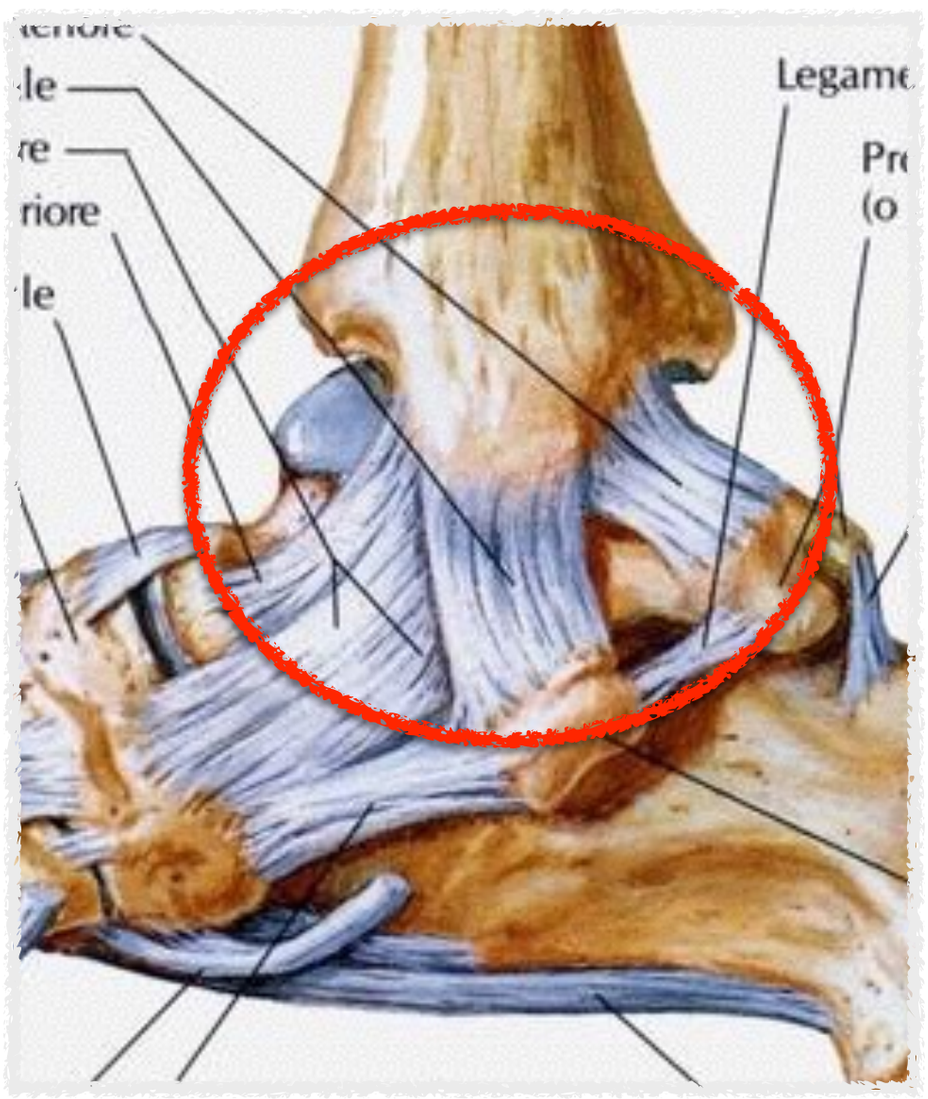
Laterale



Mediale



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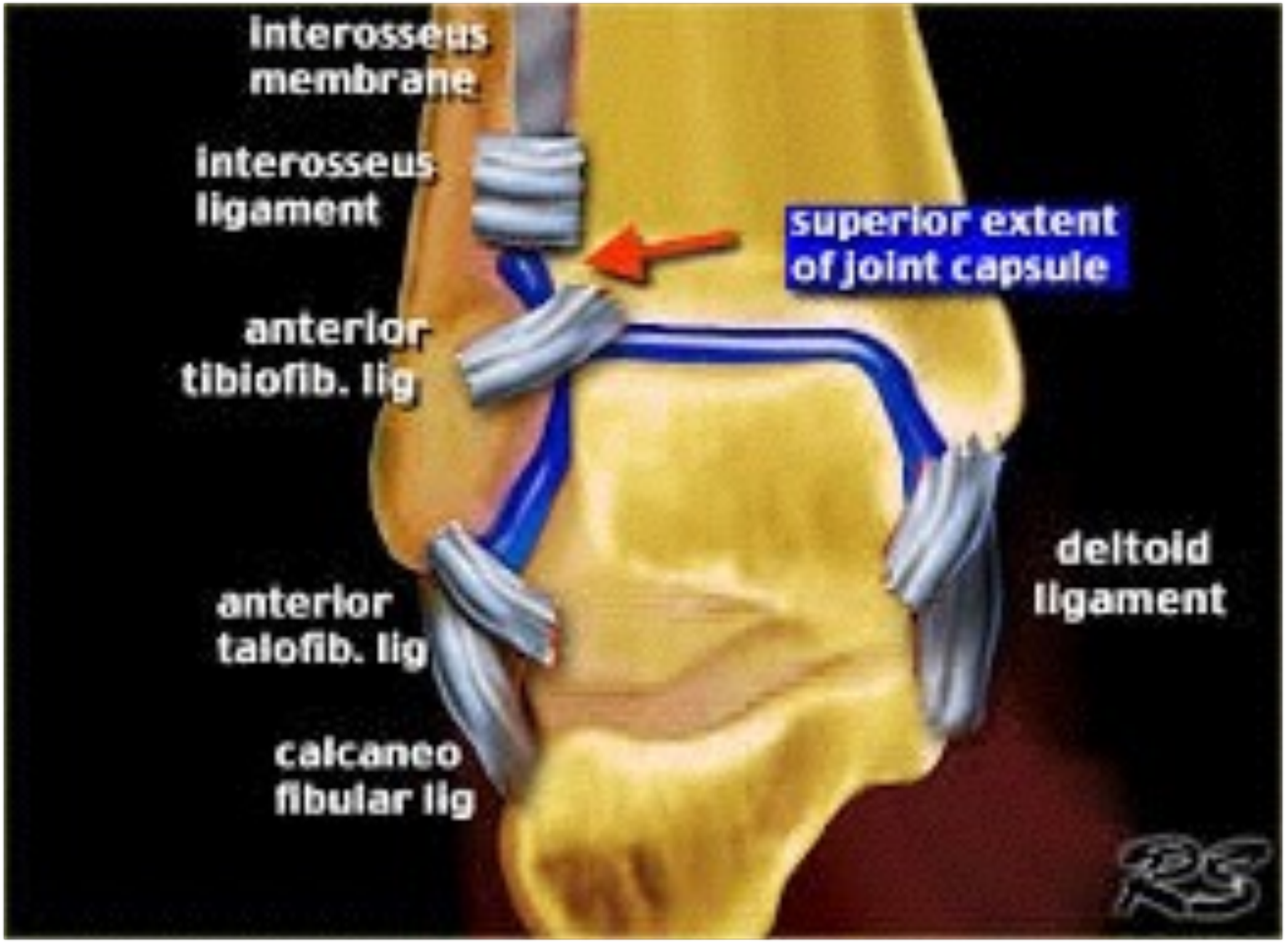

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LA "DISTORSIONE DI CAVIGLIA" E' L'EVENTO TRAUMATICO PIU' **FREQUENTE** IN ASSOLUTO IN TRAUMATOLOGIA SPORTIVA

45 % TRAUMI SCAVOLINI BASKET 1999/2004

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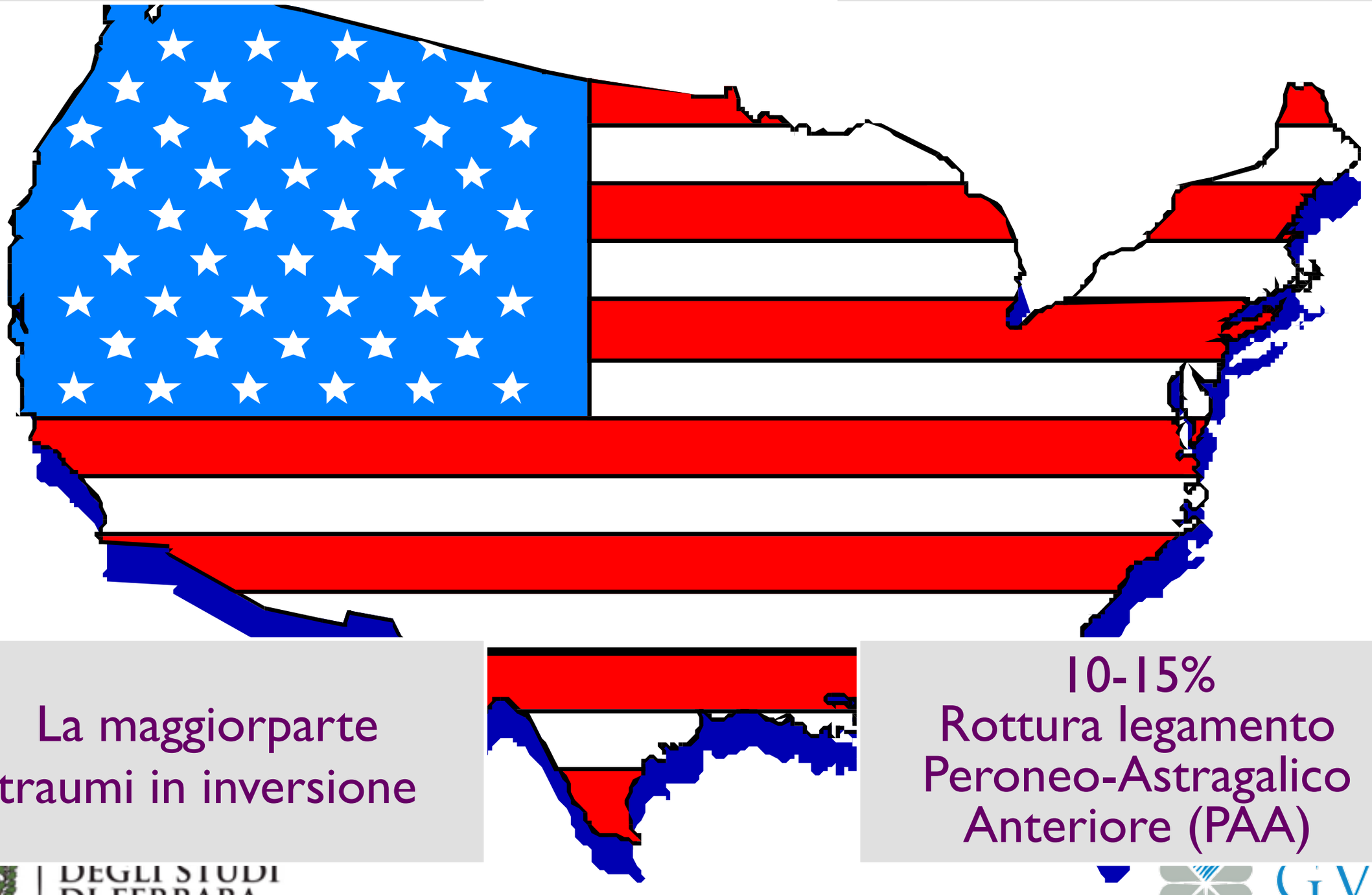
USA
25% di tutti i traumi
muscolo-scheletrici

27.000
Casi al giorno
(Scranton 2001)



La maggiorparte
traumi in inversione

10-15%
Rottura legamento
Peroneo-Astragalico
Anteriore (PAA)

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Epidemiologia

LESIONI ISOLATE

- *LATERALE 80-90%*
- *MEDIALE 1-3%*
- *SINDESMOSI 1-10%*

LESIONI ASSOCIATE

- *FRATTURE*
- *LESIONI TENDINEE*

Fattori Predisponenti

- alterazioni dell'appoggio (retropiede)
- squilibri muscolari (peronieri)
- disturbi propriocettivi
- calzature non idonee
- terreni irregolari, sintetici, fangosi, ghiacciati

Meccanismo Traumatico

LESIONI LATERALI
trauma in Varo-Equinismo forzato

LESIONI MEDIALI
trauma in Talo-Pronazione

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Distorsione Caviglia

TRAUMA IN INVERSIONE

LESIONE LEGAMENTOSA LATERALE

FREQUENTE LESIONE DEI LEG. P.A.A.+ P.C.

TRATTAMENTO INIZIALMENTE QUASI SEMPRE CONERVATIVO

TRAUMA IN PRONAZIONE

LESIONE LEGAMENTOSA MEDIALE

LESIONE DEL LEG. DELTOIDEO +/– grave (superficiale/ profondo)

TRATTAMENTO SPESSO CHIRURGICO IN FASE ACUTA

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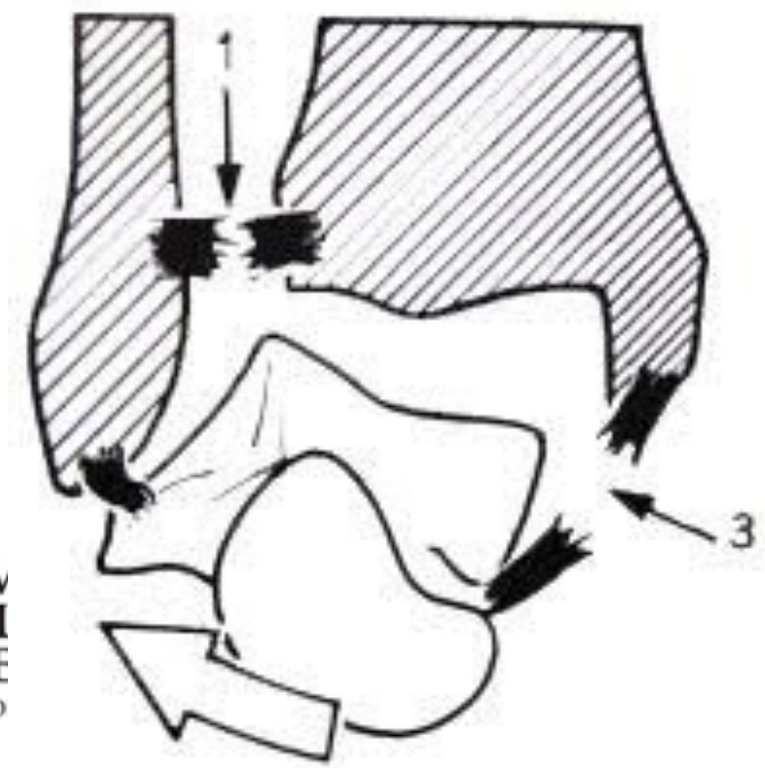
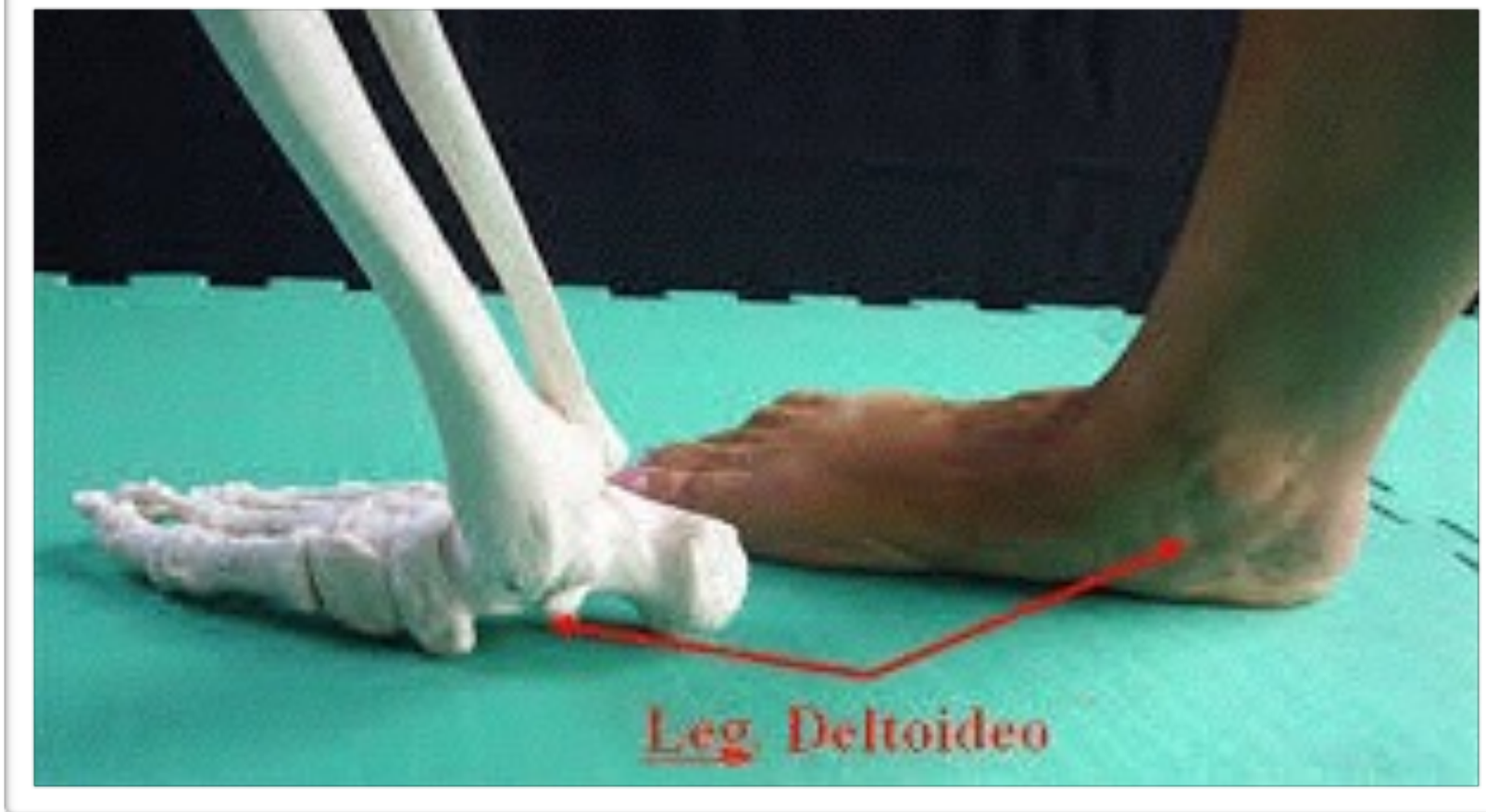
Lesioni Legamentose Mediali



Legamento Deltoideo

- forma triangolare
- notevole spessore
- 3 fasci



Il meccanismo lesivo è un trauma in pronazione del retropiede o una grave rotazione esterna ed eversione, il legamento deltoideo superficiale è coinvolto per primo, il profondo è coinvolto successivamente, può essere coinvolta anche la sindesmosi se la forza in rotazione esterna è prolungata.

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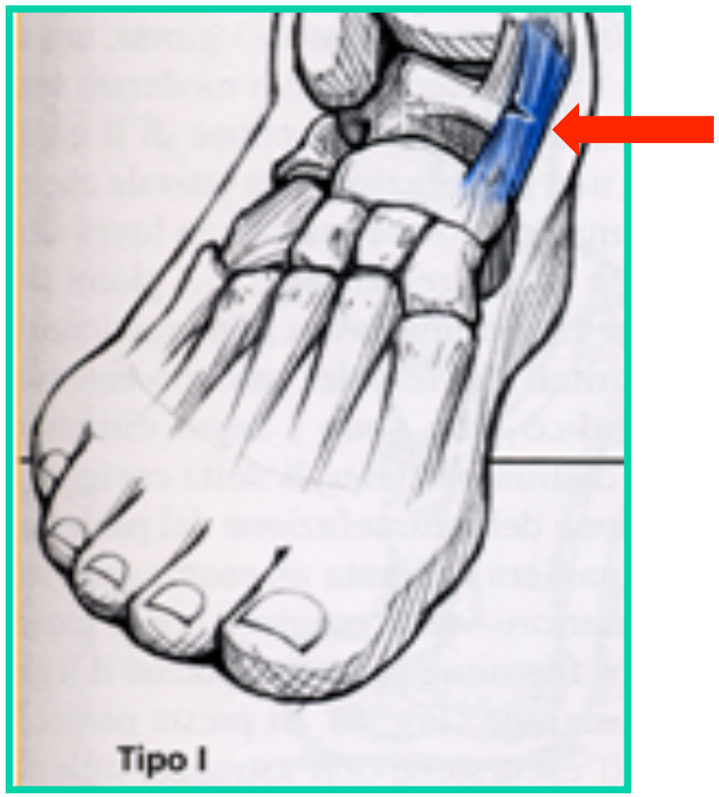
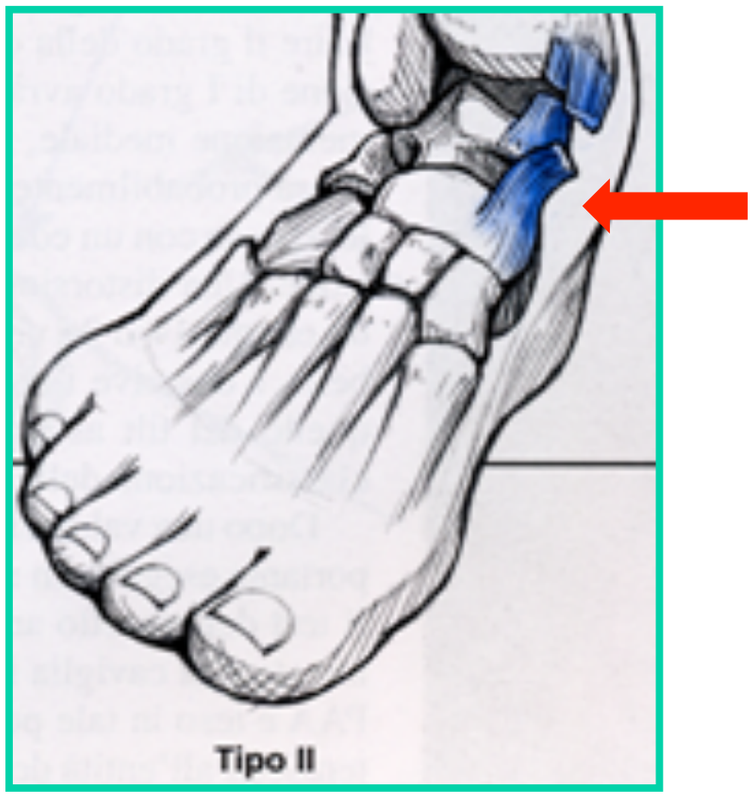
Classificazione AMA

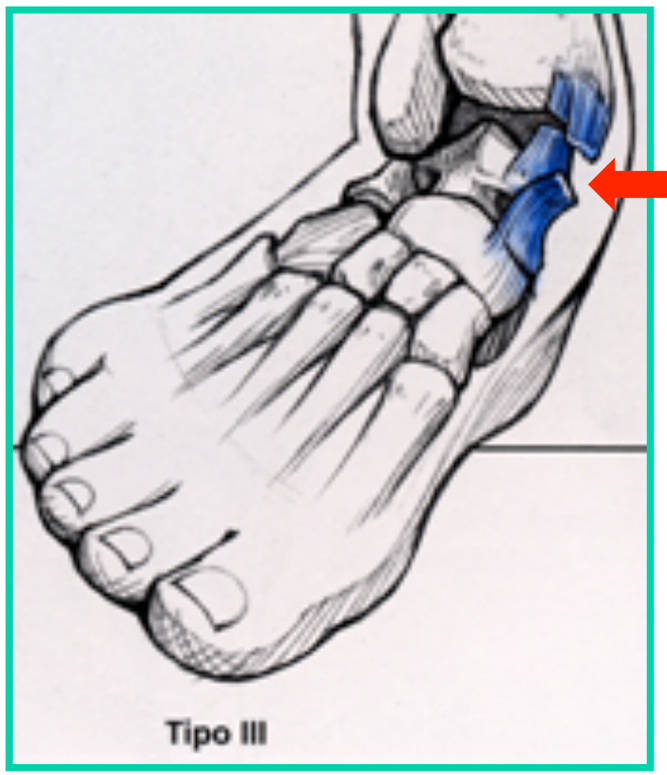
1°
distrazione del deltoideo superficiale



2°
rottura deltoideo superficiale e distrazione del profondo



3°
rottura superficiale e profondo



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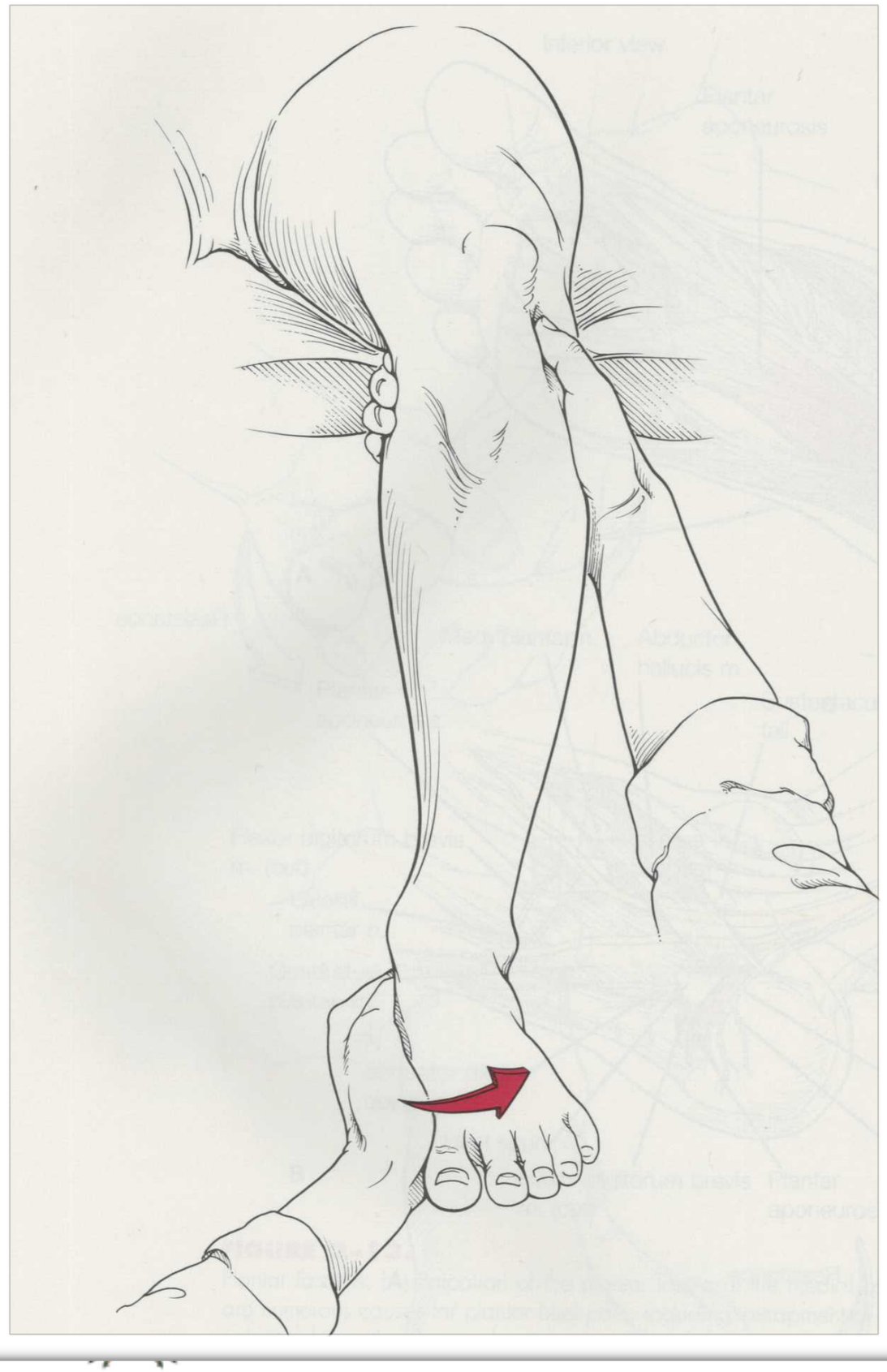
TEST CLINICI



Eversion Stress Test

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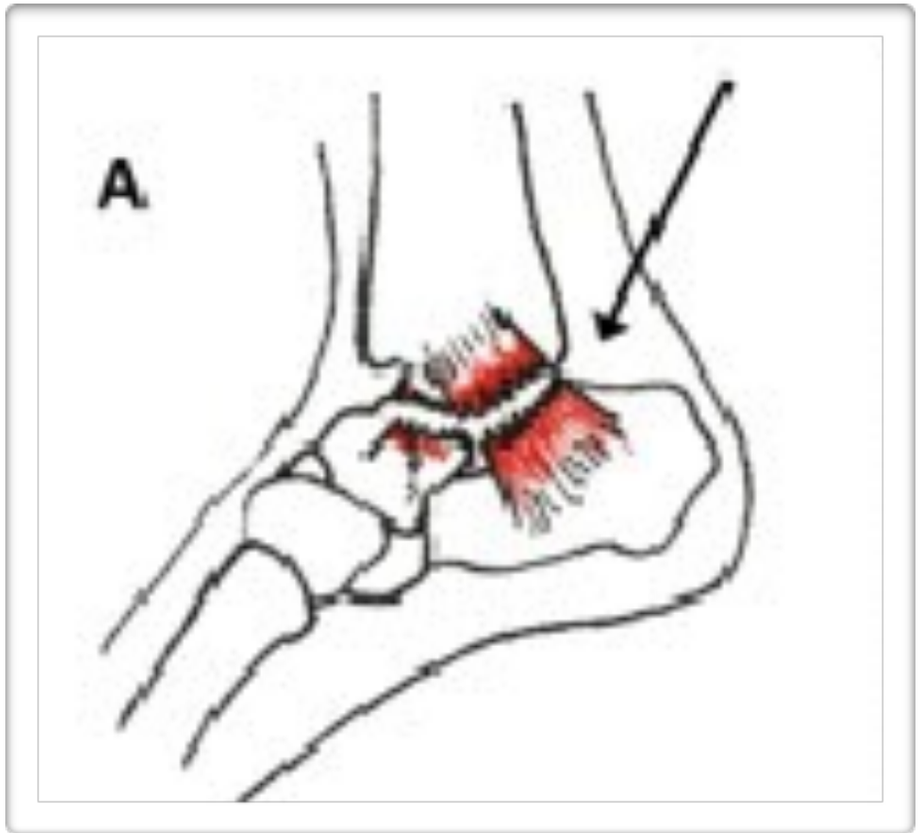

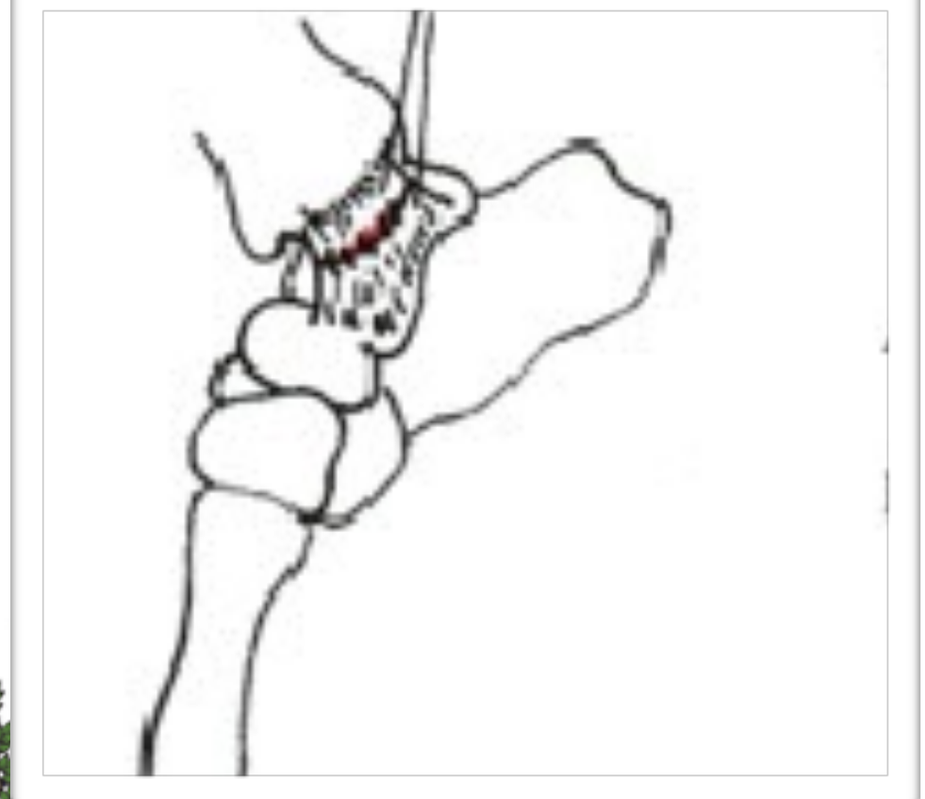

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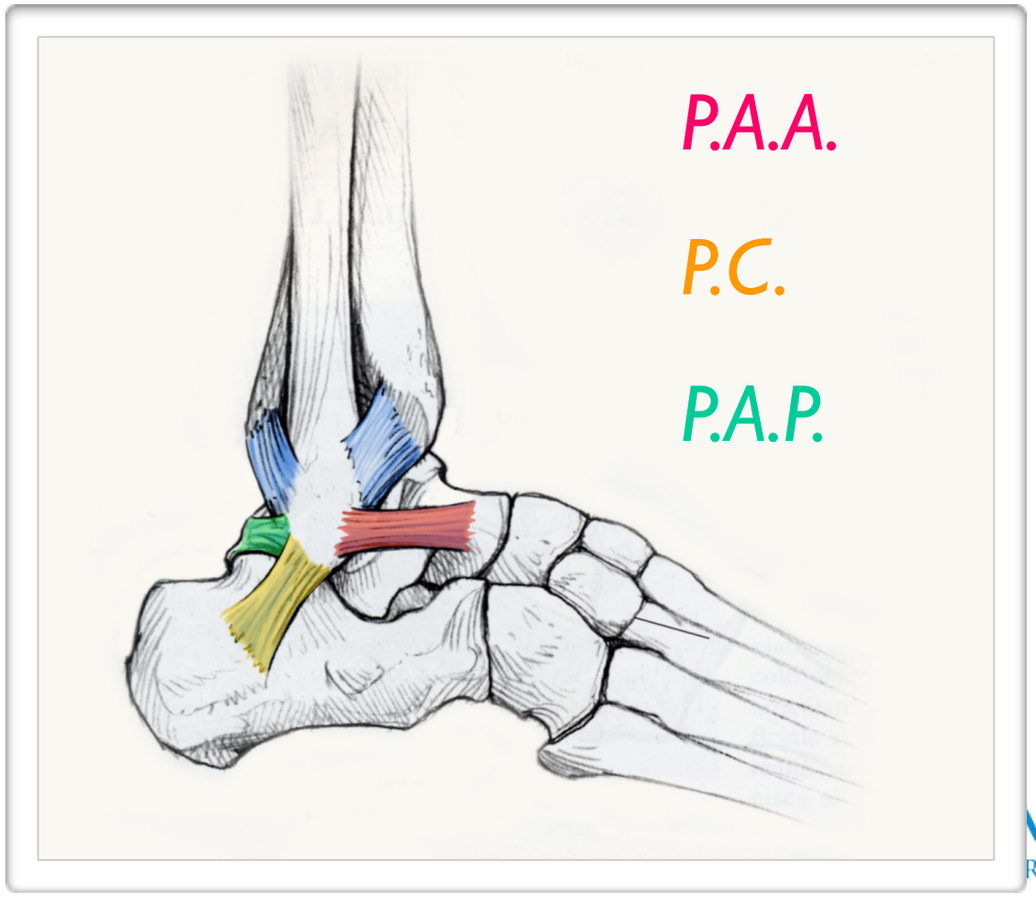
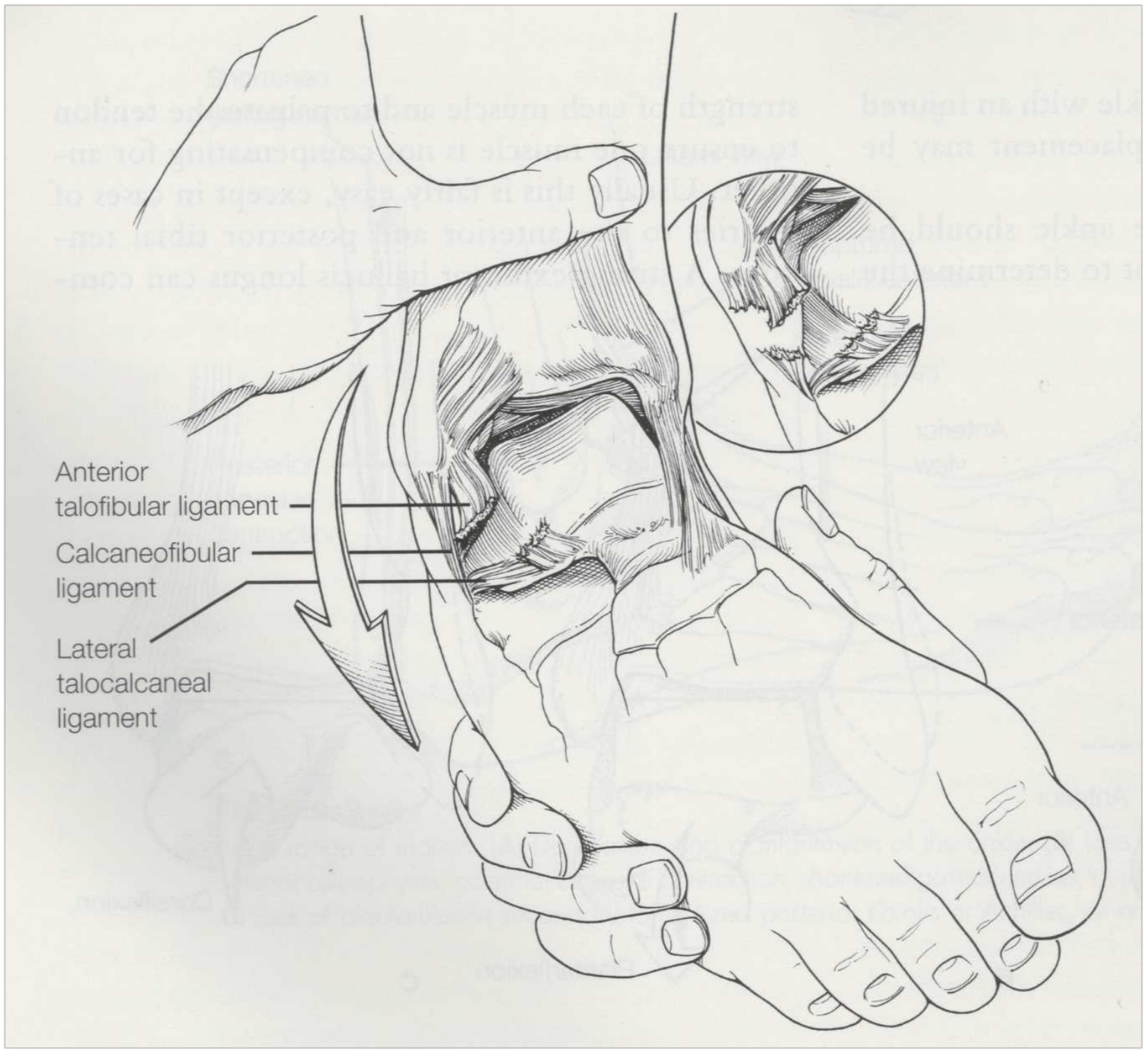
Lesioni Legamentose Laterali

Il meccanismo lesivo è un trauma in supinazione o in flessione plantare e inversione, spesso atterrando sul piede dopo un salto.

Il PAA è il legamento coinvolto per primo, il PC per secondo mentre il PAP è coinvolto solo molto raramente.



TEST CLINICI



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Inversion Test

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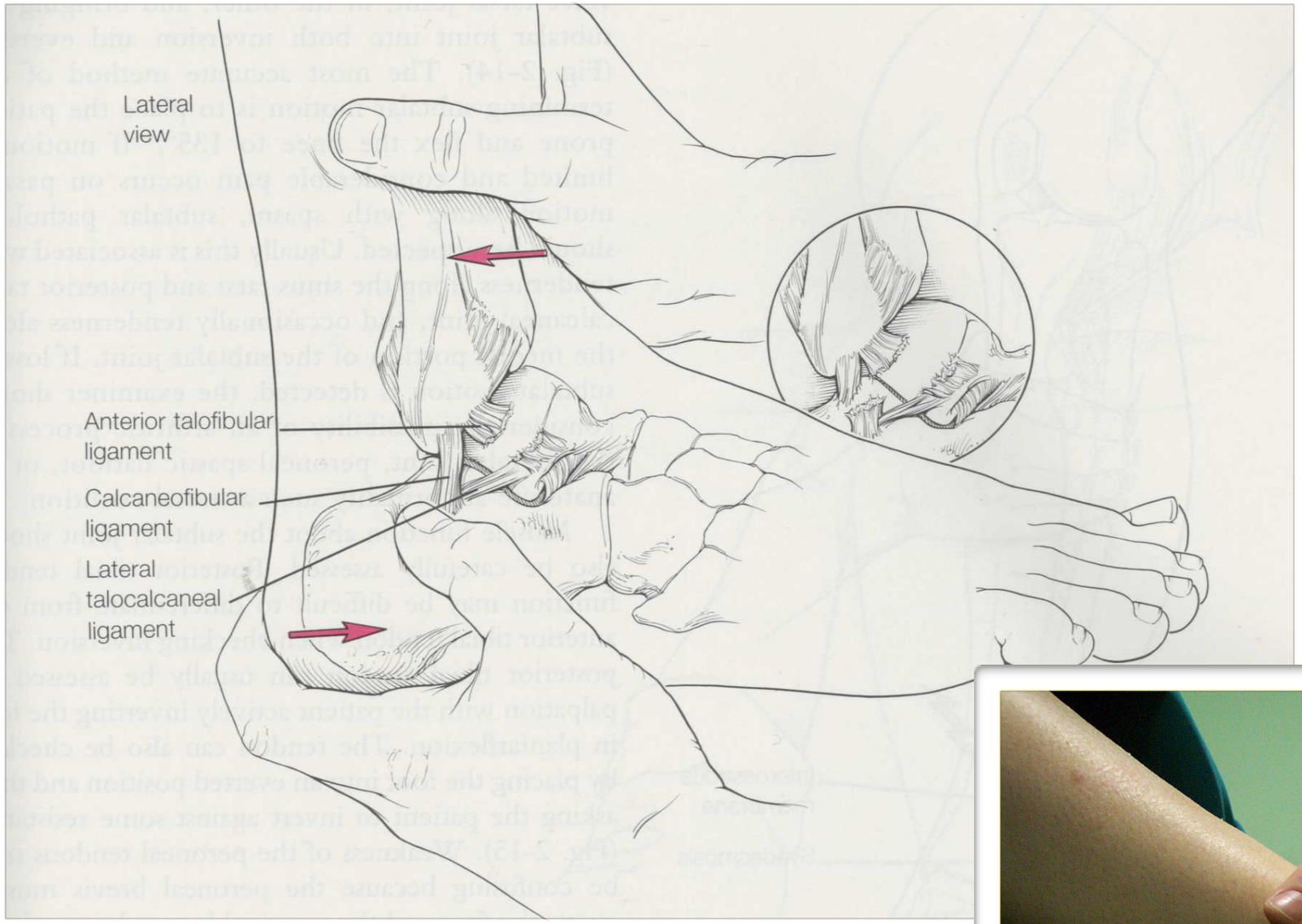
TEST CLINICI



Cassetto Astragalico

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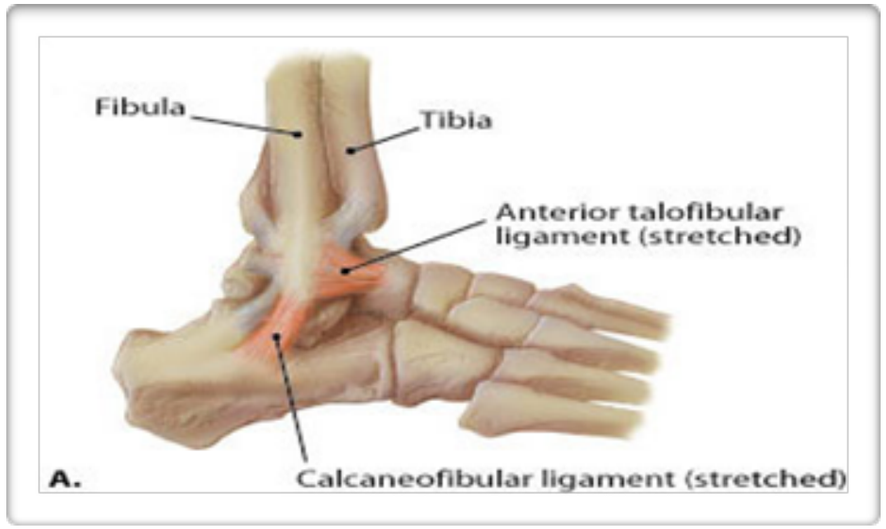
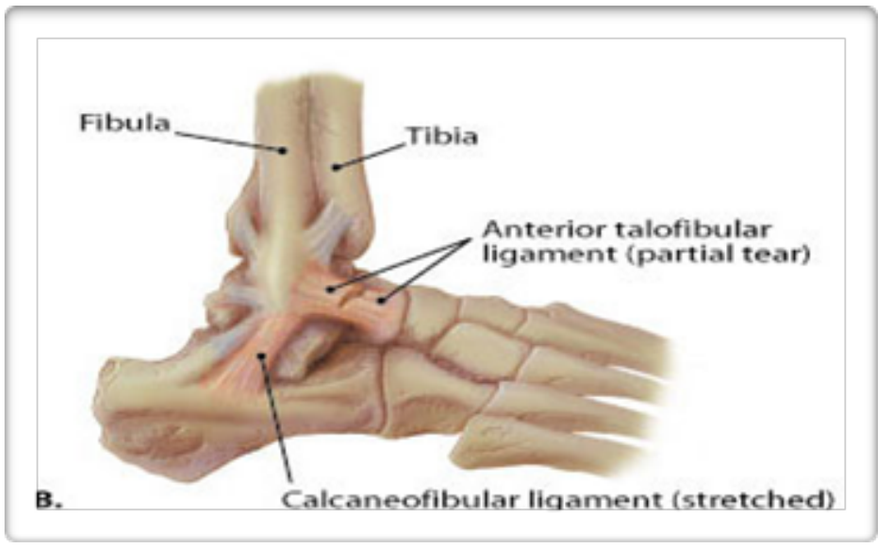
Classificazione di Hamilton



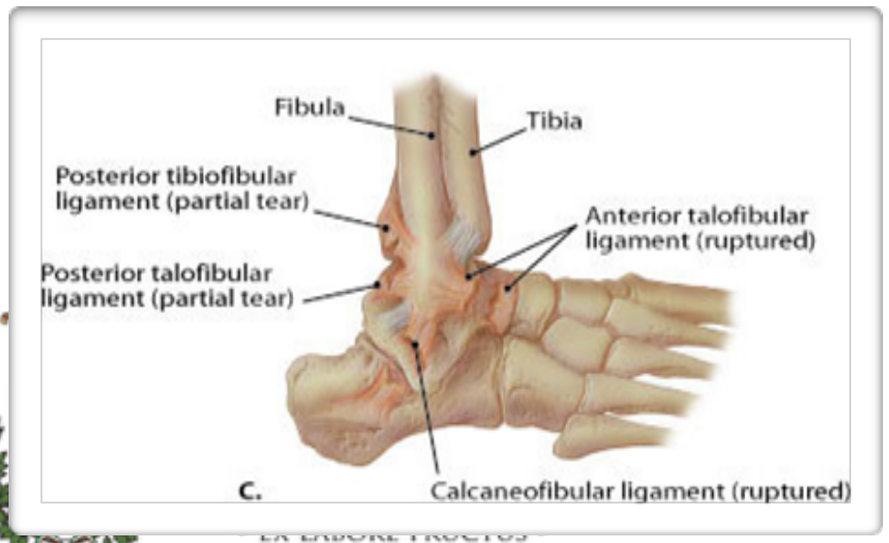
I°GRADO

- *Solo PAA*
- *Stir/les.parziale*
- *No tilt/cassetto*



2°GRADO

- *PAA*
- *PC parziale*
- *Tilt/cassetto mod.*



3°GRADO

- *PAA*
- *PC*
- *Tilt/cassetto grave*

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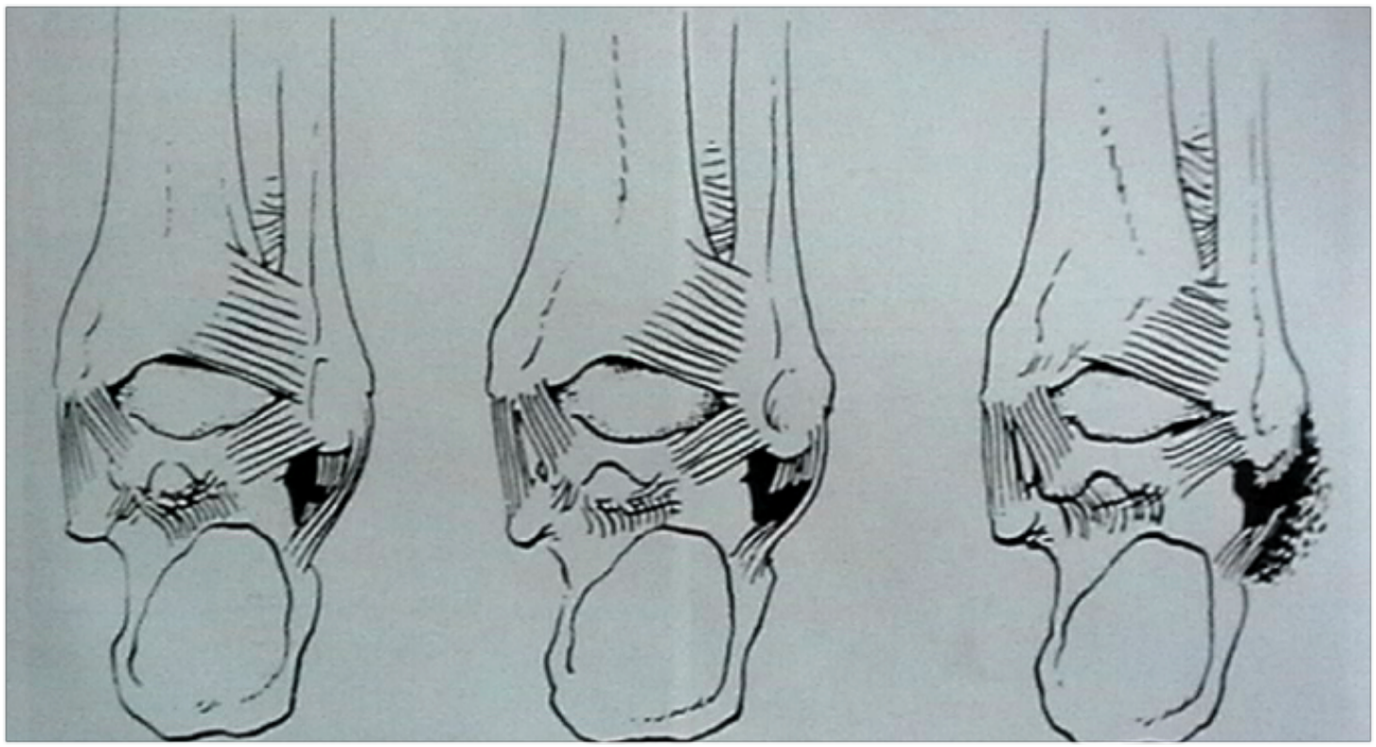
Classificazione di Lanzetta



- *LESIONI RECENTI*
- *LESIONI RECENTI SU PRECEDENTI*
- *LESIONI INVETERATE O INSTABILITA' CRONICHE*

GRADO 0	• **Solo stiramento**
GRADO I	• **Rottura isolata PAA**
GRADO 2	• **Rottura PAA – PC - Capsula ant.**
GRADO 3	• **Rottura PAA – PC – PAP - Capsula ant.**

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Lesioni in Acuto

Protection

Rest

Ice

Compression

Elevation

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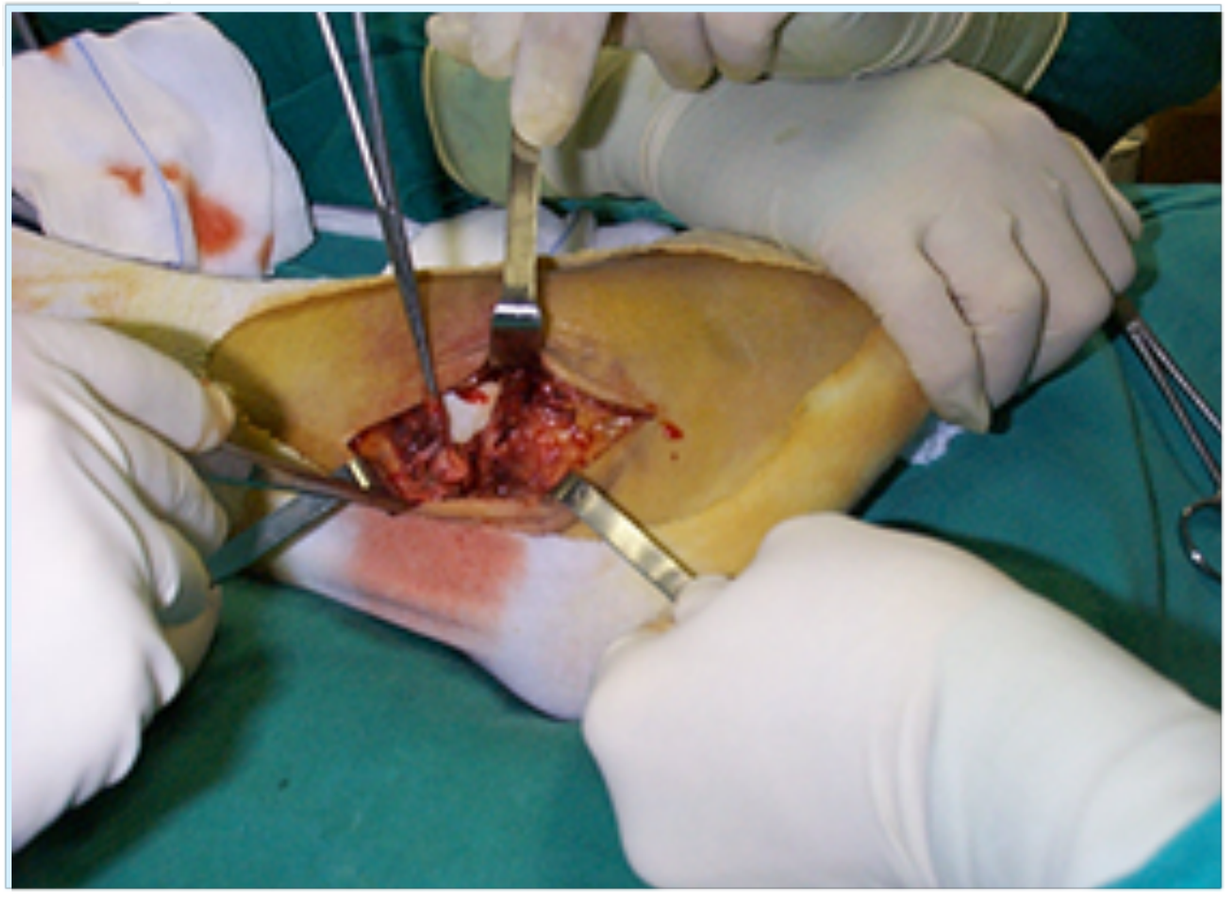

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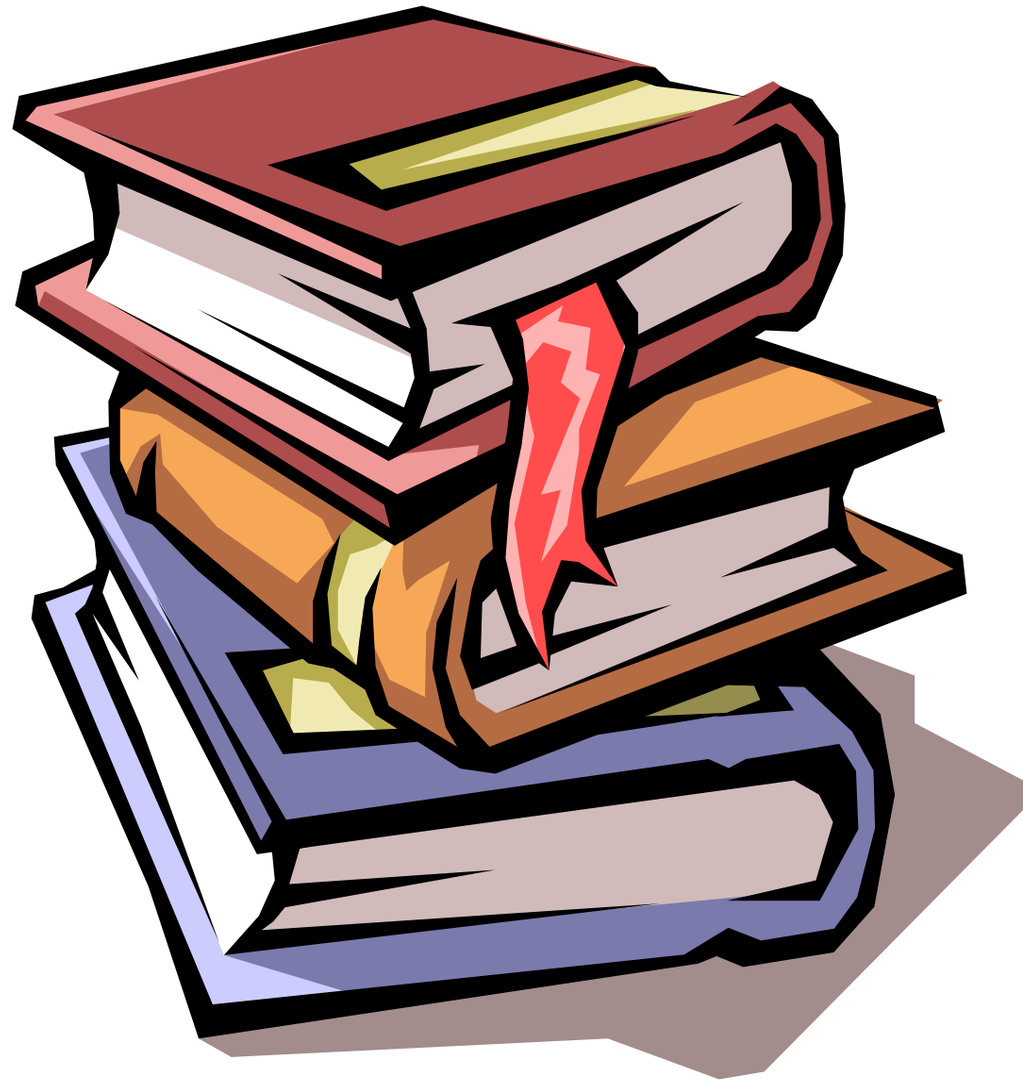
RISULTATI A DISTANZA SOVRAPPONIBILI TRA TRATTAMENTO INCRUENTO ED CRUENTO NELLE LESIONI LATERALI IN ACUTO



VanMoppes 1982
Eggert 1986

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STORIA DI UN CLASSICO TRAUMA DISTORSIVO LATERALE DI CAVIGLIA

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Trauma Distorsivo

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Il Giorno Dopo

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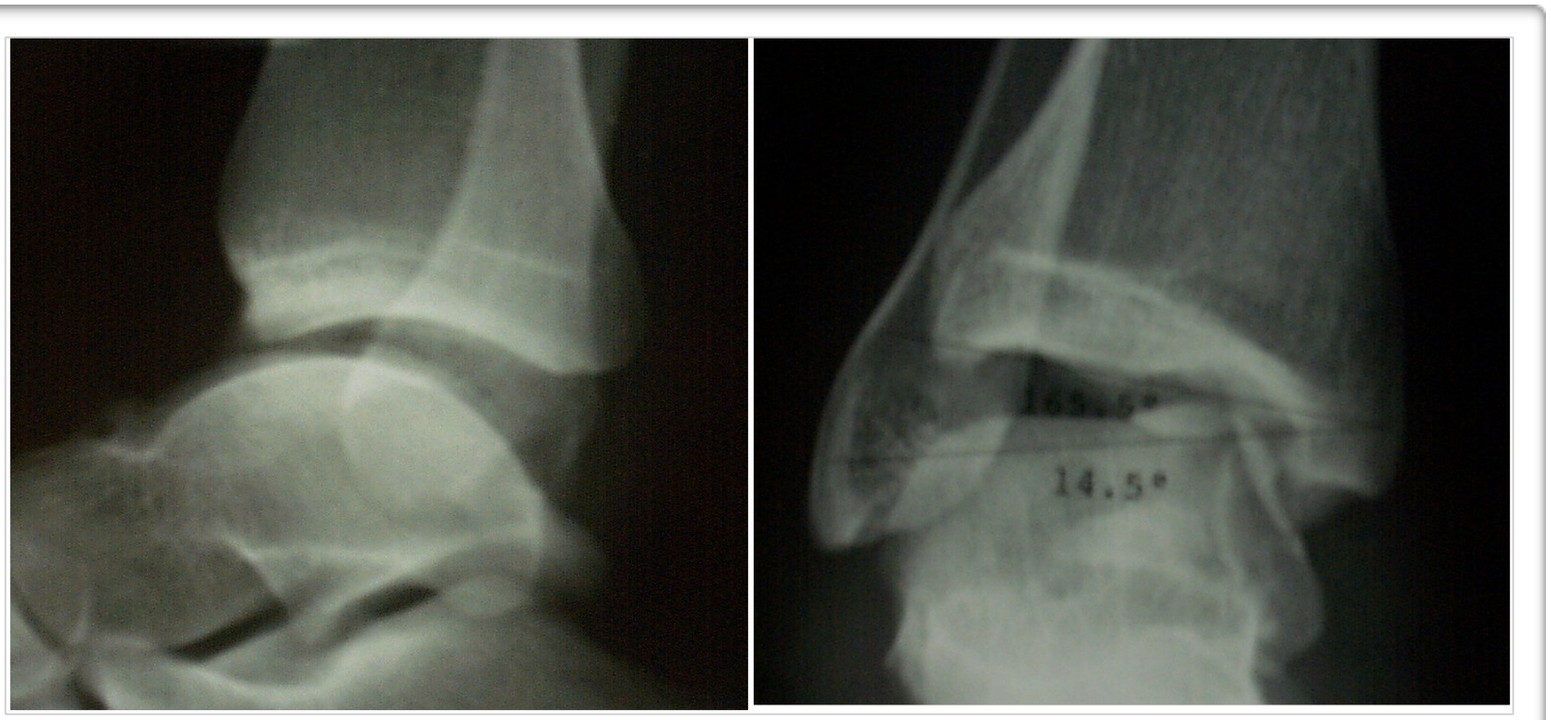
Accertamenti Radiografici



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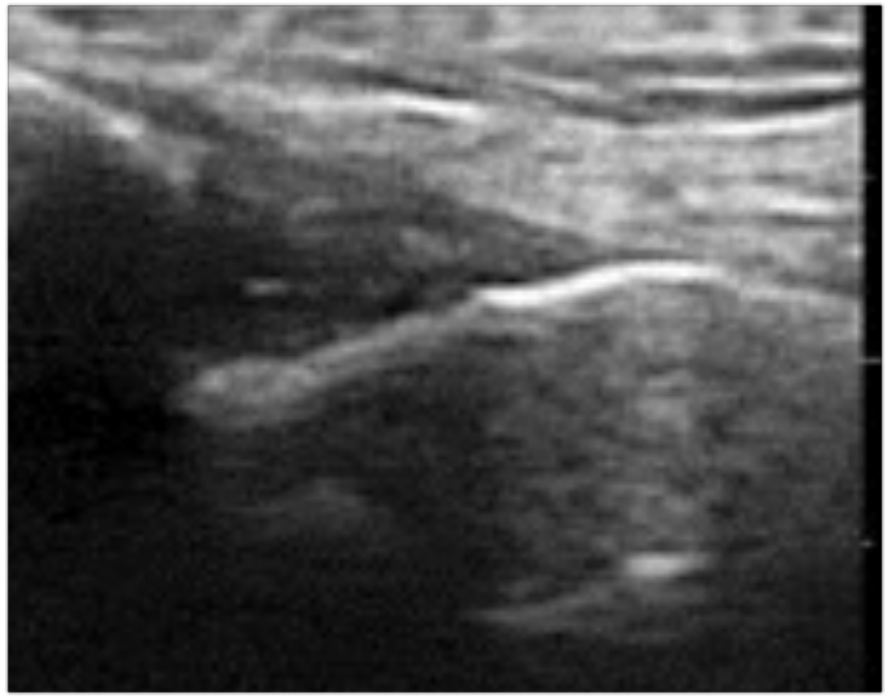
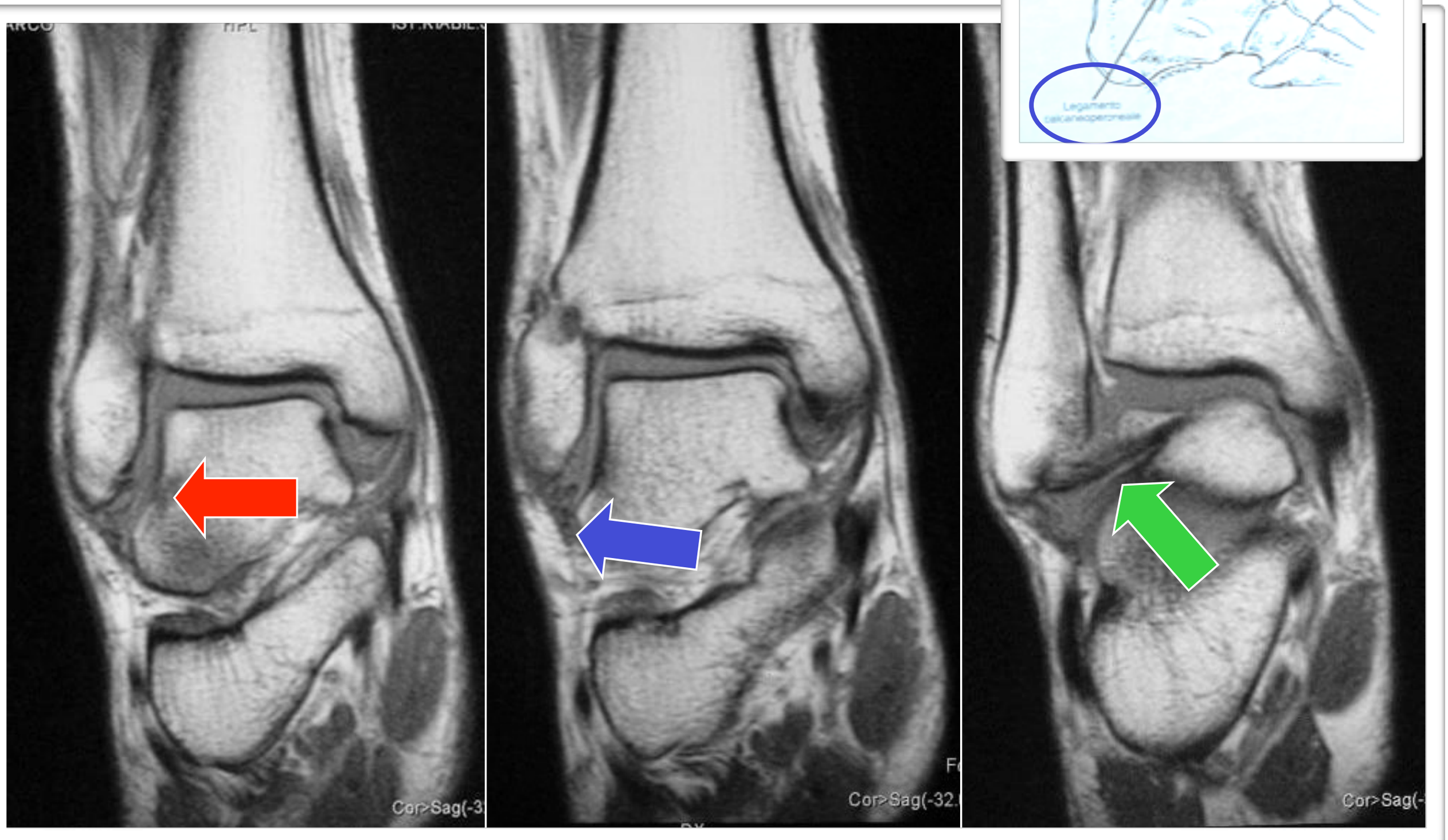
Imaging



RMN

Legamento astragalo-peroneale posteriore
Legamento astragalo-peroneale anteriore
Legamento calcaneo-peroneale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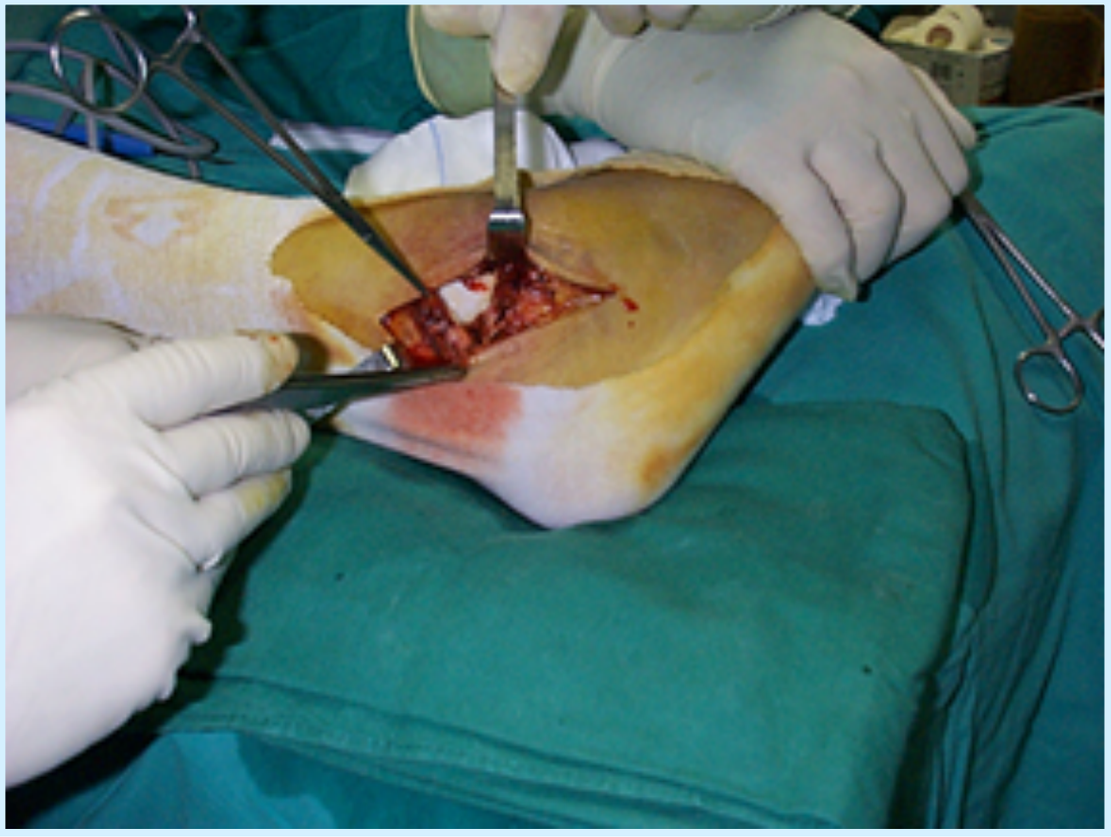
Trattamento Cruento



CHIRURGIA IN ACUTO

LESIONI 3° GRADO

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Trattamento Incruento

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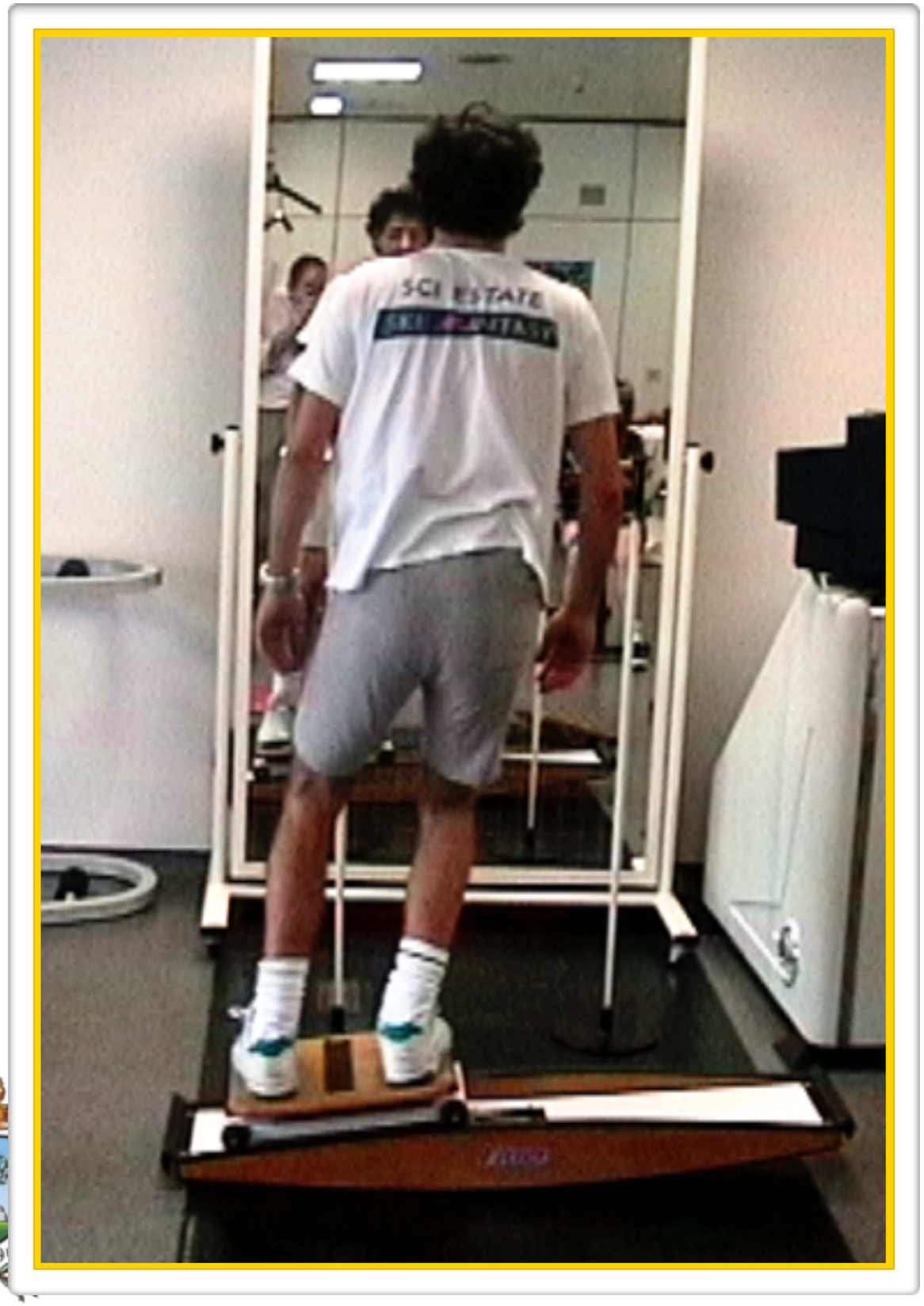
Riabilitazione



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Ritorno allo Sport

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Recidiva Distorsiva

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Instabilità Cronica

SINTOMI RESIDUI

- DOLORE PERSISTENTE 38%
- INSTABILITA' CRONICA 10-20%
- CASSETTO ASTRAGALICO 42%
- GIVING-WAY 25%

Caviglia con Instabilità Cronica

INSTABILITA'

- LATERALE
- SINDESMOTICA

IMPINGEMENT

- ANTERIORE
- ANTERO-LATERALE

LESIONI ARTICOLARI

- CONDRALI
- OSTEO-CONDRALI

3 DIVERSI GRUPPI DI PATOLOGIE

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Sintomatologia

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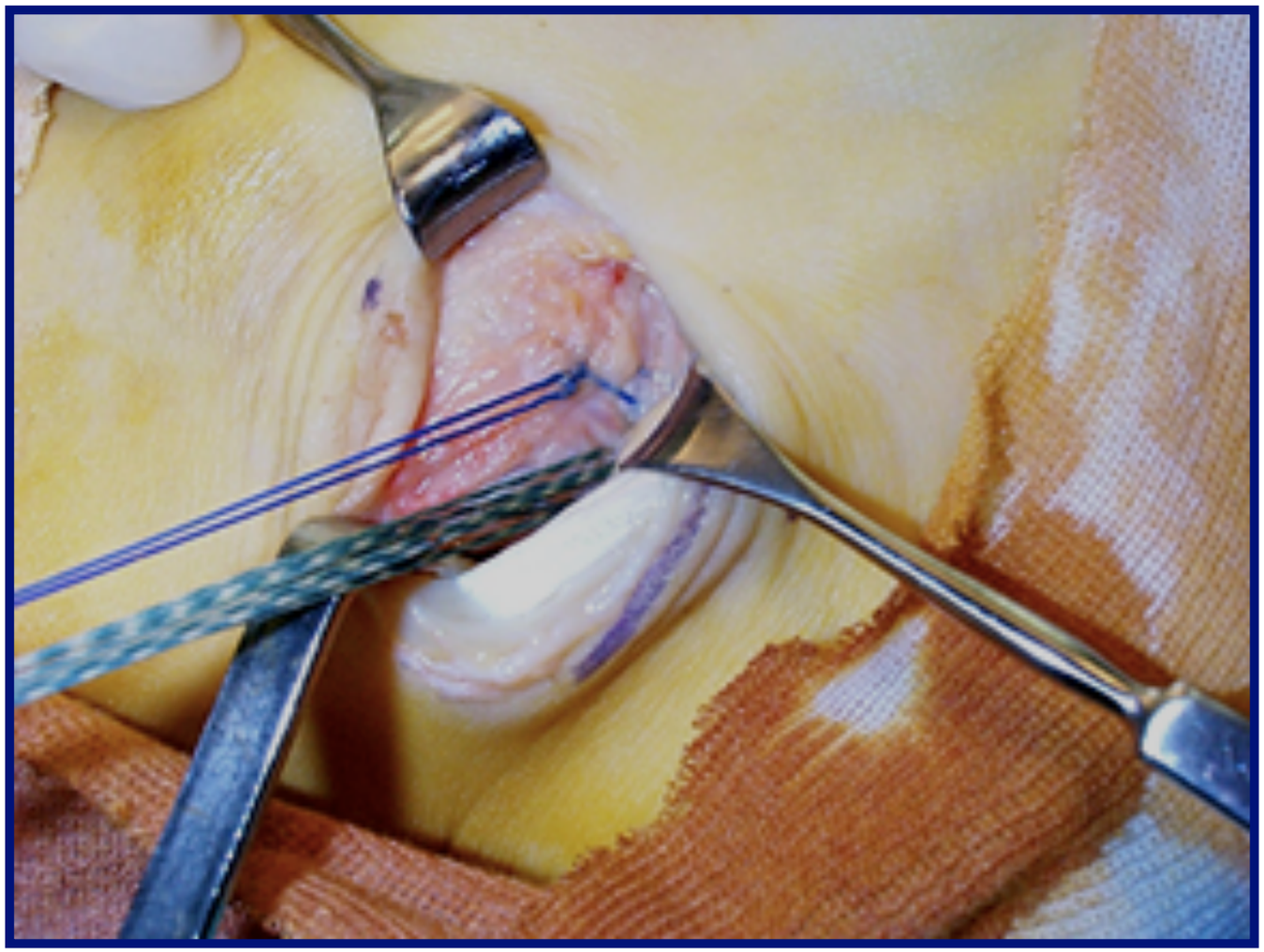
Lesioni Croniche



LESIONI CHIRURGICHE NEL CRONICO 10-20%

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Valutazione Artroscopica

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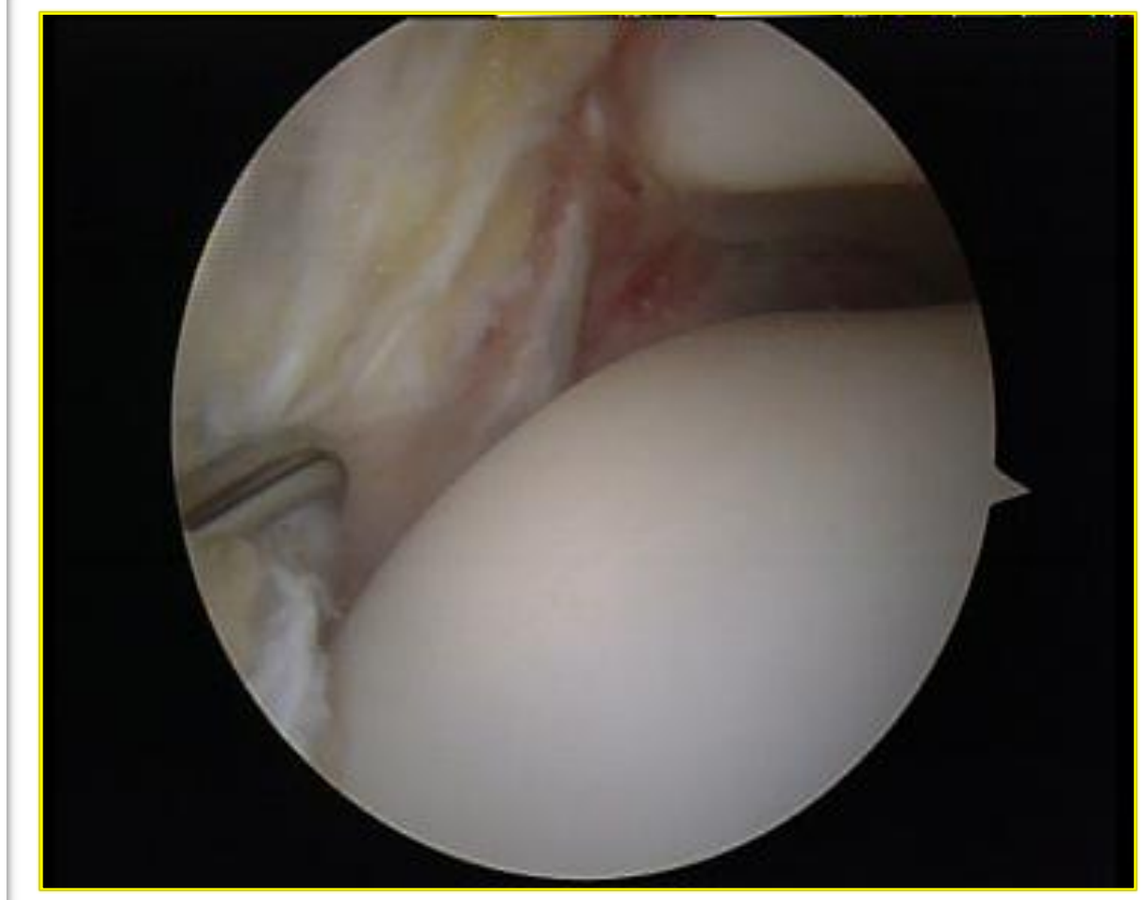

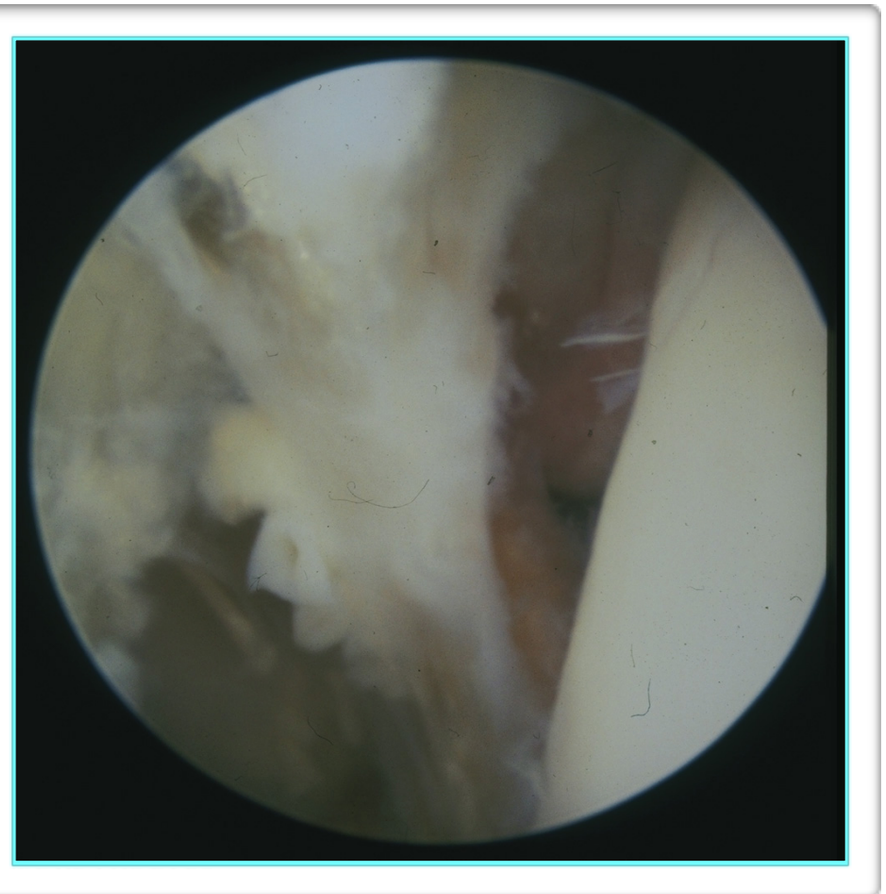

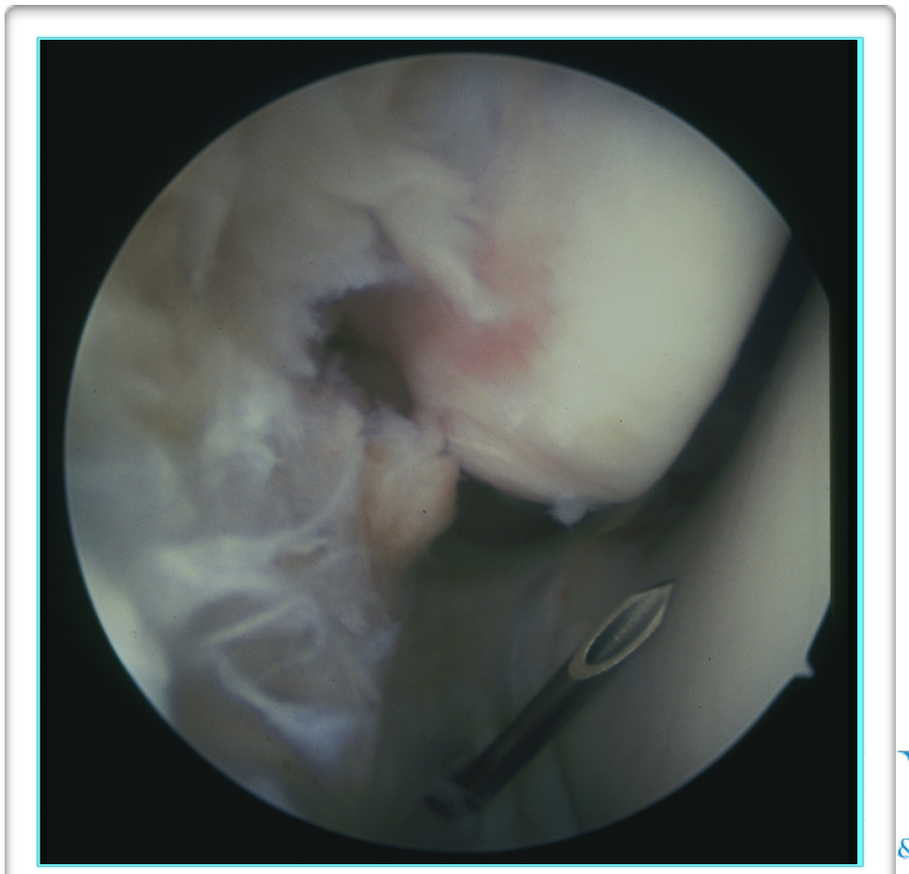

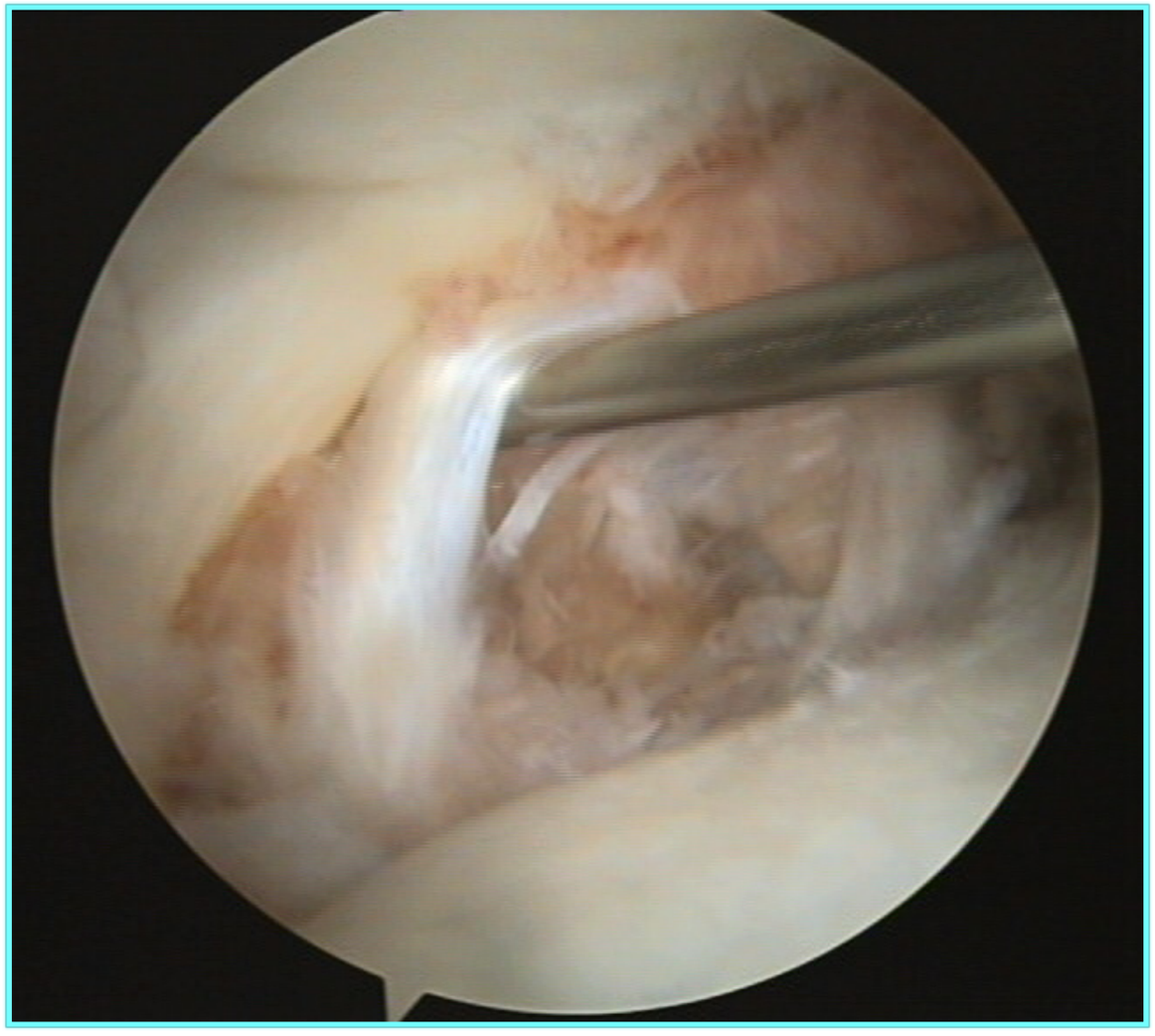

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Shrinkage

Trattamento Chirurgico

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Artroscopia + Mini-Open

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Patologia Da Overuse

- *PATOLOGIA LEGAMENTOSA*
- *LASSITA' ARTICOLARE*

- *OVERSTRETCHING*
- *IPERFESSIONE-IPERSTENSIONE*

- *MICROTRAUMI RIPETUTI SULLE SUPERFICI OSSEE*

FOOTBALLER'S ANKLE

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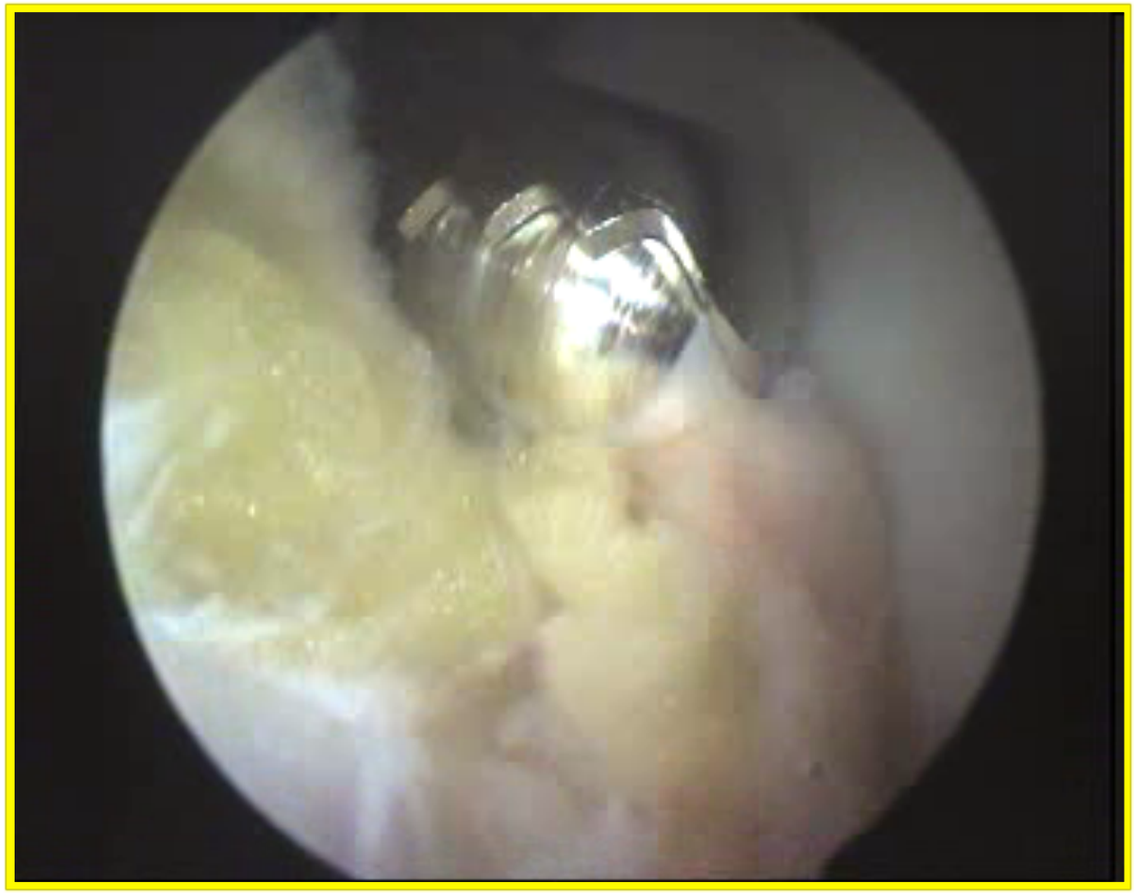
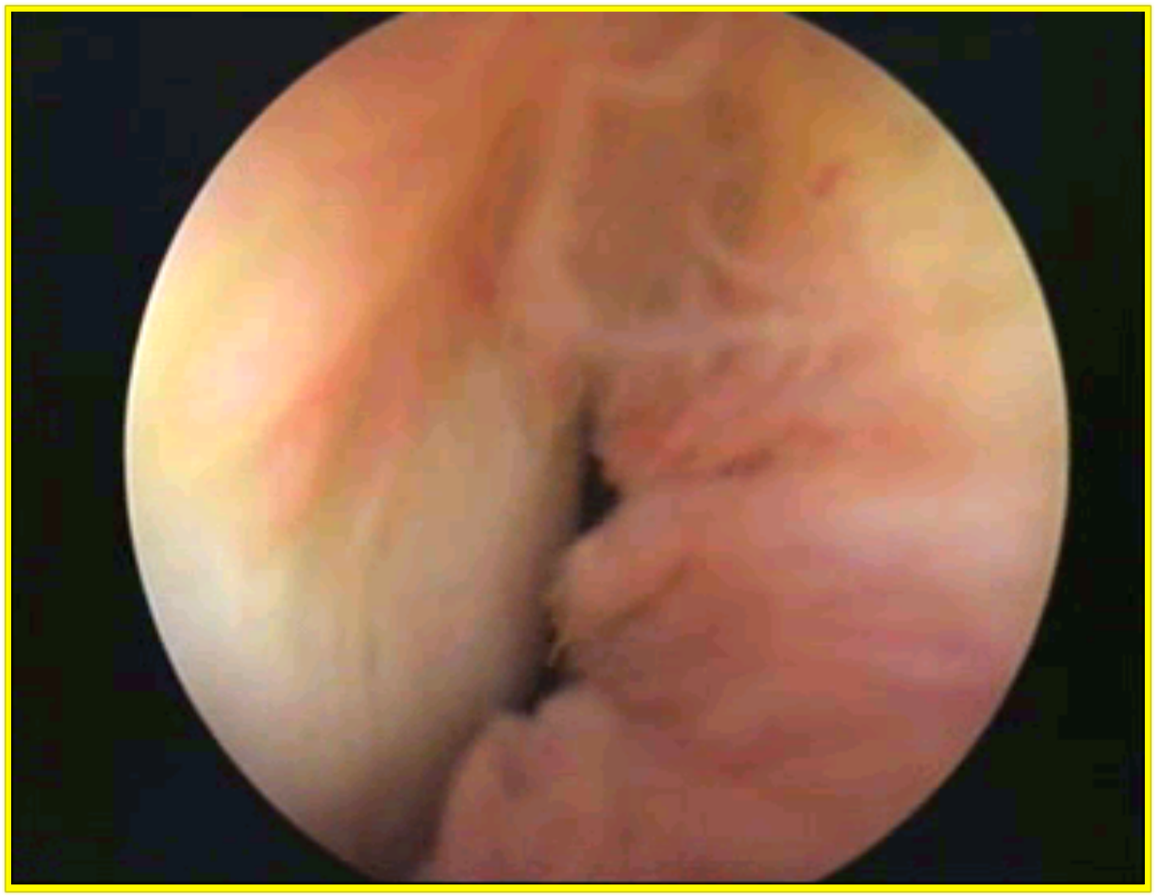
Sinovite Cronica





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Sindrome da Impingement dei Tessuti Molli

”Dopo un trauma distorsivo alla tibio tarsica, ad un processo emorragico intraarticolare, seguiva una sinovite ipertofica reattiva con inspessimento e fibrosi localizzata “
Wolin 1950

- *ANTERO-LATERALE*
- *DELLA SINDESMOSI*
- *POSTERIORE*

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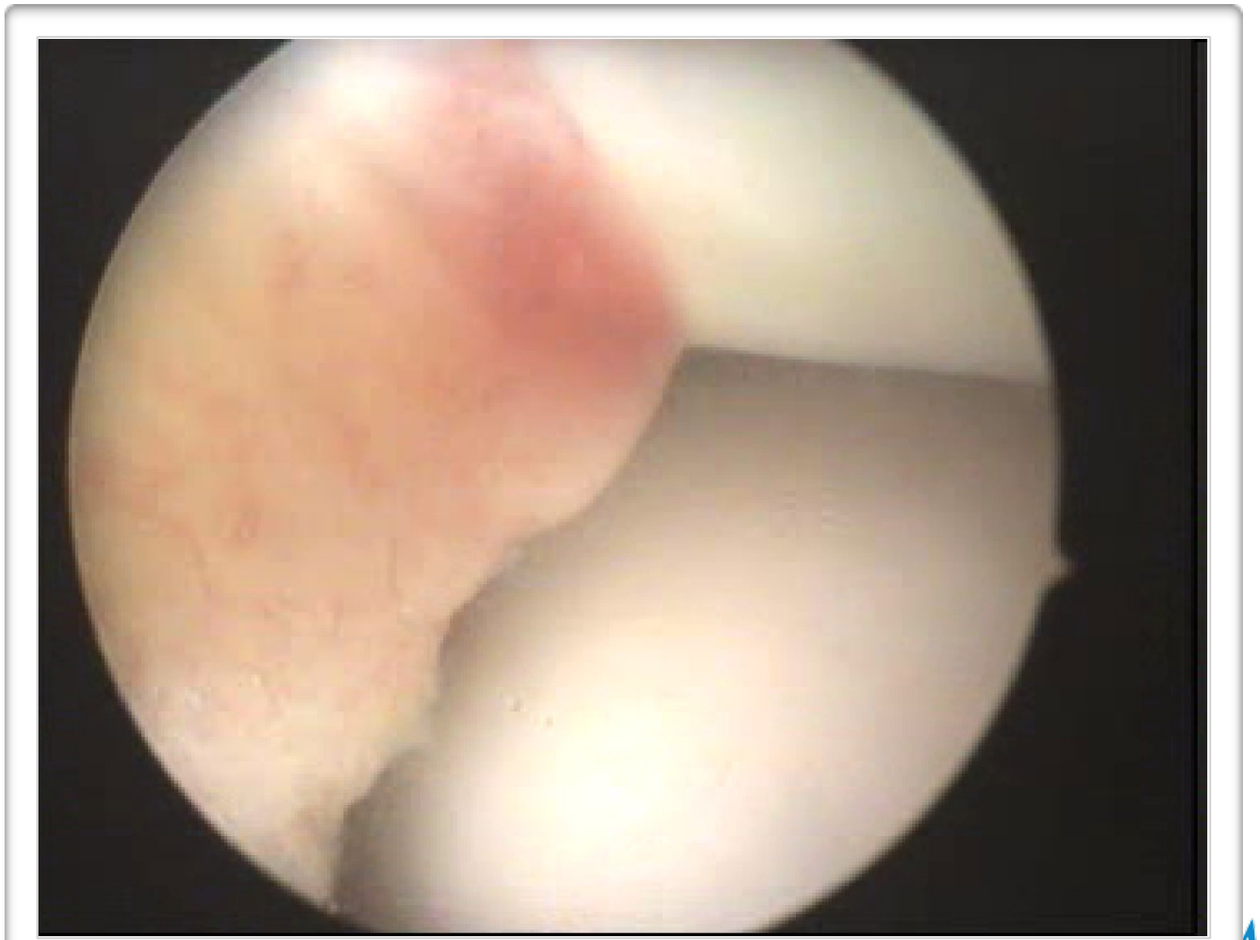
Impingement Antero-Laterale

- ESITI LESIONE PAA +/- PC
- TESSUTO **SINOVIALE** PATOLOGICO IPERPLASTICO E FIBROSO
-

- DOLORE CRONICO ANTERO ESTERNO



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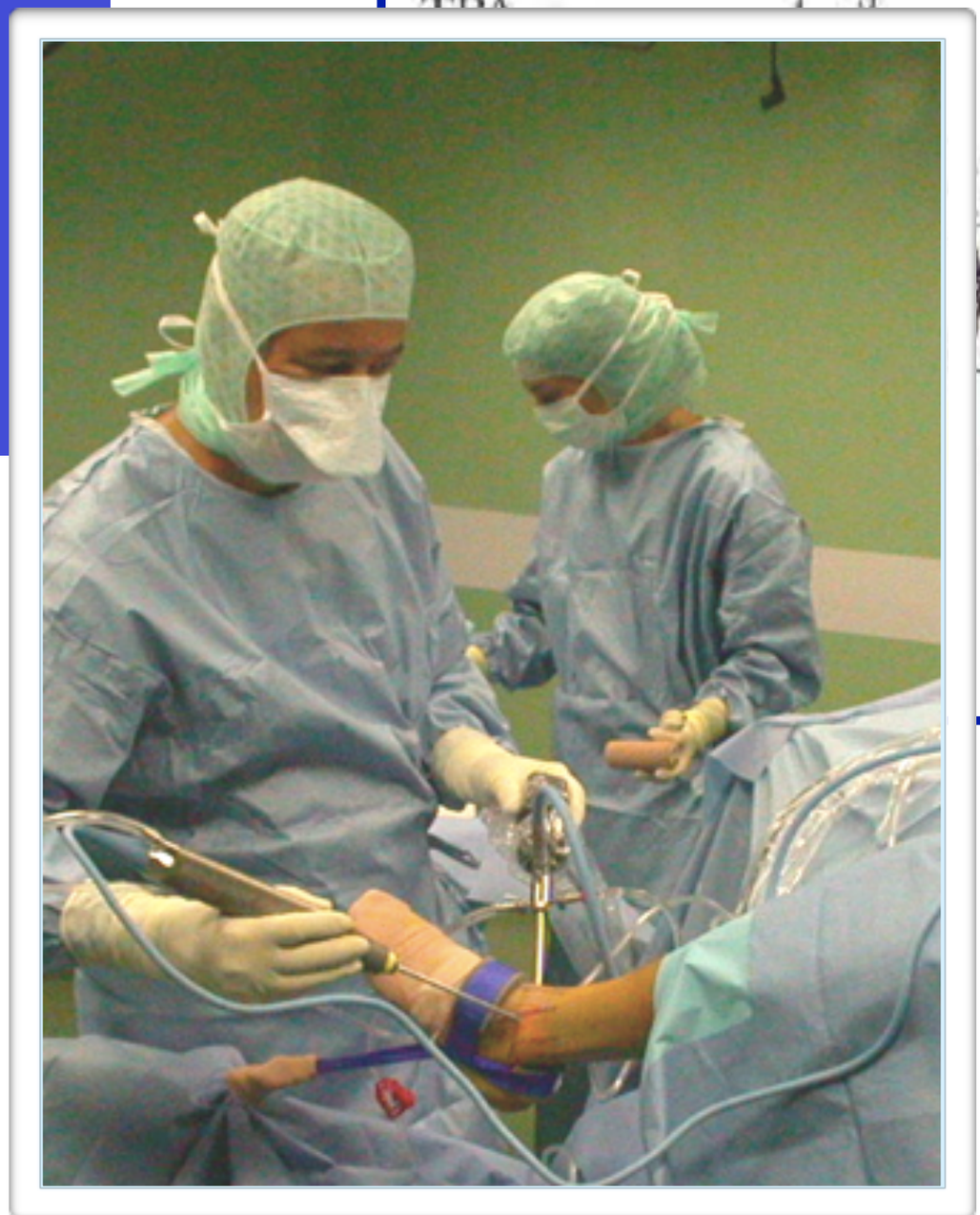
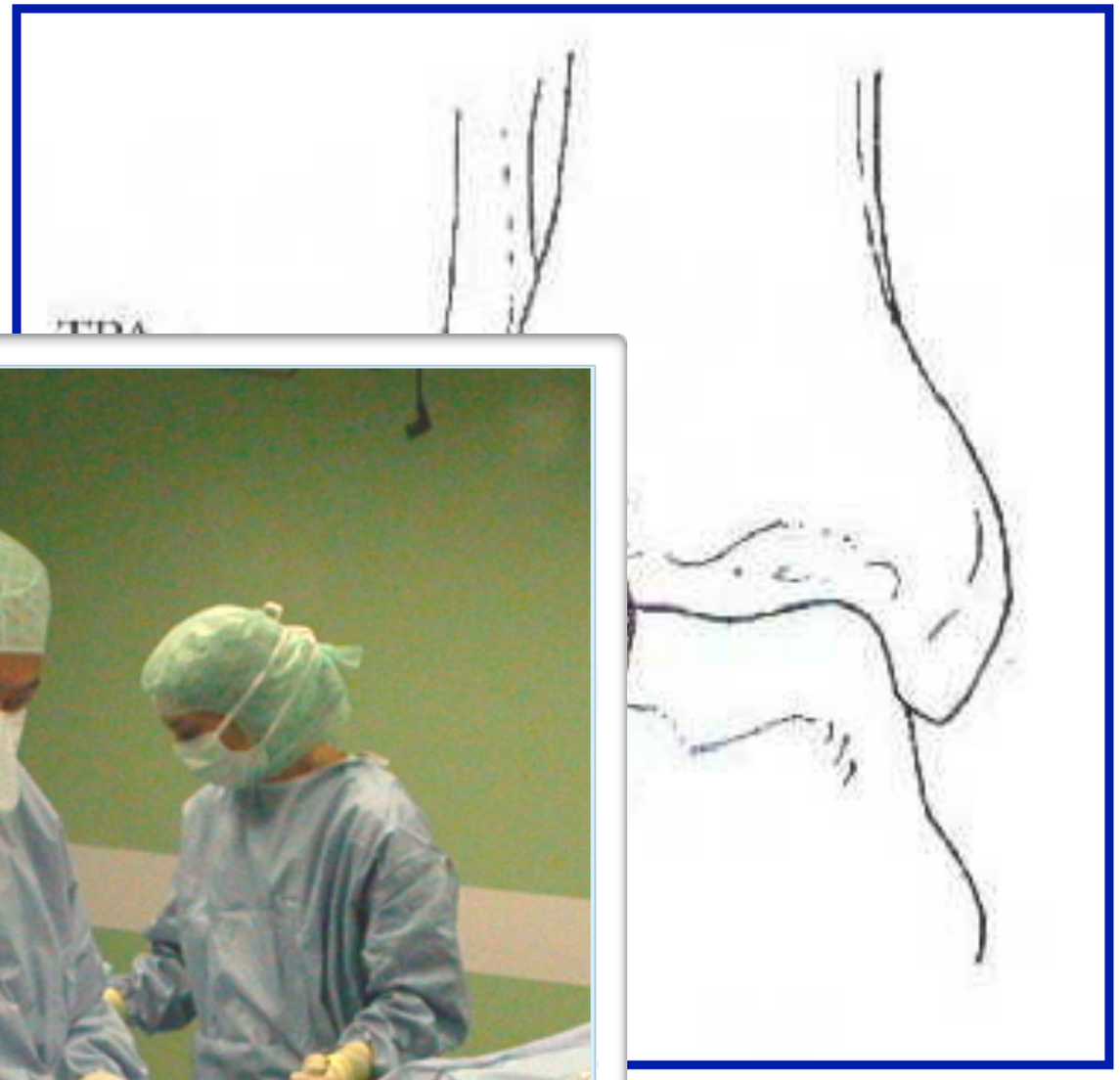
Impingement Antero-Laterale

PRESENZA DI PARTI MOLLI IPERPLASICHE LOCALIZZATE NELLA “ LATERAL GUTTER “





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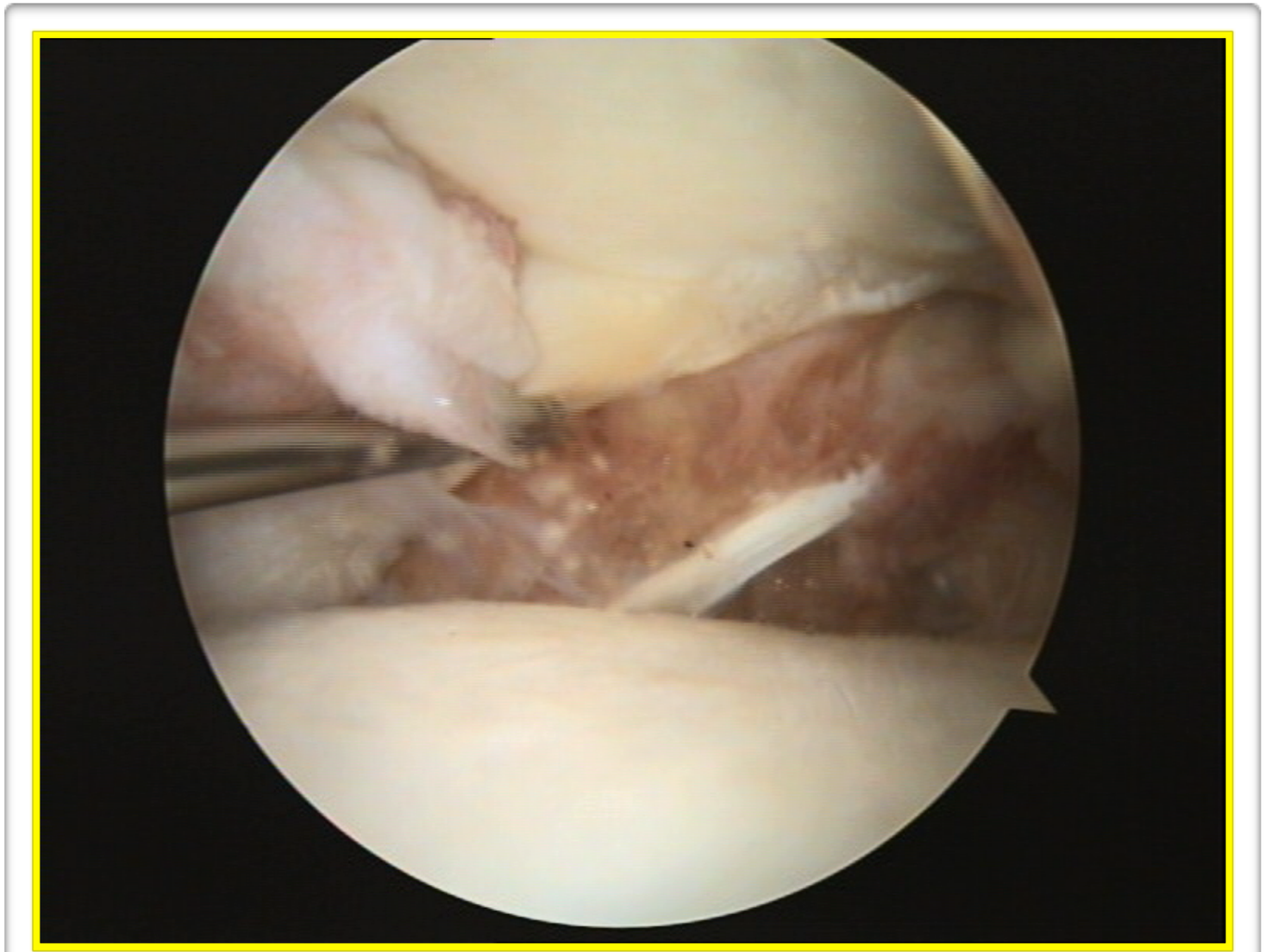
Impingement della Sindesmosi

- *ESITI LESIONE LEGAMENTI TIBIO-PERONEALI POSTERIORI*
- *DOLORE ARTICOLARE ACCENTUATO IN PRONO-SUPINAZIONE*

- *TESSUTO SINOVIALE IPERPLASICO NELLA SINDESMOSI*



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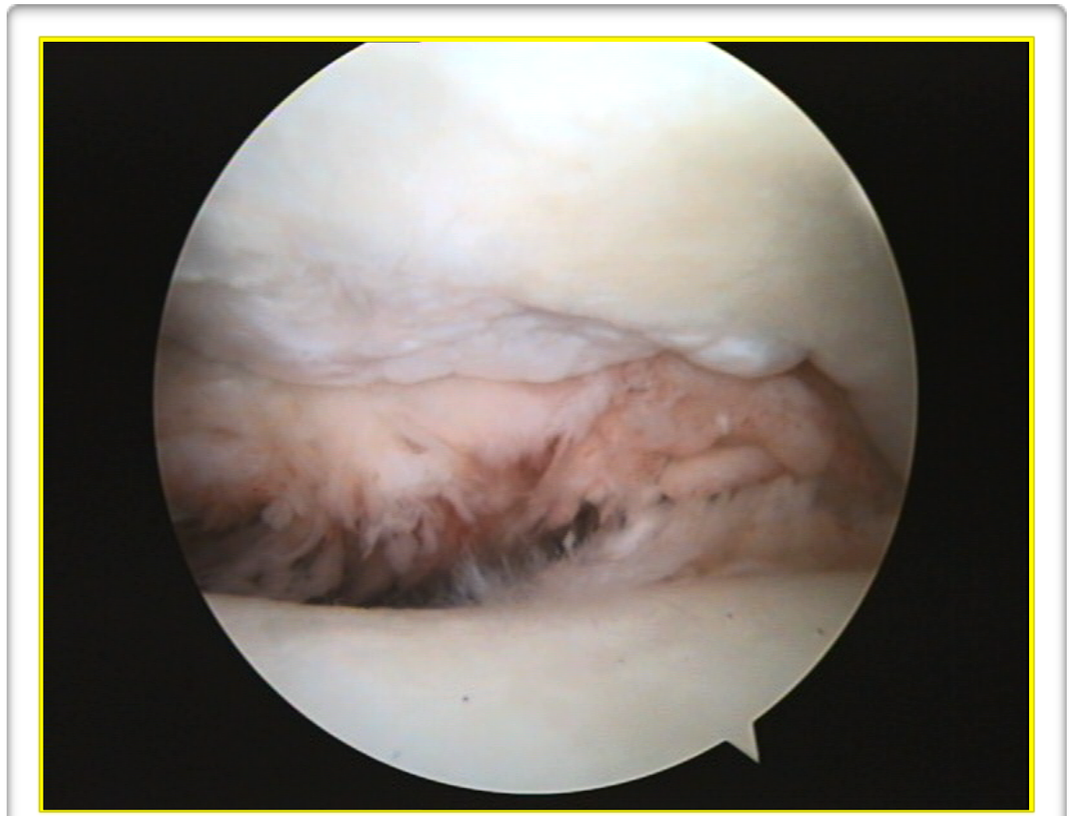
Impingement Posteriore

- *RARO*
- *LESIONE PAP +/- T-P POST.*
- *DOLORE POSTERIORE*



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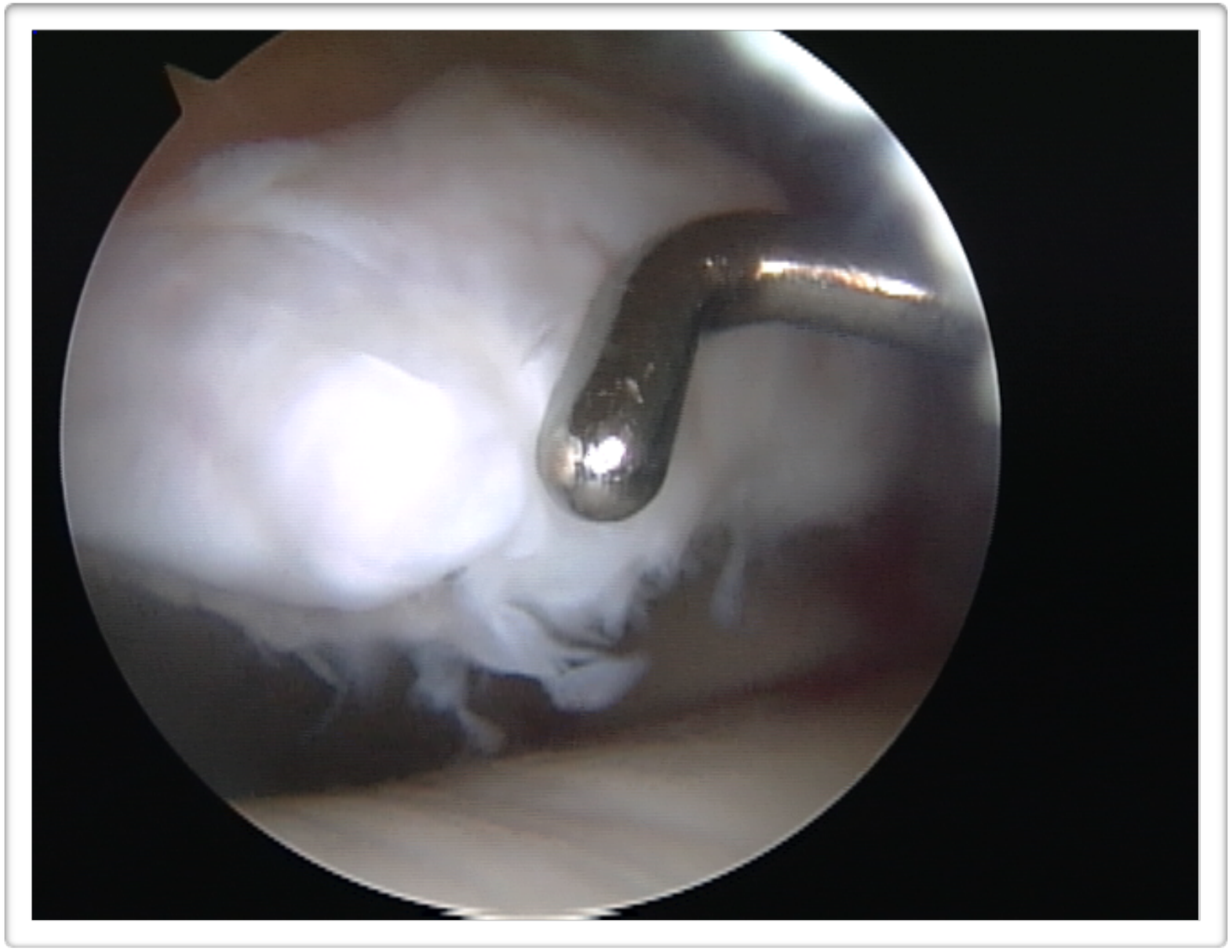
Sindrome da Impingement Osteo-Fibroso



Sindrome da conflitto causata da un osteofita tibiale con possibile “kissing lesion” astragalica

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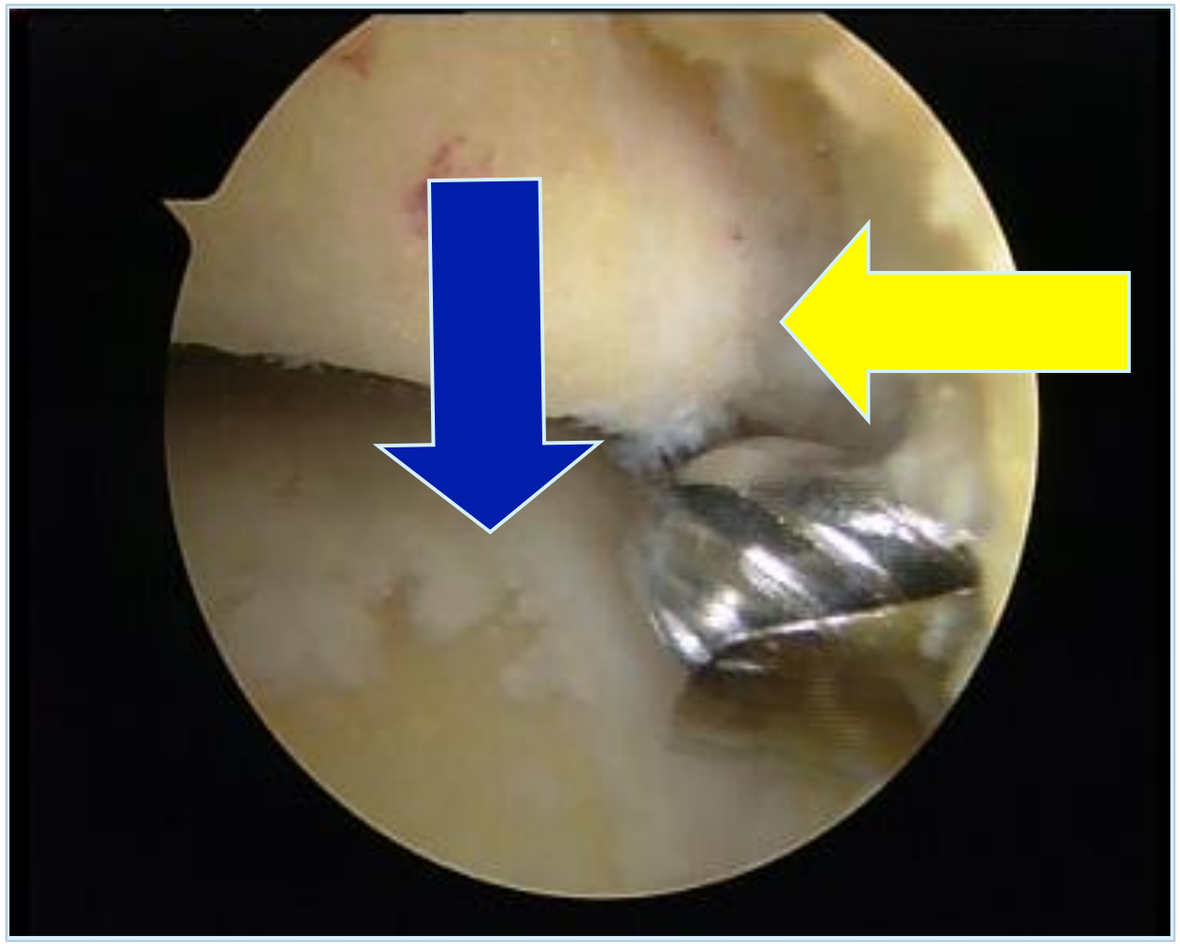

Osteofita Tibiale Anteriore

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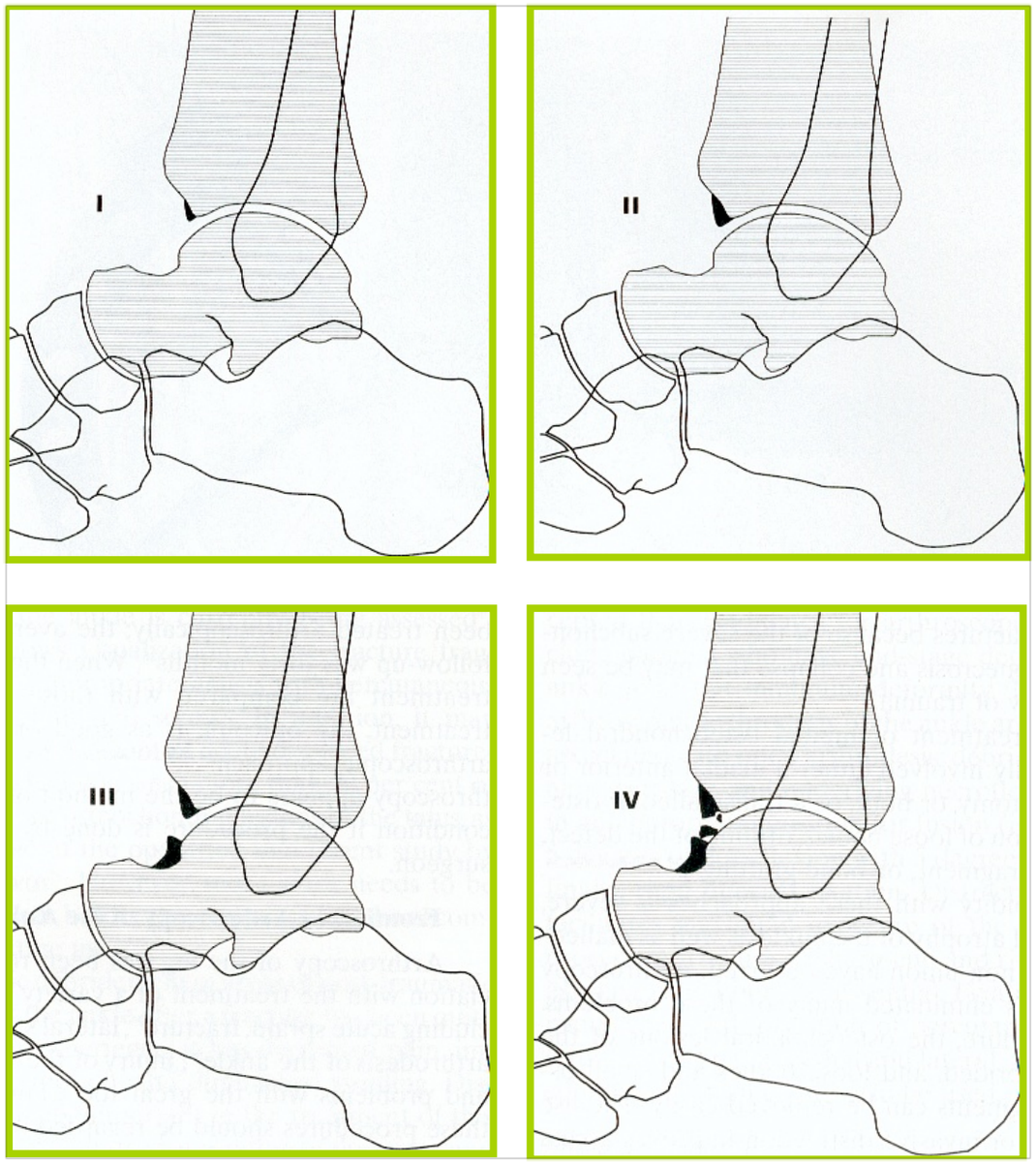

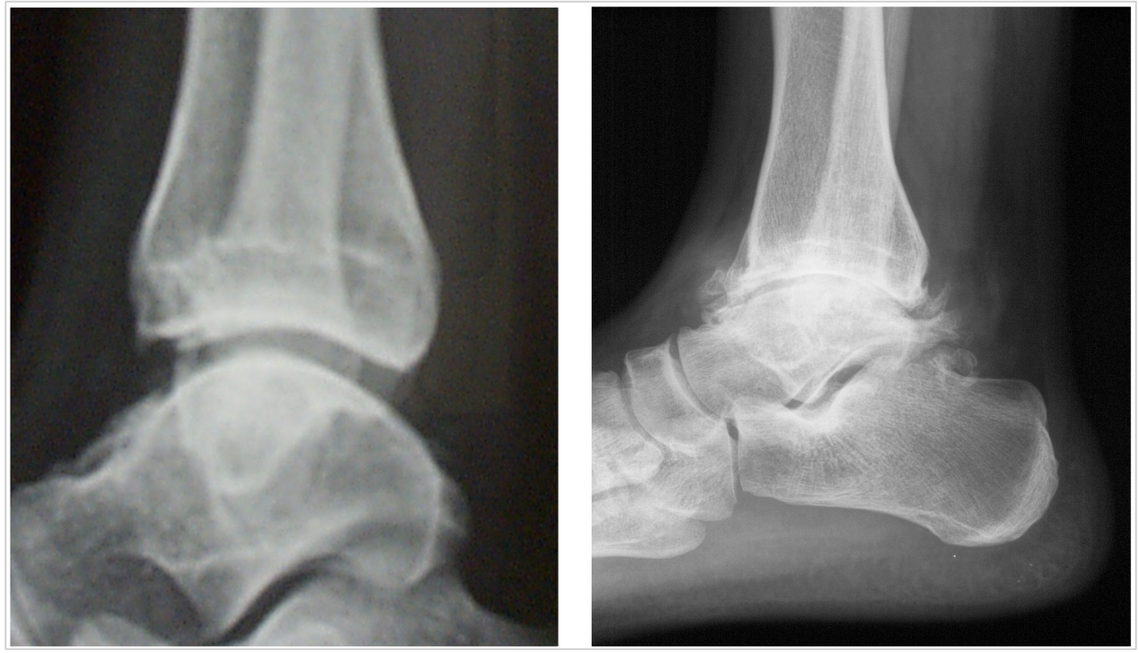

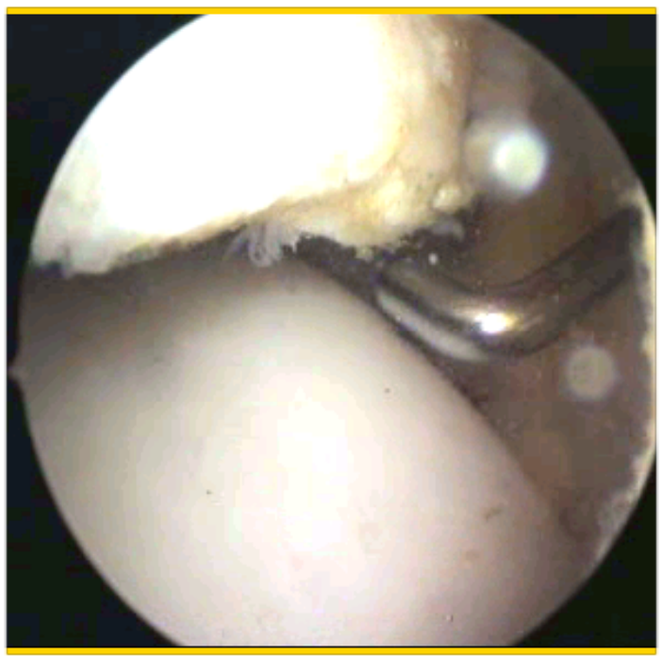

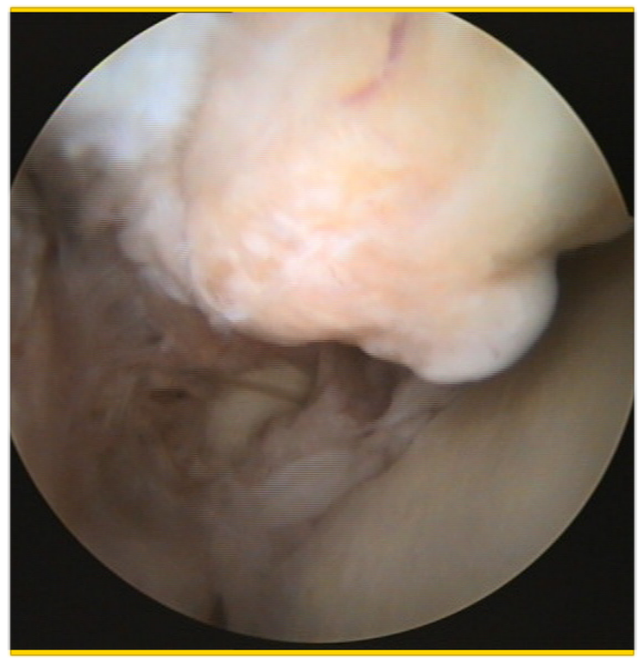

SCRANTON & MC DERMOTT
FOOT ANKLE '92

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Osteofita Tibiale Anteriore
- Classificazione -

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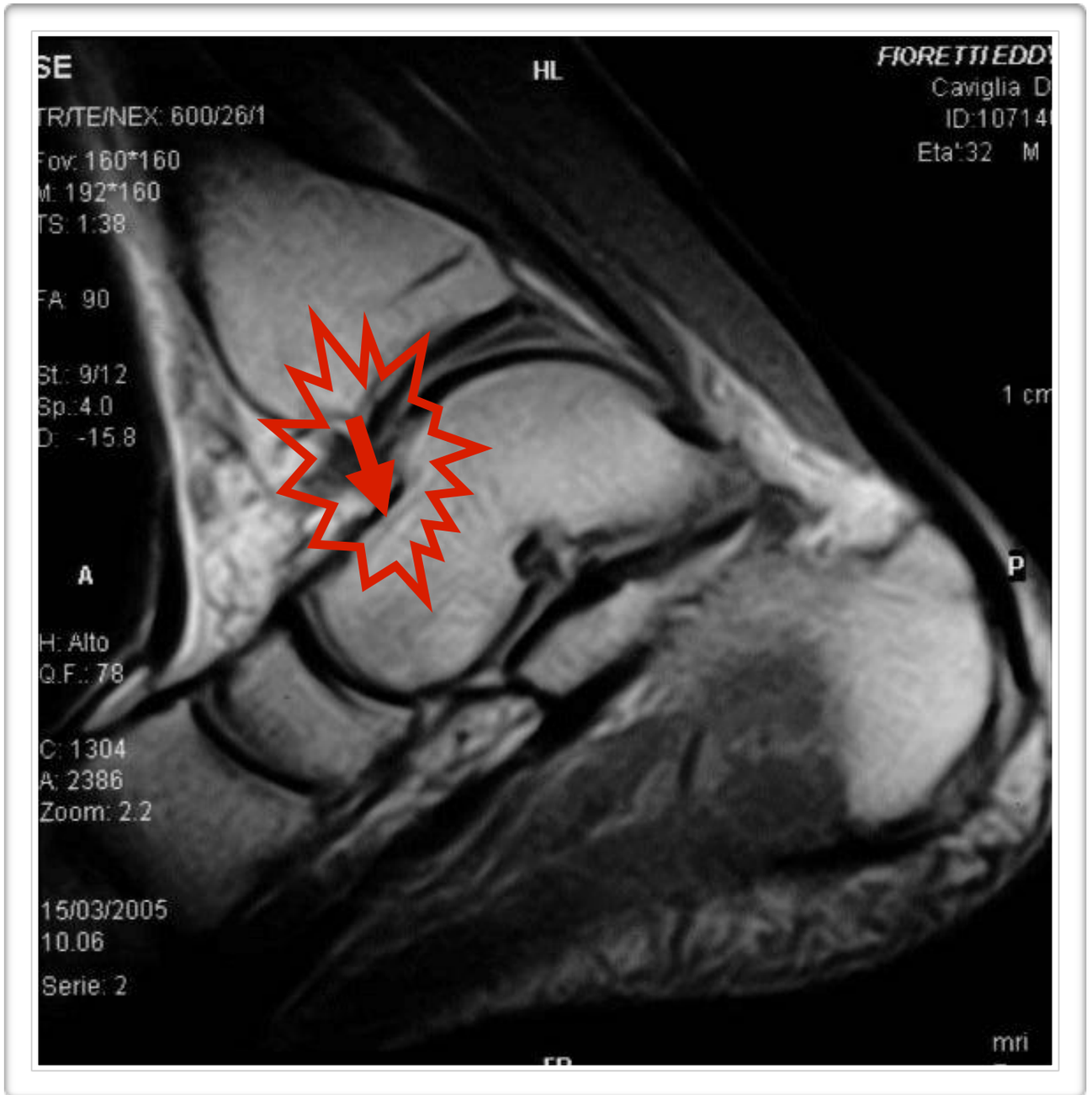

- ***RIDUZIONE ROM***
- ***PSEUDOBLOCCHI***
- ***TUMEFAZIONE***
- ***DOLORE***

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- EX LABORE FRUCTUS -

Osteofita Tibiale Anteriore
- Clinica -

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RX STANDARD

RX IN FLESSIONE

RMN

SCINTIGRAFIA OSSEA

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- EX LABORE FRUCTUS -

Osteofita Tibiale Anteriore
- Diagnosi -

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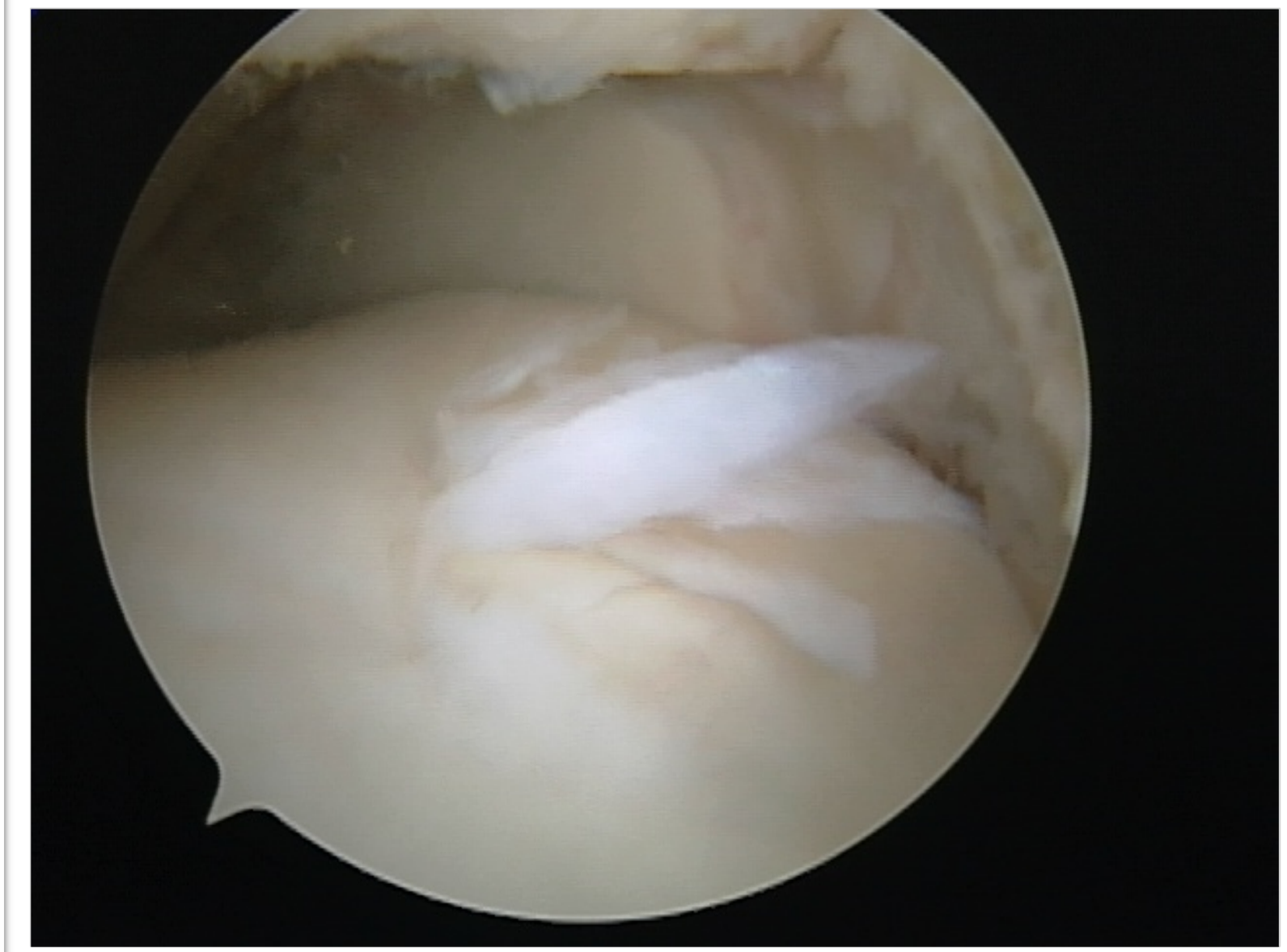

PRECOCE EVOLUZIONE DEGENERATIVA

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- EX LABORE FRUCTUS -

Osteofita Tibiale Anteriore
- Prognosi -

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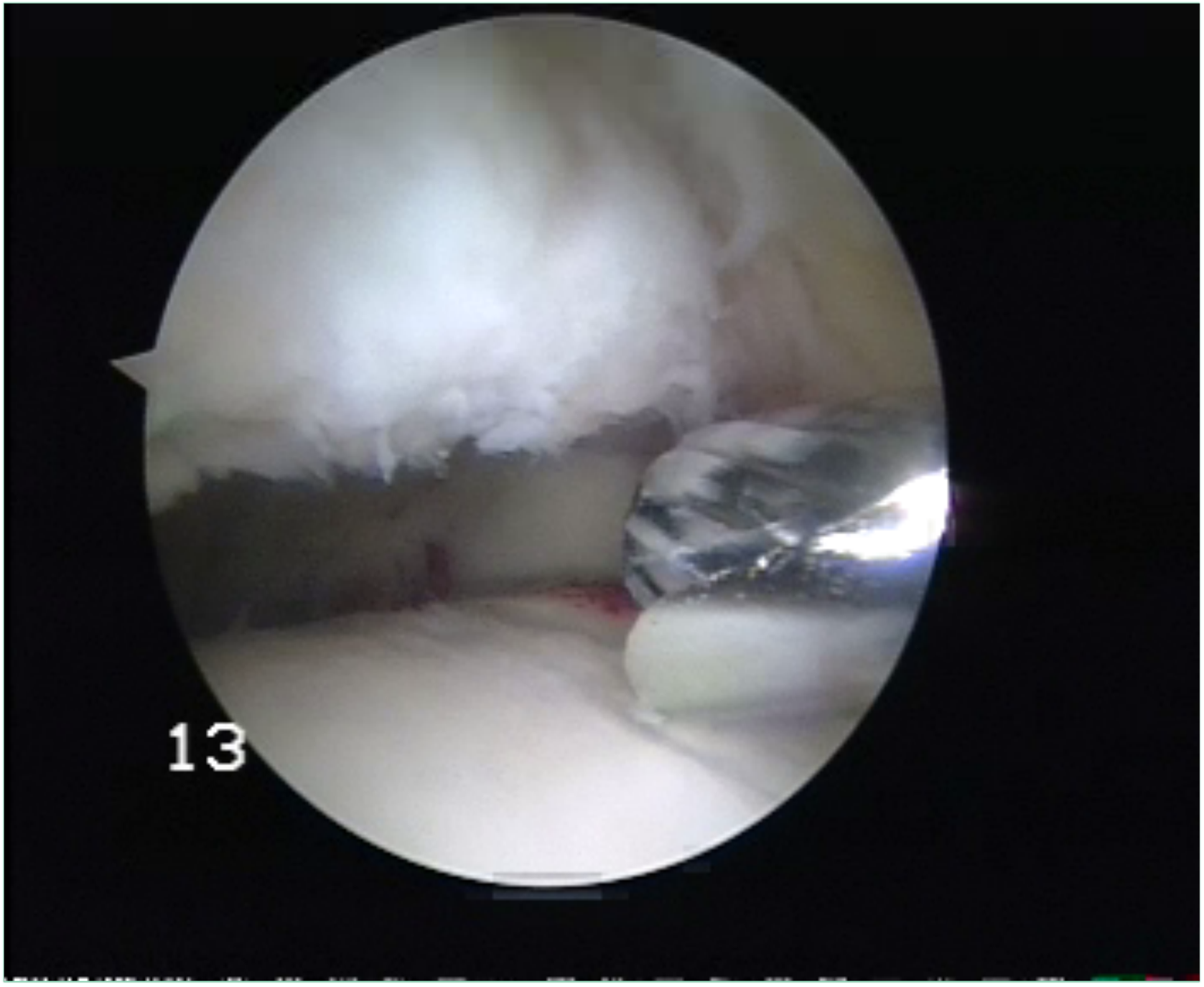

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- EX LABORE FRUCTUS -

Osteofita Tibiale Anteriore
- Trattamento -

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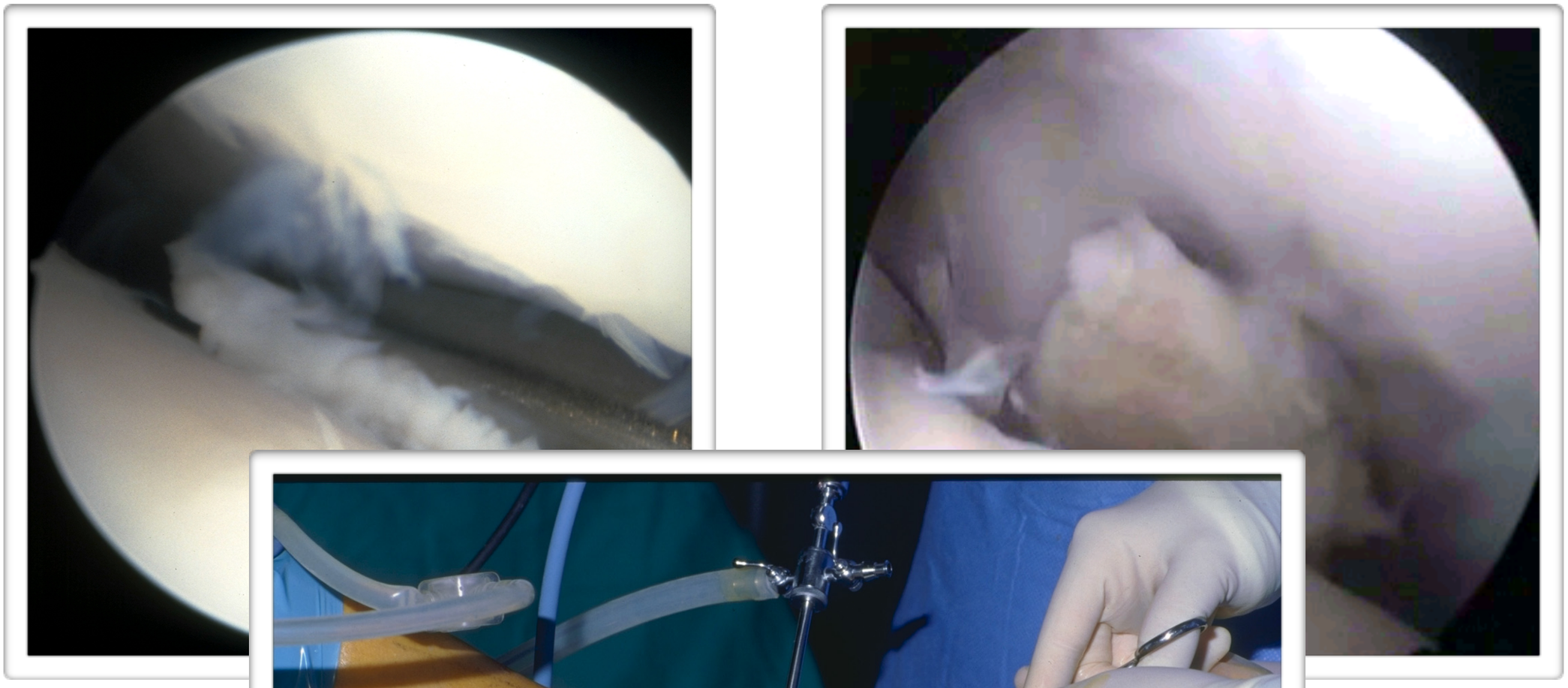
Corpi Mobili



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DI FERR
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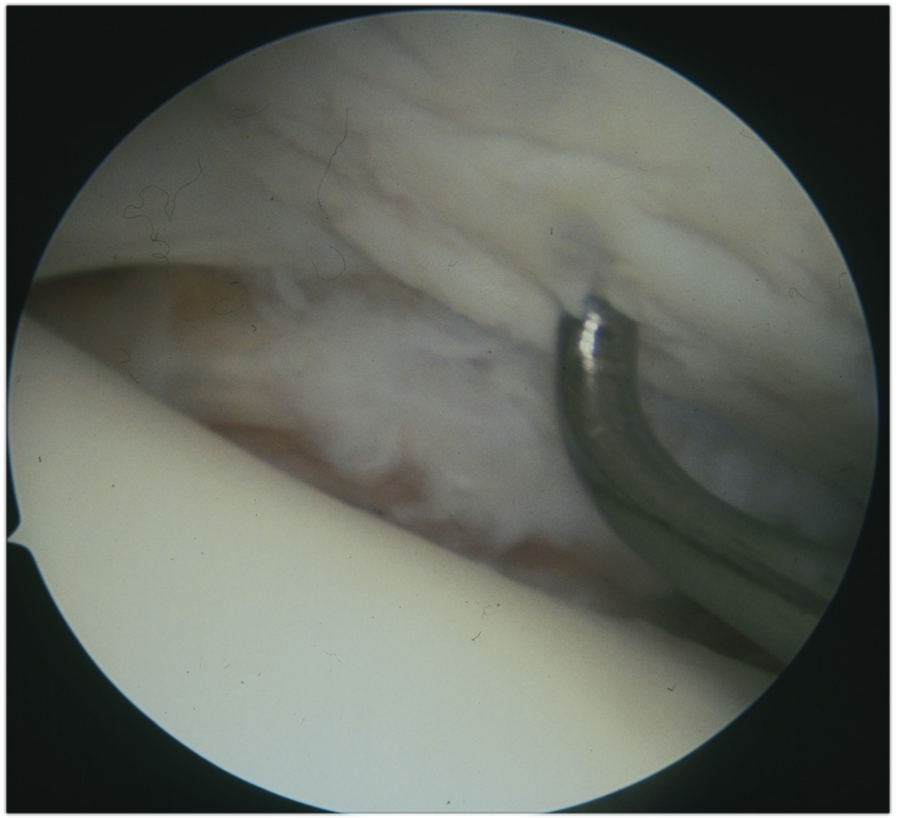
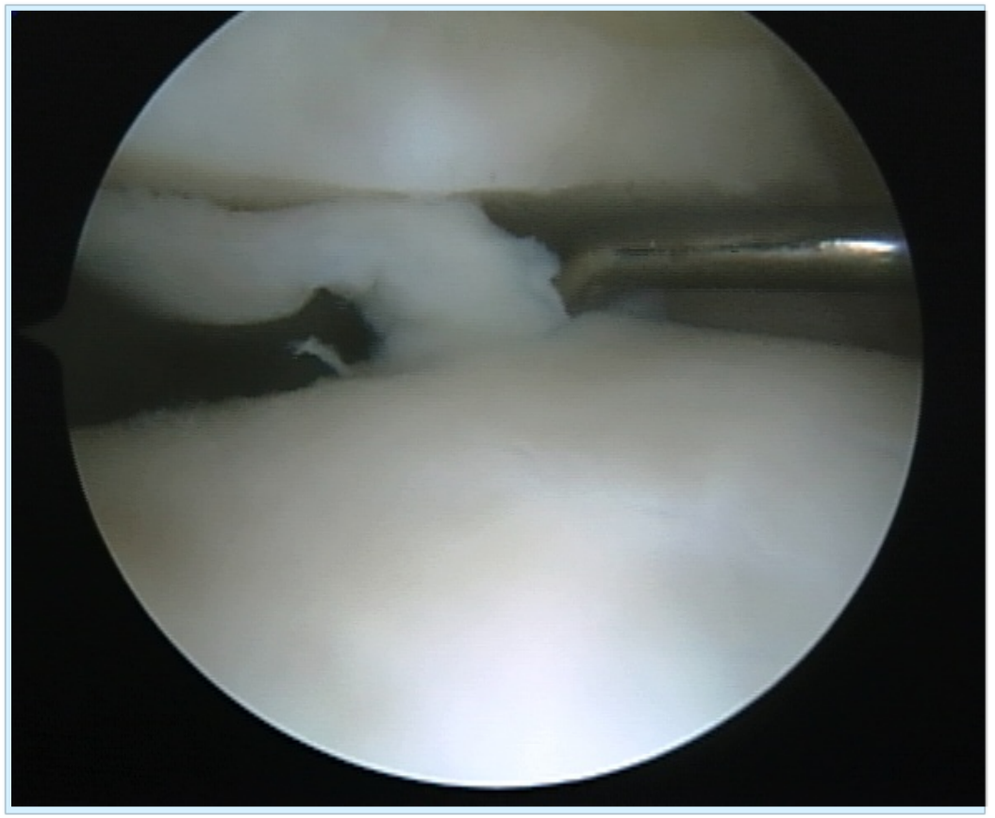
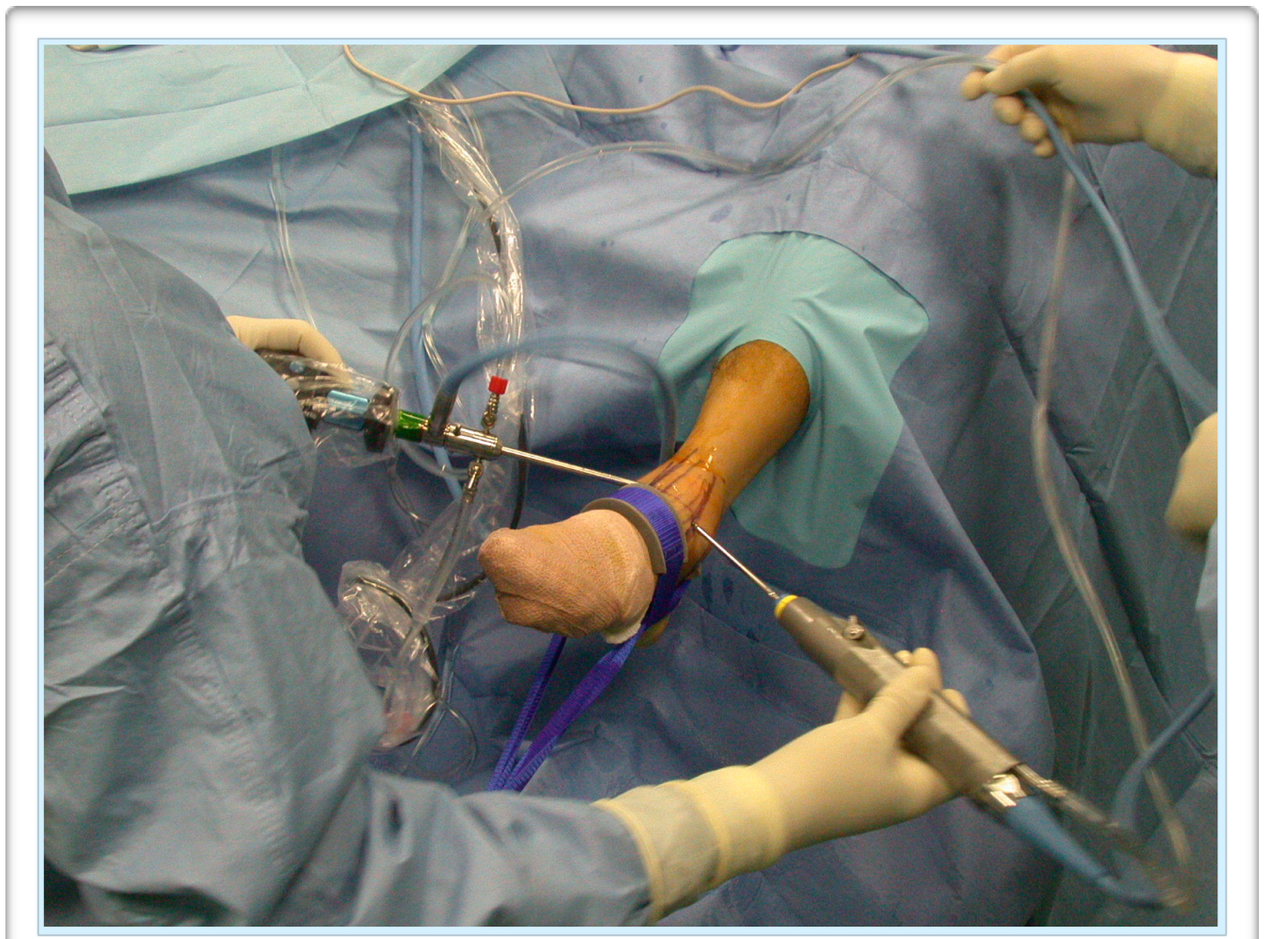
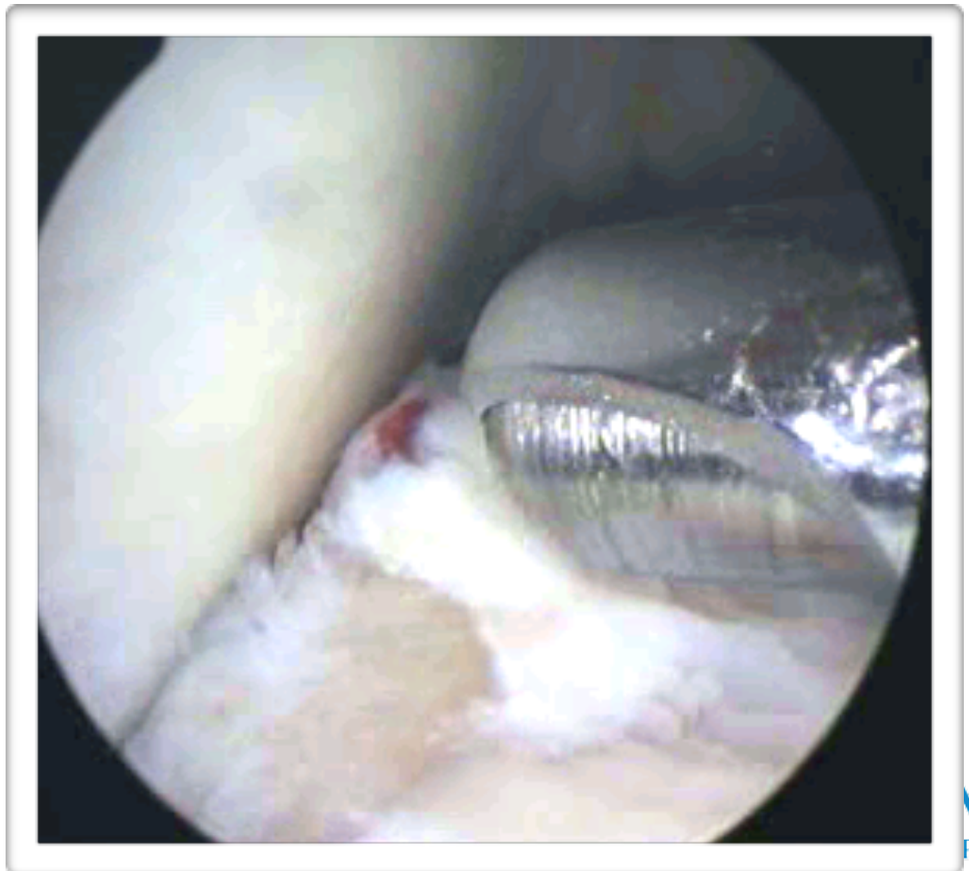
Lesioni Cartilaginee









Shaving

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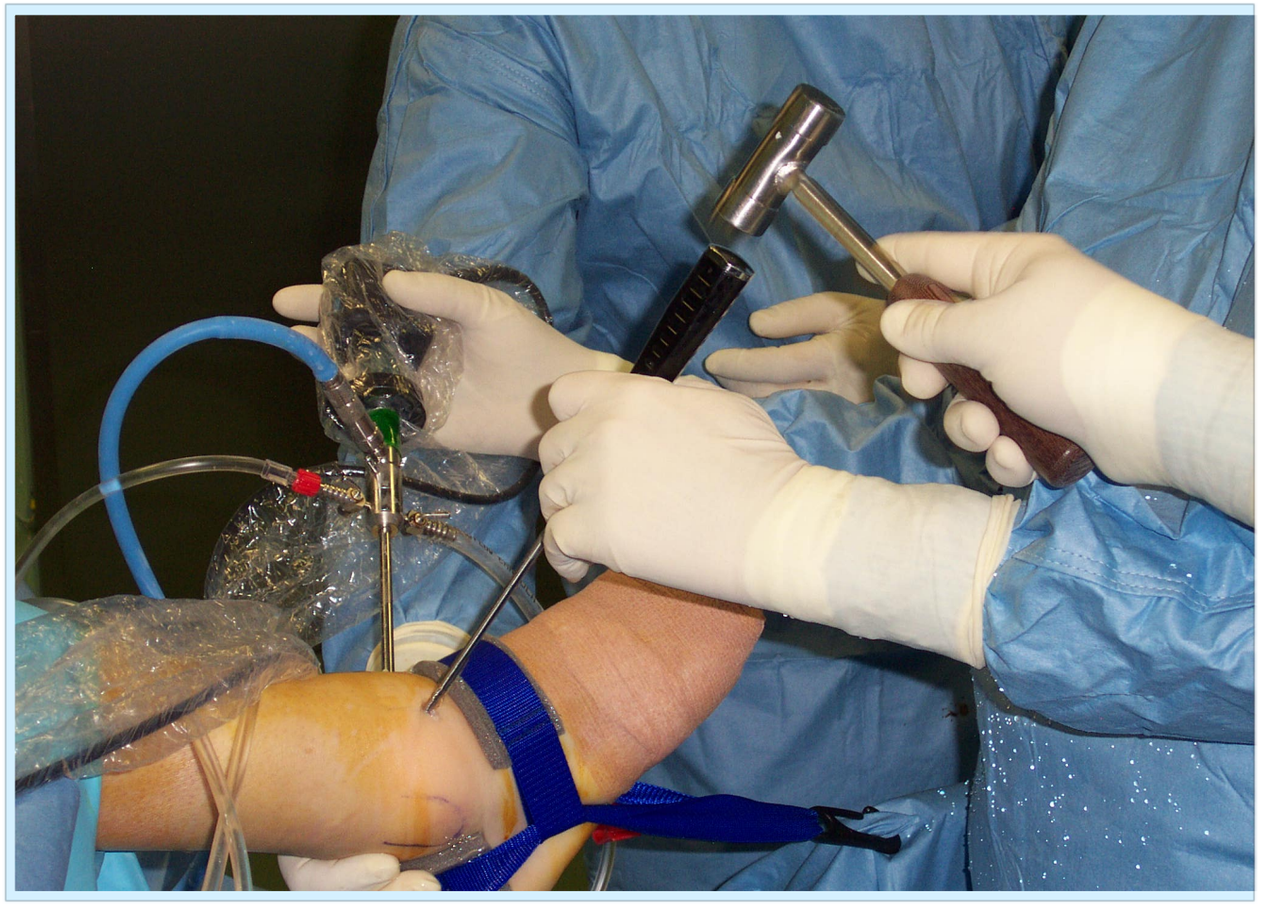

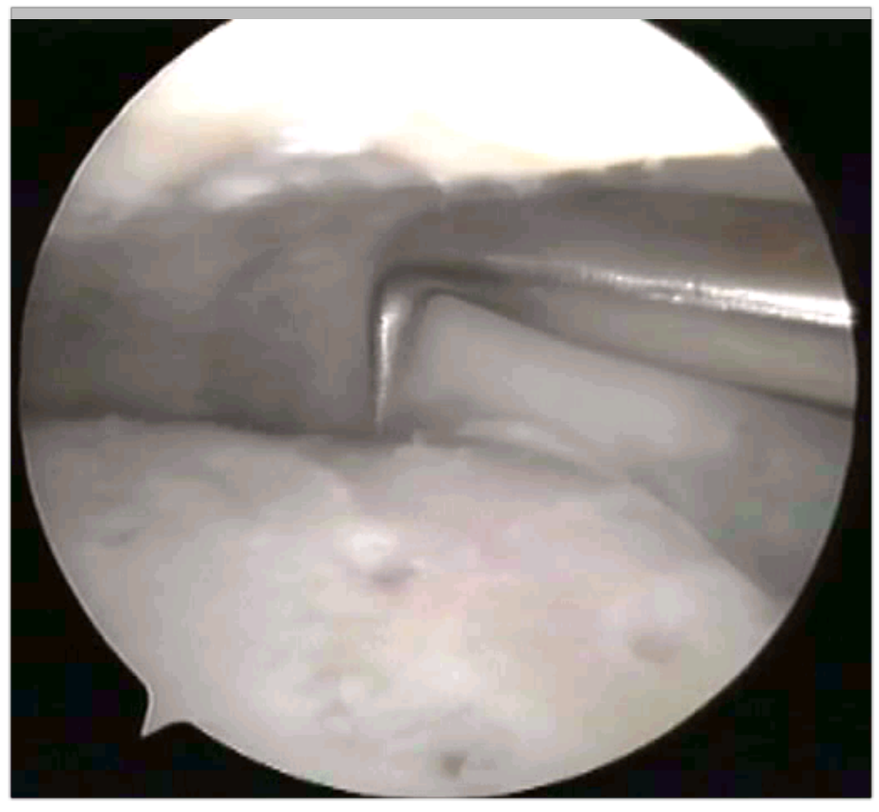

Microfractures

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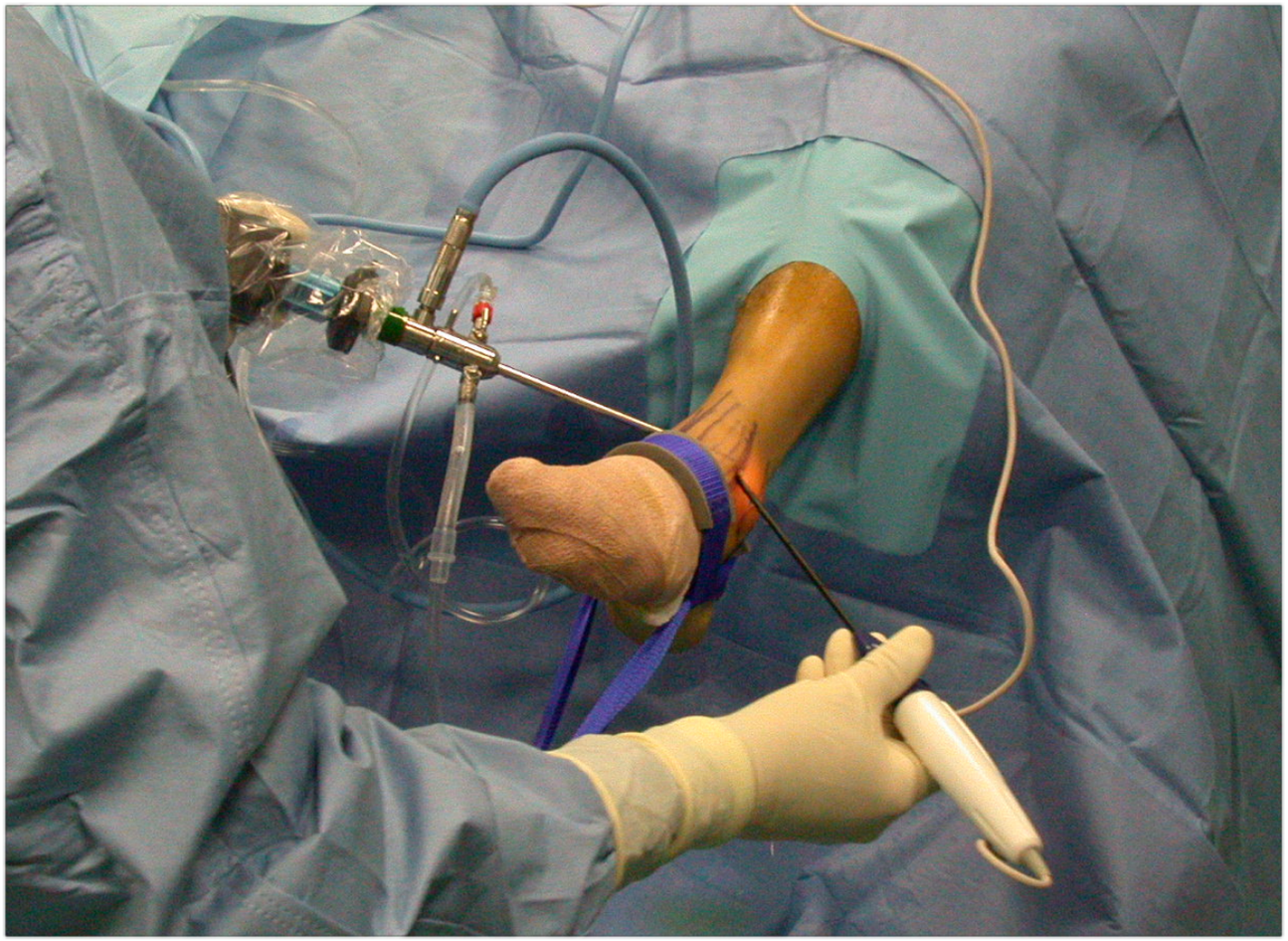

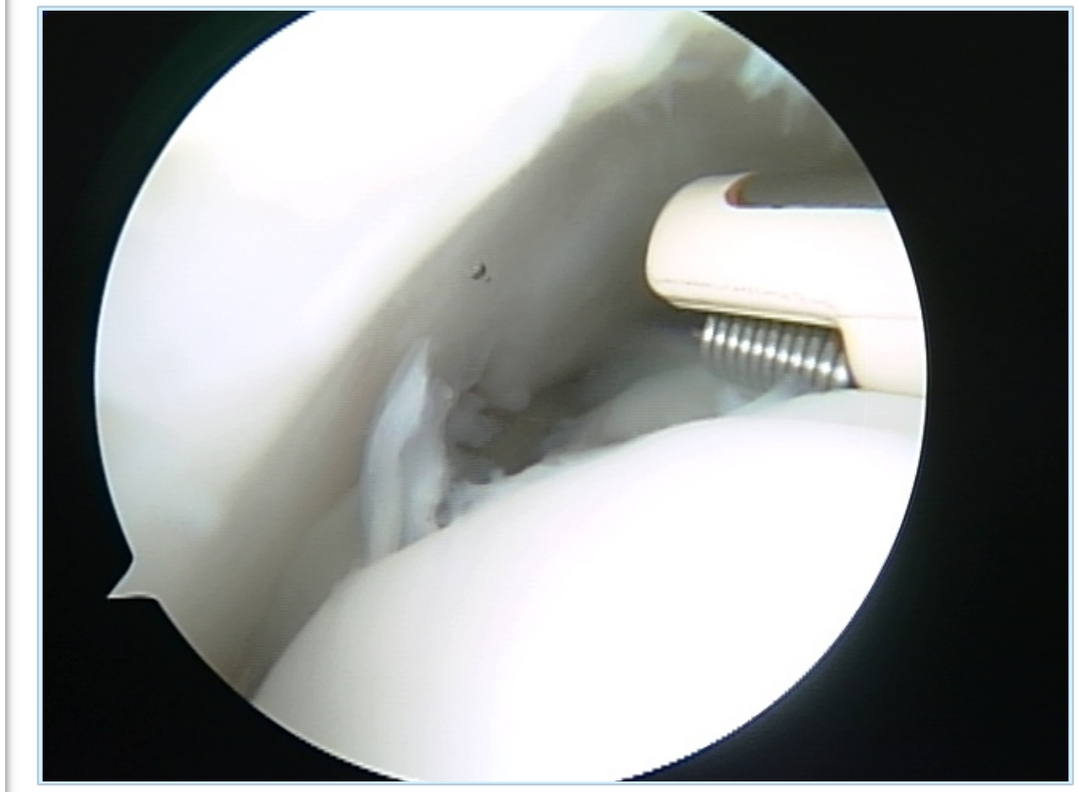

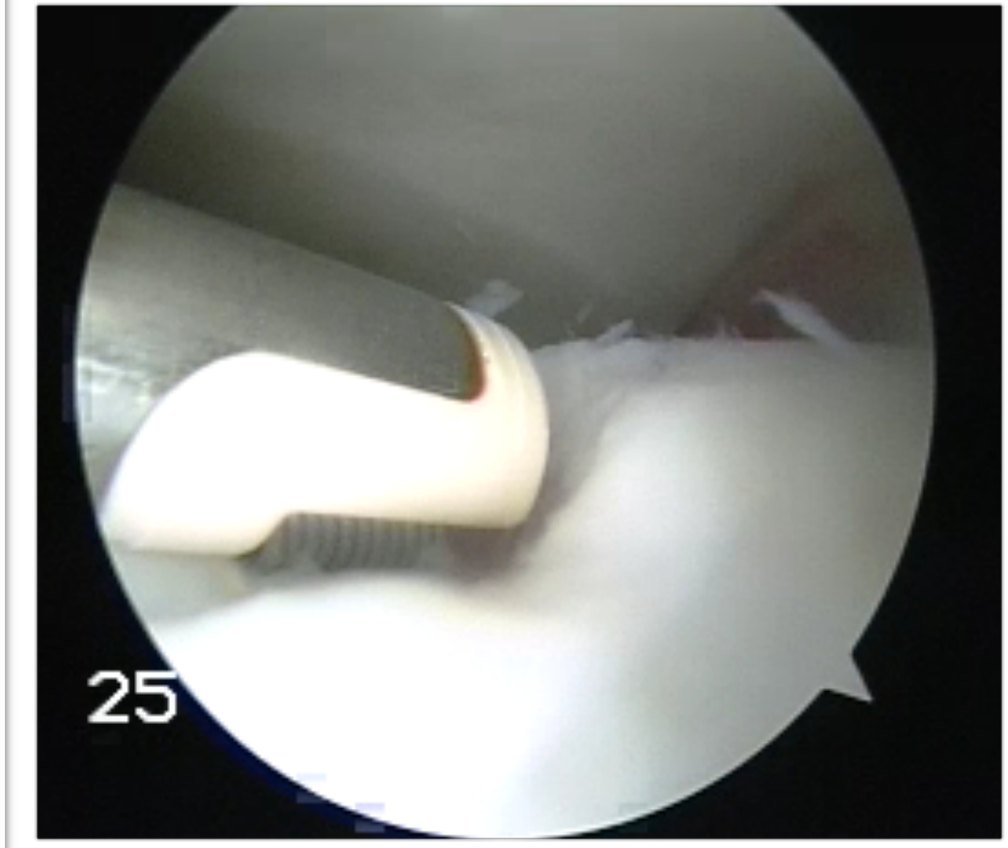

Radio-Frequenze

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Ossicles Sotto-Malleolari

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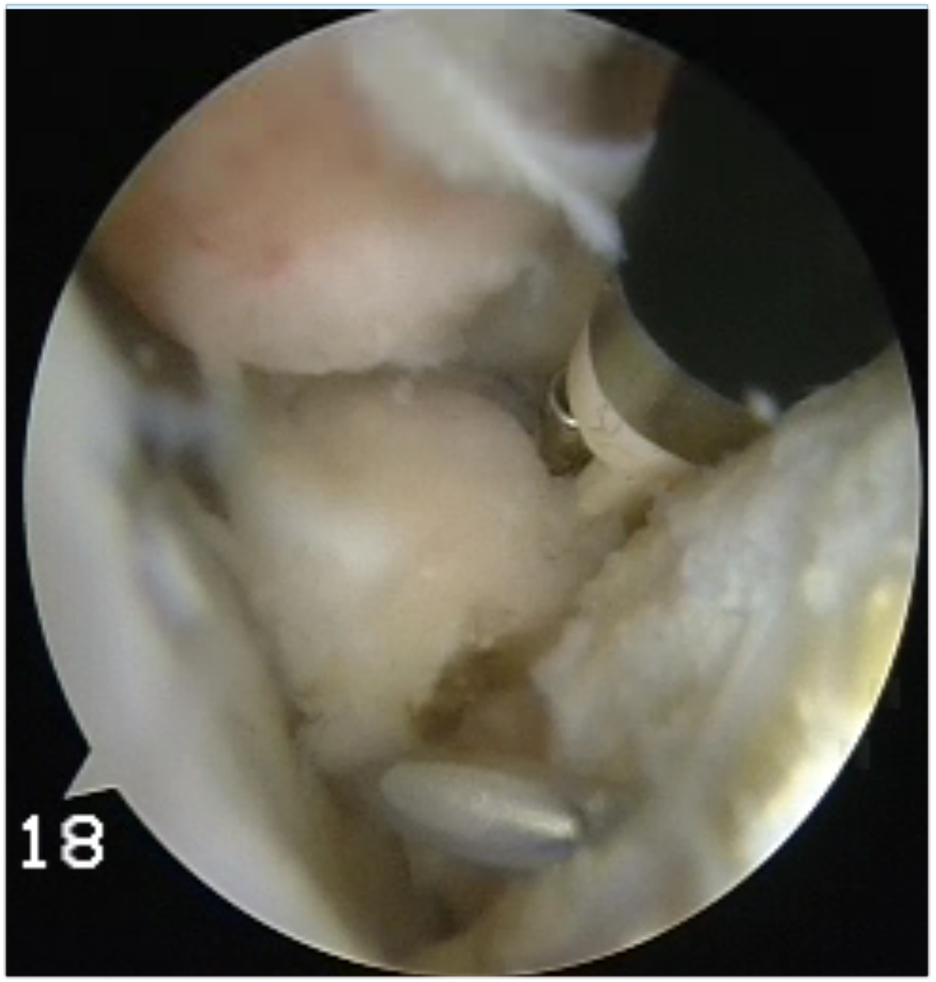
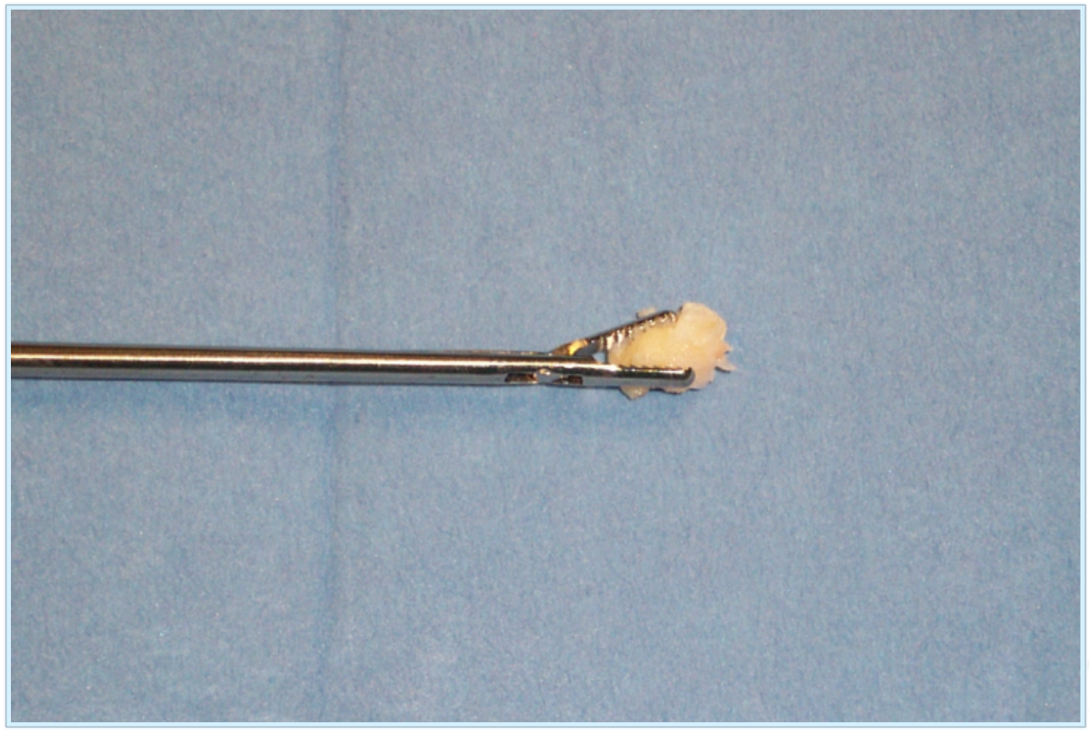

18

27



Lesione Legamentosa

Over-Use

Instabilità

Micro-instabilità

Evoluzione Degenerativa

Caviglia Dolorosa

Università degli Studi di Ferrara
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