



DYNANAIL MINI[®]

NAIL SYSTEM

HOW WOULD YOU TREAT CHALLENGING FOOT DEFORMITIES IN PATIENTS WITH PRIOR CONDITIONS?

By Terrence Philbin, DO

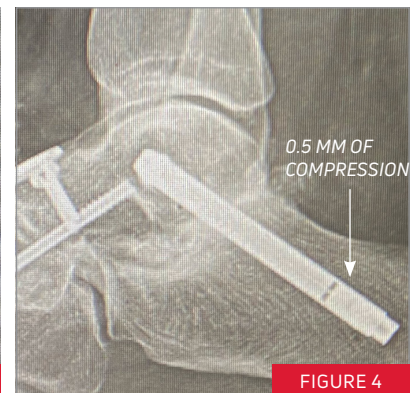
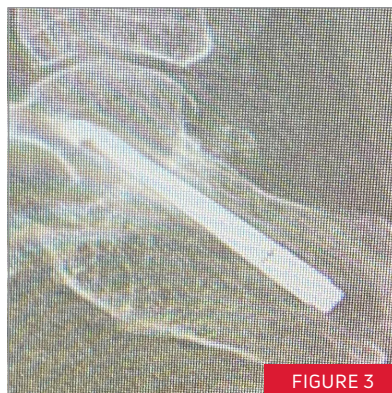
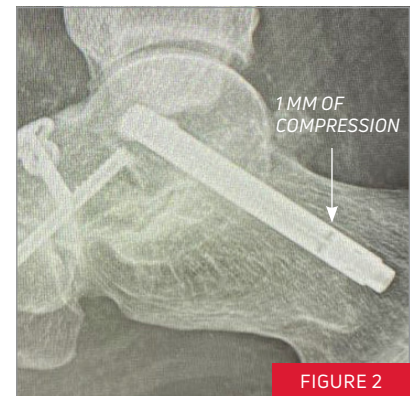
CASE #1

Prior literature has reported lower union rates with subtalar fusion in patients who underwent a previous ankle fusion.¹ Here, a 67-year-old male presented with a significant varus alignment following two previous ankle fusions as shown on radiograph (FIGURE 1). A subtalar fusion was performed using the DynaNail Mini[®] Fusion System with recombinant human platelet-derived growth factor-BB (rhPDGF-BB) and bone graft harvested from the calcaneus. At 7 weeks, the patient began weight-bearing as tolerated with fusion noted at 3 months using CT assessment (FIGURE 2, FIGURE 3). At 6 months follow-up, the patient continued to be happy, healthy, and pain-free (FIGURE 4).



CASE #2

A 42-year-old female presented with stage 3 pulmonary heart disease, flatfoot deformity, and a talonavicular (TN) joint dislocation (FIGURE 1). A subtalar fusion was performed using the DynaNail Mini® and bone graft harvested from the calcaneus with a screw and staple used for the TN fusion. At one week post-surgery, lateral radiograph showed 1.0 mm NiTiNOL compression remaining in the DynaNail Mini (FIGURE 2). Patient began weight-bearing as tolerated at 7 weeks. Fusion of the subtalar joint was noted at 3 months and then confirmed on CT at 4 months (FIGURE 3). Patient continued to be in good health and pain free at the 5-month final follow-up, with radiographs showing that 0.5 mm of NiTiNOL compression still remained in the DynaNail Mini (FIGURE 4).



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1. Zanolli DH, Nunley JA, Easley ME. Subtalar Fusion Rate in Patients With Previous Ipsilateral Ankle Arthrodesis. *Foot & Ankle Int*, 2015. 36(9):1025-1028.

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