Case Report on Neglected bilateral feet Congenital Talipes Equinovarus with Callosities on the lateral aspect

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Abstract

Background: Congenital deformity of both feet is also called clubfoot. A common congenital orthopedic condition characterized by an excessively turned in the foot (equinovarus) and high medial longitudinal arch (cavus). If neglected the deformity can result in long-term disability and pain. Interventions can be conservative such as splinting or stretching or surgical. Talipes equinovarus is one of the more common congenital abnormalities affecting the lower limb and can be challenging to manage. There is evidence for a genetic contribution to congenital talipes equinovarus etiology. Case Presentation: A 7 years old Male child came to the Pediatric department with a chief complaint of deformity of both feet since birth. No Interventions were done during the first month of the baby. And that serial casting was done on both feet for 1 year, yet no correction was observed. After 1 year of age posterior soft tissue release of the right leg. After every 10 days, serial casting was done and yet no correction was observed. Now came to the Pediatric department for further management. On arrival, a physical examination of the foot was carried out which shows swelling over the right leg along with tenderness. The Contrast Enhanced Computed Tomography was done later he was treated with antibiotics, analgesics, and antacids. Conclusion: It is a congenital deformity foot. The congenital deformity of the foot may occur lateral and bilateral. The congenital deformity of the bilateral foot is common in children. The bilateral deformity of the foot affects 80% or more. The most significant contributing component to its cause appears to be heredity. The prevalence of congenital talipes is uncommon and roughly equal in both sexes.

Keywords: Congenital talipes, Clubfoot, Congenital deformity.

INTRODUCTION

Clubfoot is a common congenital malformation of the foot and ankle. It is a poorly understood but common developmental disorder of the lower limb. It can involve one or both feet and can be an isolated finding or associated with other anomalies. 1–9/1000 live births result in congenital clubfoot. Untreated clubfoot creates a financial, social, emotional, and physical strain on the family and the community. (1) Most ‘fixed’ club feet are idiopathic, but clubfoot can be associated with soft tissue abnormalities and several syndromes e.g. arthrogryposis, and underlying neurological. The etiology of the condition has given neurological, muscular, bony, connective tissue and vascular mechanisms have been proposed in it. (2)

CASE PRESENTATION

A 7 years old Male child came to the outpatient department of the pediatric department with a chief complaint of neglected deformity of both feet since birth. The patient was born with full-term normal vaginal delivery, cried immediately after birth, and had no birth injury. No Interventions were done during the first month of the baby. After one-month serial casting was done on both feet for 1 year, yet no correction was observed. After 1 year of age, the posterior soft tissue is released from the right...
leg. After every 10 days, serial casting was done and yet no correction was observed. Now the patient shifted to the Pediatric department for further management.

The patient had a congenital history of deformities of both feet. It is a birth defect of the lower limb. The patient has previously managed serial casting of both feet and bone. After every day the serial casting was done, 16 to 20 casts were applied and yet no correction was observed.

A physical examination was done in supine position with both legs at the same level attitude of lower limb-hip and knee neutral position, patella facing toward 5 degrees and ankle cavus, addiction varus deformity is present on inspection. Both feet are long and a scar is present on the right side in the region of tendoachili. Deep skin crease on the back of the heel and medial side of sole Callosity present over the border of both sides Deformity of cavus, adduction, varas, sequins present muscle wasting presents over I limb length discrepancy.

On palpation of both feet shows no local temperature rise and no tenderness present. a long surgical scar is present on the right side, in the region of tendoachili, and 4 cm present over the middle aspect of ankle right side callosity present over the lateral border of both side bony prominence is felt on the aspect of foot head of talus palpable. 0–5-degree flexion ankle dorsiflexion. Ankle plantar flexion 5-10 possible further restricted active toe movement present. Distal region presents in the right foot. (fig. 1)

![Fig 1: Showing application of external fixator](image)

The patient underwent an X-ray and a blood and urine investigation were done. In X-ray Report the deformity of the right leg is identified toward the ankle. (As shown in fig 2). The patient operated for the external fixator realignment under general
Anastasia and later he was treated with antibiotics, analgesics, and also splinting applied. On 30 the day of hospitalization he was discharged from the hospital with no current complications.

Figure 2: X-ray of feet

DISCUSSION

The congenital abnormalities of the feet to be presented are clubfoot. The irregular shape of the articulation and its excessive range of movement suggests the name “ball and socket ankle joint”. (3-14) The importance of this is, of course, that if mechanical pressure is supposed to increase, these stigmata should increase in severity in proportion; and if it were to decrease, they should decrease too. The examination of foot conditions, the other to the observation of the spine, bones, and joints. (15-21)

Congenital abnormalities are lateral or bilateral deformities of the lower limb of organs or body districts identified at birth or during the examination. The exact identification of a congenital defect is the first step to helping a couple the genetic counseling the eligible couple. (5) Because of the life expectancy, the congenital deformity can cure. The patients were placed into the following categories: talipes equinovarus, talipes, metatarsus varus, and the fourth class of mixed or other clinical types. (22-25)

Both of one pair suffered from talipes equinovarus, and both of the seconds were described as having ‘talipes’. Most of the malformations are characterized by congenital amputation. (7)

CONCLUSION

It is a congenital deformity foot. The congenital deformity of the foot may occur lateral and bilateral. The congenital deformity of the bilateral foot is common in children. The most significant contributing component to the cause appears to be the family history of and associated congenital abnormalities in, patients with talipes equinovarus, talipes. The bilateral deformity of the foot affects 80% or more. The most significant contributing component to its cause appears to be heredity. The prevalence of congenital talipes is uncommon and roughly equal in both sexes.