

Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Delayed Repair of a Ruptured Achilles Tendon

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Surgical Summary

Clinical Presentation:

- 38-year-old male with a right distal Achilles tendon rupture after a motor scooter injury overseas.
- Patient initially ignored the injury and this, coupled with several comorbidities, resulted in failed healing.
- Loss of plantar flexion and severe scarring noted at time of initial visit.

Intraoperative Findings:

- Rupture of right Achilles tendon with significant scarring due to delayed surgery (Figure 1).



Figure 1. Severe scarring of ruptured Achilles tendon.



Figure 2. Harvest of Flexor Hallucis Longus (FHL) tendon.

Surgeon Perspective:

"DermaPure was utilized to provide reinforcement of the Achilles tendon repair. This patient experienced early weight bearing."

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Surgical Procedure:

- Scar and diseased tendon removed.
- Harvest of Flexor Hallucis Longus (FHL) tendon (Figure 2).
- Transfer of FHL to reconstructed Achilles tendon (Figure 3).
- DermaPure[®] decellularized dermal allograft placed as an onlay for reinforcement of Achilles tendon repair (Figure 4).
- Standard closure performed (Figure 5).



Figure 4. DermaPure[®] reinforcement of Achilles tendon repair.



Figure 3. Transfer of FHL to reconstructed Achilles tendon.



Figure 5. Standard closure performed.

Post-Operative Notes:

- Non-weightbearing for two weeks, then toe touch weightbearing and active plantar flexion.
- Full weightbearing in boot at six weeks.
- At eight weeks, full ankle rehab initiated, and patient was weaned out of the boot over the next two weeks.
- Full ROM and 5/5 strength achieved in six months.

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