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DISCHARGE SUMMARY



Patient Name : **Mr.NAVAJYOTH E P** Patient ID : **1123025130**
Age/Sex : **23Y 2M/Male** MLC : **N**
Guardian : **S/O MR. PRABHANAN** Phone : **7558928448,9744685956**
Address : **OTHIYAMCODE HOUSE,PERINGOTTUKURUSSI ALATHUR PALAKKAD KERALA 678574.** Pin Code : **678574**
Contact No. **7558928448,9744685956**
7558928448.

Admitted On : 27/07/2023 10:04 AM Admitting Unit : Prof. S. Rajasekaran
Discharged On : 01/08/2023 12:00 PM Dr. Sundararajan S.R
Ward/ Room : B~2 FLOOR EAST/2014-B1-NT
IP Number : 2023016590

Diagnosis

STATUS 3 MONTHS POST ELSEWHERE OPERATED KIDNER'S PROCEDURE WITH INFECTION - RIGHT FOOT.

Procedure

28.07.2023 : OPEN DEBRIDEMENT + IMPLANT REMOVAL RIGHT FOOT.

History And Presenting Complaints

Complaints of pus discharge from right foot since 3 months.

Patient, who underwent kidner's procedure elsewhere 3 months back had wound infection 1 week after the procedure, patient underwent multiple debridement and wound wash at outside hospital.

No history of fever, warmth, chills.

Examination Findings

Patient conscious, oriented. Vitals stable.

CVS / RS - NAD.

Local examination :

- Swelling present.
- Non healing wound (surgical) over medial aspect.

- Sinus present.
- Discharge present.
- skin suddening and puckering present.

palpation :

- Warmth present.
- Active pus discharge present.
- Effusion present.
- Active toe movements present.
- Distal pulses present.
- No bone spickles from wound.

Radiology Report

X-RAY RIGHT FOOT AP/OBLIQUE - STATUS POST KIDNERS PROCEDURE WITH ENDOBUTTON INSITU.

27-Jul-2023

MRI - RIGHT ANKLE AND FOOT WITH CT-CORRELATION

FINDINGS :

- Changes status post Kidner procedure.
- Superficial and deep subcutaneous soft-tissue defect is noted in medial aspect of midfoot with small pocket of collection seen at the subcutaneous opening of the defect.
- Marrow edema, bony irregularity and fragmentation of medial aspect of navicular bone. Suture tract seen traversing the navicular and lateral cuneiform bones, with anchor button at placed over the latter.
 - This suture tract is mildly expanded with surrounding bone marrow edema and appears to be connecting to overlying subcutaneous defect and small pocket of subcutaneous collection.
 - No deep intramuscular and intra-osseous collection seen.
- Bulky and heterogeneous signal intensity of tibialis posterior tendon - tendinopathy with post-surgical changes.
- Diffuse subcutaneous edema seen in medial and dorsal aspect of foot.
- Mild joint effusion of tibio-talar, sub-talar and talo-navicular joints - likely reactive.
- Rest of the tarsal and meta-tarsal bones appears unremarkable.
- Flattening of longitudinal arch of foot (calcaneal inclination angle < 18*) - suggestive of pes-planus.

IMPRESSION:

- **Features are suggestive of infective suture tract at navicular bone with adjacent sinus tract and small subcutaneous collection as described.**
- **Diffuse cellulitis of medial and dorsal aspect of foot.**
- **Mild joint effusion of tibio-talar, sub-talar and talo-navicular joints - likely reactive.**
- **Pes planus.**

Treatment Consideration

Considering age and clinicoradiological evidence, patient is advised to undergo open debridement and implant removal +/- cement spacer right foot. Chances of infection, neurovascular injury, stiffness, retear, recurrence fracture, osteomyelitis, deep vein thrombosis, embolism explained and consent obtained.