CUBOID-NAVICULAR TARSAL COALITION

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RELATO DE CASO

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Declaramos inexistência de conflito de interesses neste artigo

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the foot (Ollier route), with deinsertion of the origin of the short extensor muscle of the toes, which was moved away distally. This made it possible to view the distal portion of the calcaneus, head of the talus, cuboid and navicular. The bar was resected between the cuboid and the navicular, with subsequent interposition of the short extensor muscle of the toes, like in the Cowell technique for resecting a calcaneal-navicular bar\(^{11,12}\).

During the postoperative period, the patient was kept without bearing weight on her foot. She walked with the aid of crutches for three weeks, with passive and active manipulation of the subtalar joint and midtarsal joint starting on the second postoperative day. Following this, she was released for bearing weight on her foot unaided,
and the physiotherapy was intensified, with the aims of muscle strength restoration, proprioception and gait training. After eight weeks of this procedure, the patient was ready to return to her previous activities. After the third postoperative month, she was free from symptoms, independent of the activity undertaken.

Five years after the operation, the patient continues to have no complaints, with normal physical examinations and no limitations on physical activities.

**DISCUSSION**

According to Tachdjian, many patients with tarsal coalition do not have significant symptoms and, for this reason, do not require treatment. In the presence of acute symptoms after trauma, conservative treatment may be indicated, with rest, analgesia and observation of the evolution. Conservative treatment for coalitions includes heel elevation, use of orthoses and even plaster-cast immobilization\(^5,13\). Surgical treatment is indicated when pain control through conservative treatment fails. Resection of the bar is indicated for young patients without radiographic evidence of degenerative abnormalities or associations with other coalitions. Most authors agree that resection of the coalition provides good results\(^{14}\). The dorsolateral access route used for our patient enabled adequate viewing of the bar and adequate resection, thereby avoiding the complications relating to plantar incisions\(^{4,15}\). For patients with joint degeneration, multiple coalitions and resection failure, indications for arthrodesis should be considered\(^{16}\).

The importance of the case presented here lies in the fact that there are causes of valgus flat foot during childhood that require specific treatment. Among patients with symptomatic valgus flat foot, physicians should suspect and investigate the presence of association conditions. When joint rigidity in the hindfoot or midfoot is observed, coalitions are the main cause\(^{16}\). Cuboid-navicular bar is of interest because of its rarity. It is usually associated with symptoms, but it should be included in the list of possible diagnoses under these circumstances.

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