

CLASIFICACIÓN Y TRATAMIENTO CONSERVADOR DE LA TENDINOPATÍA AQUÍLEA

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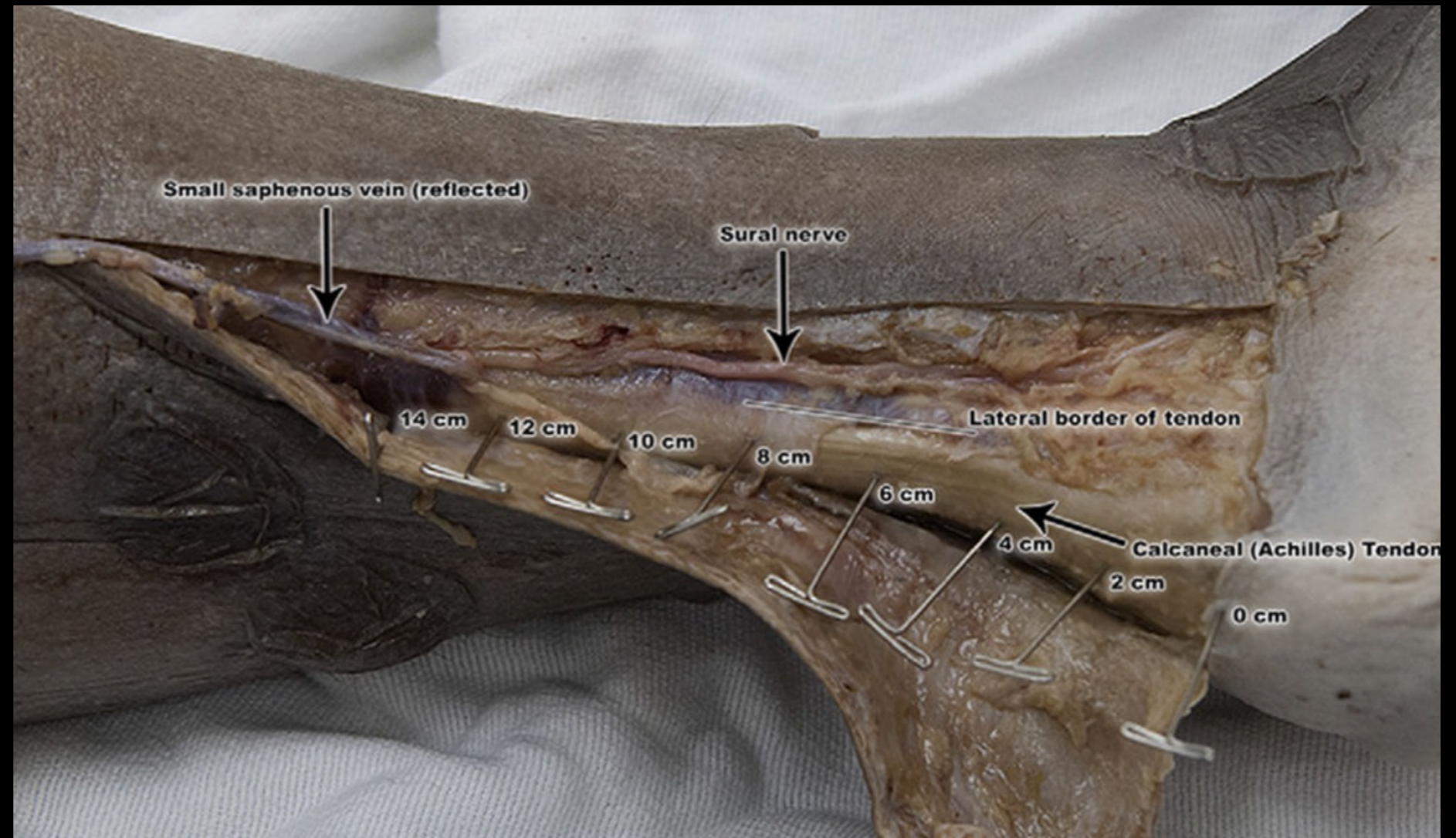
Locating the Sural Nerve during Calcaneal (Achilles) Tendon Repair with Confidence: A Cadaveric Study with Clinical Applications

J Foot Ankle Surg. 2013 ; 52(1): 42-47.

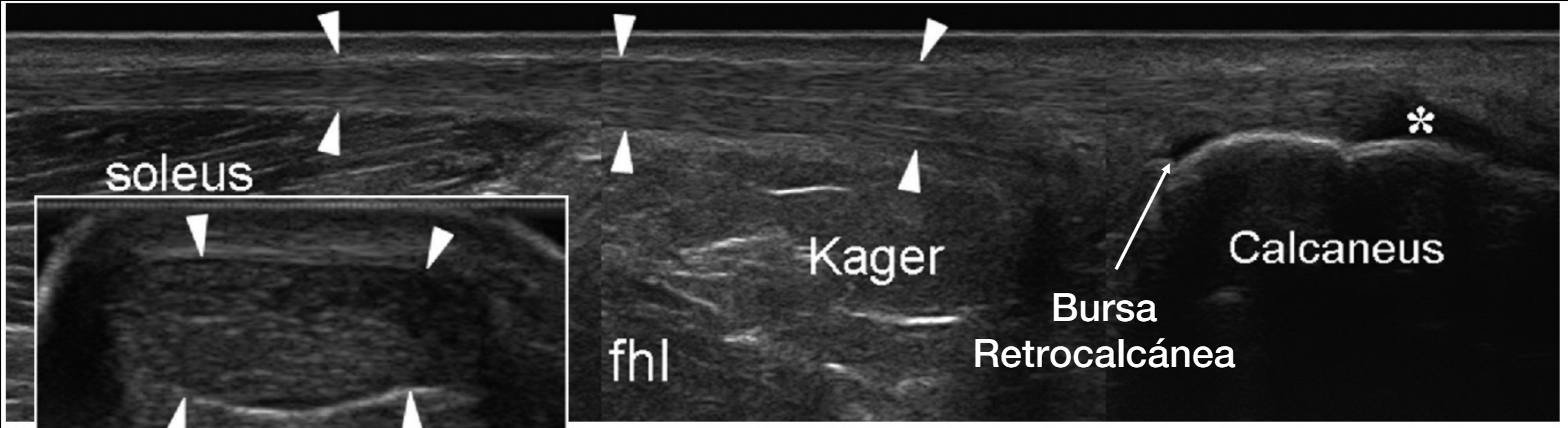


LONGITUD: 11-26 CM

ANCHURA: 4-8 CM



Paratenon



Legend Arrowheads Achilles tendon; asterisk anisotropy; fhl flexor hallucis longus muscle

Musculoskeletal ultrasound: technical guidelines

Insights Imaging (2010) 1:99–141
DOI 10.1007/s13244-010-0032-9

Term	Anatomic location	Symptoms	Clinical findings
Mid-portion Achilles tendinopathy	2–7 cm from the insertion onto the calcaneus	A combination of pain, swelling and impaired performance	Diffuse or localized swelling
Paratendinopathy			
Acute	Around the mid-portion Achilles tendon	Edema and hyperaemia	Palpable crepitations, swelling
Chronic	Around the mid-portion Achilles tendon	Exercise-induced pain	Crepitations and swelling less pronounced
Insertional Achilles tendinopathy	Insertion of Achilles tendon onto calcaneus, most often with formation of bone spurs and calcifications in tendon proper at insertion site	Pain, stiffness, sometimes a (solid) swelling	Painful tendon insertion at the <i>mid-portion</i> of the <i>posterior</i> aspect of the calcaneus, swelling may be visible and a bony spur may be palpable
Retrocalcaneal bursitis	Bursa in the recess between the anterior inferior side of the Achilles tendon and the <i>posterosuperior</i> aspect of the calcaneus (retrocalcaneal recess)	Painful swelling superior to calcaneus	Painful soft tissue swelling, medial and lateral to the Achilles tendon at the level of the posterosuperior calcaneus
Superficial calcaneal bursitis	Bursa located between calcaneal prominence or the Achilles tendon and the skin	Visible, painful, solid swelling postero-lateral calcaneus (often associated with shoes with rigid posterior portion)	Visible, painful, solid swelling and discoloration of skin. Most often located at postero-lateral calcaneus; sometimes posterior or posteromedial portion)

Terminology for Achilles tendon related disorders

C. N. van Dijk · M. N. van Sterkenburg · J. I. Wiegerinck · J. Karlsson · N. Maffulli

Knee Surg Sports Traumatol Arthrosc (2011) 19:835–841
DOI 10.1007/s00167-010-1374-z



Clasificaciones radiológicas y escalas de valoración de la tendinopatía del Aquiles

P. Carnero Martín de Soto^{1,2}, D. González-García^{3,4}, N. Zurita Uroz⁵

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Tabla 1. Comparación de las clasificaciones radiológicas de la tendinopatía aquilea

	Método radiológico	Variable medida	Correlación clínica	Valor pronóstico
Achambault	Ecografía	<ul style="list-style-type: none"> Grosor Ecoestructura 	No	No
Chan	Ecografía	Localización de la lesión	No	No
Shalabi	RM	Captación de contraste	Sí	No
Öhberg	Ecografía	Neovascularización	Sí	Sí
Del Buono	Ecografía	Neovascularización	No	No

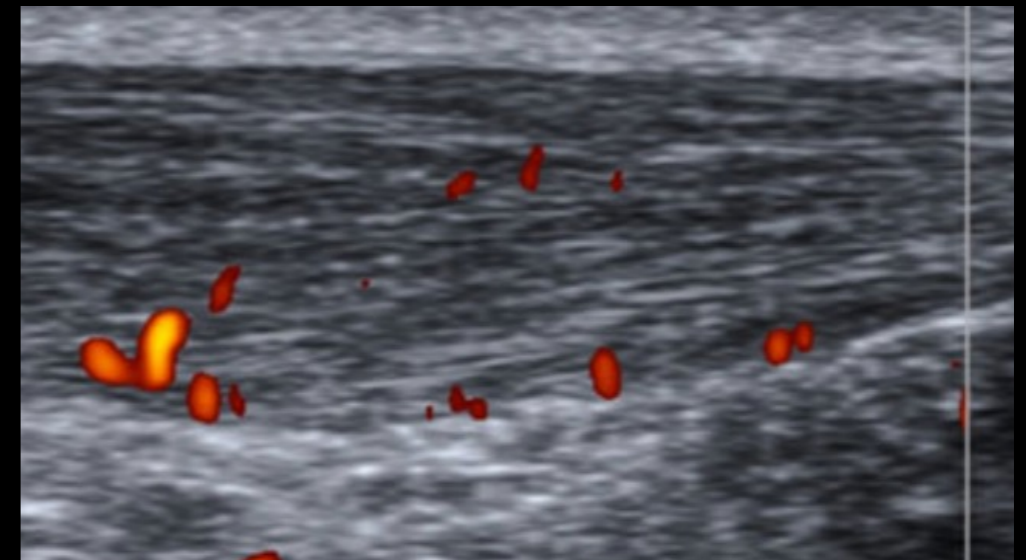
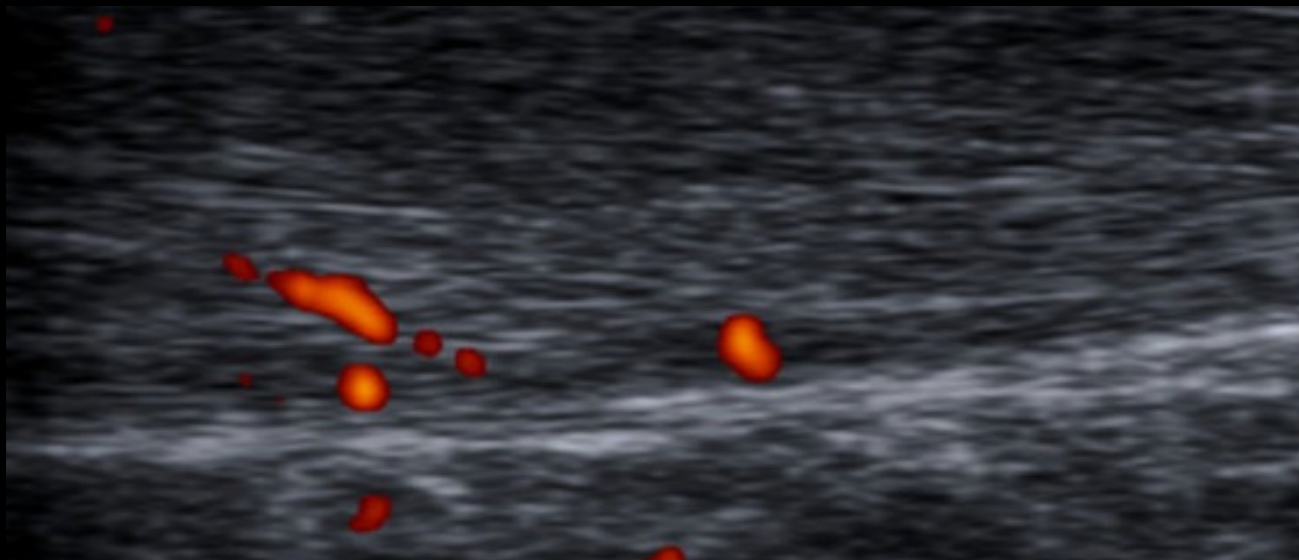
RM: resonancia magnética

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Öhberg Score

- Grado 0: no vascularización
- Grado 1+: 1 o 2 vasos pequeños en cara ventral
- Grado 2+: 2 vasos en cualquier punto del tendón
- Grado 3+: 3 vasos en cualquier punto del tendón
- Grado 4+: > 3 vasos en cualquier punto del tendón



CLASIFICACIÓN

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3 variables

GROSOR

VASCULARIZACIÓN

ECOGENICIDAD



!!!?!!!

TERAPIA BASADA EN EL EJERCICIO

¿¿¿ + ????

TRATAMIENTO

TERAPIA BASADA EN EL EJERCICIO



¿¿¿ + ????

TRATAMIENTO

Which treatment is most effective for patients with Achilles tendinopathy? A living systematic review with network meta-analysis of 29 randomised controlled trials

van der Vlist AC, et al. *Br J Sports Med* 2021;**55**:249–255. doi:10.1136/bjsports-2019-101872

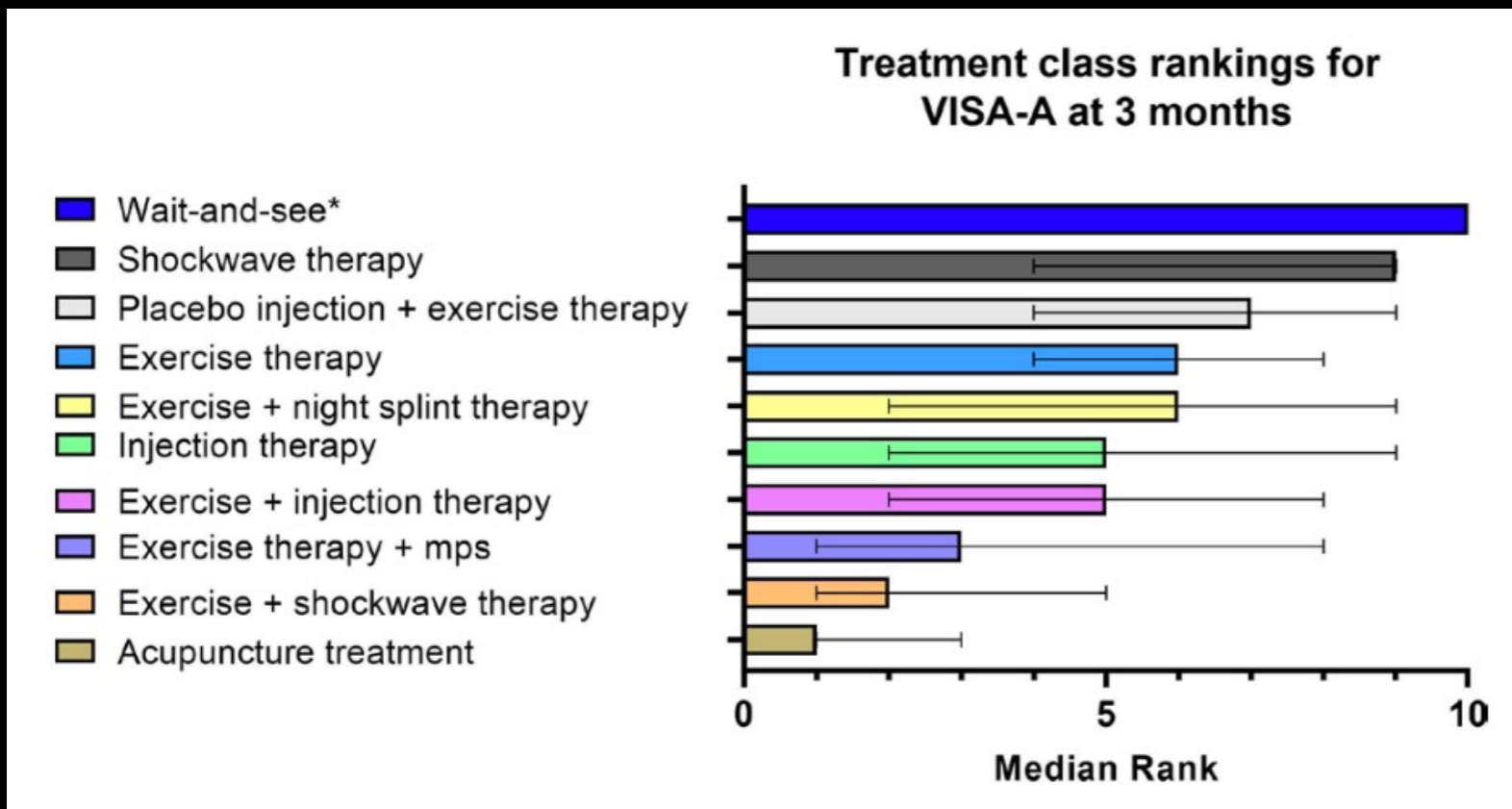
Results 29 trials investigating 42 different treatments were included. 22 trials (76%) were at high risk of bias and 7 (24%) had some concerns. Most trials included patients with midportion tendinopathy (86%). Any treatment class seemed superior to wait-and-see for midportion Achilles tendinopathy at 3 months (very low to low certainty of evidence). At 12 months, exercise therapy, exercise+injection therapy and exercise+night splint therapy were all comparable with injection therapy for midportion tendinopathy (very low to low certainty). No network meta-analysis could be performed for insertional Achilles tendinopathy.

Summary/conclusion In our living network meta-analysis no trials were at low risk of bias and there was large uncertainty in the comparative estimates. For midportion Achilles tendinopathy, wait-and-see is not recommended as all active treatments seemed superior at 3-month follow-up. There seems to be no clinically relevant difference in effectiveness between different active treatments at either 3-month or 12-month follow-up. As exercise therapy is easy to prescribe, can be of low cost and has few harms, clinicians could consider starting treatment with a calf-muscle exercise programme.

Diferencias en VISA-A score 12 meses

Injection therapy			
-5 (-19 to 9)	Exercise therapy		
2 (-10 to 13)	7 (-4 to 17)	Exercise + injection therapy	
3 (-16 to 22)	8 (-6 to 21)	1 (-16 to 18)	Exercise + night splint therapy

Ondas de choque



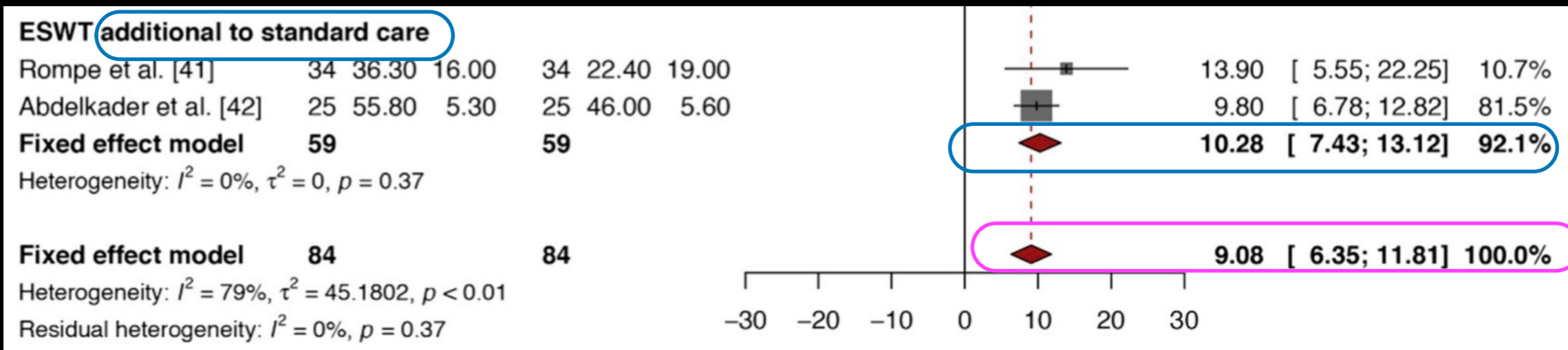
TRATAMIENTO

Extracorporeal Shockwave Therapy for Mid-portion and Insertional Achilles Tendinopathy: A Systematic Review of Randomized Controlled Trials

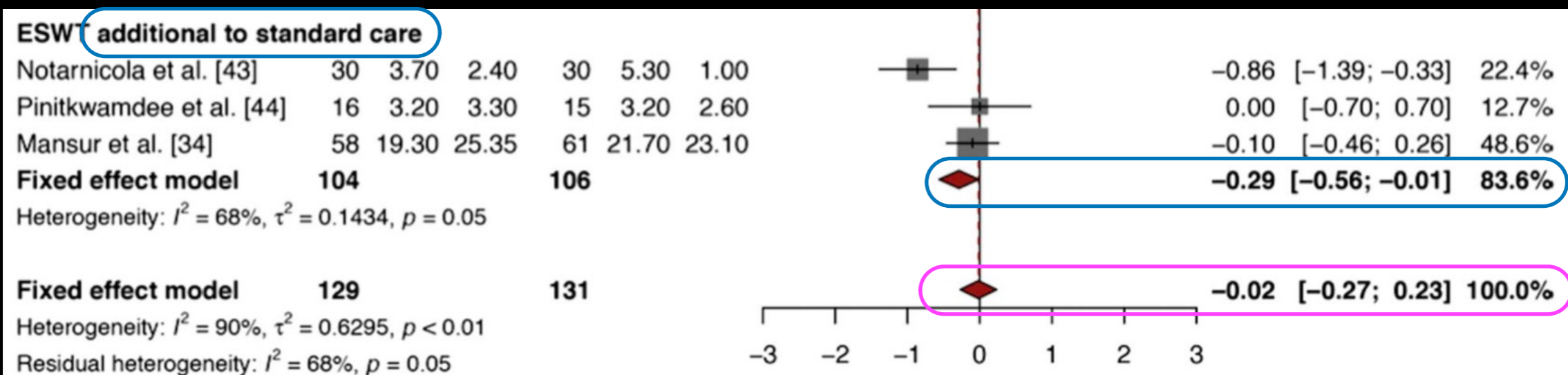
Paantjens et al. *Sports Medicine - Open* (2022) 8:68
<https://doi.org/10.1186/s40798-022-00456-5>

No insercional

VISA-A



Insercional



TRATAMIENTO

Exercise, orthoses and splinting for treating Achilles tendinopathy: a systematic review with meta-analysis

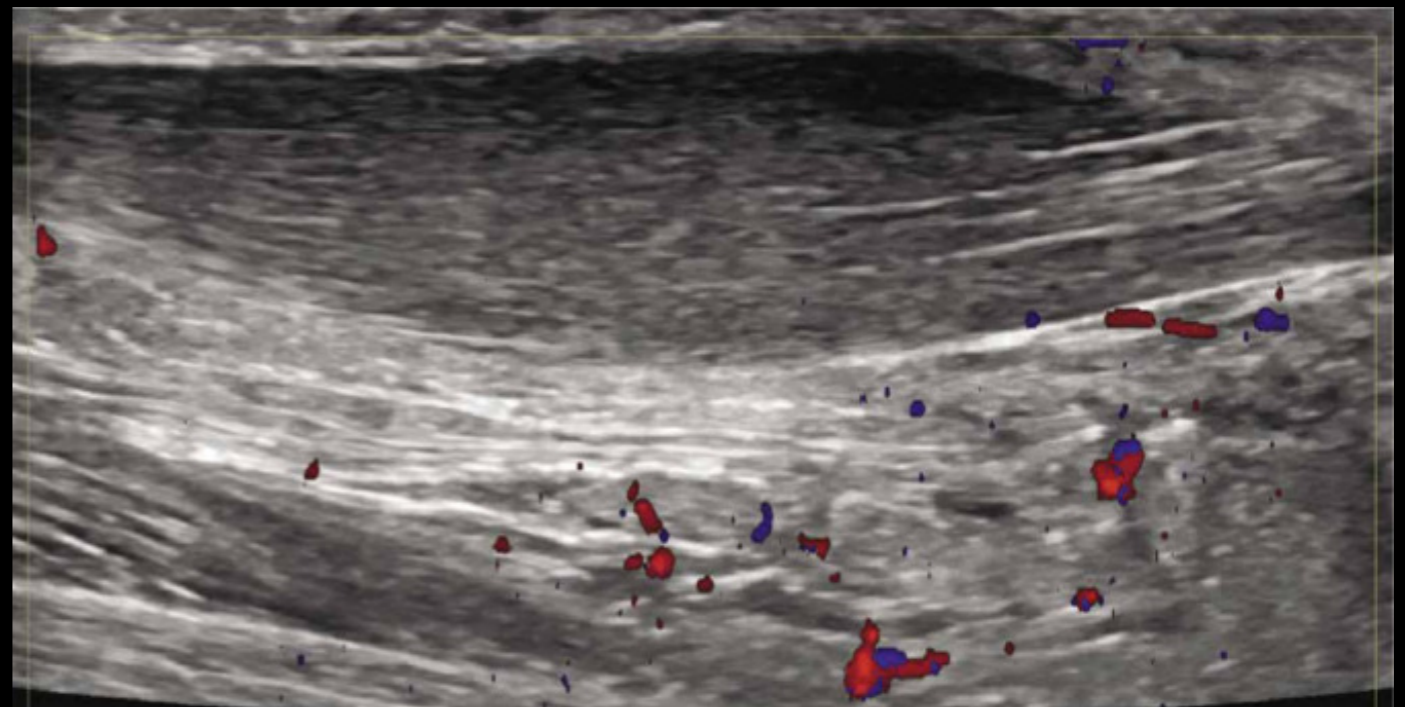
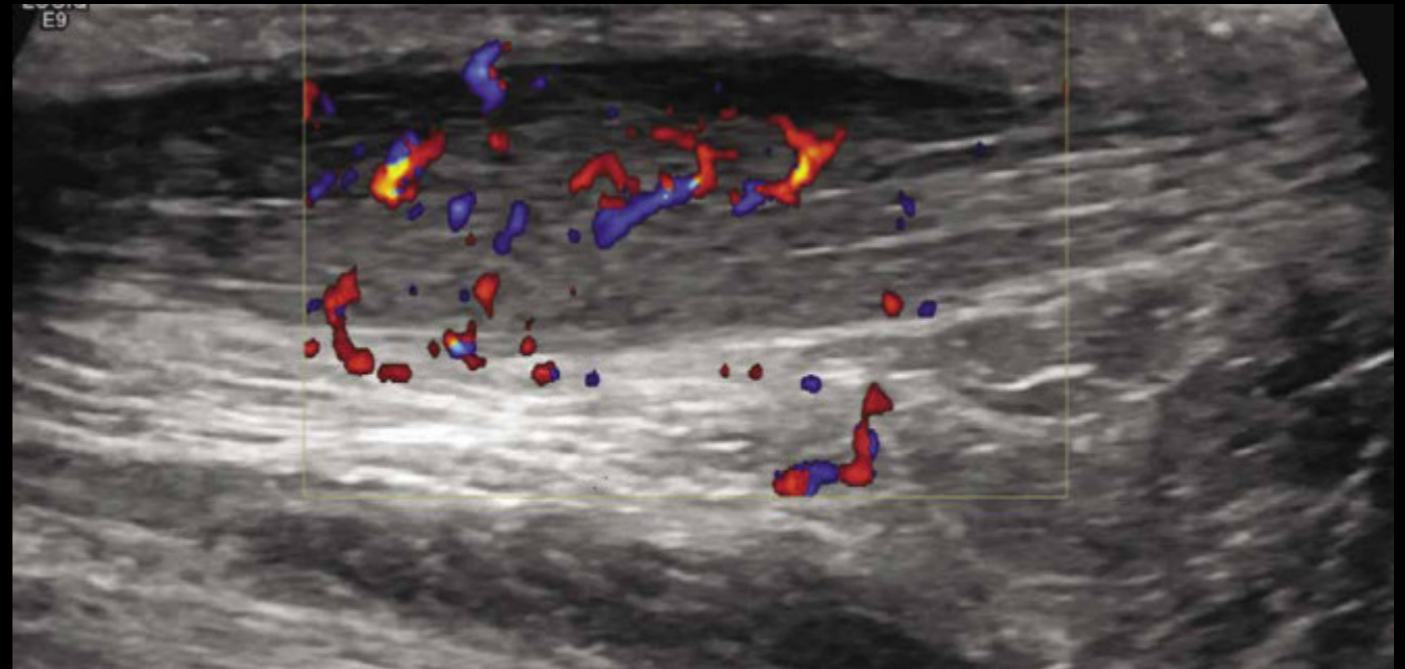
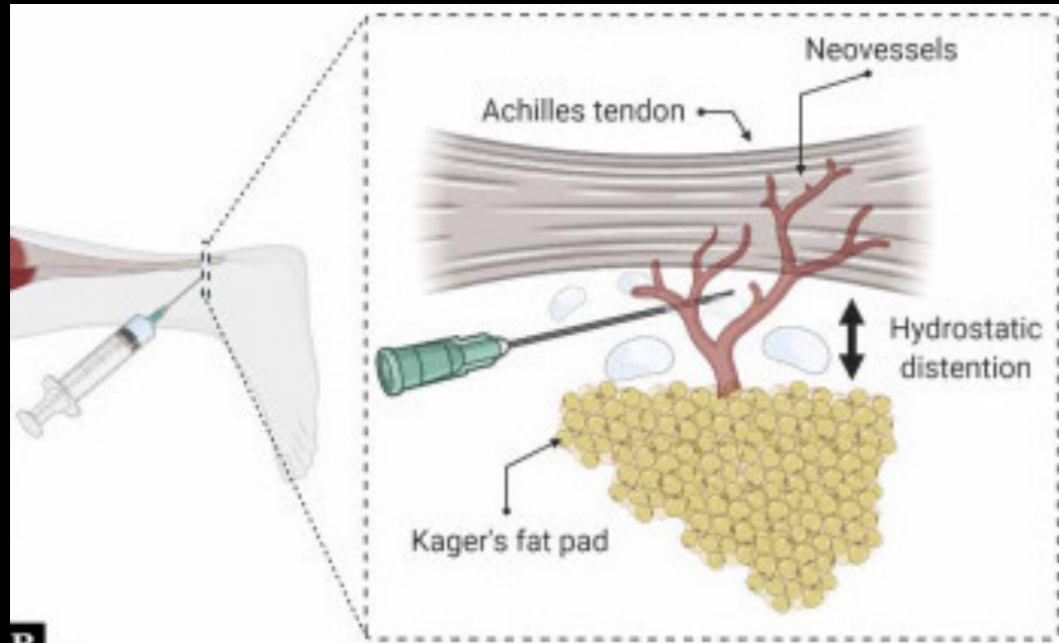
Wilson F, et al. *Br J Sports Med* 2018;52:1564–1574. doi:10.1136/bjsports-2017-098913



INDICACIÓN

- **CORREGIR DESALINEACIONES RETROPIÉ**
- **INMOVILIZACIÓN INTERMITENTE** ✘
- **ORTESIS PLANTARES** ✘
- **ASOCIADAS A TERAPIA FÍSICA** ✘

INFILTRACIONES DE ALTO VOLUMEN



40-50 mL SSF
+/- Corticoide

US-guided high-volume injection for Achilles tendinopathy

George A. Kakkos¹, Michail E. Klontzas^{1,2,3}, Emmanouil Koltsakis¹,
Apostolos H. Karantanas^{1,2,3}

J Ultrason 2021; 21: e127-e133.

Comparative Efficacy and Tolerability of Nonsurgical Therapies for the Treatment of Midportion Achilles Tendinopathy

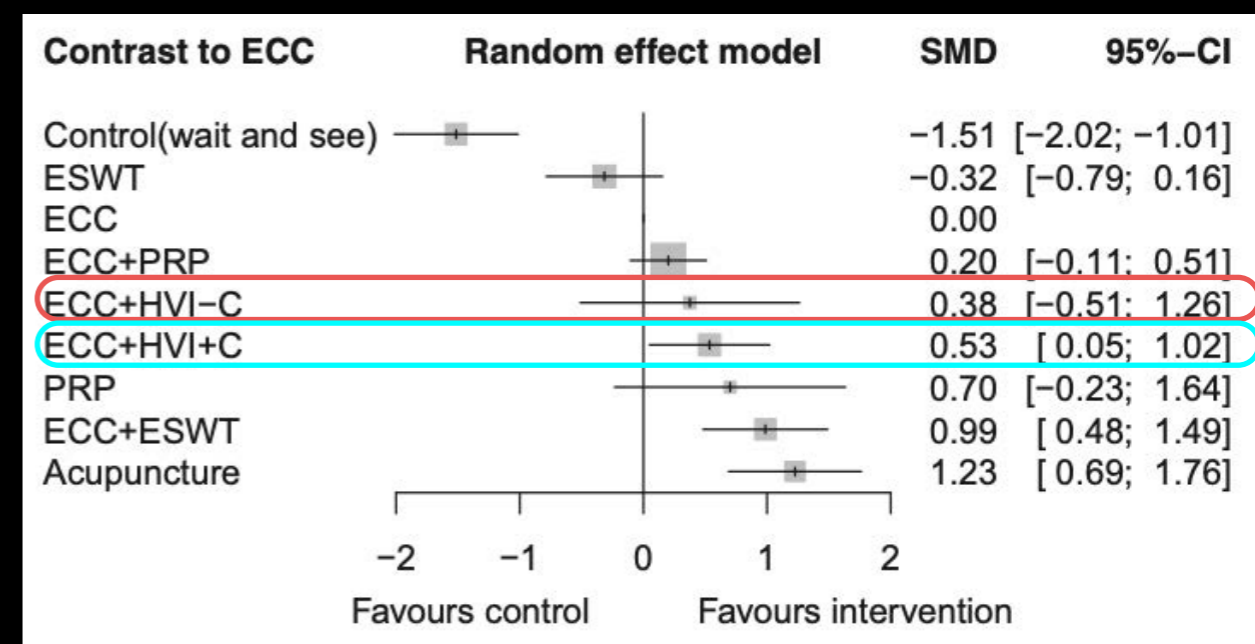
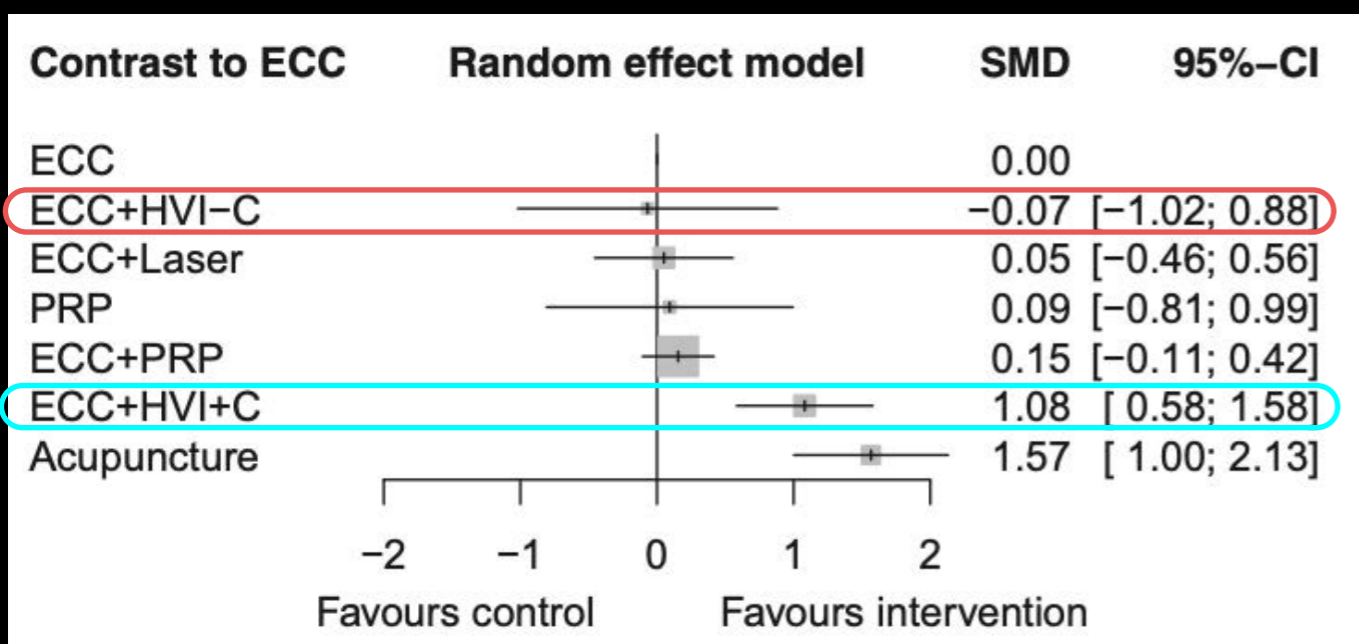
A Systematic Review With Network Meta-analysis

The Orthopaedic Journal of Sports Medicine, 8(7), 2325967120930567
 DOI: 10.1177/2325967120930567
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Results: A total of 22 studies with 978 patients met the inclusion criteria. In short-term studies, high-volume injection with corticosteroid (HVI+C) along with eccentric exercise (ECC) significantly improved the change of VISA-A score compared with that of ECC alone (standardized mean difference [SMD], 1.08; 95% CI, 0.58-1.58). Compared with ECC, acupuncture showed benefits over both the short term (SMD, 1.57; 95% CI, 1.00-2.13) and longer term (SMD, 1.23; 95% CI, 0.69-1.76). In longer-term studies, the wait-and-see approach resulted in unfavorable outcomes compared with ECC (SMD, -1.51; 95% CI, -2.02 to -1.01). Improvement was higher when ECC was combined with HVI+C (SMD, 0.53; 95% CI, 0.05-1.02) and extracorporeal shockwave therapy (ESWT) (SMD, 0.99; 95% CI, 0.48-1.49). All interventions had a similar safety profile.

<3 meses

3-12 meses

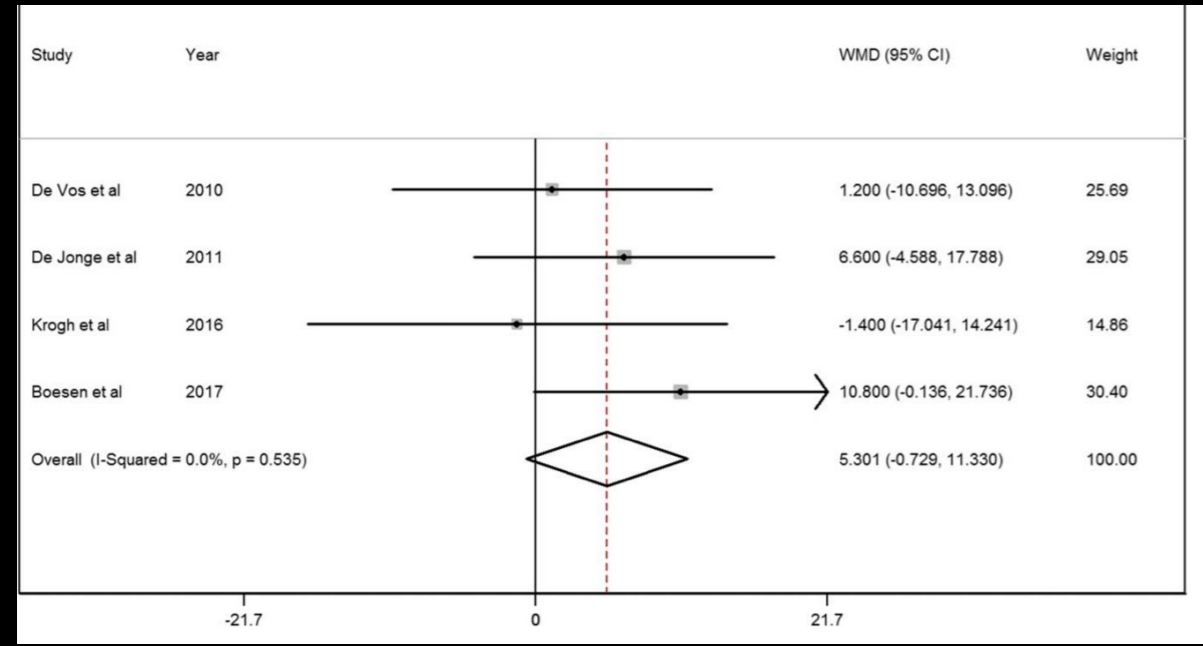


Is Platelet-rich Plasma Injection Effective for Chronic Achilles Tendinopathy? A Meta-analysis

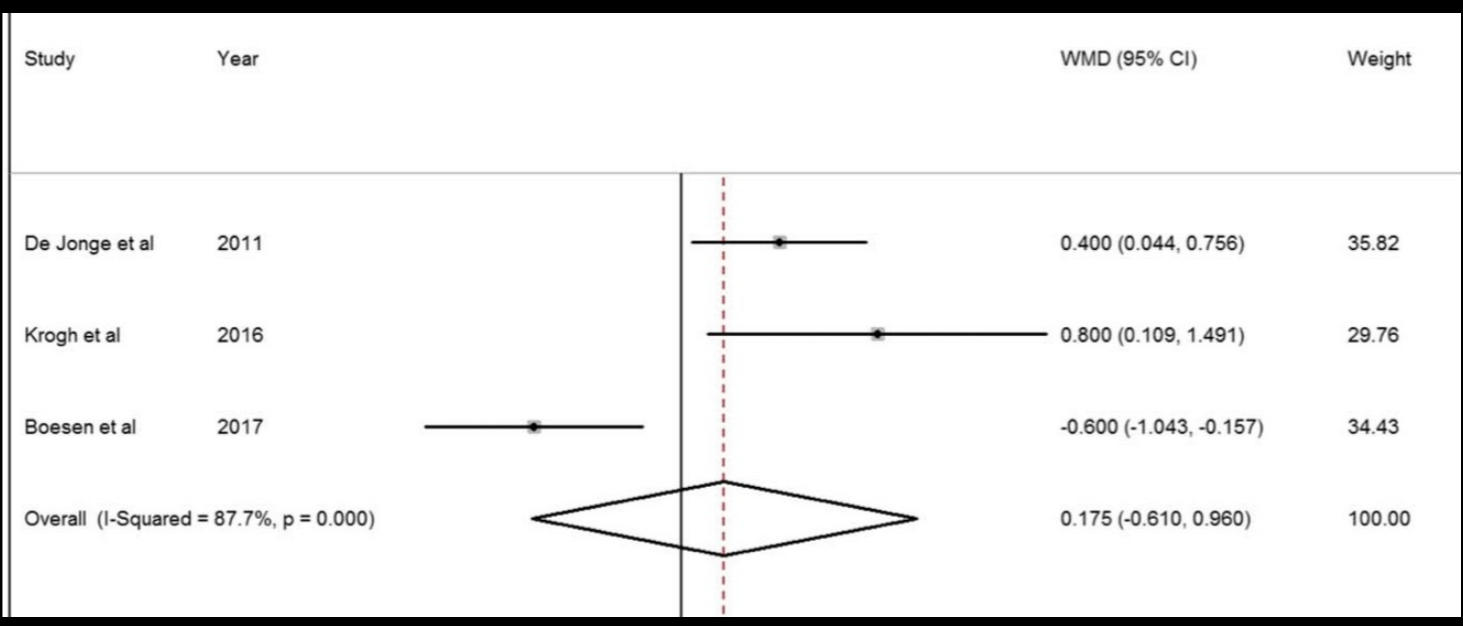
Yi-Jun Zhang MD, San-Zhong Xu MD, Peng-Cheng Gu MD, Jing-Yu Du MD, You-Zhi Cai MD, Chi Zhang MD, Xiang-Jin Lin MD

Which treatment is most effective for patients with Achilles tendinopathy? A living systematic review with network meta-analysis of 29 randomised controlled trials

VISA-A

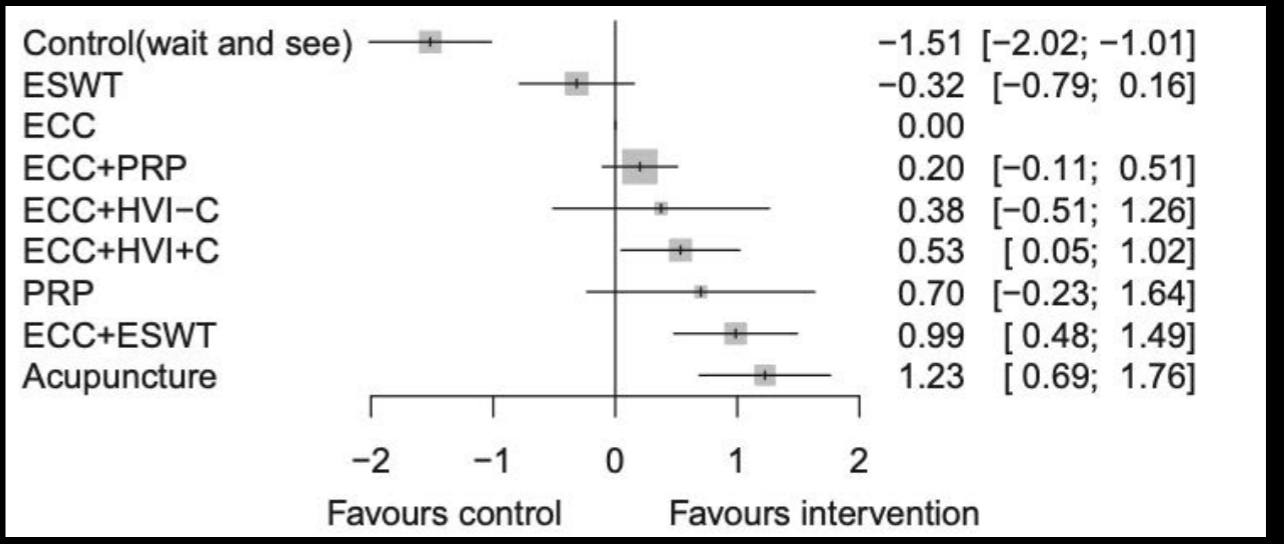
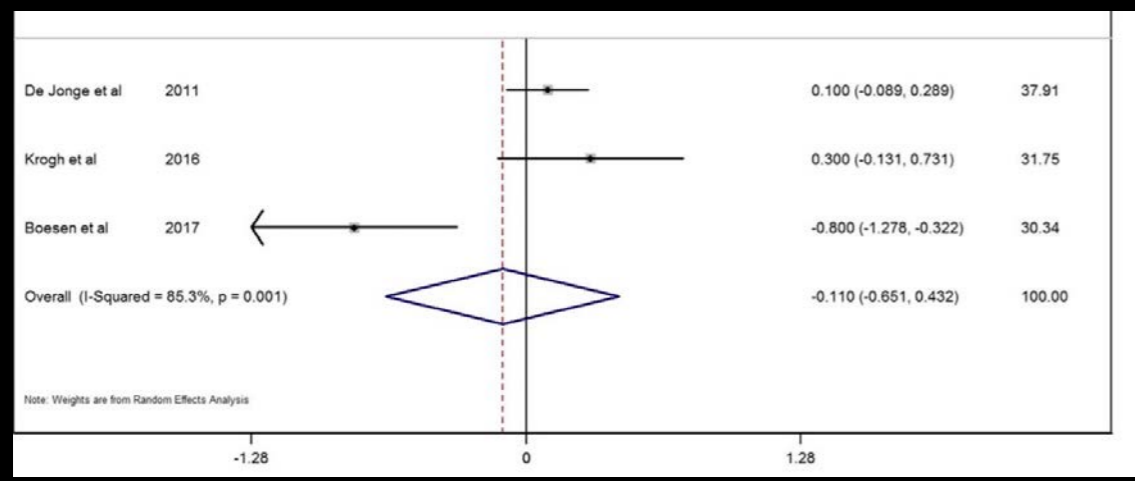


GROSOR



VS ECCÉNTRICOS

DOPPLER



¿TIPO TENDINOPATÍA?

¿COMPOSICIÓN?

¿DURACIÓN DEL TRATAMIENTO?

¿TRATAMIENTO AISLADO?

CONCLUSIONES

- **CLASIFICACIÓN TOPOGRÁFICA**
 - Ausencia de clasificación radiológica
- **TERAPIA BASADA EN EL EJERCICIO**
- **ONDAS DE CHOQUE**
- **INFILTRACIÓN ALTO VOLUMEN**
 - Con corticoide



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