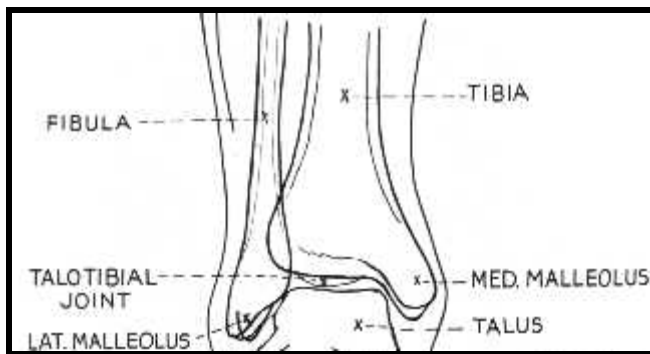


Osteochondral Defect of Talus (OCD, OLT)

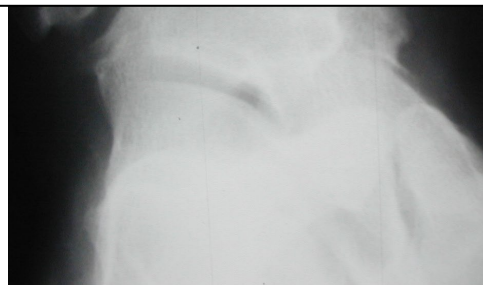
Introduction

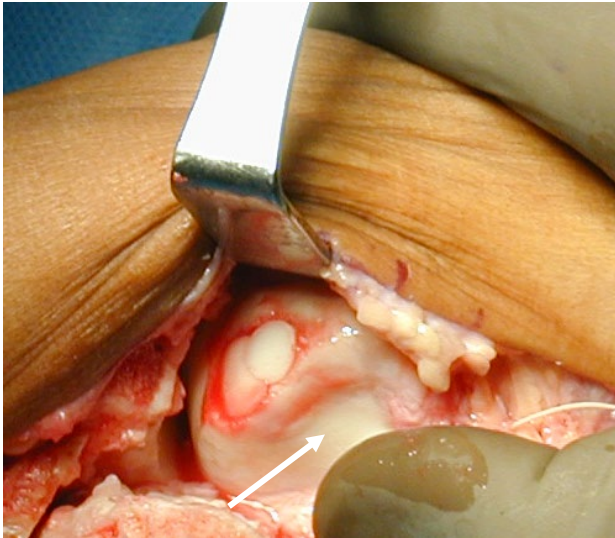
The ankle joint is made up of 3 bones; the tibia (including the medial malleolus), the fibula (including the lateral malleolus) and the talus. The talus sits inside the joint and allows the up and down motion of the ankle. The cartilage lining of the joint is crucial to allow smooth, pain-free motion of the joint.



Causes: The cartilage lining of the talus can be damaged or bruised even from a simple ankle sprain. The talus twists inside the ankle joint and actually hits against the rest of the bones of the ankle. This impact can cause chips of cartilage and bone that may be seen at the time of injury. More commonly, this injury causes a deep bruise and leads to softening of the cartilage that isn't seen for months or years later. It may lead to a small crack in the cartilage and a cyst forming in the talus bone. This is what is referred to as an osteochondral defect of the talus (OCD, OLT).

These injuries are often difficult to see on x-rays and other imaging such as **MRI** is needed.





Treatment

The treatment depends on the severity of the osteochondral defect. Initial treatment typically consists of activity modification and rest, ankle bracing and physical therapy. Some lesions are fairly stable and may even be asymptomatic.

The more severe types of defects often have persistent pain and may require surgery. Certain OCDs are amenable to arthroscopic surgery. This is a procedure where very small instruments and camera are used to clean out the ankle joint, remove the loose pieces of cartilage and perform a drilling of the cyst to stimulate the body to heal it.

Larger OCDs or ones that have failed the arthroscopic procedure may require cartilage grafting or replacement. This can be from your own cartilage elsewhere in your body, from cadaver donor or newer synthetic scaffolds. The right procedure for you will be discussed in depth with Dr. Sorensen.



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