

6 Discussion

6.1 General features

The incidence of TEV and the number and quality of associated anomalies in the CHT series were fairly close to the figures gathered from the literature. The incidence of heredity in this study exceeded almost significantly the average.

Of complications during pregnancy bleeding, indicating a possible etiological factor, was observed more often in cases of TEV than in pregnancies generally.

The grade and sex distributions, as well as the operative and conservative techniques (the three cases of forceful manipulation belonged to the older age groups and were exceptions) remained unchanged from 1963 to 1978.

There was a change in 'age at operation' during accumulation of the material, the older patients having been operated later, and in the type of therapy, most of the primarily operated cases coming from the younger age groups.

The question of the role of a different follow-up time in the three types of therapy, as to the achieved scores, remains open. It is felt that this question can be properly answered only by another study which should consist of the present age group 2—8 years and be carried out in approximately 10 years' time.

That the CHT series of clubfeet accumulated in a natural, unselected way, as pointed out on page 33, that the character of TEV in the area of Tampere did not essentially differ from the picture previously given, and that the quality of patient series remained unchanged throughout the series, would seem to contribute to the comparability of this study with others.

As the aspects of the size of the leg, the function and shape of the foot or the psychosocial status neither were commensurable nor had any definite correlation, they were considered separately, without summarizing.

Standardizing was used to make results in individuals of different age, sex and size directly comparable.

6.2 Dependences

Psychosocially the majority of patients were stable and unaffected by their

TEV. No dependence on age, sex, or the primary grade of TEV was observed. The psychosocial aspects, however, were dependent on the score in function in the 14 persons with 21 clubfeet altogether who were affected.

Because of the limited number of patients, the results of different types of therapy were first considered within grades 3 and 4, additionally checked in grade 3 as well as in the grade 3 cases treated with a sole operative technique: the posteromedial release. Essentially, the same trend became evident. Concerning shape and size, the primary operation gave best results, while the conservative therapy was best in regard to function. Conservative therapy combined with a delayed operation gave the poorest results in all respects. The difference between primary operative and conservative therapy was significant as to shape, in favour of the first.

The results of conservative therapy, however, were an outcome of selection as the poorest cases had resulted in a delayed operation.

As the results of primary operative therapy were compared with the combined results of the other two types of therapy, they turned out to be superior in regard to function, shape, and size. The superiority was significant as to shape and size.

That the results in postural clubfeet were not as good in regard to function and shape as concerning size, might be an indication not to neglect even these cases.

Shape, size and function of treated clubfeet were poorer if the foot had been operated more than once. All feet considered in this regard were primarily of the same kind, grade 3. Therefore, it must be emphasized that no tension, which might result in a relapse and need for reoperation, should be left in the first operation. Emphasis must also be placed on meticulous postoperative treatment and follow-up.

The noticeable dependence of the reoperation rate on the timing of the operation and on the type of therapy, combined with the poor results in feet operated repeatedly, speaks strongly for an early and primary operation.