

8 Summary

8.1 General features from the literature

The TEV has remained much the same since Hippocrates' era. Fundamental changes have not been registered. No decrease in incidence such as mentioned in (41) is generally observed.

There is a consensus to start therapy immediately post partum. Hippocrates' teaching on gentle means in conservative therapy is today accepted almost as unanimously. Hesitation and lack of efficiency in following these two principles in the last two centuries resulted in missed cases. These cases, in the absence of proper surgical techniques, resulted in some brutal conservative methods which are today abandoned. There is no doubt that the therapy of postural clubfeet should be conservative, but one should be aware that even these cases may deteriorate if completely neglected (17). Concerning grade 3 and 4 feet, most authors today recommend a postnatal period of conservative therapy which may even turn out to be sufficient as such. There are, however, even schools that prefer primary operative postnatal treatment in grade 3 and 4 cases of the TEV.

8.2 Own series

The aim of this study was

1. To characterize the clubfoot as it appears in the area of Tampere. No essential deviations from the picture of TEV generally given were registered.
2. To find out whether or not a primary operation, carried out in the first days of life, is preferable to conservative therapy combined with a delayed operation when indicated. The preferability of the primary postnatal operation was considered and accepted with reserve, due to the shorter follow-up in cases treated with it. In postural clubfeet, however, the results of conservative therapy were completely satisfactory.

3. Special risks of an early operation for the patient or the foot were checked for. No such contraindications appeared.

4. Differences in results of therapy were sought between those operated once and reoperated individuals. A definite difference existed to the disadvantage of the latter.

5. Lastly, difference between male and female clubfoot as to the primary state and results was looked for. The only significant detail found was the superiority of girls in the final score in size of the leg.

For the study a material of 135 idiopathic clubfeet including postural and true clubfeet was collected. The 96 patients were interviewed and examined in follow-up clinically and radiologically by the author. Anamnestic data from the patients' and their mothers' clinical reports were also collected. The original data were considered and compared with 892 control persons.

The clinical and radiological data were standardized to allow the dependence of the results of different types of therapy to be assessed disregarding the age, sex, and the individual size of the patients. The methods also prevented the small material from dispersing into noninformative subgroups.