Botulinum Toxin Type A vs. Placebo for Idiopathic Clubfoot

Congenital idiopathic clubfoot affects 1/1,000 infants

In a double-blind, parallel-group study infants treated with Ponseti method until the lack of progression of ankle dorsiflexion (or hindfoot stall) were...

<table>
<thead>
<tr>
<th>Botulinum toxin A (BTX-A)</th>
<th>Placebo</th>
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</thead>
<tbody>
<tr>
<td>n = 32</td>
<td>n = 30</td>
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</table>

Outcomes:

Primary: Proportion of responders (achievement of ≥15° ankle dorsiflexion) at 2 years of age (T3)

Secondary: Proportion of responders at 6 (T1) and 12 (T2) weeks

Patient outcomes following BTX-A or placebo injections for hindfoot stall

- **6 weeks (T1)**
  - Mean ankle dorsiflexion (°)
  - BTX-A: 20
  - Placebo: 15

- **12 weeks (T2)**
  - Mean ankle dorsiflexion (°)
  - BTX-A: 25
  - Placebo: 20

- **2 years (T3)**
  - Mean ankle dorsiflexion (°)
  - BTX-A: 30
  - Placebo: 25

92% of the clubfeet responded to treatment by 2 years of age

No differences were noted in outcomes between the botulinum toxin A and placebo groups after injections for hindfoot stall

Botulinum Toxin Type A Versus Placebo for Idiopathic Clubfoot
A Two-Center, Double-Blind, Randomized Controlled Trial

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