

## A RARE ENTITY: ISOLATED TALONAVICULAR INSTABILITY IN DIABETIC FEET

Nur Hafizah Mohamad Nor<sup>1</sup>, Yang Sofia Ab Rahim<sup>1</sup>, Hazizul Helmy Hamat @ Ahmad<sup>1</sup>

<sup>1</sup>Hospital Sultanah Nur Zahirah

**Introduction:** The talonavicular joint is a rare site of dislocation. Its aetiology varies and can be the result of either acute trauma or a chronic degenerative process that most commonly occurs in rheumatoid arthritis or diabetic feet. We reported a case of isolated irreducible dislocation of talonavicular without midtarsal arthropathy in diabetic feet.

**Discussion:** 63 years old Malay lady, underlying Type2 Diabetes Mellitus, presented with pain, swelling of right foot for 2 months duration. Pain localized to medial aspect of the talonavicular joint, worsened during weight bearing and tolerable while resting. No history of trauma. There was swelling, tenderness over anteromedial with full range of motion of the ankle. No skin changes or other deformities. X-ray revealed an irreducible medial and dorsal talonavicular dislocation. She refused surgical intervention, thus we immobilized it to avoid further deformity and complications. In diabetic feet, the problem lies with the insensate foot sustaining repetitive trauma. Initial injury appears to originate in the soft tissue rather than bone. Johnson described a normal two phase reparative process of bone and soft tissue: atrophic and hypertrophic phase. The undue stresses and abnormal positions are not prevented by pain and normal proprioception. Gradual stretching of the ligamentous structures from minor trauma continues until subluxation, dislocation occurs. Recognition of the problematic foot depending on acuteness of injury are important to determine the aim of the treatment. Patients seen acutely with reducible subluxations, without radiographic abnormalities would be candidates for reduction and arthrodesis. If Charcot changes exist or the subluxation is irreducible, these are considered chronic and treated conservatively until atrophic phase passed.

**Conclusion:** Early recognition and management in diabetic feet is crucial to identify the subsequent changes of dislocation, fracture, and hypertrophic bone formation promptly. Certainly, there will be high risk for possible progression to charcot foot, ulceration, infection, and subsequent amputation.