

OPEN TOTAL DISLOCATION OF TALUS: A CASE REPORT

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Introduction: Open total talar dislocation is a rare injury account 0.06% of all dislocation and only 2% of talar injuries. Its frequently associated with critical soft tissue injury, wound contaminations and bony fracture. Anatomy of the talus which is free of muscle's origin and insertion and covered over 60% by cartilage make the talus vulnerable to dislocation. Due to lack of blood supply, dislocations of talus is difficult to manage and often associated with complications, including avascular necrosis (AVN), infection and osteoarthritis.

Discussion: A 54 years-old lady presented to the emergency department following motor vehicle accident and sustained open wound over right ankle with extrusion of the talar bone over the lateral ankle. There was no associated fracture and the neurovascular status of extremity was no compromise. Radiographs of right ankle and foot revealed complete dislocation of the talus. Upon arrival in the emergency room, initial wound irrigation was done under sedation with closed manual reduction was performed. Later, under general anesthesia, the wound was irrigated and the joint washout was done. An external fixator was placed across the ankle in a neutral position. The wound was re-approximated with retention sutures. The external fixator was kept for 4 weeks then change to total cast for another 4 weeks with no weight bearing. The wound was completely heal without complication. Serial post-operative radiographs shown no Hawkin's sign and AVN could not be detected as well. The cast was off after 2 month and started with physiotherapy. On 6 months, she was completely well.

Conclusion: Open total talar dislocation is rare but terrible injury as result of high energy trauma. Early re-implantation of the talus appears to be worthwhile procedure to avoid talectomy and tibio-calcaneal arthrodesis. Early result may be reassuring, continued surveillance is necessary, as long-term outcomes may be affected.