

PRESERVATION OF ANKLE JOINT IN TALUS FRACTURE DISLOCATION : A DISTRICT HOSPITAL EXPERIENCE

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Introduction: Talar neck fractures are rare which accounts less than 1% of all fractures. Anatomic reduction and restoration of peritalar articular surface is the goal of fixation, to avoid debilitating complication. This case of talar neck fracture Hawkins type 4 was managed to preserve the ankle joint range of motion with the long term goal of optimizing the overall functionality of the limb.

Discussion: Ms ZY is a 50 year old lady, involved in a motor vehicle accident, sustained a closed fracture dislocation of the right talus. Patient underwent a closed manual reduction under general anaesthesia and the fracture reduction was temporarily maintained by skeletal traction. Plating of right talus with bone graft and subtalar joint fusion was performed ten days post injury. Serial radiographs up to 6 months post surgery did not indicate avascular necrosis (AVN) of talus. However Hawkin's sign was not present. 6 months post surgery patient was able to resume daily activity with occasional mild pain and slight limitation in range of motion of the ankle.

Conclusion: Talar neck fractures are notoriously known to have high morbidity. This is due to the disruption of retrograde blood supply to the talar body causing avascular necrosis. The situation is further complicated by post traumatic arthritis which occurs with subtalar joint involvement accounting up to 81% in talus fracture. Most patients eventually would end up with ankle fusion surgery which would immobilize the ankle joint. However in this case we; (1) stabilized the fracture with recon plating to preserve the anatomical blood supply; (2) the subtalar joint was fused to prevent subtalar joint pain.