

## MISSED TRAUMATIC RIGHT CHOPART JOINT FRACTURE-DISLOCATION: A CASE REPORT

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### INTRODUCTION

Traumatic Chopart joint fracture-dislocation is relatively rare and usually result from high-energy trauma. Missed or misdiagnosed of this injury may lead to a poor functional outcome<sup>[1]</sup>.

### CASE REPORT

A case of 26-year-old lady who was referred by a district hospital to our outpatient clinic 3 weeks post-trauma, presented with right foot pain and swelling. On examination, the right foot was tender with mild swelling and deformity. Otherwise, compartment was soft and neurovascular status was intact with no external wound on the affected limb. This patient was initially referred to us with the diagnosis of closed fracture right cuboid bone, however x-ray of the right foot showed a Chopart joint dislocation with cuboid bone fracture(Figure.1).



Figure.1

Open reduction and internal fixation were performed through dorsolateral approach of right midfoot. The Chopart joint was reduced through direct visualization of the fracture site. 3 screws (2 cortical & 1 half-threaded cancellous) were used to fuse cuneocuboid-joint, cubonavicular-joint and calcaneocuboid-joint. Post-operation x-ray showed a good reduction and good joint congruence achieved(Figure.2).



Figure.2

Following the surgery, the right foot was immobilised with below-knee backslab for 6 weeks, in which the patient has benefited from functional rehabilitation for analgesic purpose and recovery of the joint amplitudes.

### CONCLUSION

The anatomy of Chopart joint is complex, with surrounding bone articulations and ligamentous structures make it a strong and stable joint that requires high-energy impact to dislocate. This type of injury is frequently missed or misdiagnosed and usually associated with peripheral tarsal bone fractures<sup>[2]</sup>. Early identification of the correct diagnosis with immediate reduction and stabilization of the dislocation is crucial to correct the anatomical orientation of the foot and to prevent acute complication such as pain and long-term complications like post-traumatic pes planus, post-traumatic osteoarthritis and CRPS.

### REFERENCES

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