

Covid X Gradual Fibular Transfer : A Blessing In Disguise

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INTRODUCTION:

Massive tibial bone defect is infrequent in clinical practice, which is usually caused by trauma, infection or tumour. Ipsilateral fibular transport could provide a good biomechanical stability for the site of massive tibial defect without requiring microvascular anastomoses or considerable dissection of the bone and soft tissues. Nevertheless, there are seldom occasion that give hiccups to the procedure.

REPORT:

Case 1, 41-year-old man, alleged motor vehicle accident and was diagnosed as open fracture midshaft left tibia grade 3B. Patient's condition was complicated with massive bone loss of left tibia. He had undergone gradual fibular transfer with Ilizarov external fixator on January 2020, and subsequently he missed his monthly orthopedic clinic check up due to Covid-19 pandemic struck. He compliance to his daily physiotherapy exercise for range of motion. Eventually, patient had opportunity to visit orthopedic clinic follow up. But he had refused any surgical intervention. Current result, patient has range of motion 0 to 60 degree of knee and 30 to 60 of ankle. Patient still able to fully weight bearing although in antalgic gait. Plain radiograph show fork of bone at the proximal & distal transported bone, as in figure below. There were no neurovascular complications or a compartment syndrome.



Figure 1: Post-operative radiograph

CONCLUSION:

We think the Ilizarov frame for ipsilateral fibular gradual transport is a reasonable alternative for limb salvage in patients with massive tibial bone loss. It shows good clinical outcome, and with few complications.

REFERENCES:

1. Enneking WF, Eady JL, Burchardt H (1980) Autogenous cortical bone grafts in the reconstruction of segmental skeletal defects. *J Bone Joint Surg Am* 62:1039–1058
2. Huntington TW (1905) Case of bone transference. Use of a segment of fibula to supply a defect in the tibia. *Ann Surg* 41:249–251