Atraumatic Peroneal Subluxation of Bilateral Ankles in A Patient ¹Razali, MF; ¹Mohamed Saat, MA; ¹Abdul Ghani, NS

¹Orthopaedic Department, Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia.

INTRODUCTION:

Peroneal subluxation is uncommon in atraumatic case and only few cases reported previously¹. It could be contributed by overcrowding phenomenon by bony or soft tissue anomalies locally, or foot deformity.

REPORT:

We are reporting a case of a girl who is 14 years old, complained of non-traumatic progressive chronic pain associated with snapping sensation at lateral part of both her ankles for the past 4 years. Clinical findings include mild tenderness and positive Sobel's test of bilateral ankle but negative for generalized laxity test. Several imagings including ultrasound and MRI were performed showed no structural damages except localized soft tissues oedema.

Operations were performed as the non-operative managements failed and the symptoms keep affecting her daily activities. Intraoperative findings revealed intact but attenuated superficial peroneal retinaculum in both ankles, peroneus quartus with its distinct tendon inserted to peroneal tubercle in the left ankle, and low-lying peroneus brevis muscle belly in the right ankle.

Both of muscle bellies were excised and the retinaculum were repaired. Postoperatively, no more painful subluxation of bilateral ankles.

Prevalence of peroneus quartus muscle or lowlying peroneus brevis are about 5-21.7% and 33% respectively² but their association with peroneal subluxation are not well studied. In this case, there has not been any study reporting that a patient has both types of muscles contributing to her issue.



Figure 1: Left ankle – Peroneus quartus muscle.



Figure 2: Right ankle – Low-lying peroneus brevis muscle.

CONCLUSION:

Atraumatic peroneal subluxation or dislocation can be complex and requires multidisciplinary approach. Close monitoring and physiotherapy session are essential before surgical intervention is considered.

REFERENCES:

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