Concomitant ACL and ATFL Injuries in the Same Limb: A Case Report ¹Tajudin, FA; ¹Che Ahmad, AA; ¹Ayeop, MAS; ¹Ahmad Ismani, MS

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INTRODUCTION:

Combined ACL and ATFL injuries are rarely documented in orthopaedic literature. Management of such cases often requires separate procedures, followed by postoperative bracing for support and stabilization.

REPORT:

We present the case of a 40-year-old policeman experiencing right knee and ankle pain, with instability of the knee. At 34, he suffered left hip and scapula fractures in a motor-vehicle accident, treated with operation. No injuries were reported on the right side.

Examination revealed posterior knee sagging, positive anterior and posterior drawer, Lachman, and McMurray tests. The right ankle exhibited tenderness at the ATFL attachment, with a positive anterior drawer test. The MRI was as shown in Figure 1.

He underwent arthroscopic right ACL reconstruction and ATFL reconstruction with Brostrom-Gould technique. Intra-operatively, the lateral meniscus appeared intact. ATFL was completely torn.

Postoperatively, his was put on a boot slab in plantigrade position and a knee brace for 2 weeks because the boot walker could not fit over the knee brace.

He was instructed to adjust the knee brace to 90 degrees of flexion on day 3 post-operation; however it was not done. The knee brace remained at 60 degrees at 2 weeks post-operation. The right knee was as shown in Figure 2.

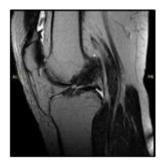


Figure 1: MRI T2-weighted sagittal image showing a partial tear of the ACL, a lateral meniscus tear, and grade III chondromalacia patellae.



Figure 2: Right knee with a fixed flexion of 10 degrees.

At 6 weeks, the knee flexion remained limited, prompting referral to a sports medicine specialist. Ankle brace with medial and lateral support was advised.

CONCLUSION:

Post-operative protocol involves 2 to 6 weeks of immobilization of the ankle to prevent tissue strain by inversion (1). However, a concurrent ACL reconstruction may necessitate alternative bracing strategies. In this case, ankle immobilization with a boot slab was followed by ankle brace application.

REFERENCES:

1. Camacho et al., Journal of Athletic trainingvol. 54,6 (2019); Pg639-649.