

Title: Ankle Arthroscopy: Hitting RED LIGHTS.

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INTRODUCTION

Ankle arthroscopy is gaining prominence as its minimally invasive nature of allowing access to the ankle joint enables the surgeon to address various ankle pathologies whilst circumventing wound-related issues pertinent to the foot and ankle region. This case report details an instance of unsuccessful arthroscopic ankle debridement, highlighting the complications we encountered and their clinical implications.

REPORT

A patient underwent arthroscopic debridement for chronic ankle pain due to ATFL, CFL, and PTFL injury. During surgery, multiple difficulties were encountered. One major challenge we faced was the extravasation of saline into the subcutaneous tissue.

This led to severe soft tissue distention leading to a tense foot and distal leg. We noticed this as we also had issues with the maintenance of sufficient intra-articular pressure which resulted in poor visibility.

After noticing an increase in the subcutaneous tissue surrounding the ankle, we immediately halted the procedure, applied an Esmarch bandage to reduce fluid extravasation, and elevated the ankle to expedite the drainage of subcutaneous fluid.

Failure to maintain adequate and appropriate intra-articular pressure results in impaired visibility and instrument maneuverability thus contributing to failure of surgery. In some instances where gross extravasation of saline occurs, additional surgical intervention is required to alleviate the symptoms and prevent further worsening.

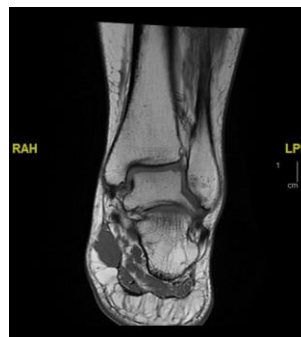


Figure 1.0: MRI image of ATFL, CFL and PTFL injury

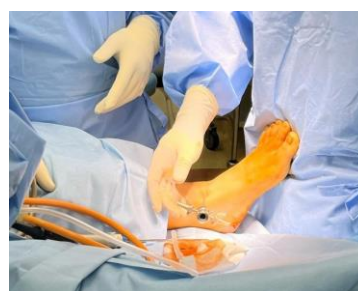


Figure 2.0: Image of arthroscopic ankle

CONCLUSION

This case report highlights the complexities and potential complications associated with ankle arthroscopy. Effective saline management and maintenance of appropriate intra-articular pressure is pivotal for the success of the procedure. Prompt recognition and timely intervention of complications such as saline extravasation is essential to minimize harm and optimize patient outcomes.

References

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- Khan, M., Asif, N., Aziz, M. H., Shaikh, S. A., Siddiqui, F., Moizuddin, K., & Nuhmani, S. (2023).