

Paediatric Maisonneuve – To Fix Or Not To Fix Syndesmosis

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INTRODUCTION:

¹Maisonneuve injury is characterized by proximal fibula fracture, a lesion in inferior tibiafibular syndesmotic complex, and medial structure of ankle. It is an uncommon fracture in paediatric population and the management is different with adult. Here we shared the approach in handling this case.

REPORT:

14 year old Malay boy had alleged motorbike skidded into the drain and post trauma complained of pain and unable to weight bear over his left ankle. On examination, the left ankle is swollen and tender. Xray AP and Lateral view revealed distal end fracture of tibia with proximal fibula fracture.

Closed reduction was attempted at Emergency department, however it was not successful, hence proceed with open reduction.

Open reduction done through anterior approach. Intraoperatively noted there was soft tissue interposition that might cause the failure in the earlier reduction. Fracture site is reduced and 2 half threaded cancellous screw applied in an anterior to posterior direction using a lag screw technique. After fixation, ankle stability is checked. Post operatively, patient was put on below knee POP for 6 weeks. After 6 weeks, fracture united and patient started with partial weight bearing and subsequently full weight bearing and he is able to return to daily activity life.



Figure 1: Pre Operative Trauma Xray AP And Lateral View Of Ankle

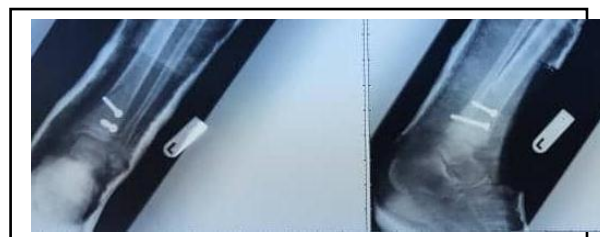


Figure 2: Post Operative X-Ray AP And Lateral View Of Ankle

DISCUSSION

Maisonneuve injury is fracture of the medial aspect of ankle associated with proximal fibula fracture and unstable syndesmosis. ²It has been reported that once distal tibia is synthesized and tibiofibular mortise is verified, tibiofibular transfixing stabilization is not required.

CONCLUSION:

It is important to examine thoroughly including proximal fibula and have high suspicion index in any cases of ankle fracture to avoid missed diagnosis.

REFERENCES:

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