

A Case of Plating and Mini Tightrope Stabilisation for Lisfranc Injury in HTAR

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INTRODUCTION:

Lisfranc joint injury is uncommon and accounts for only about 0.20% of all orthopedic injuries. However, there has been little effort to subdivide the classification for appropriate treatment strategies. Isolated Lisfranc ligament (ILL) injuries are still mostly treated with open-reduction and internal fixation with screws in many hospitals. There is currently an emerging technique where ILL injuries are treated with TightRope suture button fixation as reported in a few clinical studies.

REPORT:

We reported a 42-year-old lady with history of a fall at home in which post she sustained closed lisfranc injury to her left foot. No other injury noted. She underwent plating across the 2nd tarsometatarsal joint and mini Tightrope fixation. Post operative x-rays show the restoration of the lisfranc joint. She was able to ambulate pain free after 6 weeks post-operative.



Figure 1: Pre Op Xray

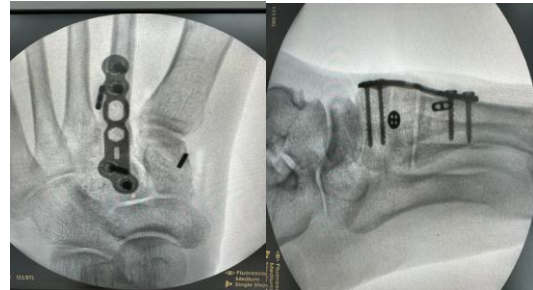


Figure 2: Post Op I/I Images

CONCLUSION:

Open reduction and internal fixation (ORIF) with transarticular screw fixation has long been considered the gold standard. The placement of transarticular screws arguably further damages the articular surfaces of the involved joints. Due to this, the usage of a mini Tightrope more preferable recently. This technique results in a more physiological fixation with dynamic stability. It reduces the incidence of post-traumatic arthritis, joint stiffness and other complications caused by rigid fixation over a prolonged period. The mini Tightrope system is not removed after operation and the rate of instability and redislocation of joint is also reduced.

REFERENCES:

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