

## Beyond Fractures: Common Peroneal Nerve Rescue in Trauma

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### INTRODUCTION:

The common peroneal nerve (CPN) is susceptible to injury because of its fixed attachment in the region of the neck of the fibula. CPN is vulnerable to traction neuropraxia following varus stress to the knee. We report an uncommon association of CPN neurapraxia along with a closed neck of fibula and distal tibia fracture. Early exploration of the CPN and stable fixation of the tibia lead to good outcome in this case.

### CASE REPORT:

A 53-year-old male was transferred to our centre following a motor vehicle accident. Initial evaluation revealed a closed fracture distal third left tibia and neck of fibula associated with foot drop. The sensation is preserved over the affected leg and foot.

An interlocking nail was utilized for the tibial fracture. Concurrently, exploration of the common peroneal nerve (CPN) was performed. Intraoperatively, a small butterfly fragment was identified, causing impingement on the CPN. The fragment was then removed. Fortunately, the integrity of the nerve remained intact following the procedure.

Postoperatively, the patient demonstrated gradual improvement in ankle power during his hospitalization. Subsequent clinic visits indicated continued progress, with enhancements noted in the function of the flexor hallucis longus and flexor digitorum superficialis muscles.

### CONCLUSION:

CPN entrapment can ensue following spiral fractures of the fibular neck. The decision to pursue early exploration of the nerve is frequently prompted by the requirement for tibial surgical fixation which also could help in its diagnosis and recovery.



Figure 1: tibia/fibula X ray AP view

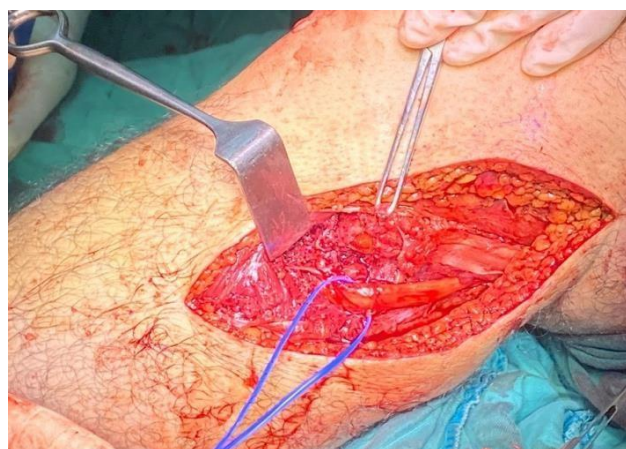


Figure 2: wound exploration lateral knee

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