

Ankle Fracture Case Study

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A 22 year old male slipped while at work, causing him to fracture his ankle. He was seen 2 weeks post-injury in clinic.

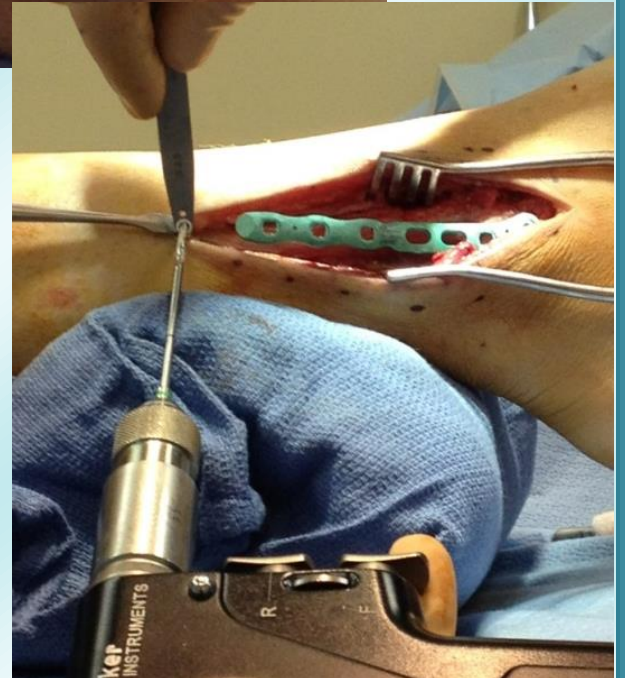
X-rays from the emergency room revealed a Weber B Variant fracture with Deltoid ligament rupture medially and a small posterior Volkmann fracture off the posterior Tibia. Lateral X-rays demonstrated significant posterior and lateral displacement

An attempt was made to reduce the fracture utilizing standard AO reduction forceps. However, given the length of time since the initial injury and the soft tissue contracture, the fracture was not able to be reduced.

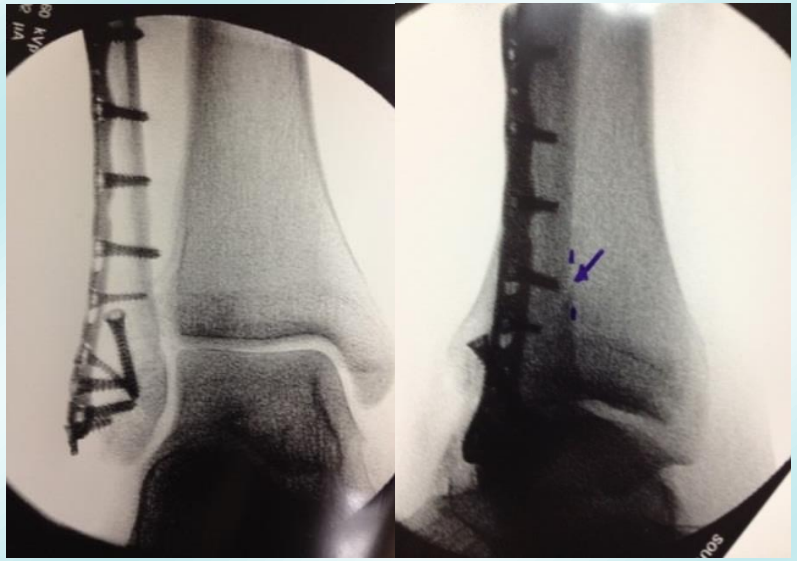


Using the push-pull technique, and a total compression plating system, the fibula was fixated distally. This was more effective to realign the fibula fracture than the forceps alone.

The technique utilized a single 3.5 mm lock screw (proximal to the plate) and a lamina spreader to gain length of the fibula and allow reduction. After the fibula was brought out to length, it was fixated proximally.



The lateral neutralization plate and interfrag screw reduced the fracture, with the X-ray showing good alignment of the fibula.



The decision was made to add a posterior plate for increased stability. The final reduction intra-operative films after using a posterior anti-glide plate with 2.7 mm screws and deltoid ligament repair completed.

