CLOSED ANTERIOR SUBTALAR DISLOCATION WITH SMALL LATERAL FACET OF TALUS FRACTURE: A RARE SUBTYPE OF DISLOCATION

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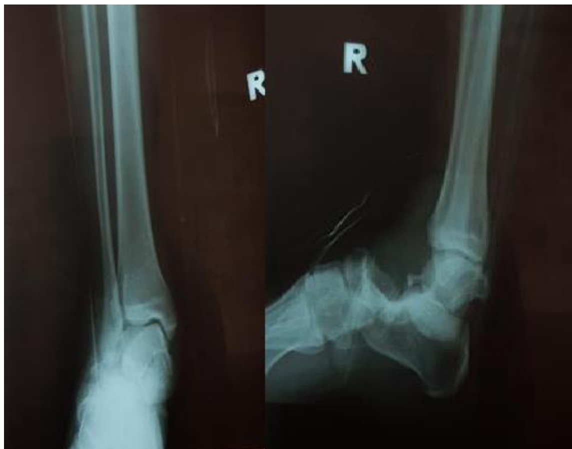
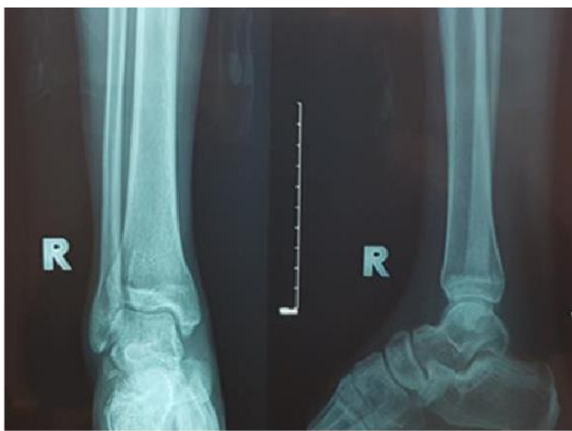
INTRODUCTION:

Subtalar dislocations are rare (<1%) in routine orthopaedic practice. We presented a case of subtalar dislocation which successfully treated conservatively with excellent result.

METHODS:

A 30 years old Malay male alleged in motor vehicle came to our emergency department with significant pain over the right foot. Deformity and swelling in the right ankle were noticed. More specifically, the ankle was found in lateral dorsiflexion, had a diffuse swelling, abrasions, and local ecchymosis. There was no associated open wound and no neurovascular compromise. AP and lateral radiographical examination revealed right anterior subtalar dislocation with minimal lateral facet talus fracture.





RESULTS:

Immediate closed manipulation reduction was done under sedation. Firm manual foot traction with counter-traction on the leg combined with direct digital pressure over the head of talus aided a smooth reduction, which was associated with an audible clunk and below knee back slab was applied. Patient ankle was immobilized for 4 week after which the patient was assigned to active ranged of motion exercise when the cast was removed. The outcome was good and patient was able to walk without aided after 8 month post injury. Motion was satisfactory: 15 degrees dorsal flexion, 30 degrees plantar flexion. Joint stress test showed no instability compared with contralateral ankle.

DISCUSSIONS:

Subtalar dislocation by definition has a normal tibiotalar joint. Broca(1) categorised subtalar dislocations into three types: medial, lateral and posterior, depending on the direction of dislocation displacement of the foot relative to the talus. Later, anterior type was added Malgaigne(2) into the classification. All subtalar dislocations require a timely reduction. In most cases, closed reduction can be accomplished (3). Post-reduction immobilization in a nonweight-bearing cast is required for subtalar dislocation(4). Buckingam and LeFlore recommend immobilizing the ankle for 4 weeks followed by active range of motion exercised(5). Our patient had anterior subtalar dislocation successfully manage conservatively which result in good outcome.

CONCLUSION:

We emphasize the importance of proper diagnosis and timely management of dislocations around subtalar joint, as these always produces significant deformity and joint stiffness. Immediate closed manipulation reduction showed better outcome in a simple uncomplicated subtalar. Open reduction is done for irreducible dislocations and fixations done in large displaced articular fragments producing subtalar joint incongruity.

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