OPEN REDUCTION TO POSTERIOR MALLEOLUS FRACTURE: AN ESSENTIAL IN ANKLE FRACTURES

Leow VC, Ibrahim MI Orthopaedic Department, Hospital Raja Permaisuri Bainun, Ipoh, Perak

INTRODUCTION:

Posterior malleolus fracture is not uncommon, it can be presented as part of pilon fracture or as a Volkmann fragment in trimalleolar fracture. This posterior fragment can big and become unstable that a posterior approach is inevitable to provide buttress compression and good anatomical reduction for the fracture. There are 3 described posterior approach – posterolateral, posteromedial and modified posteromedial.

METHODS:

We performed posterior approach towards posterior malleolus using posterolateral and modified posteromedial approach to gain access into the posterior malleolus fragment. All patients are placed prone position, posterolateral approach allow reduction of posterolateral fragment and distal fibular with a single incision, it is useful especially in fibular fracture with syndesmosis disruption and large Volkmann fragment. While modified posteromedial allow good exposure to posterior malleolus in pilon fracture.

RESULTS:

All cases achieved good reduction in postoperative x-ray. There were no neurovascular injury during the surgery. All wound healed well without wound complication.



Figure 1: posterior malleolus fracture with ankle subluxation



Figure 2: posterolateral approach, exposed fracture fragment. Figure 3: posterior placed plate



DISCUSSIONS:

Sural nerve needs to be protected especially in posterolateral skin incision. Avoid placing hardware at posterior surface of distal fibular to avoid peroneal tendon irritation. Fixing the medial malleolus in prone position can be tricky but doable or else place patient in supine.

CONCLUSION:

Posterior approach to posterior malleolus is safe and provides stable, compression fixation.

REFERENCES:

1. Assal M, Ray A, Stern R.

How to Get to the Distal Posterior Tibial Malleolus? A Cadaveric Anatomic Study Defining the AccessCorridors Through 3 Different Approaches Journal of Orthopaedic Trauma · March 2017.