

SCREW FIXATION IN AN ISOLATED OPEN COMMINUTED FRACTURE RIGHT CALCANEUM AND OPEN PSEUDO-JONES FRACTURE RIGHT 5TH METATARSAL BONE A VERY RARE CASE REPORT

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INTRODUCTION:

Open calcaneal fractures are uncommon, but potentially devastating traumatic hindfoot injuries. Compound fractures comprise 3%-6% of all os calcis fractures.^{1,2} Published series are limited in number. Although the initial, emergent treatment of an open fracture-disruption has become fairly standardized,⁷ subsequent treatment addressing the injury's osseochondral component remains controversial.

REPORT:

Case study of a 28 years old gentleman who had a motorbike accident on 7/1/2019, presented with right calcaneal pain, deformity and bleeding. Clinical investigation revealed deformed right calcaneal, bleeding with wound size measuring 4 x 5 cm [Figure 1], pulses DPA/TPA palpable over right lower limb, no neurology noted.

Plain radiograph of ankle and foot showed comminuted fracture right calcaneal bone with intra-articular involvement (posterior talar articular surface) and fracture base of right 5th metatarsal bone (pseudo-Jones) [Figure 2].

Lateral approach was used from the pre-existing wound. Intra-operatively noted wound contaminated with debris, right calcaneal bone displaced posterior-superiorly as pulled by Archilles tendon, noted fracture fragments.

Wound debridement with screw fixation was decided for timely healing of soft tissue envelope as well as maintenance of bony alignment. Difficulty in reduction and parameters for reduction by using Bohlers angle. Post-operative plain radiograph was done and acceptable [Figure 3]. Patient was put on dorsal slab for 2 weeks. Regular follow up for him is needed to ensure bone healing and no signs of infection.



Figure 1



Figure 2



Figure 3

CONCLUSION:

Open calcaneal fractures can be managed with an array of treatment techniques and result in a wide range of outcomes. Due to the fracture's relative obscurity, the optimal form of intervention remains controversial. Timing of intervention may be a key factor in decreasing complication rates. In our case study screw osteosynthesis was opted to be done immediately and outcome was good.

REFERENCES:

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