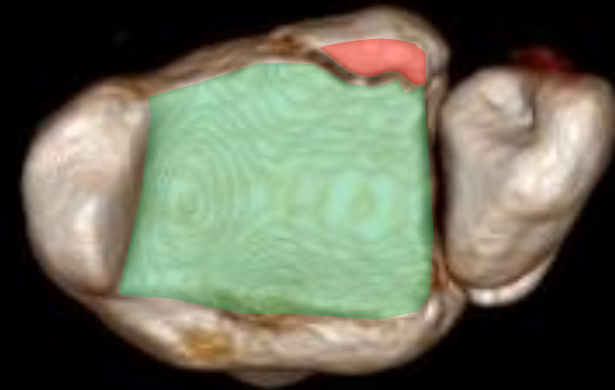


Ankle and Foot Fractures

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Nothing to disclose

Objectives



Things that are
broken



Why the posterior
malleolus is important



Why the talar neck
causes so much trouble



Why we worry
about this fracture

Start off easy....

No comparisons

“Mildly displaced transverse
medial malleolus fracture.
Comminuted, Weber C distal
fibular fracture.
The ankle mortise is intact.”



That's a Weber C fracture! Do you know what the “C” stands for?

The ankle mortise
“C”an’t be intact



Intact: “Not damaged or impaired in any way. Complete.”

—Oxford English Dictionary

The Weber Classification

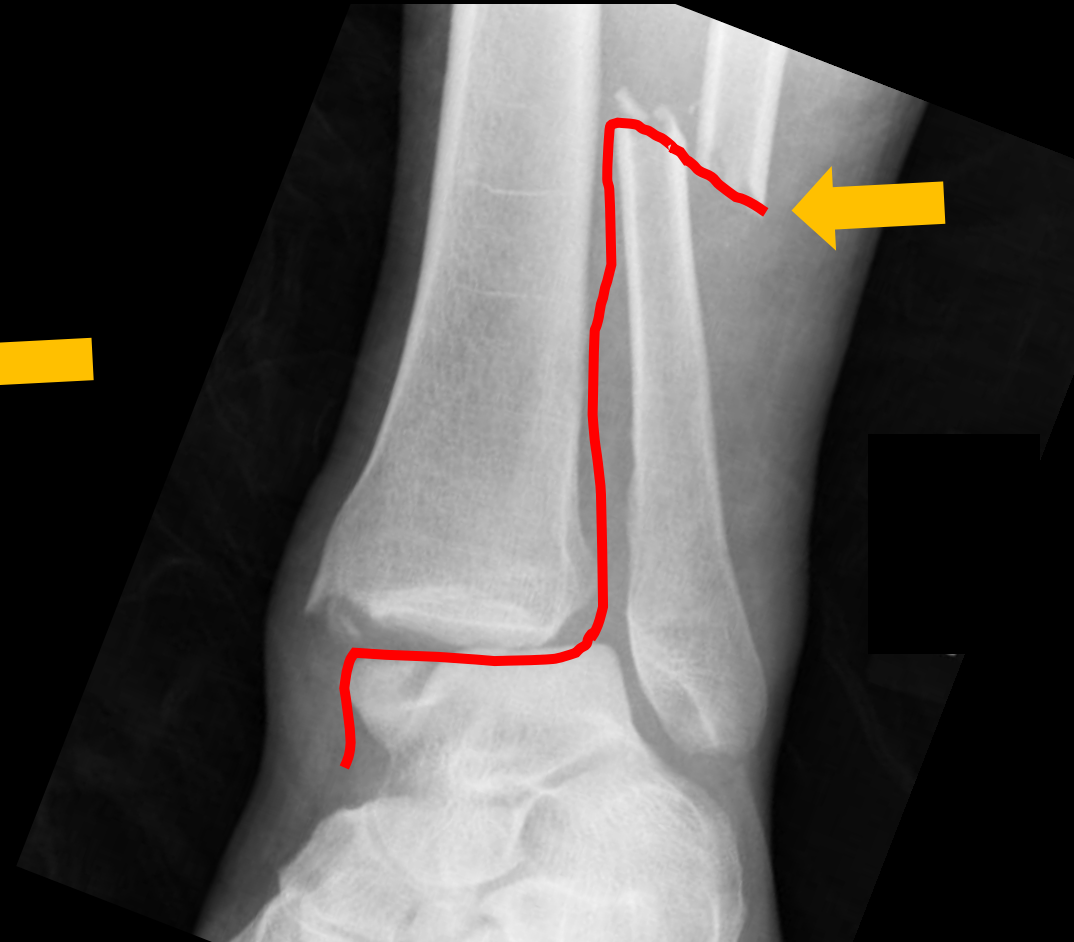
w PER



AAAAlll good



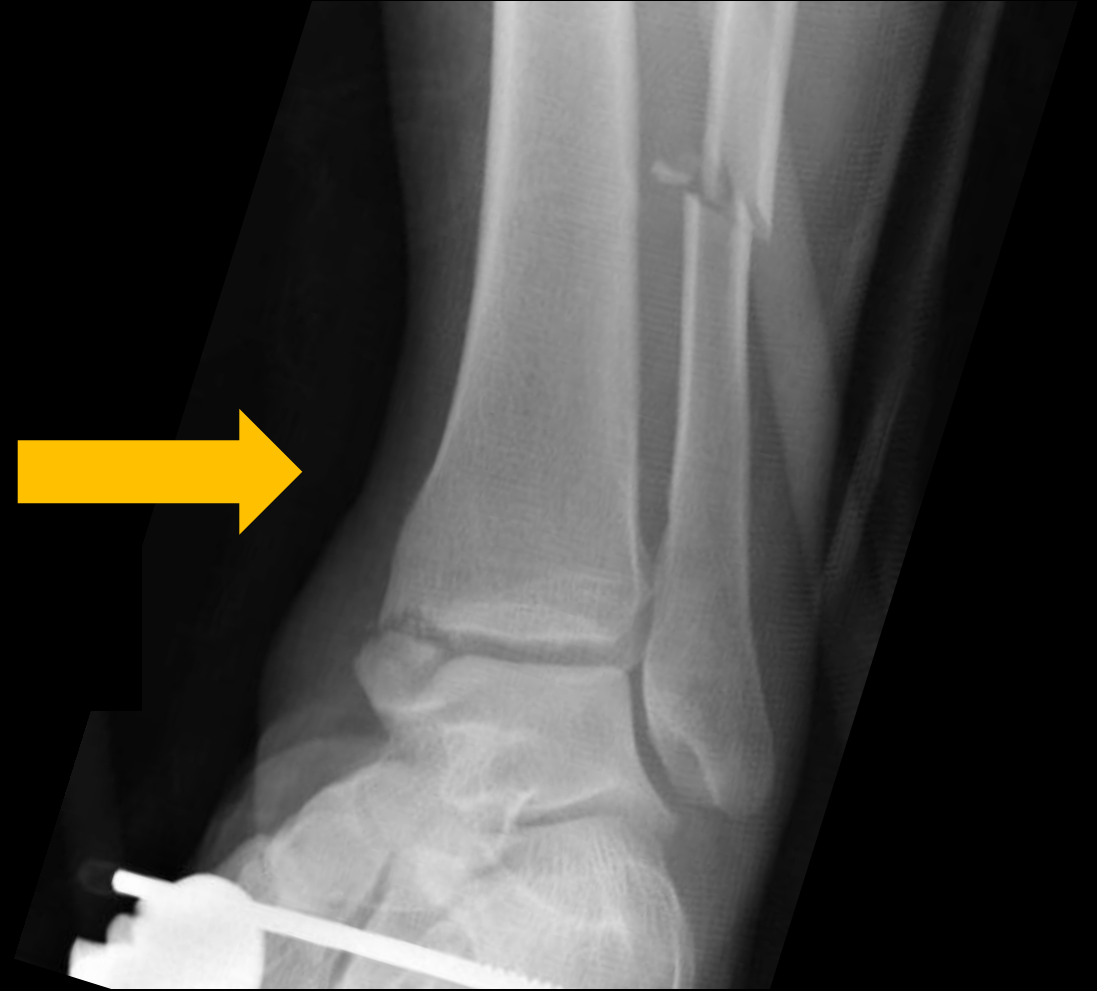
To B or not to B...
intact



"Can't" be intact

The ankle mortise might be “aligned” or “congruent” but not...**intact**.

The ankle mortise
Can't be intact



Here's a fracture we see...all the time. Do you guys get asked to CT these?

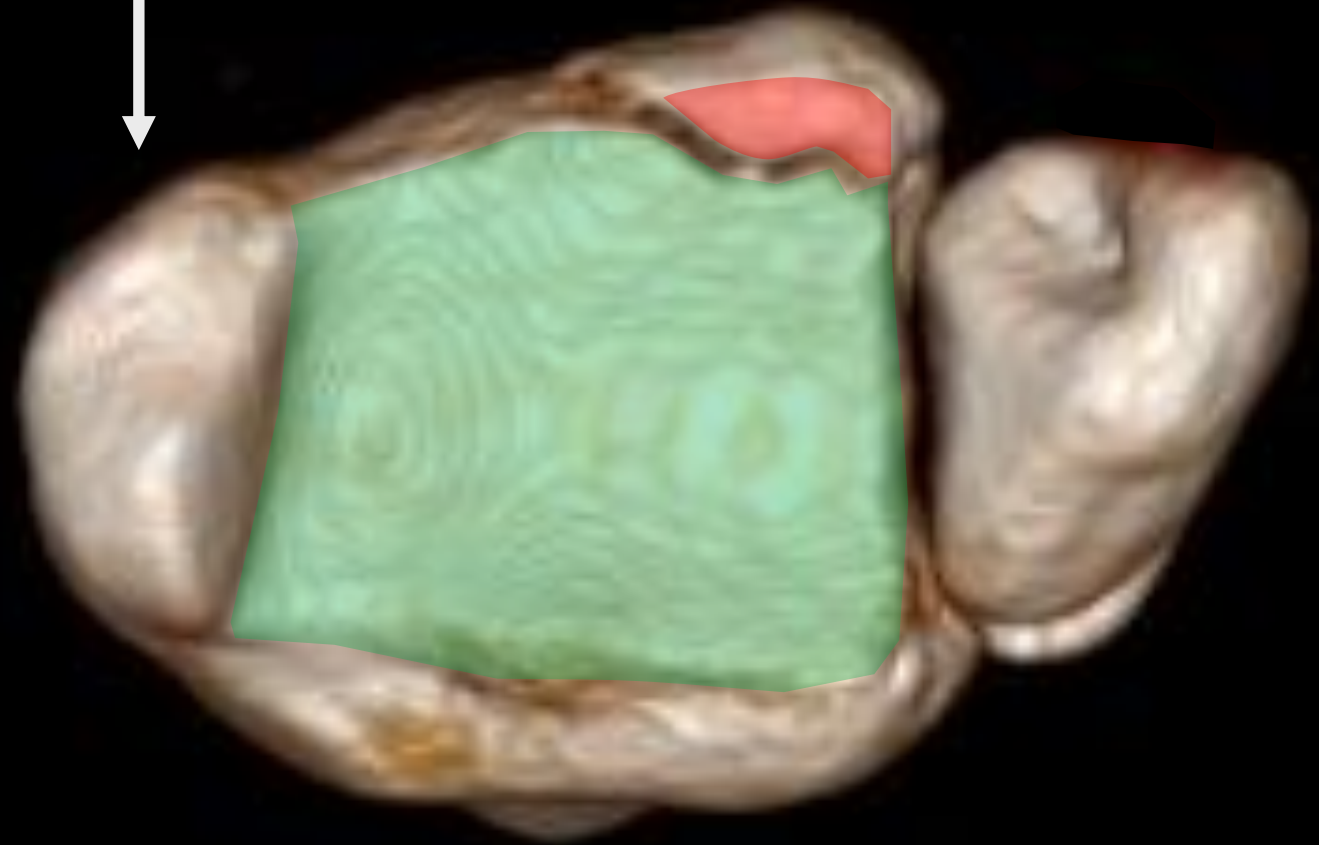


Do you know why they got this CT?



“CT scans are not optional, but instead are an essential part of this process for all fractures where there is evidence, or suspicion, of a **fracture of the posterior malleolus**. Plain radiographic analysis is a poor way of determining the **size, site, and displacement** of a posterior malleolus fracture.^{13,14”}

Exclude the medial malleolus – you don't walk on that

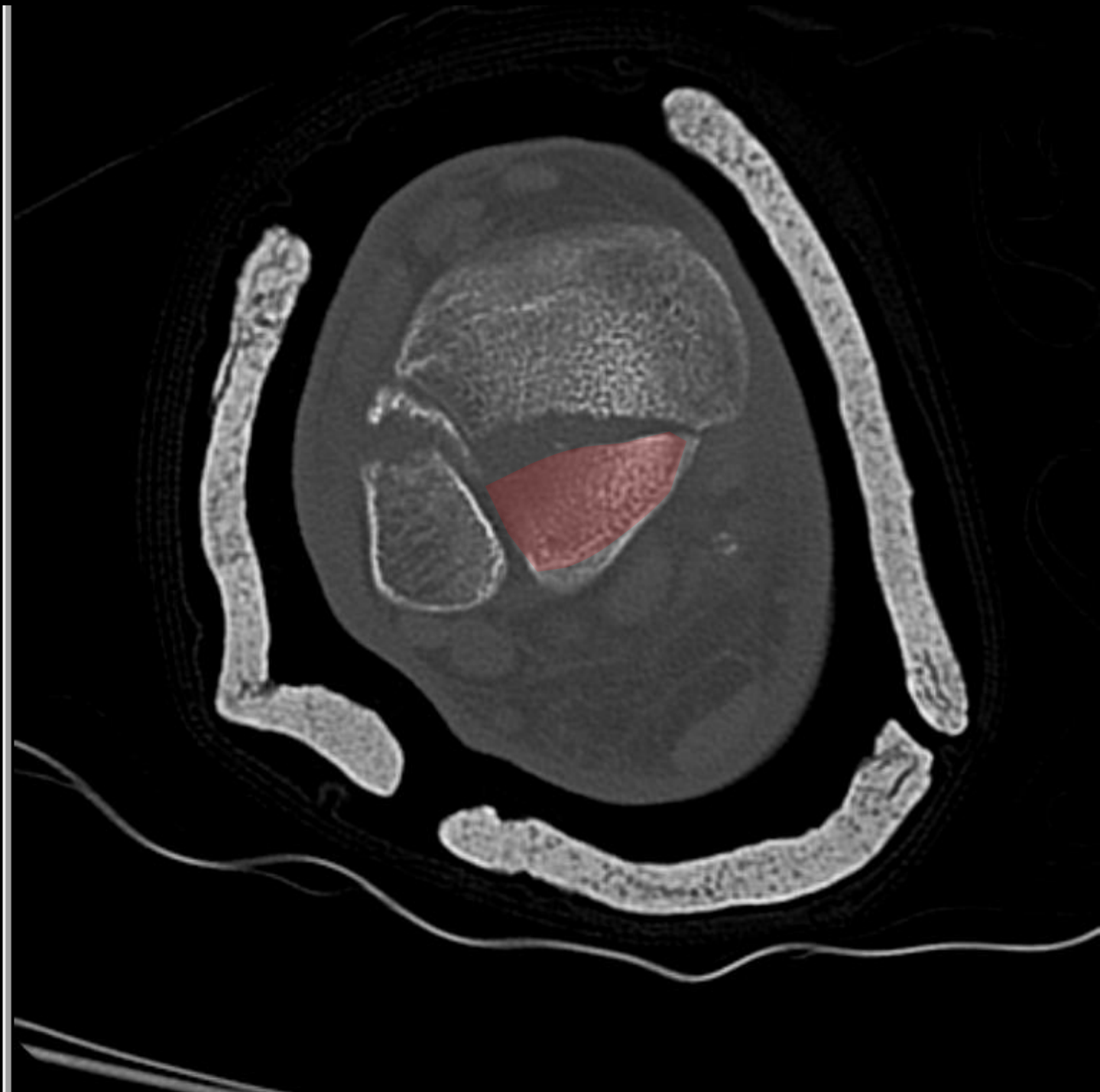


They want to know about the **posterior malleolus**







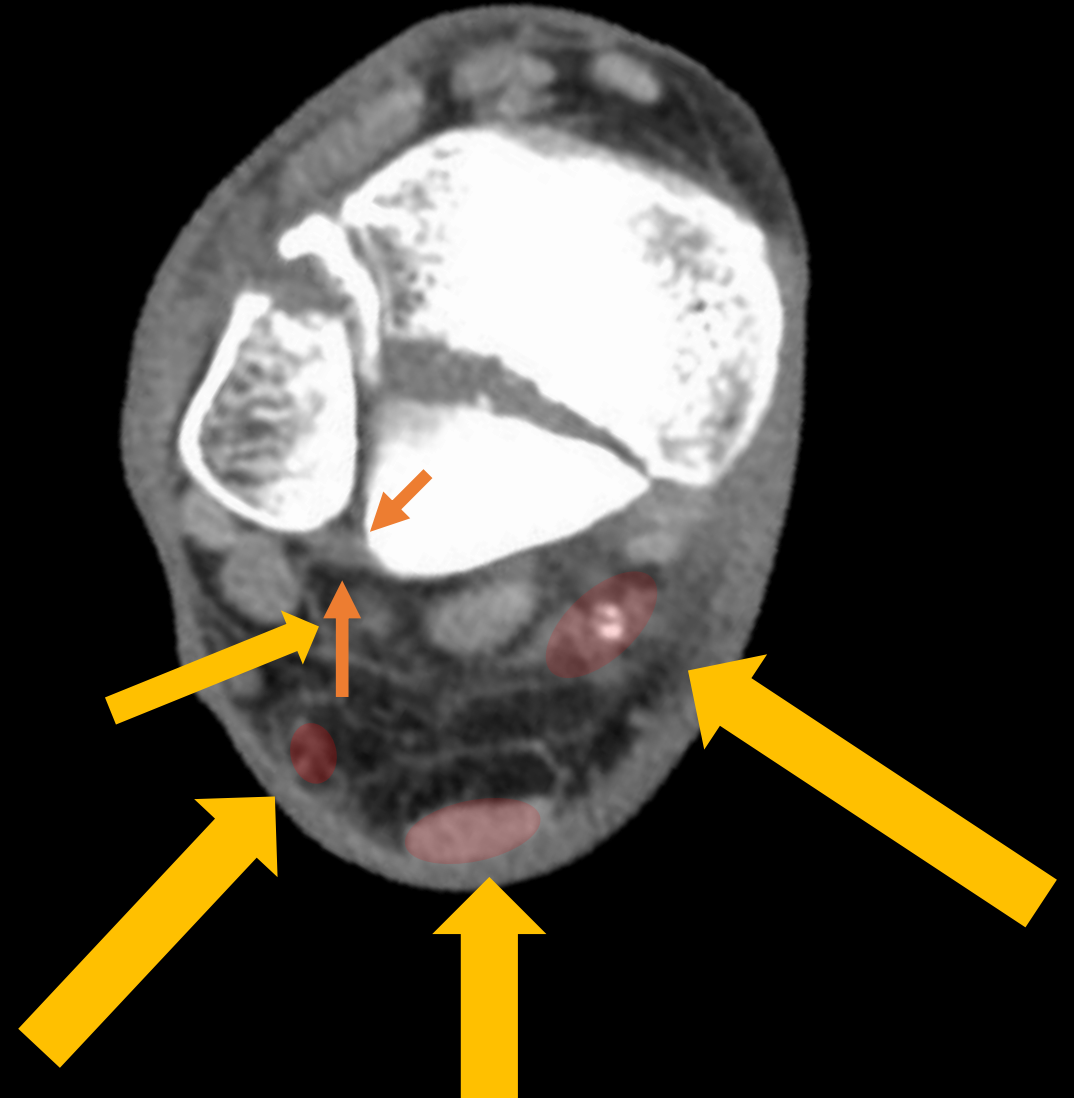


What's the big deal with the posterior malleolus?

- PITFL is attached, so plays a role in syndesmotic stability
- Large, offset fragments predispose to ankle arthritis

So if you broke **your** posterior malleolus, you'd **definitely** want it fixed, right?

After all, what could go wrong?



Maybe, maybe not

- 44% delayed wound healing with the posterolateral approach
- Hallux flexion deficit in 30%
- Sural nerve lesions in 38%

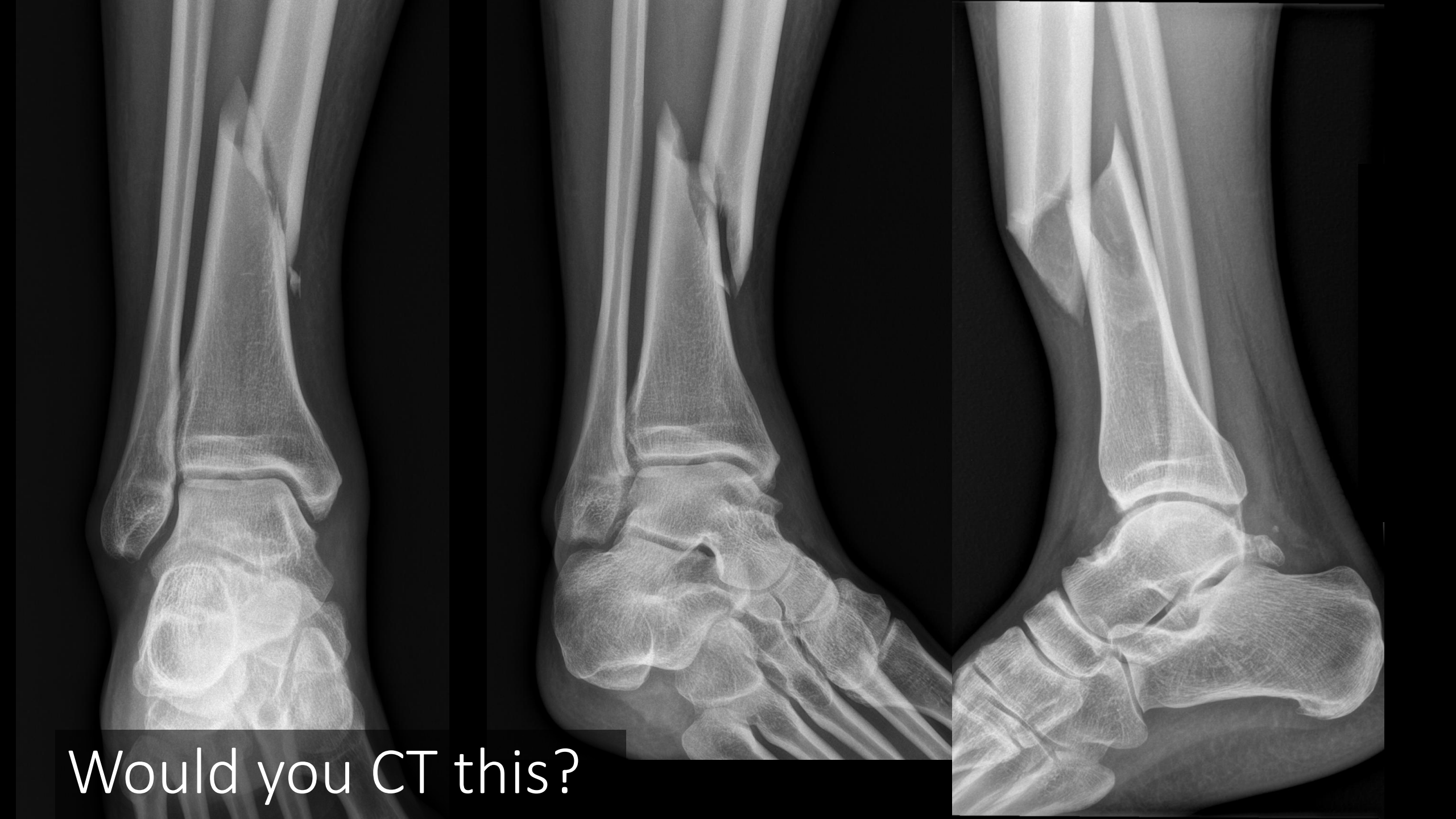
“In contrast, we did not see infections nor sural nerve lesions following the posterolateral approach.”

Bottom line: there's risk in fixing them and risk in...not

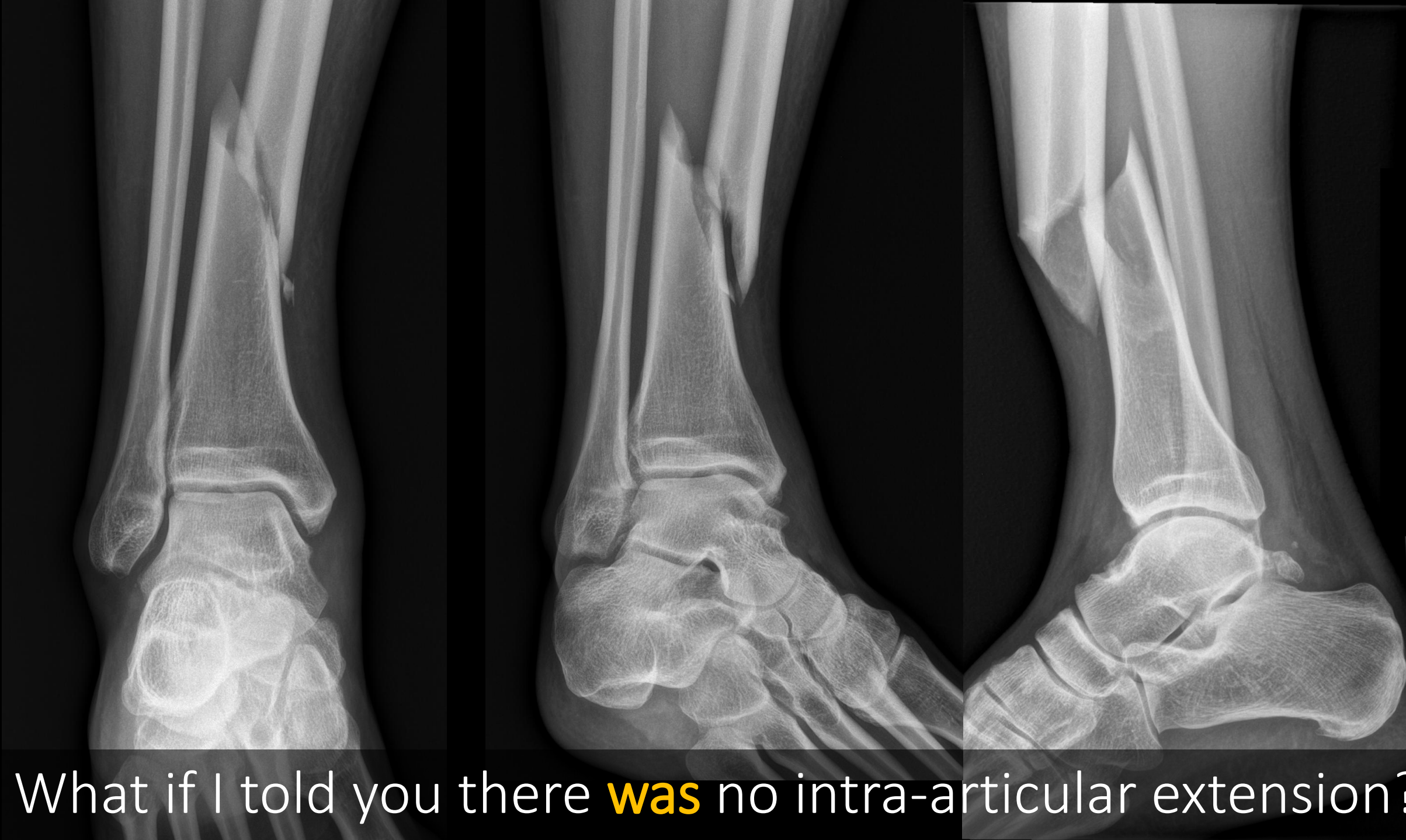
Surgeons debate the threshold for fixing these, but knowing the **condition** of the posterior malleolus is the first step!

Tell them the answer that's hidden on the x-ray alone:
size, site and displacement of the posterior mall fracture

IMPRESSION: Trimalleolar ankle fracture with the posterior malleolus fragment involving 25% of the posterolateral articular surface with 2mm displacement.

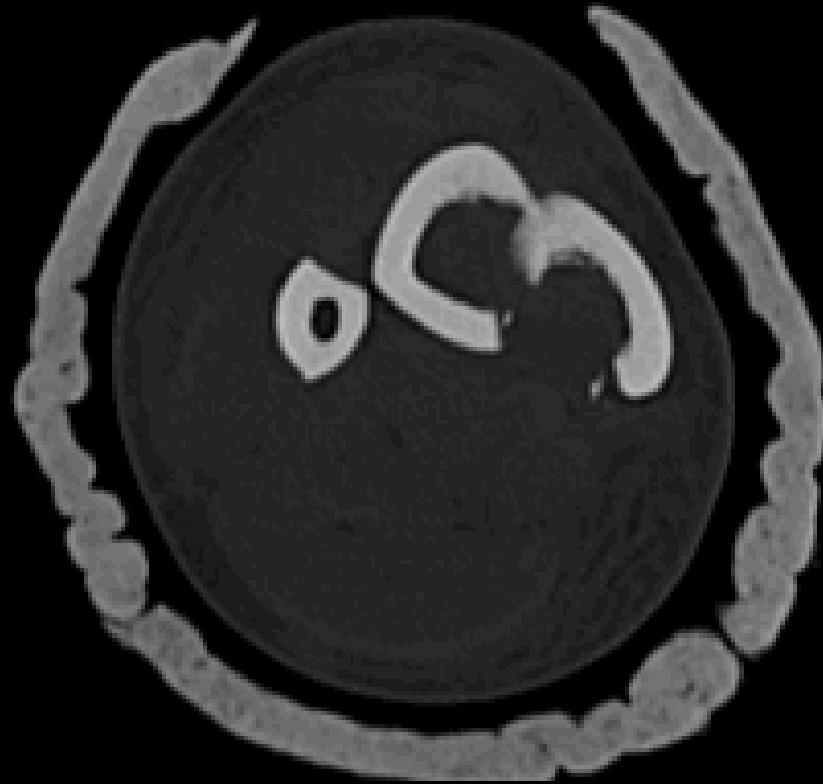


Would you CT this?



What if I told you there **was** no intra-articular extension?

Is there any point to this?



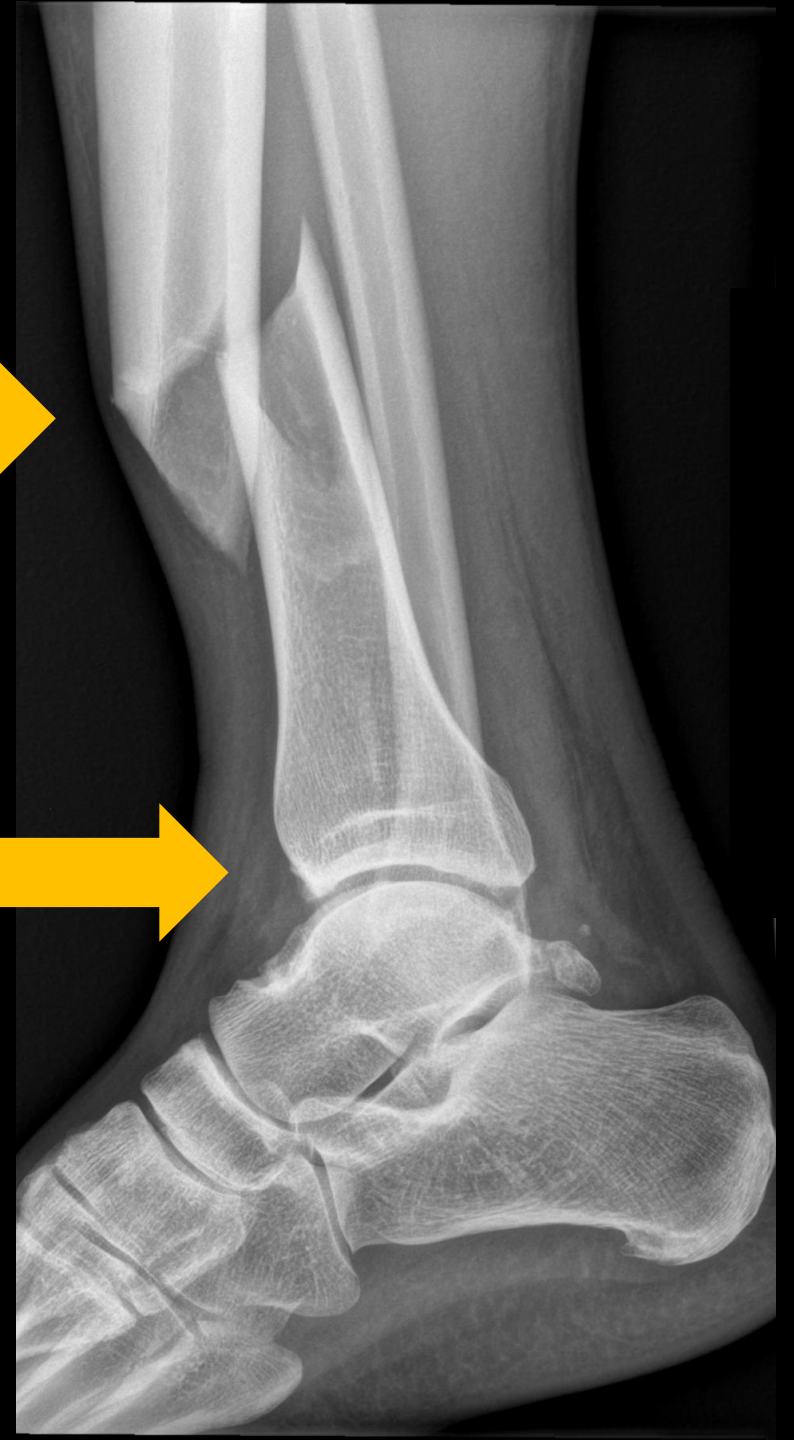
Not for this



For THIS!

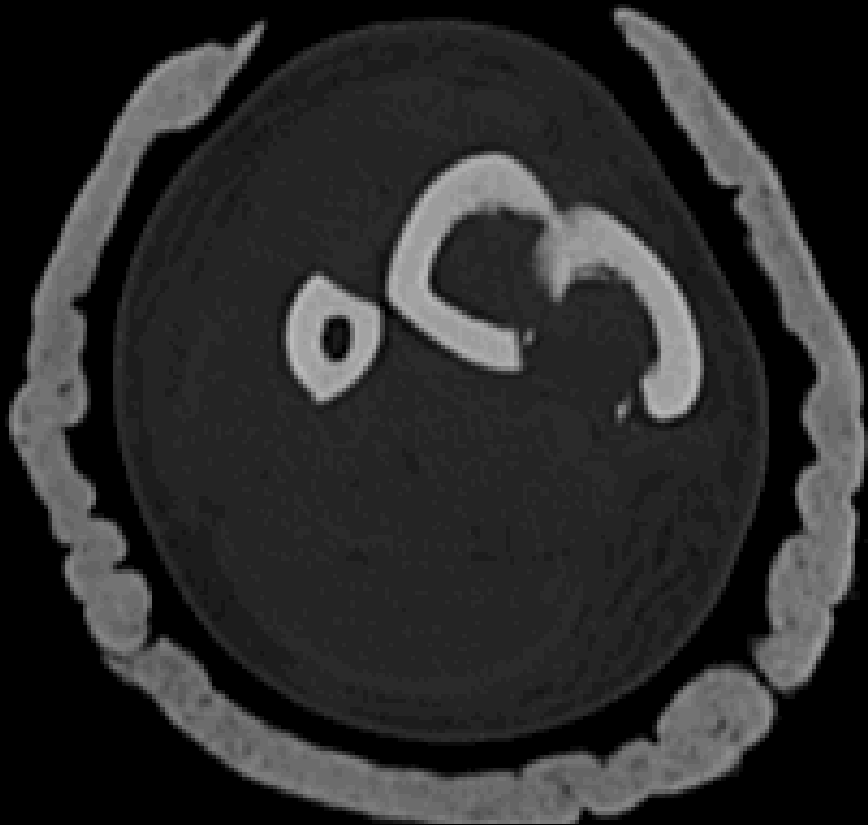


Why would you even CT this?



High Association of Posterior Malleolus Fractures with Spiral Distal Tibial Fractures

Sreevathsa Boraiah MD, Michael J. Gardner MD,
David L. Helfet MD, Dean G. Lorch MD



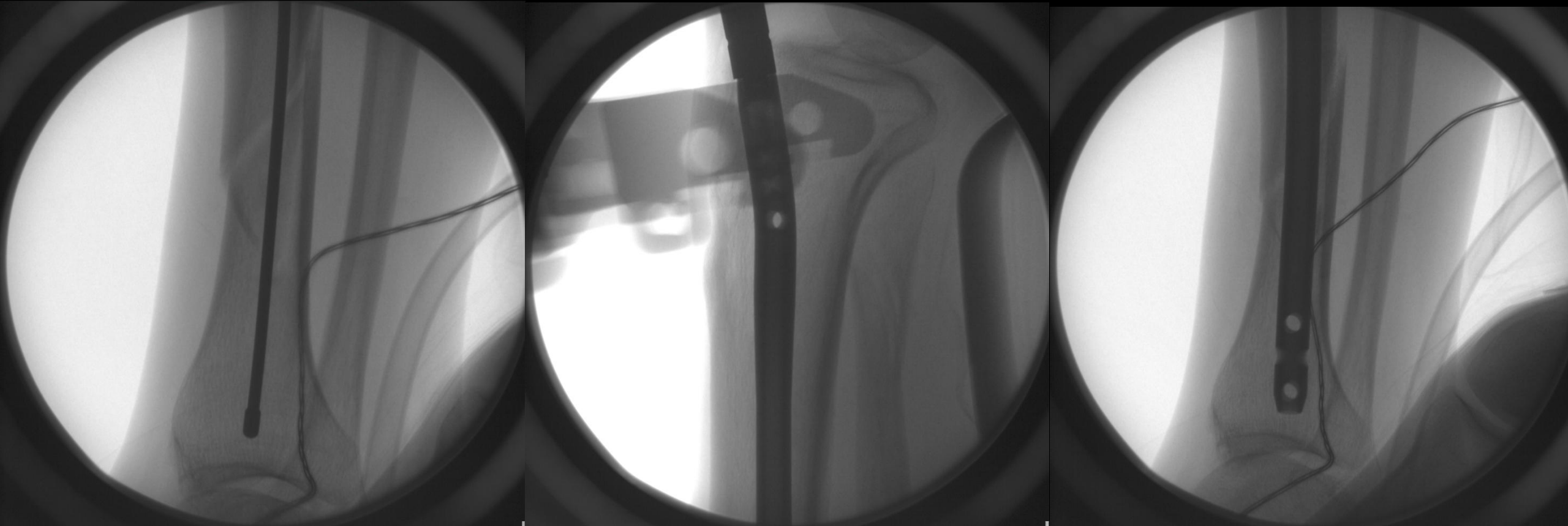
So what?

It's COMPLETELY nondisplaced...

So what does it even **matter**? I wouldn't have gone by it if it was *displaced* or *important*....



How do these tibial shaft fractures get fixed?



Guide...ream....

then with a feather light touch...









So if the posterior malleolar fracture *doesn't* get seen....?

First post-op x-ray

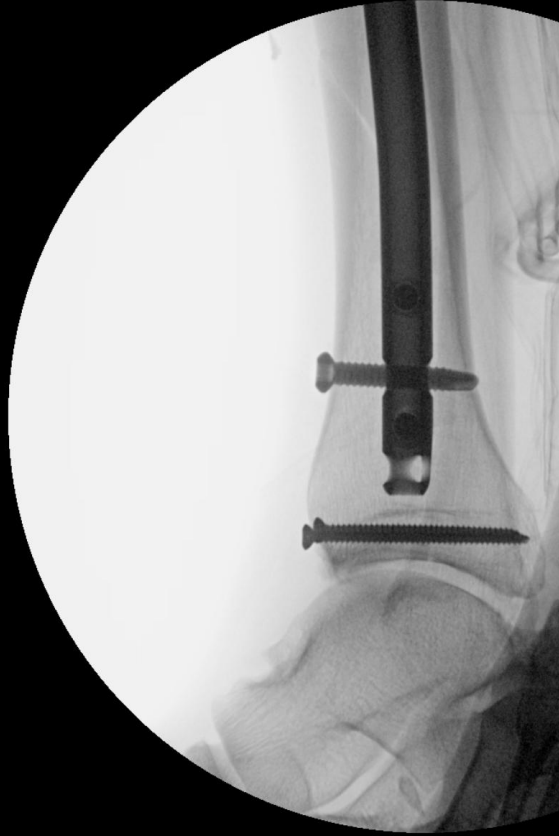


Pre-op





But if it *does* get seen?



Avoid this...



Pre-op

By looking for these...



Sometimes they only show up on one or two slices right along the joint line, but **you** know exactly where to stop and look!

Lauge-Hansen

Supination adduction



A



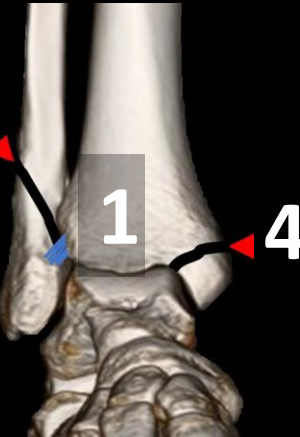
Weber

You may have realized
by now that I'm
obsessed with the
posterior malleolus

Supination external
rotation



B

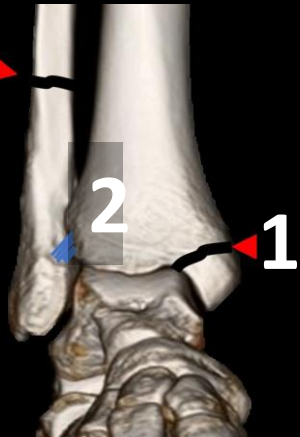


→ BPM

Pronation external
rotation



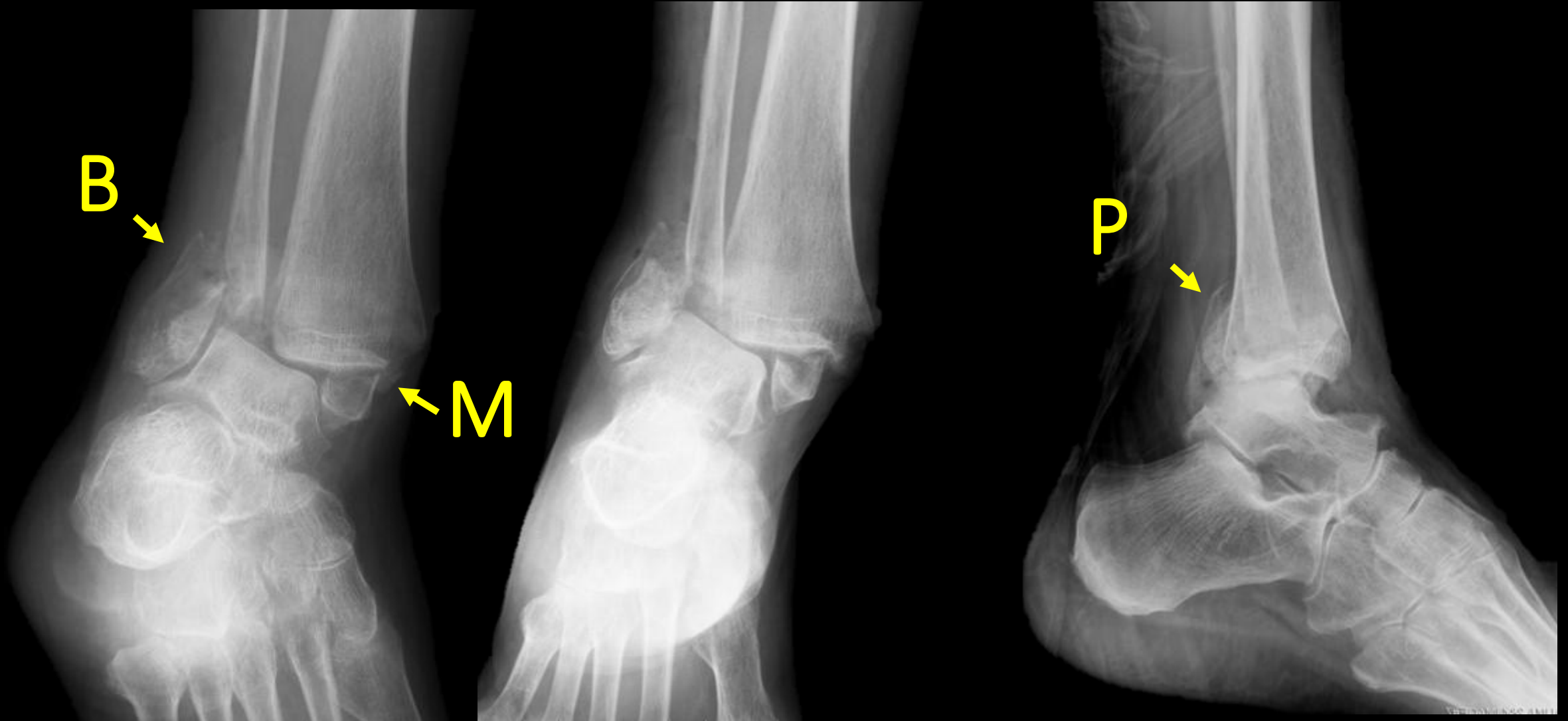
C





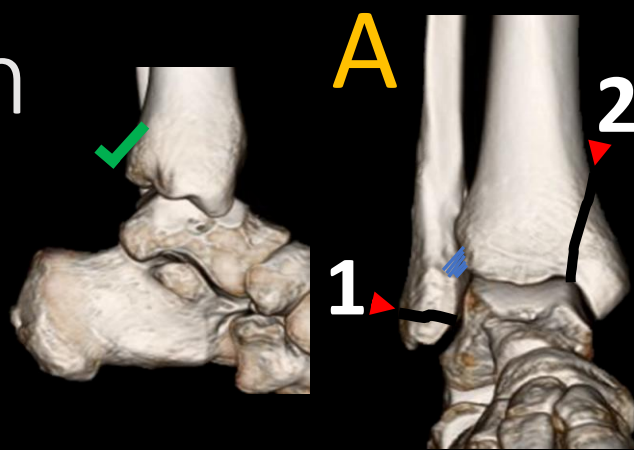
BPM

This is the **order** the **fractures*** occur in...
As the twisting injury becomes more severe,
you accumulate these fractures one by one



Lauge-Hansen

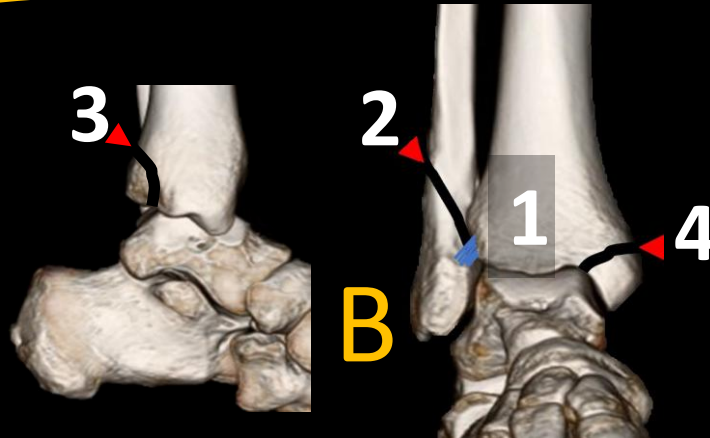
Supination adduction



Posterior malleolus injury?

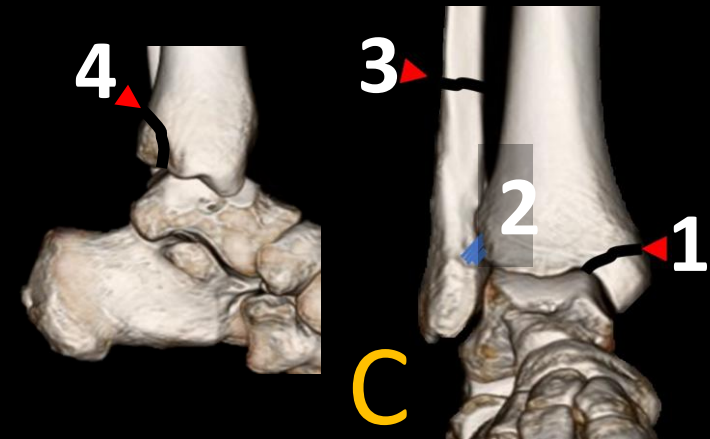
Aaaaallll good

Supination external rotation



→ BPM

Pronation external rotation



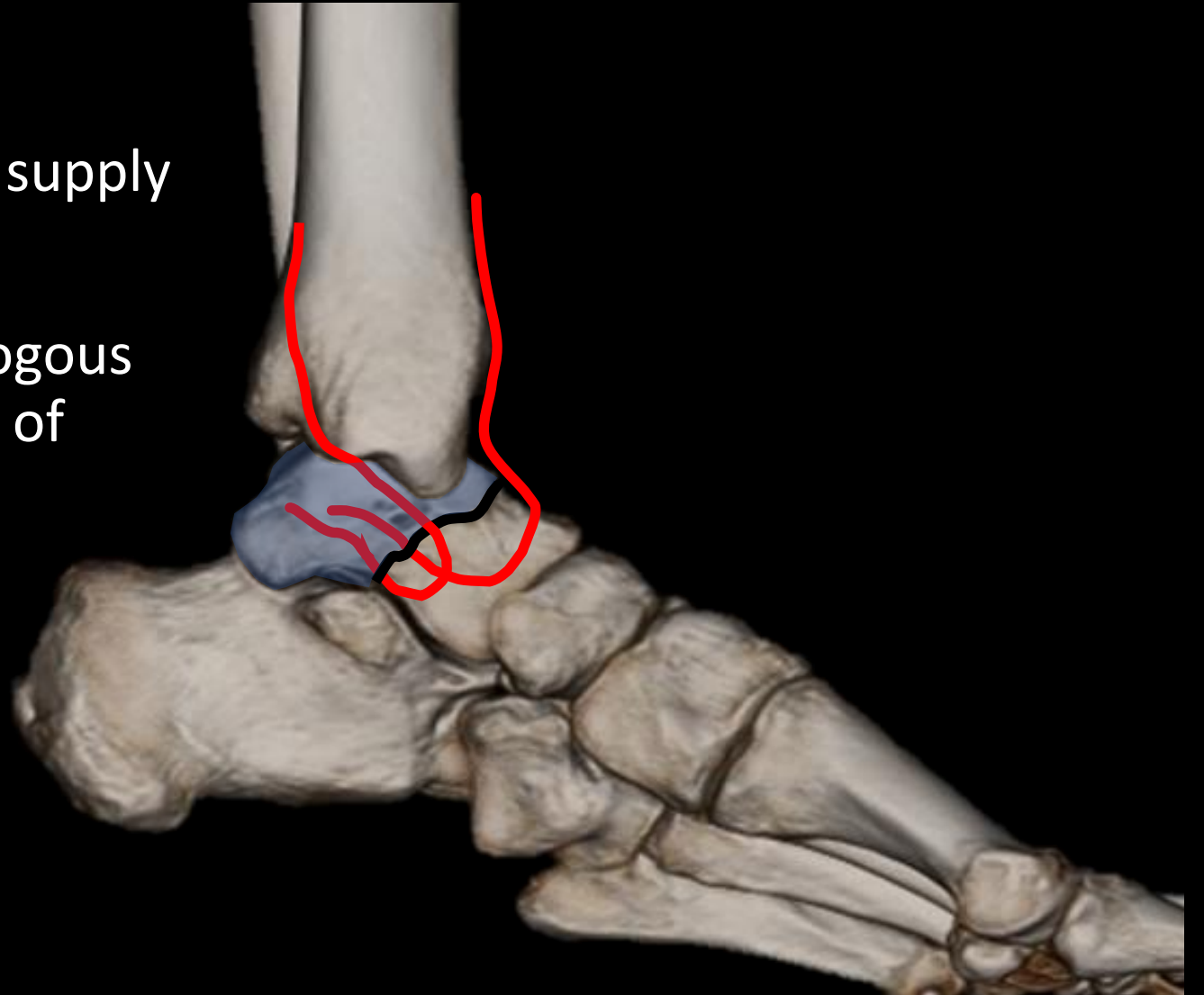
So now we know all about the ankle...

Let's talk about the talus

Talar neck fractures – Implications

Talus has a primarily retrograde blood supply

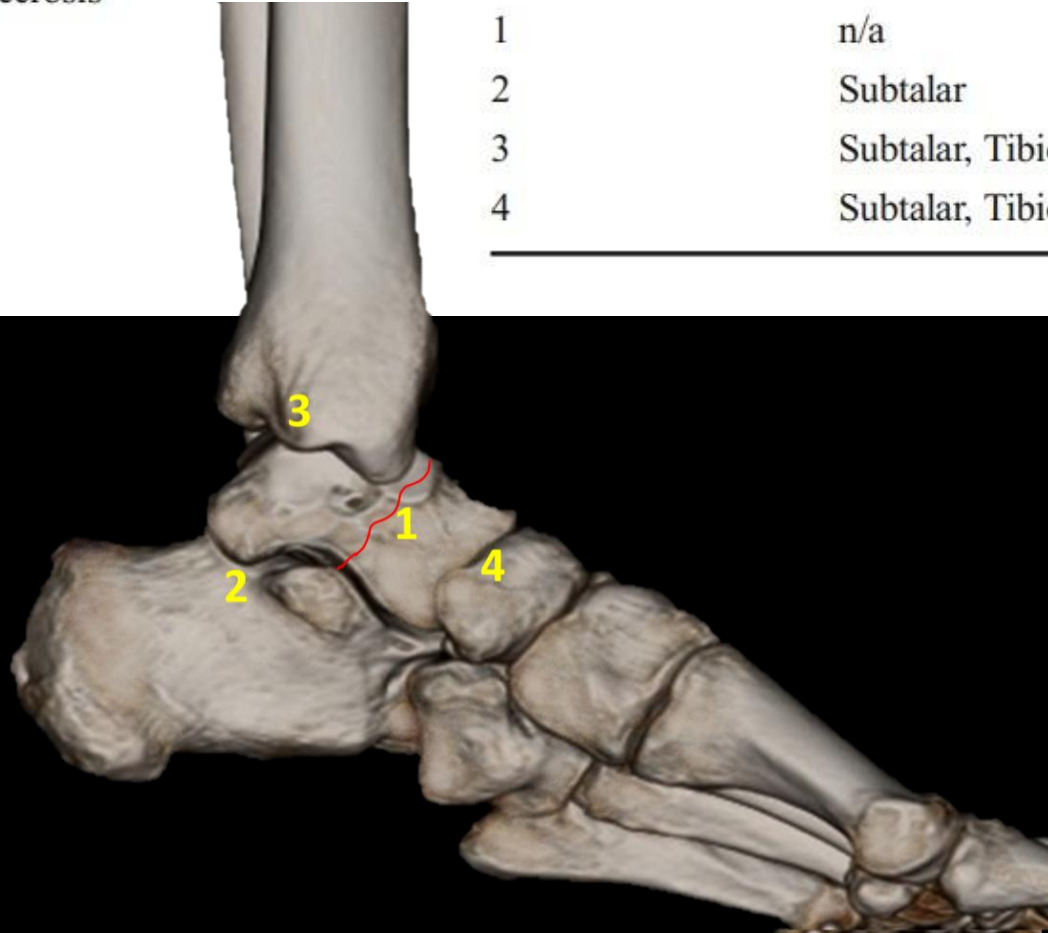
=> fractures of the talar neck are analogous to fractures of the scaphoid waist: risk of **avascular necrosis/osteonecrosis**



Talar neck fractures – Hawkins classification

Table 1 Hawkins classification, incidence, and rate of osteonecrosis

Hawkins type	Associated joint subluxation/dislocation	Incidence	Rate of osteonecrosis
1	n/a	21%	0–5.7%
2	Subtalar	43%	15.9–20.7%
3	Subtalar, Tibiotalar	31%	38.9–44.8%
4	Subtalar, Tibiotalar, Talonavicular	5%	12.1–55%



1



2



3



4



Hawkins 1



Hawkins 2



Hawkins 3



1 week postop



Disuse osteopenia at 6 weeks post op...everywhere except the talar body

6 weeks postop



4 years later

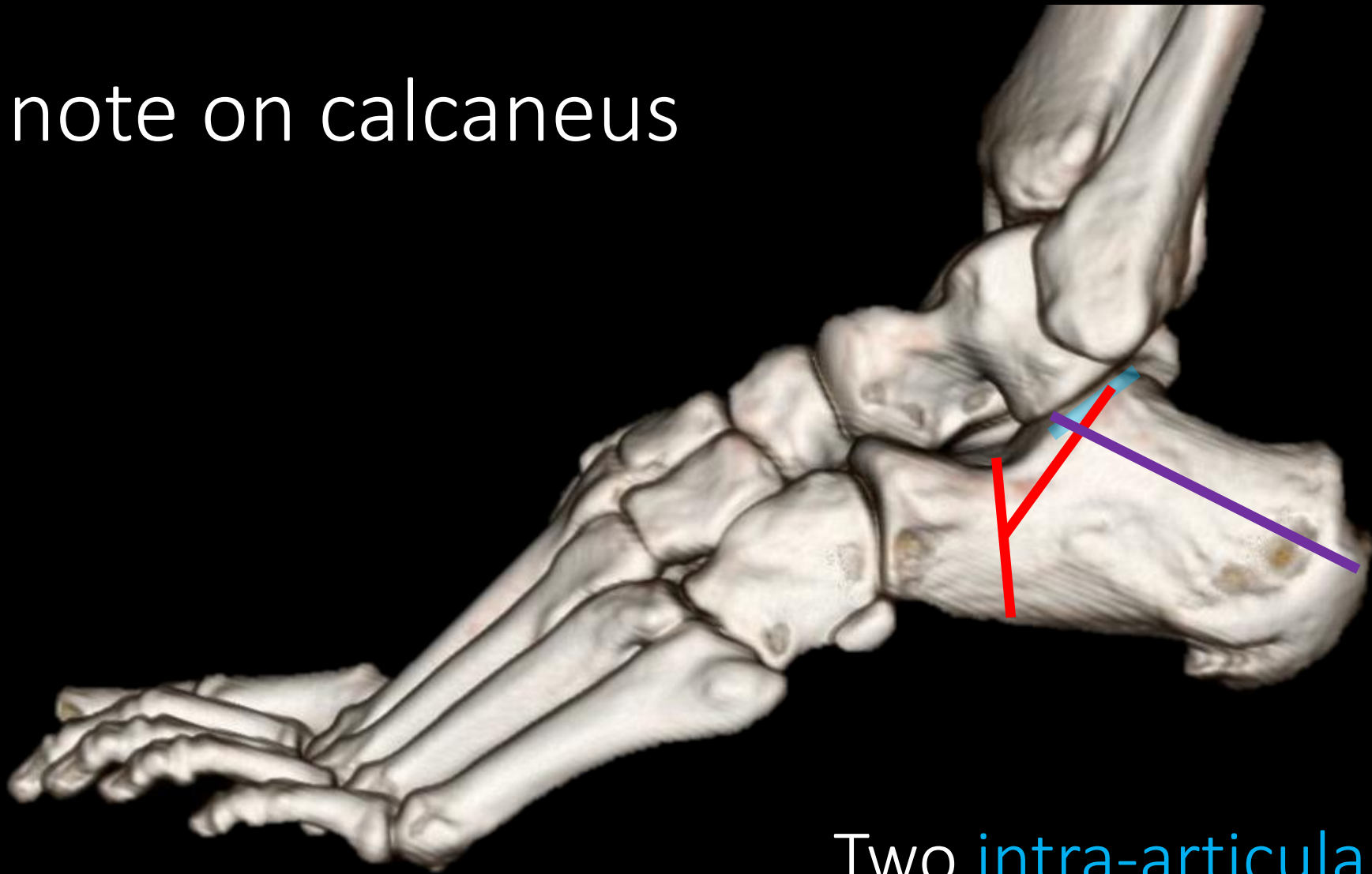


Brief note on calcaneus frx



“Intra-articular” means fx involves the posterior subtalar facet

Brief note on calcaneus

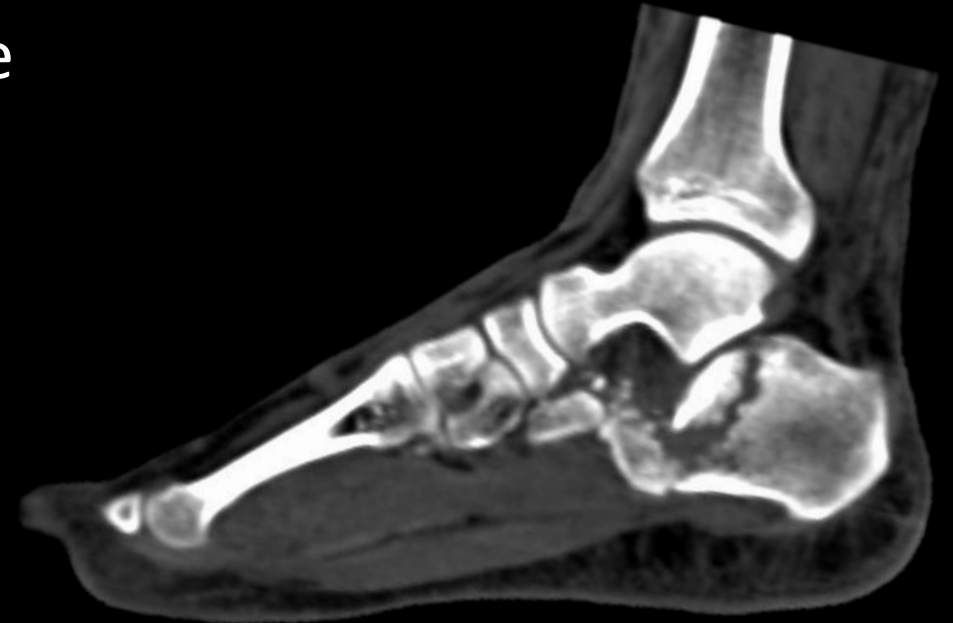


Two intra-articular types:
joint depression
tongue-type

Intra-articular,
tongue type



Intra-articular, joint
depression



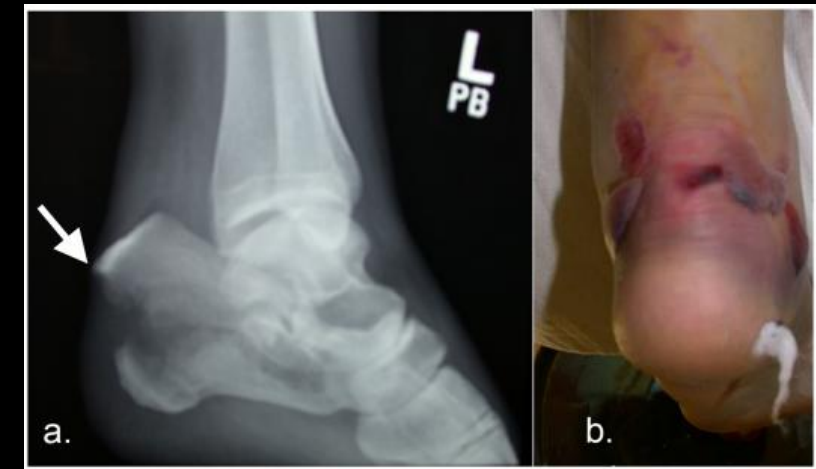
Which one of these
makes you more
nervous?



Up to 21% posterior skin compromise
Risk of infection, wound dehiscence,
skin necrosis

Unlike joint-depression, displaced
tongue types require **urgent** fixation

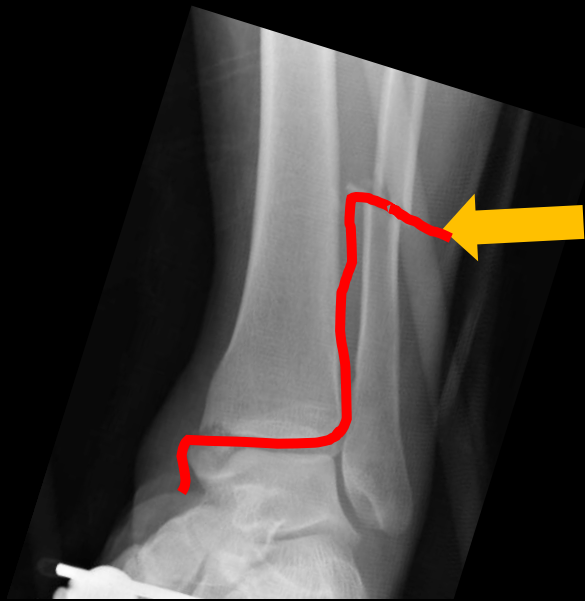
Vikes!



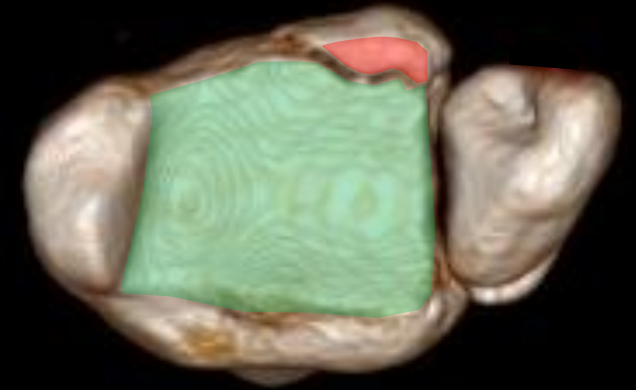
White EA et al. Intra-articular tongue-type fractures of the calcaneus: anatomy, injury patterns, and an approach to management. Emerg Radiol. 2019 Feb;26(1):67-74.



Spiral distal tib fx?
Check posterior malleolus



C = mortise "Can't"
be intact



On CT: eval size, site and
displacement of the posterior
malleolus fracture



BPM: cheat to catch that
posterior malleolus fracture



Watch out for displaced
tongue-type!

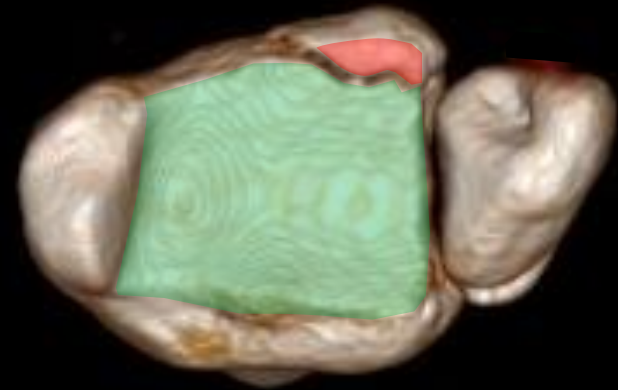


Evaluate each joint in turn...

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Thank you!



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