Neglected lateral peritalar dislocation

Kumaran CM¹, Ananthabalram B², Mohammed Asif³

An adult male presented with history of fall of two months duration. He complained of pain in his right foot and ankle.

Radiographs of ankle and foot showed an unreduced lateral peritalar dislocation. He was treated with open reduction and K-wire fixation. The patient recovered well and there was no avascular necrosis of talus at one year follow up.

This case is reported as this is a rare clinical condition and to emphasise the fact that arthrodesis need not be the primary treatment option in cases that present late.

**Keywords:** Neglected peritalar dislocation, open reduction, K wire fixation

---

A 45 year old male presented with history of fall of two months duration. He complained of pain in his right foot and ankle.

Clinical examination revealed bony prominence on the medial border of hind foot. (Figure 1) Radiographs of ankle and foot showed an unreduced lateral peritalar dislocation (Figures 2a, 2b). There were no radiological signs of avascular necrosis. There was no distal neurovascular deficit.

Since there were no evidences of avascular necrosis, it was decided to reduce the dislocation. He was treated by open reduction and fixation using K-wires. (Figures 3, 4, 5a, 5b)

The post operative period was uneventful, wound healed well. K-wires were removed after 6 weeks. Non weight bearing exercises were given for two weeks. Weight bearing was started after the eighth post operative week.
The patient recovered well and there was no avascular necrosis of talus after one year follow up.

**DISCUSSION**

Lateral peritalar dislocation is a very rare injury and only few cases have been reported in literature. This case is extremely rare case because of its late presentation. It is interesting to note that in spite of 2 months delay, avascular necrosis did not occur.

**CONCLUSION**

Lateral peritalar dislocation is a rare injury. Many cases present late. Ankle arthrodesis is usually considered as the primary option in such cases that present late, because, the vascularity of talus is usually compromised in this injury.

The case described here suggests that, ankle arthrodesis need not be considered as the primary option in the late cases of peritalar dislocations. Good results could be achieved by open reduction, as in the case described.

**REFERENCES**


Cite this article as:

Source of funding: Nil; Conflict of interest: Nil