

Subtalar Dislocation In A Young Athlete (About One Case)

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Abstract: Medial subtalar dislocation is a rare dislocation and is not commonly seen as a sport injury. The authors report the case of a young athlete (footballer) who presented a medial subtalar dislocation. The treatment was orthopaedic with a very good functional result.

Keywords: Dislocation; Subtalar; Sports injury.

INTRODUCTION

Subtalar dislocation is a rare complete lesion, especially when it is pure. It represents only 1% of all trauma dislocations observed (1). Internal variety remains the most common.

OBSERVATION

We report the case of a 20 year old patient with no history pathological individuals who suffered trauma to the left foot following a challenge with foot jammed against the ground. The initial clinical examination revealed localized pain with deformation of the mid-tarsal region without opening or skin lesion vascular- nervous (Fig1).



Fig1: deformation ankle

Radiographs objectifying subtalar dislocation medial pure (Fig2).



Fig2: Radiological aspect of the intern subtalar dislocation pure.

Closed reduction was performed under general anaesthesia by emergency manoeuvre hard boot (eversion and ridding of calcaneo-pedal block). Radiological control objectified good joint congruency after reduction (Fig3, Fig4).



Fig3, Fig4: Radiological control after reduction, face and profile

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The immobilization was done by a boot cast for six weeks, and rehabilitation has been undertaken. The patient resumed his sports three months after the trauma. After falling 12 months, clinical examination revealed a subtle painless. Mobility tibio-talar is normal and mobility subtalar joint is a bit steep, without pathological laxity. Plain radiographs are normal.

DISCUSSION

It is a rare entity. Very few cases have been described in the literature (2,3,4,5). This type of dislocation is according Leitner (8) 1% of all dislocations. Only the internal dislocation talocalcaneo-navicular is interesting to describe as the most common.

Path-physiology: The mechanism is still found in a blocked in the version equinus foot. This situation occurs frequently during sporting accident jump landing as basketball, volleyball, dance ... Y. Allieu (1) has described the mechanism: in this position, the anterolateral bundle of the ligament interosseous talocalcaneal is vulnerable element. In case of out of it, the head of the talus is found outside and calcaneo-pedal block diverges slope inwards, under the pressure of the tibial axis. And occurs talo-navicular dislocation, anterior and posterior dislocation talo-calcaneal, talo-calcaneal subluxation. If the energy is not exhausted, there is a complete posterior talo-navicular dislocation. In the literature (2,3,4,5,6,9,10) two types of dislocation are described: the most frequent internal and external dislocations dislocations.

Diagnosis: it is evident in the complete dislocation and neurovascular complications and especially skin should be sought. In subluxation, the diagnosis is suspected on clinical and confirmed by radiography. Radiographs should include an anteroposterior radiograph of the talo-crural joint, a profile of the foot and dorso-plantar face. We must look for bony avulsions or associated fractures. The reduction must be emergency and is usually easy as premedication or general anaesthesia. Rarely, treatment should be surgically. The reduction is a priori stable and does not require synthesis. The knee should be flexed to relax the Achilles tendon and the foot should be icons before ridging calcaneo-pedal the block.

Treatment: the reduction should be maintained in a boot cast for 3-6 weeks without support. The evaluation shows that the necrosis of the talus are exceptional (9,10). The long-term prognosis is good except in cases of cutaneous opening or associated fracture that may cause subtalar arthrosis. The association of cartilage lesions is common and found in 67% of cash (7).

CONCLUSION

Subtalar dislocation is a rare injury. In most cases, this is internal dislocation. The reduction is done by external operation. The prognosis is good unless exposed dislocation and / or associated fractures.

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