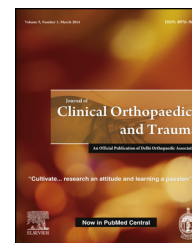


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Case Report

An isolated middle cuneiform dislocation with a rare violence. Case report and literature review

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ABSTRACT

Objective: To report how a case of isolated middle cuneiform dislocation is diagnosed mainly by suspicion and careful imaging.

Clinical presentation and intervention: A 39-year-old male presented with localized foot pain after a sideways compression of the foot on ground. X-rays revealed an empty middle cuneiform site. CT confirmed the finding of an isolated middle cuneiform dislocation. He had operative reduction and stabilization, followed by a good foot function.

Conclusion: The diagnosis of such an injury should be kept in mind in patients while examining the foot injuries in general. Imaging including CT scan of the foot is necessary to confirm the diagnosis and to plan for the surgical treatment. The case was presented to highlight the need to watch out for them and care for them at the earliest.

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1. Introduction

More exposure of the feet to mechanical trauma increases the risk of foot injuries. The same is true with common with manual laborers who also have the habit of barefooted walking. Isolated middle cuneiform dislocations are rare injuries. There have been a few case-reports of dorsal isolated middle cuneiform dislocation. Here we report an isolated dorsal dislocation of the middle cuneiform.

2. Case-report

A 39-year-old gentleman was admitted to our outpatient clinic with complaints of pain in his left foot. He had been stamped on the medial part of his right foot by another person during a fight. At that time his foot was lying with its lateral border touching the ground. His medical history revealed no specific chronic disease. He was a known alcoholic and smoker for past 10 years. He was married and had two children. When he

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Fig. 1 – A painful swelling on the dorsum of the patient's mid-foot and immediately distal to this swelling was an indentation.

was admitted to our hospital, his physical examination revealed a tender swelling on the dorsum of the mid-foot. Immediately distal to this swelling was an indentation (Figs. 1 and 2). His antero-posterior view X-ray showed absence of middle cuneiform in its normal site – 'vacant cuneiform' sign in (Fig. 3). A diagnosis of isolated dorsal dislocation of the middle cuneiform was made. A CT scan confirmed that diagnosis (Fig. 4). Under spinal anesthesia a tourniquet was applied in the thigh. A closed reduction which was tried was not successful. Hence a longitudinal incision centering over the swelling was made and proceeded distally up to the base of the second-metatarsal. The extensor hallucis longus tendon was exposed and retracted. The dislocated middle cuneiform was identified. There was proximal soft tissue attachment to the middle cuneiform which was carefully preserved. Distal to the middle cuneiform, its recess was identified. In the distal part of the recess, the base of second metatarsal was seen. In its proximal part the distal end of



Fig. 2 – Another view of the swelling on the dorsum of the patient's mid-foot.



Fig. 3 – The patient's left foot X-ray showing the empty cuneiform site.

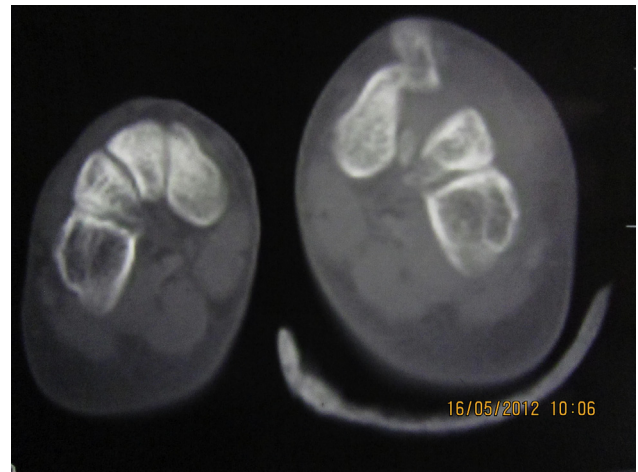


Fig. 4 – CT Scan of the patients left foot shows the dorsally dislocated middle cuneiform.

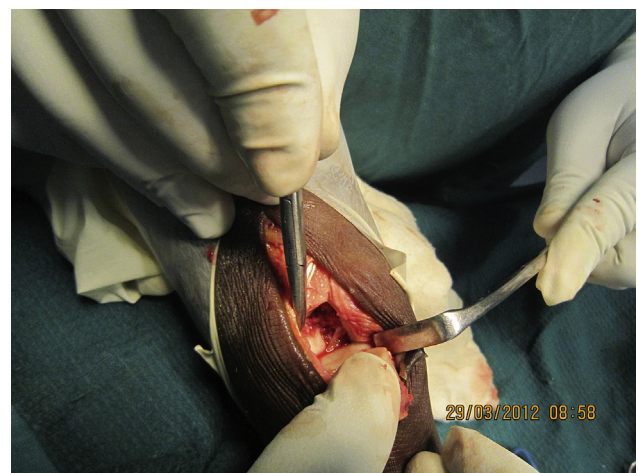


Fig. 5 – The middle cuneiform recess between the base of second metatarsal distally and navicula proximally is seen.

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