

## CASE REPORT

# Traumatic dislocation of posterior tibial tendon by avulsion of flexor retinacular release. Reconstruction with suture anchors<sup>☆</sup>



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Received 26 January 2014; accepted 1 April 2014

### KEYWORDS

Tendon;  
Tibial;  
Posterior;  
Dislocation;  
Avulsion;  
Surgical treatment

### Abstract

**Introduction:** Traumatic dislocation of the posterior tibial tendon (PTT) has a very low prevalence. It presents with pain and recurrent snapping on the posterior side of the medial malleolus after an ankle sprain while practicing sports. The diagnosis is based on clinical examination, supported by imaging techniques. The treatment must be always surgical.

**Case report:** A 28-year-old man sprained his ankle while jogging. He was treated in an emergency department with an elastic bandage. Once he recovered, he went back to running, noticing a projection with ankle pain. In the physical examination the PTT was reproduced with inversion maneuvers and forced dorsiflexion. Ultrasound and MRI were performed on the ankle. The patient was operated on, leaving a stable ankle with no projection. Three months later he had no pain and restarted his physical activities.

**Conclusion:** Surgical treatment of PTT dislocation by re-anchoring the flexor retinacula provides an excellent functional outcome.

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### PALABRAS CLAVE

Tendón;  
Tibial;  
Posterior;  
Luxación;  
Avulsión;  
Tratamiento quirúrgico

## Luxación traumática del tendón tibial posterior por avulsión del retináculo flexor. Reconstrucción con suturas con anclajes

### Resumen

**Introducción:** La luxación traumática del tendón tibial posterior (TTP) es una entidad con muy baja prevalencia. Debuta con dolor y resalte retromaleolar medial tras un traumatismo en inversión del tobillo con la práctica deportiva. El diagnóstico se basa en la exploración clínica, apoyado en pruebas de imagen. El tratamiento debe ser quirúrgico.

<sup>☆</sup> Please cite this article as: Godino M, Vides M, Guerado E. Luxación traumática del tendón tibial posterior por avulsión del retináculo flexor. Reconstrucción con suturas con anclajes. Rev Esp Cir Ortop Traumatol. 2015;59:211–214.

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**Caso clínico:** Varón de 28 años que presenta giro forzado del tobillo en inversión del pie y dorsiflexión del tobillo, mientras realizaba una carrera. Es atendido en urgencias donde se trata como esguince de tobillo con vendaje elástico. Una vez recuperado comienza la práctica deportiva notando un resalte con dolor en el tobillo. En la exploración física se reproduce el resalte del TTP con maniobras de inversión y dorsiflexión forzada. Se completa el estudio con ecografía y RMN. El paciente se interviene quirúrgicamente mediante reinserción del retináculo flexor, quedando un tobillo estable y sin resalte. A los 3 meses postoperatorios el paciente reinicia su práctica deportiva.

**Conclusión:** Tras el diagnóstico clínico de luxación del TTP, el tratamiento quirúrgico mediante reinserción del retináculo flexor consiguió un excelente resultado funcional.

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## Introduction

Traumatic dislocation of the posterior tibial tendon (PTT) is a very rare entity. Very few cases have been described in the literature, starting with the first case reported by Martins in 1874.<sup>1</sup> Its onset presents pain and snapping sensation following trauma with ankle inversion, usually during sports practice.<sup>2,3</sup> The diagnosis is based on a clinical exploration with pain, swelling and ecchymosis in the ankle, and is completed by simple radiographs and magnetic resonance imaging (MRI) scans of the ankle.<sup>4</sup> This lesion can sometimes go unnoticed and its treatment should be surgical.<sup>5</sup>

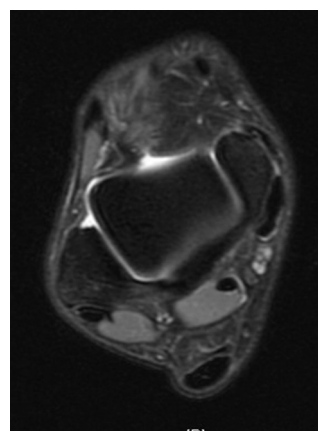
This work presents a case of acute and traumatic ankle instability due to a dislocation of the PTT whilst running.

## Case report

The patient was a 28-year-old male with no relevant history who, during the course of an athletics race, suffered a trauma with forced inversion of the right ankle. The clinical exploration found ecchymosis and swelling, with pain upon mobilization of the ankle. We obtained simple anteroposterior and lateral radiographs of the right ankle and treated the lesion by immobilization through a functional bandage and progressive load during 3 weeks. Upon restarting sports practice, the patient reported pain and a snapping sensation in the ankle. Exploration observed the snapping upon forced inversion and dorsiflexion maneuvers. An ultrasound study showed dislocation of the PTT in dorsiflexion and its reduction in plantar flexion. The MRI study revealed bone avulsion of the flexor retinaculum, with no damage to the PTT (Fig. 1).

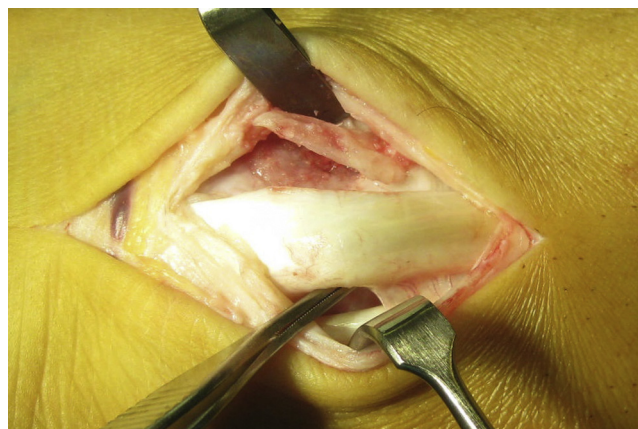
The patient underwent surgery 4 months after the lesion, as it had gone unnoticed at the emergency service. The small bone fragment was resected and the retinaculum was reinserted by means of 2 Stryker® titanium wedge anchors of 3 mm (Kalamazoo, Michigan, USA), as well as reinforcement with non-absorbable suture. The ankle was immobilized for 4 weeks with a plaster cast. After its removal, physiotherapy was started for a period of 2 months (Figs. 2 and 3).

Full ankle function had been regained 3 months after discharge, with full and asymptomatic plantar flexion, dorsal



**Figure 1** Axial T2 MRI image showing bone avulsion in the tibial malleolus.

flexion, inversion and eversion. The ankle presented normal strength. Two years after the lesion, the patient has not suffered a new dislocation, is currently asymptomatic and continues to practice sports with normality (Fig. 4).



**Figure 2** Avulsion fracture of the retinaculum, with release of the bone fragment in the flexor retinaculum.

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