

BOTA CASE OF THE MONTH

MINI OPEN CALCANEAL OSTEOSYNTHESIS IN A 74 YEAR OLD DIABETIC

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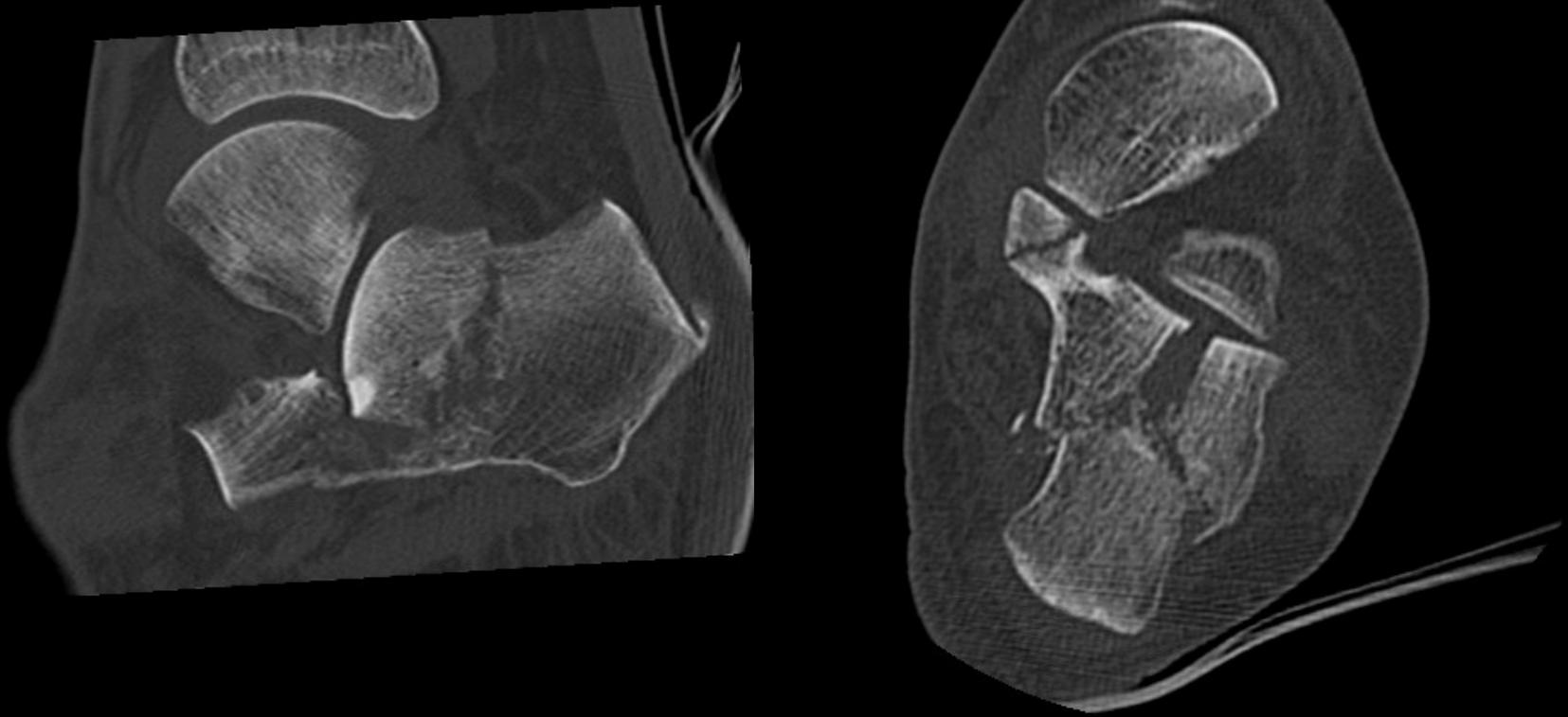
CASE PRESENTATION

- * 74 YEAR OLD LADY
- * TYPE 1 INSULIN DEPENDENT DIABETES FOR 10 YEARS
- * SANDERS TYPE 2 CALCANEAL FRACTURE:JOINT DEPRESSION TYPE



MODERATE SOFT TISSUE SWELLING
LATERAL AND MEDIAL HAEMATOMA
NO BLISTERING

subtalar joint has only one fracture line, the lateral fragment is depressed and rotated, the medial fragment is in place





TREATMENT OPTIONS

FULL OPEN ORIF THROUGH HOCKEYSTICK INCISION

- + Excellent reduction and fixation
- high risk of flap necrosis in diabetic

PERCUTANEOUS RIF

- +No soft tissue issues
- -Difficult reduction

- MINI OPEN RIF

- + Soft tissue risk is minimal
- + adequate reduction of the subtalar fragment
- Is feasible

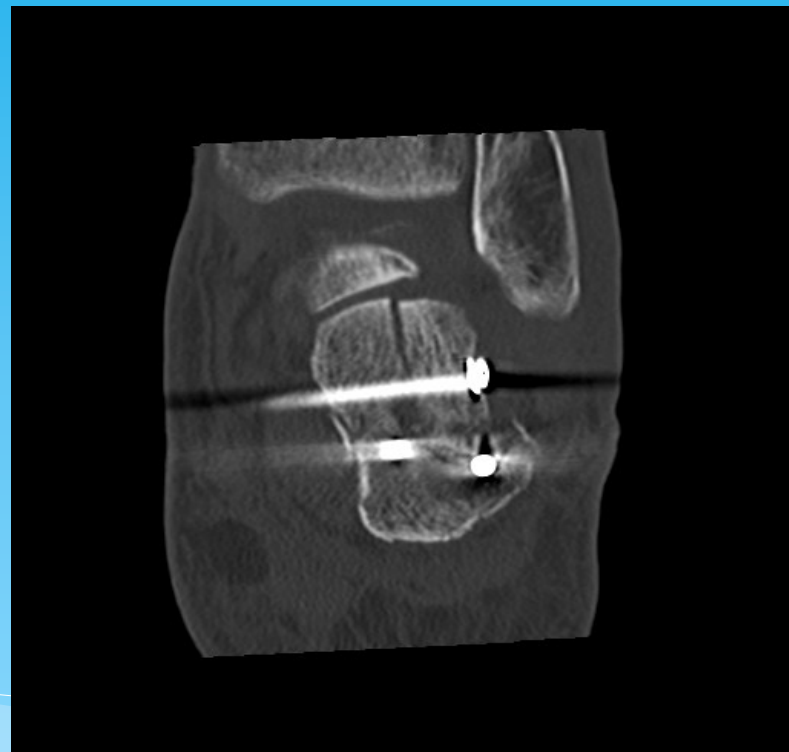
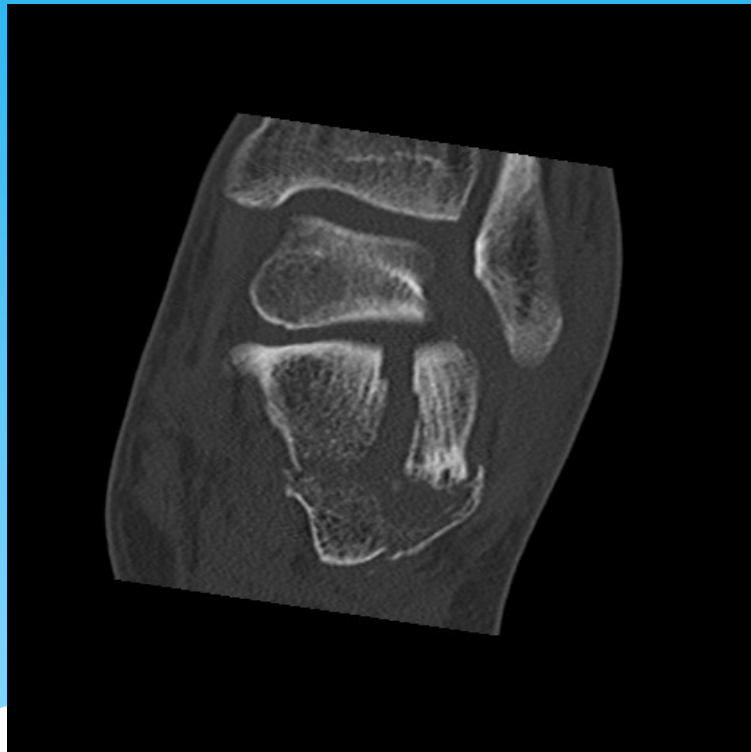
MINI OPEN: HOW?

In this case we used a classic Ollier incision opening the sinus tarsi and giving a visual control over the reduction of the lateral subtalar fragment



LATERAL FRAGMENT REDUCTION AND FIXATION

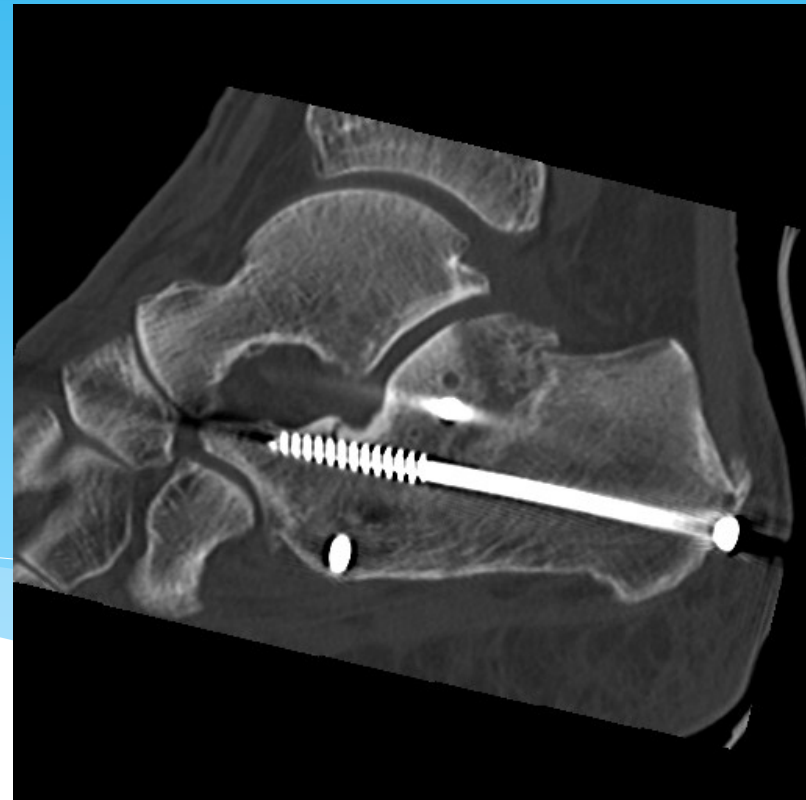
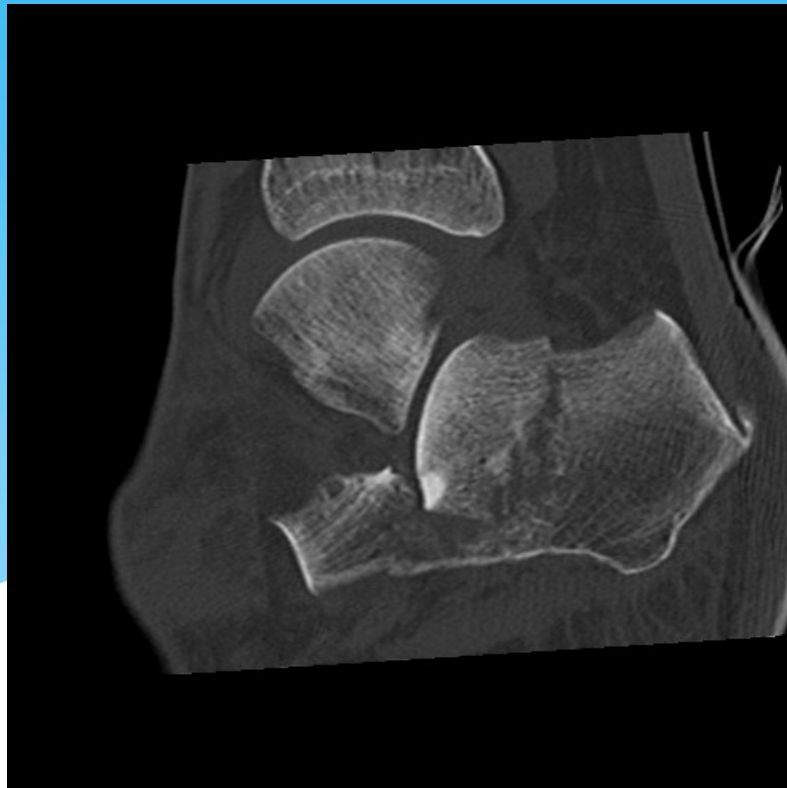
Using the mini approach and X-ray imaging (brodens view)
The lateral subtalar fragment was reduced and fixed using one
3,5 cortical lag screw



RESTORATION OF BOHLERS AND GISSANES ANGLE

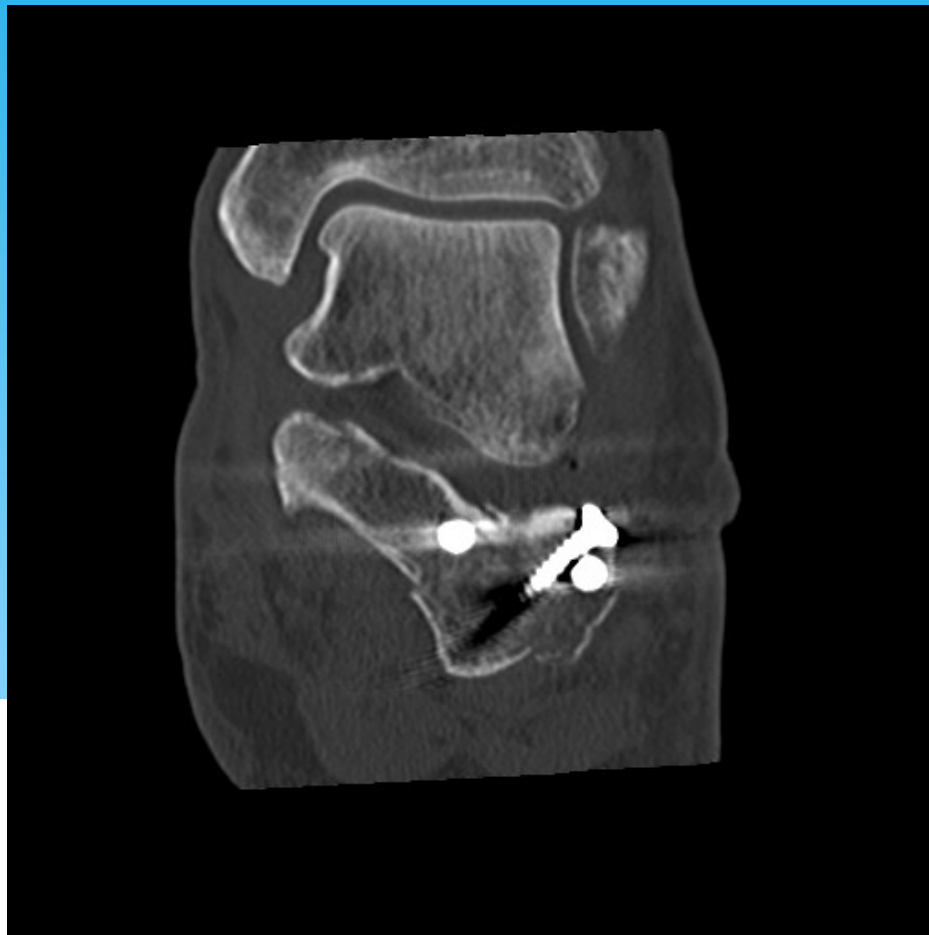
Using two long 7,3 canulated screws inserted from the posterior side of the calcaneal tuberosity and using the guidepins as a joystick lever it was able to restore the gross anatomy of the calcaneus

At the same time the lateral screw supports the lateral subtalar fragment and prevents it to rotate forward again after reduction



ANTERIOR PROCESS FRACTURE

The fracture pattern also contained an anterior process fracture, It was addressed through the Olliers incision (which provides ample view of the anterior process) and fixed with one oblique 3,5 lagscrew



BEFORE AND AFTER

