PURE INTERNAL SUBTALAR DISLOCATION : ABOUT A CASE

I. AIT Hadj Sliman, A. Abdelaoui, H. ZIM, M.A. Benhima, I. Abkari, Y. Najeb and H. Saidi
Orthopaedic and Trauma Service at the Mohammed VI Marrakech University Hospital.

Introduction:-
Pure subtalar dislocation is the displacement of the calcaneo-pedious set below the slope maintained in the tibio-fibular mortaise, without associated fracture. It is a rare lesion, 1% of all dislocations observed in traumatology.

Patient and Observation:-
This was a 38-year-old female patient with nonesignificant medical history who had suffered a right ankle injury following a domestic accident (slide on the sidewalk) with a mechanism describing a reversal and an equinus of the right foot. The clinical study had objectified a pain with functional impotence of the limb, a deformity of the middle tarsal region with edema of the ankle, abrasions of the outer face of the ankle without skin opening or notable vascular-nervous lesions (Figure 1). Standard radiography made it possible to diagnose a pure subtalar dislocation (Figure 2). The reduction was carried out under general anesthesia by the tear-pulling boot manoeuvre, the ankle being stable at the test, a control X-ray had shown a good joint congruence (Figure 3). The ankle was immobilized in a plastered boot for 6 weeks without support followed by functional rehabilitation. The functional result was excellent with a 6-month decline and sports recovery was allowed at 3 months.

Discussion:-
Subtalar dislocation is a rare affection, very few cases have been described in medical books often in the form of isolated cases, the internal variety is the most common and its the fact that inversion is the main position of foot instability that explains the high frequency [1,2]. The mechanism of medial subtalar dislocation is a forced reversal with a foot locked on the ground causing a ligament rupture in a precise chronological order: first the dorsal talo-navicular ligament is injured, then the two bundles of the interossal ligament or ligament in hedge and finally the calcaneo-fibular ligament [3]. The clinical deformation is obvious and the diagnosis is confirmed on analysis of standard X-rays of the foot and ankle without skin opening or notable vascular-nervous lesions (Figure 1). Standard radiography made it possible to diagnose a pure subtalar dislocation (Figure 2). The reduction was carried out under general anesthesia by the tear-pulling boot manoeuvre, the ankle being stable at the test, a control X-ray had shown a good joint congruence (Figure 3). The ankle was immobilized in a plastered boot for 6 weeks without support followed by functional rehabilitation. The functional result was excellent with a 6-month decline and sports recovery was allowed at 3 months.

Corresponding Author: I. AIT Hadj Sliman
Address:- Orthopaedic and Trauma Service at the Mohammed VI Marrakech University Hospital.
relatively good for the most authors except in cases of skin opening or associated fracture [1,4,5]. The risk of talar necrosis is estimated at 4% and that of subtalar osteoarthritis 31% [5].

**Conclusion:**
The internal subtalar dislocation is a rare trauma affection, its diagnosis is easy, the treatment often consists of a reduction by external maneuver under general anesthesia, except in cases of irreducibility by incarceration of a ligament where a surgical reduction is required. These are a good prognostic lesions except in cases where they are associated with a skin opening.

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Figure 1: Initial clinical inspection after trauma.

Figure 2: Pre-reductional X-ray showing pure internal subtalar dislocation.
Figure 3: X-ray After Reduction Showing Good Joint Congruence.

References: