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Orthopedie Surgery

A Rare Case of Pure Subtalar Dislocation in a Basketball Player (About a Case)

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Abstract

Pure subtalital dislocation is a rare condition, the authors report the case of a young patient who presented after a sports accident a dislocation external pure, treated orthopedically with a good functional result.

Keywords: External subtalar dislocation, sport accident.

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INTRODUCTION

Pure subtalar dislocation is an exceptional lesion in sports traumatology. It concerns talocalcaneal and talo-navicular joints. The authors report a single case of pure lateral subtalar dislocation in a basketball player.

OBSERVATION

Basketball player of 24 years, having presented following the receipt of a jump, pain with total functional impotence of the right ankle. On examination, the foot is in abduction, pronation with sagging of the arch. The skin of the medial face was tense and ecchymotic without cutaneous opening. There was no vasculo-nervous abnormality. Standard radiography revealed pure lateral subtalar dislocation. The patient received a reduction under general anesthesia, with a plastered boot for 6 weeks, followed by a long period of rehabilitation. . He was able to recover a normal walk in the 3rd month and resume his sports activity at the same level, in the 9th month. After 3 years of follow-up, no sign of instability or osteoarthritis was noted.



Sagging of the arch with taut skin at the medial aspect of the foot



Lateral Subtalar Dislocation

Case Report



Control After Orthopedic Reduction

DISCUSSION

Pure subtalar dislocation accounts for 1% of all traumatic foot injuries. Lateral dislocation accounts for 17% of cases [1, 2]. It occurs as a result of high-energy trauma, mainly during motorcycle accidents. Sports accidents resulting in such injuries are very rare; the most incriminated sport is basketball [1, 3, 4].

The treatment consists of an urgent reduction in order to limit the cutaneous and vascular tendon suffering. The multiplication of attempts at reduction must be proscribed because it causes iatrogenic cartilaginous lesions. In case of difficulty, surgical reduction by anterolateral approach is required, it was considered necessary in 32% of cases in some series [4, 2].

Palma has recently demonstrated that immobilization in a plastered boot for 6 weeks offers a very good functional result [4]. We have adopted the same attitude in our patient.

CONCLUSION

Lateral subtalar dislocation is exceptional in sports practice. The prognosis is worse compared to medial dislocations, dominated by posttraumatic subtalar osteoarthritis.

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