

OSTEOCHONDRAL TALUS

Anterolateral or Posteromedial shear fracture of dome of the talus

Caused by inversion injury in Plantarflexion or dorsiflexion

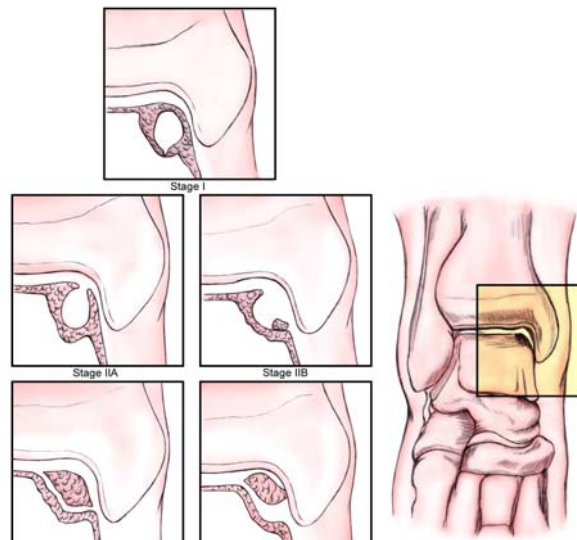
1. X ray

Osteochondral fractures

- 1 Compressed lesion
- 2 Undisplaced
- 3 Partially displaced
- 4 Complete displacement

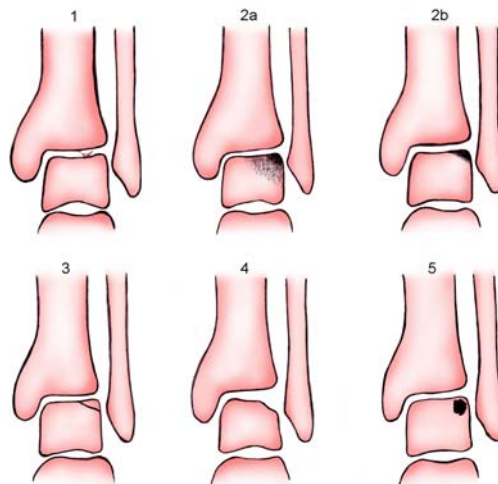


2. CT



3. MRI

- A Intact cartilage
- B Rough surface
- C Fissures
- D Bone exposed
- E Displaced fragment



TREATMENT

X ray and MRI assessment

CT assessment for planning approach

Approach

Anterolateral approach for Anterolateral lesions

Posteromedial lesions: may need medial malleolar osteotomy

Fragment size

Small fragment Arthroscopic debridement and microfracture

Large fragment Arthroscopic debridement and drilling with microfracture for larger defects

Or Bone grafting of defects larger than 1.5 cm

All patients are generally kept non-weight bearing for 4 to 8 weeks, but early range of motion should start at 1 week.

“FOOT BALLER’S ANKLE”

Anterior ankle impingement

Anterior. bone or soft tissue impingement

Osteophytes are intracapsular.



Ball contact is predominantly with dorsomedial aspect of the foot and ankle and the kicking velocity

is at an average speed of 96 km/h.

In 41% osteophytes may present before fracture.