

ISOLATED CLOSED TARSAL NAVICULAR DISLOCATION MANAGED BY OPEN REDUCTION AND K-WIRE FIXATION A CASE REPORT

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INTRODUCTION	OPERATIVE FINDINGS	DISCUSSION
<p>ISOLATED DISLOCATION OF THE TARSAL NAVICULAR IS AN EXTREMELY RARE MIDFOOT INJURY DUE TO THE STRONG LIGAMENTOUS SUPPORT OF THE TALONAVICULAR JOINT. IT USUALLY RESULTS FROM HIGH-ENERGY TRAUMA SUCH AS ROAD TRAFFIC ACCIDENTS AND IS OFTEN MISSED ON INITIAL EVALUATION. EARLY RECOGNITION AND ANATOMICAL REDUCTION ARE THEREFORE ESSENTIAL FOR A GOOD FUNCTIONAL OUTCOME.</p>	<p>ORIF THE TALONAVICULAR JOINT WAS PERFORMED THROUGH A DORSOMEDIAL APPROACH. INTRAOPERATIVELY, THE NAVICULAR WAS FOUND TO BE DISPLACED WITH DISRUPTION OF THE TALONAVICULAR JOINT CAPSULE, AFTER ACHIEVING ANATOMICAL REDUCTION, THE JOINT WAS STABILIZED USING K WIRES UNDER FLUOROSCOPIC GUIDANCE. ADEQUATE ALIGNMENT AND STABILITY WERE CONFIRMED BY C-ARM. THE LIMB WAS IMMOBILIZED POSTOPERATIVELY.</p>	<p>ISOLATED NAVICULAR DISLOCATIONS ARE RARE DUE TO THE INHERENT STABILITY OF THE MIDFOOT. HIGH-ENERGY TRAUMA IS USUALLY REQUIRED TO DISRUPT THE STRONG LIGAMENTOUS STRUCTURES. DIAGNOSIS CAN BE CHALLENGING, AND ADVANCED IMAGING SUCH AS CT SCAN PLAYS A CRUCIAL ROLE IN IDENTIFYING THE INJURY AND RULING OUT ASSOCIATED FRACTURES. CLOSED REDUCTION MAY BE ATTEMPTED INITIALLY; HOWEVER, OPEN REDUCTION WITH STABLE FIXATION IS OFTEN REQUIRED TO ACHIEVE AND MAINTAIN ANATOMICAL ALIGNMENT. EARLY SURGICAL INTERVENTION HELPS RESTORE JOINT CONGRUITY AND PREVENTS LONG-TERM COMPLICATIONS SUCH AS MIDFOOT ARTHRITIS AND FUNCTIONAL IMPAIRMENT.</p>
<p>CASE REPORT</p> <p>A 47Y/M CAME TO OPD WITH COMPLAINTS OF PAIN, SWELLING, AND DEFORMITY OF THE MIDFOOT. H/O RTA 2MONTHS BACK. O/E DIFFUSE MIDFOOT SWELLING WITH TENDERNESS AND DEFORMITY, WHILE DISTAL NEUROVASCULAR STATUS WAS INTACT. PLAIN RADIOPHOTOGRAPHS OF THE FOOT SHOWS DISLOCATION OF THE TARSAL NAVICULAR. CT WAS PERFORMED TO FURTHER EVALUATE THE INJURY AND CONFIRMED AN ISOLATED CLOSED NAVICULAR DISLOCATION WITHOUT ANY ASSOCIATED FRACTURES. AND THE PATIENT WAS ADVISED STRICT NON-WEIGHT BEARING.</p>		<p>CONCLUSION</p> <p>ISOLATED TARSAL NAVICULAR DISLOCATION IS A RARE BUT SERIOUS INJURY THAT REQUIRES A HIGH INDEX OF SUSPICION. EARLY DIAGNOSIS, ACCURATE IMAGING, AND PROMPT ANATOMICAL REDUCTION WITH STABLE FIXATION ARE KEY TO ACHIEVING GOOD FUNCTIONAL OUTCOMES AND PREVENTING LONG-TERM MORBIDITY.</p>
		 <p>AFTER 6 MONTHS</p> 