

# TREATMENT OF A CASE OF ENLARGED OS TRIGONUM



## PRESENTATION OF THE CLINICAL CASE

I present a clinical case of a 72-year-old woman, who started with pain in the posterior region of the right ankle a year ago, with dysfunction and discomfort that made it difficult for her to walk normally. The pain has been increasing and has caused problems for walking constantly. It is accompanied by swelling of the ankle and foot in the posterior region.

## PHYSICAL EXPLORATION

In the clinical examination a slightly swollen foot was observed in the posterior region, with alignment of the calcaneus in discrete valgus and pain on palpation in the postero-lateral region at the level of the Achilles tendon and in the postero-medial region at the level of the internal retromalleolar region, which increased with the mobilization of the first toe. There was pain in the forced plantar flexion of the foot in the posterior area of the ankle. The mobility of the subtalar joint and the tibio-peroneal-talar joint was normal and pain-free.

### X RAY

Enlarged  
OS TRIGONUM



### IRM

Confirmation of os trigonum in the sequences T1 y T2

Osteo-condral lesion (OCL) in the talar dome in zone 6

Bone edema in the posterior region of talus

Subtalar degenerative arthritis



## TREATMENT

Surgery was performed in the posterior region of the right ankle, considering whether to perform it by endoscopic technique according to Niek Van Dick criteria (2002) or by open surgery with a lateral aquilea approach according to Myerson (2005) criteria. Due to the size of the ossicle, we preferred to do it by open technique, since it seemed more appropriate and less difficult. We proceeded to perform under general anesthesia (the patient had a lumbar vertebral instrumentation performed) and peripheral nerve blocks in the prone position.

### First stage:

Longitudinal incision for lateral aquilea and deepening until dissection of os trigonum; resection of os trigonum that could not be performed whole but by pieces.



**Second stage:** location of the talus and perforation of the same with a bone biopsy needle for intraosseous infiltration of PRP (platelet-rich autologous plasma).



**Third stage:** Infiltration of PRP in the long flexor tendon of the hallux, in the posterior subtalar joint, in the tibio-peroneal-talar joint and in the deep structures of the posterior region of the right ankle.

### Closing:

Suture of the subcutaneous cellular tissue and skin, plus placement of a vacuum drainage system that was maintained 24 hours.



## POSTOPERATIVE RADIOGRAPHIC CONTROL

In the postoperative radiographic control the complete resection of os trigonum is evidenced with the presence of drainage in the deep posterior region of the ankle.



## HOSPITAL DISCHARGE

The day after the intervention, the drainage that produced 75 cc of blood was removed, the wound was cured and a sterile dressing and a normal compression stocking were placed up to the thigh.

The patient has walked independently with the help of crutches and pain has been controlled with analgesics, so she was discharged to her home.