

## COMPLETE TALUS DISLOCATION WITH COMMINUTED FRACTURE AROUND ANLKE JOINT - A CASE REPORT

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**Introduction:** Total talus dislocation is rare injury. It is usually preceded with high energy injury around the ankle joint with either from excessive supination or excessive pronation.

**Discussion:** A 20 years old, male involved in motor vehicle accident having open wound and deformity around left ankle joint. He also having ipsilateral femur and patella fracture. Plain x ray showing complete dislocation of talus with fracture of medial malleolus. Patient underwent surgical debridement with open reduction of talus. There was comminuted fracture at body and posterior aspect of talus extending to subtalar region which was fixed with multiple k wire. Ankle joint was stabilize with cross ankle external fixator. Medial malleolus was fixed with screw in same setting and during operation, noted syndesmotoc joint was open up, reduced and fixed with screw.

**Conclusion:** Avascular necrosis is one of the most common complications that affect functional outcome in talar injuries. Talus is known for its unique blood supply. The body mainly supplied by the tarsal canal artery while head supply by tarsal sinus artery and branches of the dorsalis pedis artery. Additional capsular and ligamentous vessels adjoining the talus also contribute to the blood supply of the talus. The talonavicular ligament has been shown to be a major nutrient supplier to the talus. The risk of avascular necrosis is determined by disruption of the arterial supply and the degree of soft tissue damage. Reduction of dislocated talar neck fractures is a surgical emergency to minimize the vascular compromise.