

## LISFRANS INJURY IN PEDIATRIC; AN UNCOMMON CASE REPORT

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**Introduction:** Foot fractures account for 8% of all pediatric fractures and injuries to the tarsometatarsal (Lisfranc) joint complex are rarely seen in children as large part of foot is made of cartilaginous component, thus relatively they are resistant to fracture. The knowledge about Lisfranc joint injuries is quite restricted and based on studies in adult population as few cases reported in children and adolescents.

**Discussion:** We present a case of 5 years old boy who sustained right foot pain and bleeding after being direct crush by a brick. He had degloving wound over dorsum of right foot but with good circulation of all toes. Radiograph done showed fractured base of first till fourth right metatarsal bones, with second metatarsal bone severely displaced Myerson type A. Proper debridement and Lisfranc fracture reduction maintained by K-wire fixation was done. During follow up at 16 weeks post operation, wound well healed, patient was discharged well, ambulating without tenderness and instability of the Lisfranc joint.

**Conclusion:** Lisfranc injury commonly missed due to complexity of immature plain foot radiograph. A study done by Lisa, et al (2016) in determining age-specific radiographic measurements of the Lisfranc joint to guide the diagnosis conclude that the relationships in the joint as found in the adults cannot be used in pediatrics due to incomplete ossification. However, the diagnosis is apparent in this case thus stable painless plantigrade foot can be achieved and long term problems like instability and chronic pain can be prevented.