

Better safe than sorry: A Rare Case of Compartment Syndrome In Tennis Leg

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INTRODUCTION

“Tennis leg” is a tear of the medial head of gastrocnemius or calf muscle. It usually incurred with extension of the knee and forced dorsiflexion of the ankle. We reported a rare case of compartment syndrome in “Tennis leg” who underwent compartment release.

CASE REPORT

32 year old gentleman with no known medical illness, jump off the back of a truck while working, and sustained pain and swelling over left calf region. On examination his calf was grossly swollen and he was unable to walk. Distal pulses were palpable with no sensory deficit. X-ray showed no fracture, ultrasound done showed medial gastrocnemius tear. He was admitted for pain control. However, despite analgesia, he complains of a pain score of 7-8/10. A clinical diagnosis of compartment syndrome was made. He underwent emergency fasciotomy and compartment release over left calf. Intraoperatively proximately 500 ml blood clot was removed, muscle bulging. A shoelace technique was applied for wound closure. He was discharge on day 3 post operation and followed up in clinic with daily tightening of shoelace knot. Secondary suturing was done on day 7 post op and patient was able to return to full function 2 weeks post op.



Figure 1: Intraoperative picture of compartment release and shoelace technique



Figure 2: From left to right: Gradual tightening on Day 4, Day 6 and closure on Day 7 respectively

DISCUSSION

The complication associated with compartment syndrome are well documented. Delay in treatment of compartment syndrome can lead to significant morbidity and disability¹. Intra-compartmental pressure monitoring remains the goal standard for diagnosis of compartment syndrome. In this case, intra-compartmental pressure monitoring was not done due to limited resource. A diagnosis was made base on high clinician index of suspicion. A timely fasciotomy done ensures that the possible complication associated with delayed diagnosis and treatment are avoided.

CONCLUSION

Compartment syndrome secondary to Tennis leg is very rare. However, when there is high reason for suspicion, fasciotomy should be perform as the benefits outweighs the risk.

REFERENCE

1. Tao, L., Jun, H., Muliang, D., Deye, S. and Jiangdong, N., 2016. Acute Compartment Syndrome After Gastrocnemius Rupture (Tennis Leg) in a Nonathlete Without Trauma. *The Journal of Foot and Ankle Surgery*, 55(2), pp.303-305.