

ISOLATED DORSAL MEDIAL NAVICULAR DISLOCATION WITHOUT FRACTURE: A CASE REPORT

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INTRODUCTION:

The navicular is the keystone for medial longitudinal arch of foot. Isolated navicular dislocation is a rare condition which can lead to long term disability. Anatomical reductions¹ are difficult and various method of reduction required have been reported in the literature. We present our experience of successful close reduction and stabilization of talonavicular and naviculocuneiform joint with k-wire reaping good functional outcome.

REPORTS:

In February 2020, a 27 years old man presented with left foot painful swelling following fall at work place. Initial radiograph seen at the district hospital noted dislocated left navicular bone without any fracture. He was then treated with left below knee slab and referred to our centre. Radiograph showed complete dorsal medial dislocation of navicular bone, close reduction attempted with reduction clamp centred over talus to distract navicular back to its normal place, k-wire 2.0mm inserted engaging from navicular to medial cuneiform, navicular to talus and navicular to cuboid. Post operatively, the ankle was kept in below knee posterior slab for 6 weeks. Gradual weight bearing was started. He gained full range of movement of foot and ankle and discharged asymptotically after completed recovery.

Figure 1: initial radiograph of left foot



Figure 2: close reduction with percutaneous k wire insertion



CONCLUSION:

Although open reduction is the cornerstone for isolated navicular dislocation management, close reduction and percutaneous k wire talonavicular and naviculocuneiform joint approach for isolated navicular dislocation without fracture has showed good outcomes and should be considered. This approach has helped to reduce complications² and proves to be our favoured choice of treatment.

REFERENCES:

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