Dear Client,

This is your second opinion medical advice. You made the right choice to seek an independent medical opinion.

How to read the report

Radiologists list the most likely diagnoses with some weight of probability, often more exams (other than Radiology) are needed to determine the final diagnosis.

What to do next

1. Consult your second medical opinion with your treating physician

Your physician is one of the most important persons on your road to recovery. You need a physician who is qualified and whom you can fully trust.

You can prepare in advance a list of questions you want your doctor to answer. For example: What are the best treatment options? What are the possible risks or side effects? What kind of changes will I need to make in my daily life?

2. Do an online research

There are a large number of health resources and medical forums where you can find information and people from all over the world with the same diagnosis.

The experience and knowledge of others can be a huge support for you. Always be sure though to verify that your information is from a trusted source.

3. Decide your treatment plan

Together with your physician you should work out a treatment plan that best meets your needs. This is the second most important step after receiving your diagnosis.

We wish you quick recovery and strong health,

Your Diagnose.me team

Diagnose.me Case Report

Case number	vobakofu46
Created on [DD/MM/YY]	01 Jun 2016
Written by	Srikanth Narayanaswamy, MD Consultant Musculoskeletal Radiologist **Profile:** https://www.diagnose.me/en/specialists/srikanth-narayanaswamy

1. Clinical information

Gender	Female
Age	50

2. Details of examinations

Modality	Study Description	Series/sequences	Date of exam [DD/MM/YYYY]
Plain film	XR Ankle	AP/Lat	20/10/2011
Plain film	XR Ankle	AP/Lat/Obl	24/11/2011
Plain film	XR Ankle/Foot	AP/Lat	27/11/2011
Plain film	XR Foot	AP/Lat	05/12/2011

3. Patient's question

Was treated for a dislocated talnovicular fracture and fracture of i think the fibia in October 2011 - but have since been told fracture of anterior process (that never went on to unite) and avular fracture of sustentalcum talli were missed. These were picked up on a CT scan in March 2012 but mistakenly dated as predating the talnovicular injury. I have also been told by lower limb specialist that a displaced subtalar fracture was missed and by another lower limb specialist that a fracture of the metatarsels (query the third metatarsel) was also missed Would really like to know which of the missed fractures, if any, were missed and potential complications of being left untreated. Is this possible? Ps have osteoarthrits of

talnovicular (expected) calneocuboid and metatarsal, right hip and am awiitng investigations for right knee along with significant muscle wastage of right calf. also osteopenia of right ankle and recently also, the arch on my right foot has significantly dropped.

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4. Description of findings including images

Plain X-ray

20/11/2011-

- There is a mildly displaced oblique fracture of the distal fibula with significant soft tissue swelling
- There is loss of alignment of the subtalar joint suggestive of subtalar dislocation
- There is also superior subluxation of the talus in relation to the talo-navicular (TN)joint in keeping with TN joint subluxation
- There is fracture of the anterior process of the calcaneum (Fig 1)

24/11/2011:

- There is satisfactory relocation of the subtalar joint dislocation since the previous film
- As noted previously, there is TN joint subluxation which is better appreciated on the oblique view (Fig 2).
- There is a small fragment noted on the dorsal aspect of the talus and also with a further small fragment adjacent to the navicular bone suggestive of avulsion fracture fragments
- Oblique fracture of the distal fibula

27/11/2011

- K-wire fixation of the TN joint subluxation noted. There is satisfactory relocation of the TN joint subluxation
- Mid tarsal, tarso-metatarsal articulations appear unremarkable.

05/12/2011:

- There is satisfactory alignment of the hindfoot, midfoot and tarso-metatarsal articulation.
- There is mild joint space narrowing of the talo-navicular joint, presumably a squeal of previous traumatic subluxation at this level.

Fig 1- Arrow pointing towards fracture of anterior process of calcaneum


Fig 2- Arrow showing TN dislocation

5. Impression/conclusion

- The first film on the day of injury had showed talo-navicular subluxation, subtalar dislocation, distal fibular fracture, and fracture of anterior process of calcaneum

- The follow- up film showed satisfactory relocation of subtalar dislocation, but talo-navicular subluxation was still persisting. I understand that this has been subsequently fixed by K wires.

- The film from Dec 2011, shows satisfactory alignment of all joints. There is joint space narrowing at talo-navicular joint which I think is a sequel of previous traumatic injury. Though it is too early to comment on the degenerative changes but I think early osteoarthritis in future remains a possibility. I presume CT scan performed 6 months later would have shown more signs of that.

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6. Advice

Other than fractures mentioned above, I have not been able to appreciate any other fractures on plain film. In particular I have not been able to appreciate any metatarsal, sustentaculum tali fractures on plain film. Possibly a CT scan at the time of injury would have shown these fractures which are probably occult on X-rays.