

**PURE ENUCLEATION OF THE TALUS IN THE CONTEXT OF AN OPEN
DISLOCATION OF THE ANKLE: ABOUT A CASE AND THE REVIEW OF THE
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INTRODUCTION

Enucleation of the talus is a rare but the most serious traumatic lesion of the posterior tarsus, representing in the literature 2 to 10% of talar trauma. The talus loses all its connections with the tibia, the scaphoid and the calcaneus; vascularization is completely interrupted. The rarity of this lesion explains why the published studies are few and relate to a relatively small number of cases. Indeed, less than 80 cases of pure enucleation of the talus have been reported in the literature, three quarters of them are open.

We report in this work the case of a 21-year-old young man, mason by profession, victim of a work accident and treated at the traumatology and orthopedics department of the CHU Ibn Sina in Rabat.

MATERIEL AND METHODS

Our work focuses on the case of a 21-year-old young man, professional mason, victim of a work accident and treated in the traumatology and orthopedics department of the Ibn Sina University Hospital in Rabat. Victim of a fall from scaffolding with landing on the ankle, the patient was immediately treated in the emergency room less than an hour after his trauma.

RESULTS

As soon as he was admitted to Ibn Sina Hospital, the young man was immediately taken care of by the duty team. He immediately benefited from a reduction in enucleation of the talus under sedation in the operating room followed by trimming and abundant washing with SS 0.9% and hydrogen peroxide, with debridement and evacuation of telluric debris and cement. Subsequently sent to the radiology department, he underwent a standard X-ray of the ankle and foot in front and in profile, which confirmed the reduction of the talus while highlighting the absence of any fracture in the limb. The ankle was immobilized with a posterior leg splint; the patient was put on a triple combination of antibiotics, preventive anticoagulation and analgesics and benefited from daily cares. The evolution was positive, the wound was clean and the patient was able to start rehabilitation during the second week of hospitalization.

DISCUSSION

Enucleations of the talus are rare and serious traumatic lesions. They have a poor functional prognosis since they are complicated, in the majority of cases, by osteonecrosis of the talus.

The specific mechanism leading to total dislocation is not clear. However, the lesional force is greater than that which results in the subtalar dislocation and acts over a longer period. After causing the subtalar dislocation, the force continues, severs the ankle ligaments and then forces the talus out of place so that the subtalar dislocation is considered the preliminary stage of enucleation.

Avascular necrosis of the talus is the most serious complication. It is generally the consequence of the total interruption of the blood supply by tearing of the pedicles, hence the urgency of an immediate reduction.



CONCLUSION

The enucleation of the talus is in the majority of the cases consecutive to a major traumatism of the ankle by a mechanism of inversion of the foot. The prognosis depends on the precocity of the reduction as well as the open or closed nature of the trauma. The major complication is necrosis of the talus, hence the importance of early and appropriate treatment. In the case of our patient, the evolution was favorable and the patient was able to find a functional and painless ankle after leaving the service.

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