TO ASSESS THE ROLE OF SYNDESMOTIC SCREW FIXATION IN ANKLE INJURIES OF OA TYPE B AND WEBER TYPE C

ABSTRACT:

BACKGROUND: Ankle fractures with syndesmotic injury are not uncommon in orthopaedic practice.OBJECTIVE of this study is to assess the functional outcome of syndesmotic screw fixation in ankle fractures of Weber type C

DESIGN – Prospective study

MATERIALS - In our study of 20 patients (12 male and 6 female) with ankle fracturs of Weber type C treated withnsyndesmotic screw fixation using 3.5 mm cortical screws in addition to fixation of medial and lateral maaleolus .patients were followed for 20 months .

METHODS - Functional outcome was analysed at 6 weeks, 12 weeks, 6 months, 12 months. Follow up analysis was made using AOFAS scoring and AOFAS grading criteria.

RESULTS - 20 patients were operated out of which two patients lost follow up hence excluded from the study. The longest follow up period was 20 months and shortest follow up period was 9 months, mean follow up period was 14 months. Follow up analysis was made using AOFAS scoring and AOFAS grading criteria.

In this study, 50% of patients had excellent outcome, 38.89% patients had good

outcome and 5.56% had fair outcome, while 5.56% had poor outcome.

In this study, only 1 patient developed medial malleolar screw prominence and

wound infection, treated with IV antibiotics. One patient had implant failure as

patient started walking on second post operative day

CONCLUSION - For all cases of Ankle fractures with syndesmotic diastasis, open

reduction and screw fixation of ankle fracture with syndesmotic screw fixation

helped to achieve good union of fractures and pain free, stable ankle

joint.Syndesmotic screw fixation with three cortex purchase (3.5 mm cortical

screw) does not lead to screw breakage on weight bearing. In conclusion, treatment

of ankle fracture with syndesmotic injury with open reduction and screw fixation

facilitated early mobilization of the patients and helped achieving stable, pain free

ankle joints and preventing ankle joint arthritis.

KEYWORDS: syndesmosis, syndesmotic screw, AOFAS scale