

CHRONIC ANKLE INSTABILITY

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Acute injury of lateral ligament

History of twisting injury followed by pain and swelling could suggest anything from sprain to fracture. Tenderness Is Maximal just distal and anterior to lateral malleolus passive inversion of ankle painful.

KEYWORDS: Chronic ankle instability, Talo fibular ligament injury, By half of perionus brevis reparaire.

TREATMENT

Initial treatment of consist of repast ice compression and elevation (R I C E) 3 to 5 weeks Operative treatment 1to2 week after (R I C E) present problem 12 weeks need for operation Ankle sprain is common athletic injury and about 20% of acute ankle sprain patient develop chronic ankle instability^{[1], [2]} Affecting the anterior talofibular ligament (A T F L) The calcanuofibular ligament (C.F.L) and or posterior talofibular ligament (P.T.F.L) reflect high rate persist disability^[3 4 5 6 7 8 9 10 11 12 13 14] Functional instability (objectively stable) with subjective following of disability related to sensory motor or nuro muscular defects.^[3, 4, 5, 15, 16, and 17]

The main causes of chronic ankle instability that have been found are ↓ propeoceptve abilities because of loss of mechanoreceptors and ↓ muscle power of inverter or an averters muscles.

MATERIAL AND METHODS

Retorosptive study was performed in 3 Iraqi hospitals Alramadi teaching hospital, Alnoamn teaching hospital and Alshfa private hospital since January 2008 up to January 2018 25 patient operated on after failed conservative treatment 20 male 5female aged from 20 to 50 years old one patient diabetic averaged age.^[35]

Bob Borgeion and potem Ben Ad D P M lateral ankle sprains are some of most common injures presenting to pediatric office especially to the sports medicine. Chronic ankle instability is not a usual sequel important to different between functional and mechanical ankle instability.

Mechanical instability

Results from true disruption of one or more of lateral ankle ligaments,

Functional instability:

Refers to feeling of ankle (giving out)
Mechanically instable ankle does not result in functionally UN stable ankle

ABSTRACT

Inversion injury mechanism are and talofibular ligament (A T F L) this ligament make up operation of lateral ligament complex and help to prevent inversion of talus during planter flexion and dorsoflexion of ankle(1) Burks and Morgan (2) describe anterior of (A T F L) Anterior Talo fibular ligament and (C F L) Calcan fibular ligament (2, 3) Chronic ankle instability and Morgan (2) found that (A T F L) Organdies (1) cm proximal to the (T I P) of lateral malleolus.

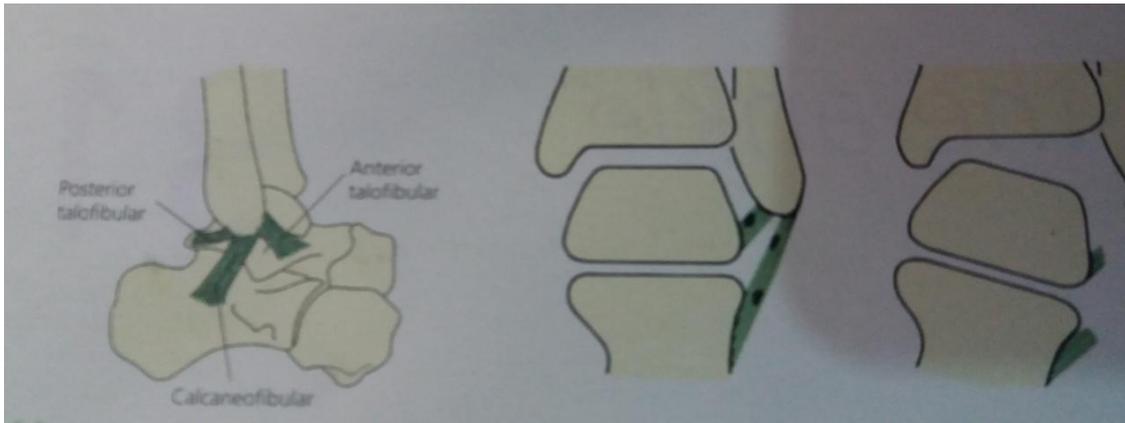


Fig 1

The posterior talo fibular ligament (P T F L) and the lateral talo cal canal ligament (T L T S L) are less clinical significance in lateral ankle instability.

include felling giving way defined as functional instability or true mechanical instability after drawer test by flexion knee and low degree planter flexion of ankle in positive test anterior displacement of space of talus and after traction knee and traction of foot.

Surgery done only if symptom persist after functional rehabilitation program for ankle these symptoms may

Displacement 10mm or more than 5mm normal side this anterior drawer



Figure (2).

Patient who have had Persistent pain swelling instability and impaired function over 6 weeks or longer despite

appropriate early treatment (M R I) show Tear of anterior fibular ligament.



Figure (3): Preopration MRI.

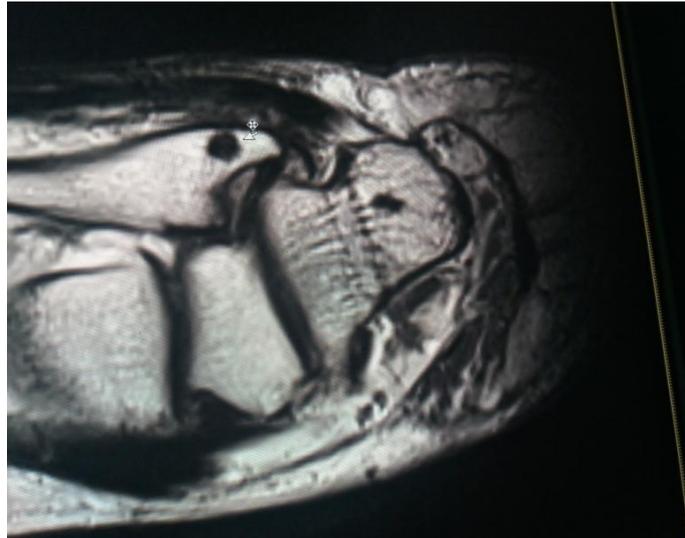


Figure (4) post-operative MRI.



Figure (5) intraoperative Surgical procedure.

Karlsoon et al (11) 1988 reported on a modified Brostrom.

Repair in which some patients repair A T F L by per onus reves using per onus breves to act as tenodesis and prevent sudden movement into varus.

One half of the proximal peroneus brevis tendon is harvested, leaving it attached distally to the fifth metatarsal base. The proximal end is weaved anterior to through adrilla hole in the fibula.

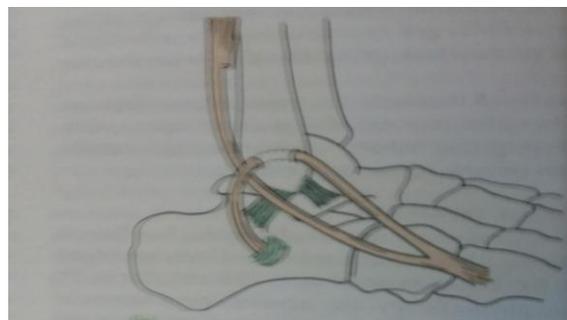


Figure (6).

The procedure described by Chrisman and shook uses split peroneus beviies tendon detached proximally the graft is brought through the fibula anterior to posterior then placed through a drill hole in the calcareous and

sutured to itself Post operatively ankle immobilize in everison for 2 weeks a below knee cast is then applied for another 4 weeks then brace used for 3 months.



Figure (7) 6 months post-operative scar.

Associated lesions

AL_Moherej^[1] describes the following lesions with chronic ankle instability chronic regional pain syndrome neuropraxia, sinus tars; syndrome, tendon disorders such as peroneal. Tendinopatathy dislocation or subluxation.

Surgical procedure

Karlsoon et al^[18] follow up of patients with lateral ankle instability treated by the Evans procedure 50% of patients had satisfactory long-term results, Kaikkonen et al^[3] similarly found poor results with the Evans procedure. Both the Evans and Chrisman-snook procedures result in weakness in the surgical limb compared with the contra lateral control limb.^[19]

RESULTS

Surgical treatment with an 25 to 24 success rate 1 patient male development infection (failed) operation ankle-reconstruction procedures that sacrifice tendons to be used as donor tissues are thought to provide a theoretically stronger construct and hence more stability this increased stability can result in loss of talocalcaneal and subtalar range of motion.

Adjacent nerve injury is more common with reconstruction ankle- ligament surgery ankle- ligament surgery procedure using tendon augmentation should be reserved for patients with generalized ligamentous laxity or long-standing ligamentous insufficiency or as salvage procedure in an individual with a failed modified Brostrom lateral-ligament repair.

Compare with the Gould modification method of surgical treatment, with an 85% to 95% success this increased stability through the reinforcement of local host tissue.

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