
IMAGES

Dislocation of the astragalus

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We present the case of a young male with internal subastragalin dislocation after a three metre fall (Figure 1).

Subastragalin dislocations are infrequent representing 1% of all dislocations. Injuries such as these which are not associated with marginal fractures of the astragalus or the calcaneus can almost always be set using closed methods and with immobilisation during 6 months being recommended.

The long-term results are usually good, al-

though subastragalin mobility may remain slightly limited and walking on irregular surfaces may be difficult.

The current use of computerised tomography to evaluate the setting of a subastragalin dislocation is leading to more frequent use of the surgical approach. On visualisation of an oseochondral fracture, which may remain unobserved in the radiography, open resolution followed by osetosynthesis is preferable as is excision of the fragment since this may reduce the risk of arthrosis.



Figure 1. Medial subastragalin dislocation (left) and the corresponding radiologic image (right).

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