

APOA Foot & Ankle Council Presents..

Case of the Fortnight

1st April 2021



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Presented by:



Dr. Rajiv Shah
M.S. (Orthopaedics)
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India

Learning Points:

- ▲ Cuboid osteomyelitis is common following penetrating injuries & should always be suspected
- ▲ The surgeon should approach a sinus from its opening, may it be in a plantar weight-bearing area
- ▲ Debridement is the most crucial surgery to be carried out with utmost sincerity & dedication
- ▲ As far as possible, fusing lateral mobile column of the foot should be avoided

Title: Post-traumatic Osteomyelitis of Cuboid

*Upcoming Case of the Fortnight
on 15th April 2021*

Presented by:

Dr. Pat Chulasir
Foot and Ankle Surgeon
Bangkok, Thailand



Title:
Lisfranc Injury using Flexible Fixation

Want to present a case? Write to...



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Post-traumatic Osteomyelitis of Cuboid

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Female aged 22 years sustained a road traffic accident with crush injury of the left foot with wounds extending from dorsal to the plantar aspect of the whole of mid and forefoot. The general surgeon treated this case with multiple debridements with persistent sinus over the lateral midfoot plantar aspect. The orthopaedic surgeon diagnosed this case as a case of post-traumatic osteomyelitis of the cuboid & debrided her twice with dorsal and plantar approaches without success. After 16 months of treatment duration with four surgeries, she was referred to me (**Fig.1 & 2a and 2b**).



Fig.1



Fig. 2a

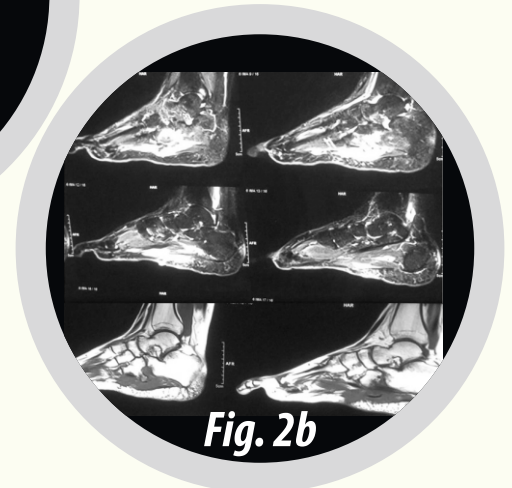


Fig. 2b

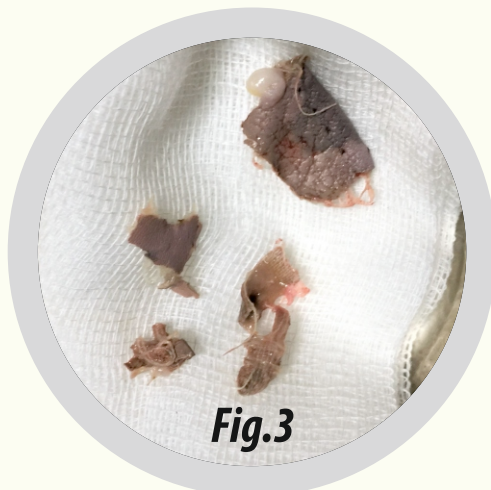


Fig.3

Staged procedures were carried out on her in the form of primary debridement through plantar aspect with foreign material retrieval (**Fig.3**).

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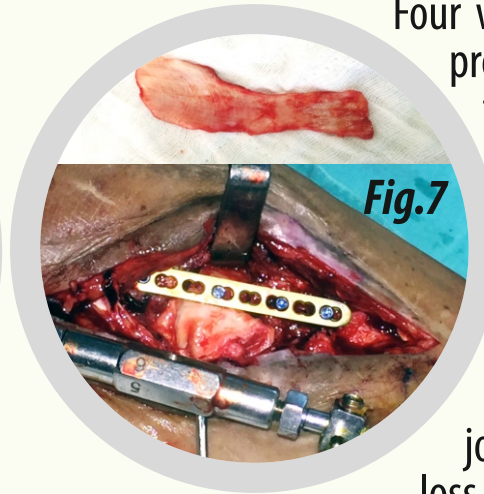
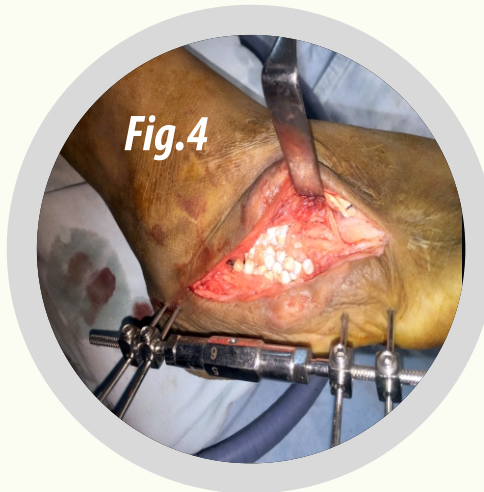
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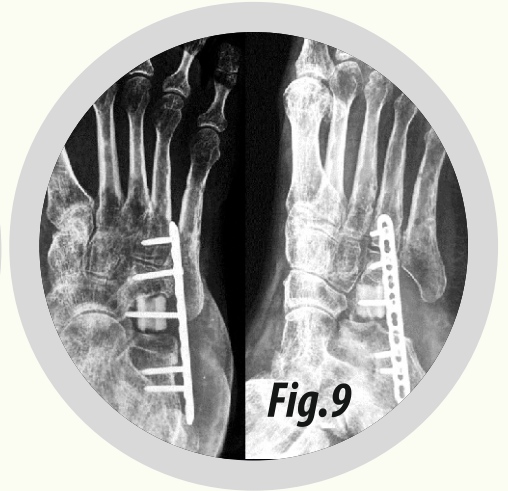
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We packed a big residual cavity in cuboid bone with absorbable antibiotics impregnated bone cement granules (**Fig.4 and 5**).



Four weeks down the line, a second procedure in the form of spanning fixation between the anterior process of calcaneus & base of the 4th metatarsal was done. The residual cavity was filled with fascia lata graft as a fusion of mobile lateral column (4th & 5th metatarso-cuboid joints) is not advisable to prevent loss of mobility (**Fig.6 and 7**).

The patient went on to heal over the next three months & is presently back to all routine activities without pain (**Fig.8 and 9**).



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