

APOA Foot & Ankle Council Presents..

Case of the Month

November 2025



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Presented by:



Dr. Ho Man Kit

Department of Orthopaedics and Traumatology
Princess Margaret Hospital, Hong Kong

Title:

Correction of a severe valgus ankle malunion: A case report on surgical strategy and outcomes

*Upcoming Case of the Month
December 2025*

Presented by:

Dr. Mark Arthur Martinez

Orthopedic Surgery
Ilocos, Philippines



Title:

Masquelet technique for first metatarsal bone

Lessons to Learn

- © Early detection of malunion is essential. Delayed recognition of progressive deformity can lead to joint subluxation and compromised biomechanics.
- © Pre-operative planning is a key in complex deformities. Understanding the fracture pattern and joint alignment guides the choice of surgical approach and fixation method.
- © Proper reduction requires debridement of fracture site. Removing fibrous or misaligned bone tissue is crucial for achieving anatomical alignment.
- © Functional recovery is achievable even in elderly patients. With appropriate surgical and rehabilitative care, older adults can regain mobility and quality of life.

Want to present a case? Write to...



Prof. Chayanin Anthong
chatthara@yahoo.com



Dr. Kwai Ming Siu
siukmhk@hotmail.com

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Correction of a severe valgus ankle malunion: A case report on surgical strategy and outcomes

Dr. Ho Man Kit

Department of Orthopaedics and Traumatology

Princess Margaret Hospital, Hong Kong

A 71-year-old male patient presented with left ankle pain and deformity persisting for four months. He had a prior history of slipping and falling, resulting in a left ankle injury that was treated conservatively with a brace for one month. Following the injury, he noticed a gradual development of deformity in the left ankle. He experienced mechanical pain in the left ankle during weight-bearing activities.



(Fig. 1)

Clinical photos showing valgus deformity of the left ankle, and the left foot was externally rotated

On examination, there was a valgus deformity of the left ankle, and the left foot was externally rotated (**Fig. 1**). The range of motion in the left ankle was limited, with dorsiflexion at 0 degrees and plantarflexion at 10 degrees. The distal pulse was strong, and there was no evidence of neurovascular deficit.

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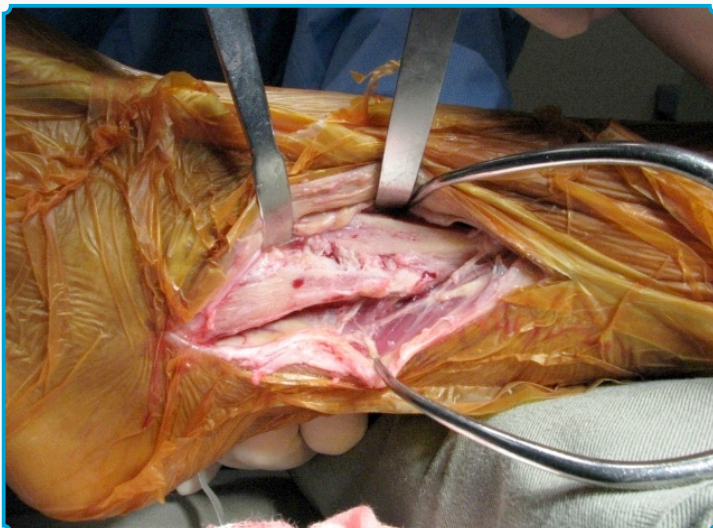
Radiographic imaging revealed a medial malleolus fracture of the left ankle, a Weber B fibular fracture with malunion, and lateral subluxation of the talus (**Fig. 2**).



(Fig. 2)

Radiographic imaging revealed a medial malleolus fracture of the left ankle, a Weber B fibular fracture with malunion, and lateral subluxation of the talus.

An open reduction and internal fixation of the left ankle was performed. A lateral approach was utilized for the distal fibular fracture (**Fig. 3**).



(Fig. 3)

Malunion of the distal fibula

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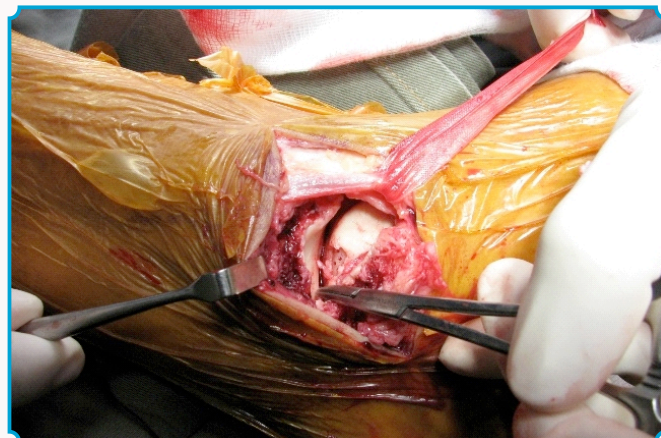
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The scar tissue and new bone at the fracture site was debrided (**Fig. 4**), and open reduction was carried out (**Fig. 5**). The fracture was stabilized using a one-third tubular plate.



(Fig. 4)

The fibrous tissue and new bone at the fracture site of the medial malleolus were debrided.



(Fig. 5)

Open reduction of the medial malleolus was carried out



(Fig. 6)

Intra-op X rays: The medial malleolus fracture was fixed with tension band construct, and the distal fibula was fixed with a plate.

Post-operatively, the patient was referred for physiotherapy rehabilitation.

He was instructed to maintain non-weight-bearing ambulation for six weeks. Radiographs at six weeks post-operation showed initial fracture union of the medial malleolus and distal fibula. The ankle mortise was congruent, and the valgus deformity had been corrected.

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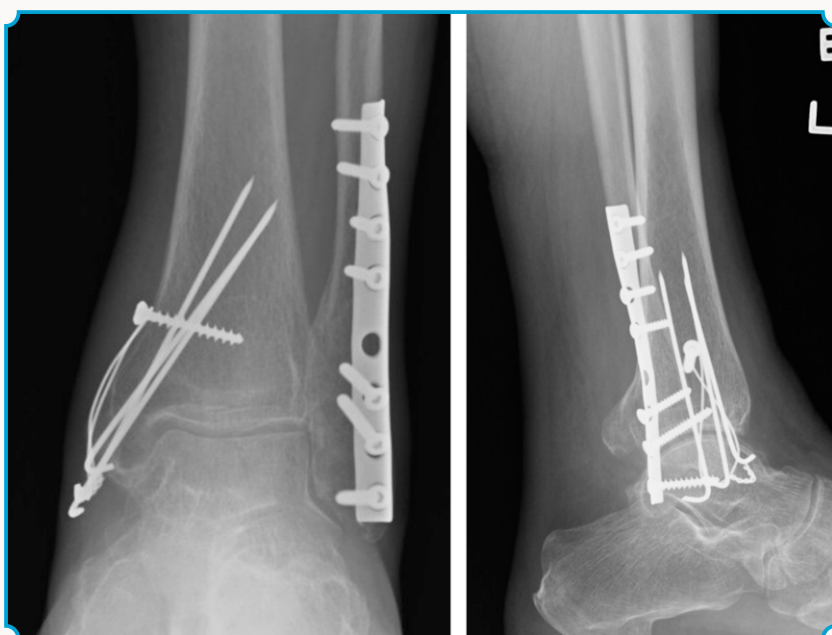
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At four months post-operation, the patient was able to perform full weight-bearing ambulation without difficulty. The range of motion in the ankle was 5 degrees of dorsiflexion and 25 degrees of plantarflexion.

Radiographs (**Fig. 7**) and CT imaging (**Fig. 8**) at 1.5 years post-operation demonstrated complete fracture union with a congruent ankle joint.



(Fig. 7)
Radiographs at 1.5 years post-operation demonstrated fracture union with a congruent ankle joint.



(Fig. 8)
CT imaging at 1.5 years post-operation demonstrated good fracture union with a congruent ankle joint.

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Conclusion

This case highlights the successful correction of a severe valgus ankle malunion in an elderly patient through strategic surgical intervention and structured rehabilitation. The combination of open reduction, internal fixation using a lateral and medial approach, and post-operative physiotherapy led to restoration of ankle alignment, improved joint congruency, and functional recovery. Timely recognition and management of malunion are critical to prevent long-term disability and joint degeneration.

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