

APOA Foot & Ankle Council Presents..

# Case of the Month

November 2025

**Presented by:**

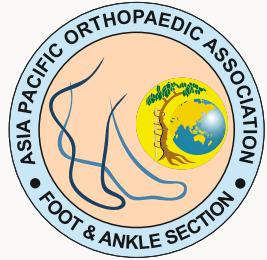


**Dr. Ho Man Kit**

Department of Orthopaedics and Traumatology  
Princess Margaret Hospital, Hong Kong

## 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.



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**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**

Want to present a case? Write to...



**Prof. Chayanan Anthong**  
[chatthara@yahoo.com](mailto:chatthara@yahoo.com)

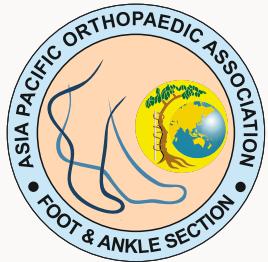


**Dr. Kwai Ming Siu**  
[siukmhk@hotmail.com](mailto:siukmhk@hotmail.com)

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# Case of the Month

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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)*

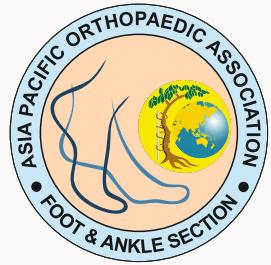
*Clinical photos showing valgus deformity of the left ankle, and the left foot was externally rotated*

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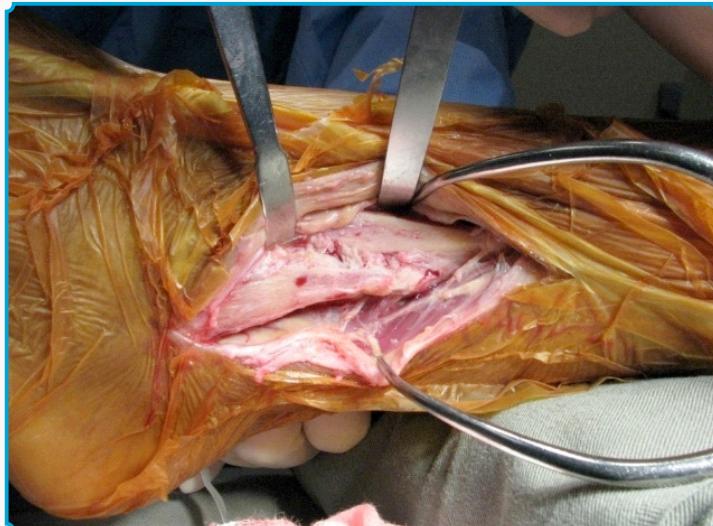
Radiographic imaging revealed a medial malleolus fracture of the left ankle, a Weber B fibular fracture with malunion, and lateral subluxation of the talus (**Fig. 2**).



(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**).

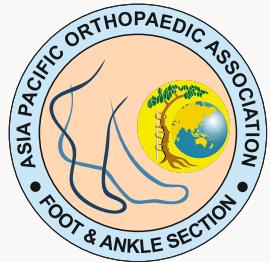


(Fig. 3)  
*Malunion of the distal fibula*

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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*



A medial approach was employed for the medial malleolus fracture. The fracture callus was debrided, followed by open reduction. The medial malleolus fracture was fixed with a K-wire and tension band construct (**Fig. 6**).

(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.*

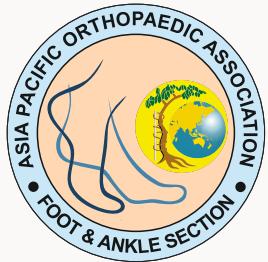
Post-operatively, the patient was referred for physiotherapy rehabilitation.

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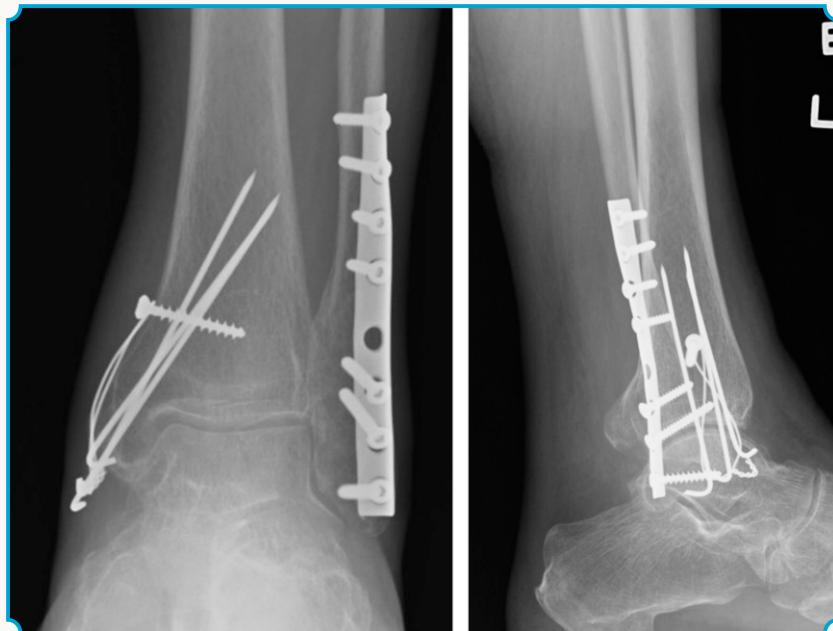
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At four months post-operation, the patient was able to perform full weight-bearing ambulation without difficulty. The range of motion in the ankle was 5 degrees of dorsiflexion and 25 degrees of plantarflexion.

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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