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= Abstract =

## Treatment of fracture-dislocation of talar neck or body

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From January 1992 to December 1996, authors analyzed 26 cases of fracture-dislocation of talar neck or body, treated at Chosun University Hospital retrospectively.

There were 20 males and 6 females and the average age was 34 years old. The follow up period was at least 14 months.

There were 19 neck fracture-dislocations, 6 body fractures and total dislocation of talus. Three type talar neck fractures were treated conservatively. In six cases, in which either three cases of severe open type talar neck fracture or three cases of severely comminuted talar body fracture, primary fusion was performed. Other seventeen cases of fracture-dislocation were treated by open reduction and internal fixation.

Excellent results were observed in 6 cases, good in 7 cases, fair in 11 cases and poor in 2 cases.

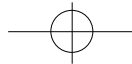
The result of primary arthrodesis for severe injury of talus was relatively good.

Complications were avascular necrosis in 7 cases, posttraumatic arthritis in 5 cases, skin necrosis in 3 cases, wound infection in 2 cases and malunion in 2 cases.

**Key Words** : Talus, neck and body, fracture-dislocation

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308 • / 12 2

**Table 1.** Classification of Injury

Fx. site(type)	No. of cases(open Fx.)
Neck	19
Hawkins type	4
	6
	9(6)
Body	6
Total D/L of talus	1
Total	26

60%가

**Table 2.** Treatment According to Classification.

Fx. type	Treatment	No. of cases
Neck		
type	Cast	3
	O/R & I/F	1
type	O/R & I/F	6
type	O/R & I/F	6
	Primary A/D	3
Body	O/R & I/F	3
	Primary A/D	3
Total D/L of talus	O/R & I/F	1
Total		26

2-6,12,13)

7 (Table 1).

17 (65.4%) 10

(38.5%) 3

7 (27%)

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- 26 , 가20 ,

가6 , 34 (18

-55 ) . 14 48

29

11 (42.3%)

7 가

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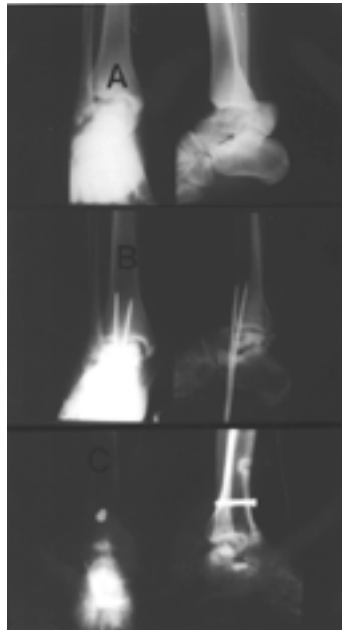
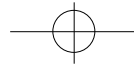
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- 3 6 1 가 3





**Fig 1-A.** Hawkins type talar neck open comminuted fracture with infected state due to delayed referral.  
**B.** Infected talar body removed and antibiotics mixed cement bead inserted.  
**C.** After 6 weeks, Blair type ankle arthrodesis was performed. The roentgenogram at 2 year 4 months following injury.

(Fig. 1-A,B,C).

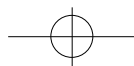
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가 Hawkins 가  
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 가 (Table 3).

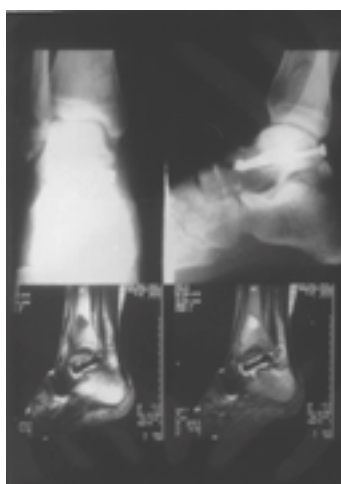
6  
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 . 2 6 1  
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 (Fig. 2-A,B), Hawkins  
 Hawkins  
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 8-12 Hawkins

**Table 3.** Clinical Result(by Hawkins Criteria).

Fx. site	Excellent	Good	Fair	Poor	Total
Neck					
type	3	1	1	1	4
type	3	2	5	1	6
type		3	5		9
Body		1			6
Total talar D/L					1
Total	6	7	11	2	26



**Fig 2-A.** The initial roentgenogram shows Hawkins type talar neck fracture accompanied with medial malleolar fracture.  
**B.** The roentgenogram at 17 months after open reduction and internal fixation shows avascular necrosis of talar body but there was neither collapse nor arthritis.



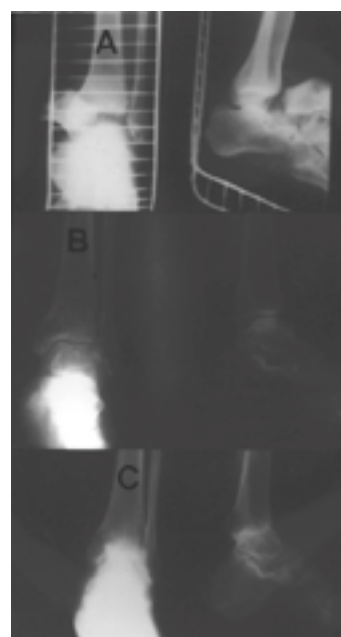
**Fig 3.** Type neck fracture. In MRI film at 4 weeks after operation, there is no visible abnormal signal intensity in talar dome indicating avascular necrosis.(no low signal rim in T1WI and no double rim sign in T2WI)

**Table 4.** Occurrence Rate of Hawkins Sign and VN.

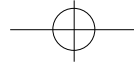
Fx. type	No. of cases	Positive Hawkins sign(%)	AVN(%)
Neck			
type	4	4(100)	0(0)
type	6	5(83)	1(16.7)
type	6*	1(16.7)	5(83)
Body	2**	0(0)	1(50)

\* Except 3 primary arthrodesis

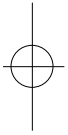
\*\* Except 3 primary arthrodesis

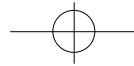


**Fig 4-A.** The initial roentgenogram shows total dislocation of talus with open wound.  
**B.** At 8 months following open reduction and internal fixation, there were arthrosis and subluxation of ankle joint.  
**C.** Ankle arthrodesis was performed. The roentgenogram at 2 year 2 months following arthrodesis.



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6 3 3-5 (27%) , ,  
(Fig. 3). 가 가 ,  
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1,2)  
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가 4 .  
5 , 1 .  
(Fig. 4-A,B,C).  
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2 가  
3 K- 가  
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14) . Szyszkowitz 15)  
가가 titanium  
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Lorentzen<sup>9)</sup> 123 가  
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Weber<sup>16)</sup> 3 4  
, 10 (38.5%) , McKeever<sup>10)</sup>, Kleiger





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3

6

5 (15.4%)

1

, 4

Hawkins

1

0-14%,

2

16-20%,

3

33-100%

가

3-6,11-13)

1

가

, 2

16.7%, 3

83%

가

가 가

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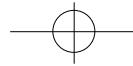
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