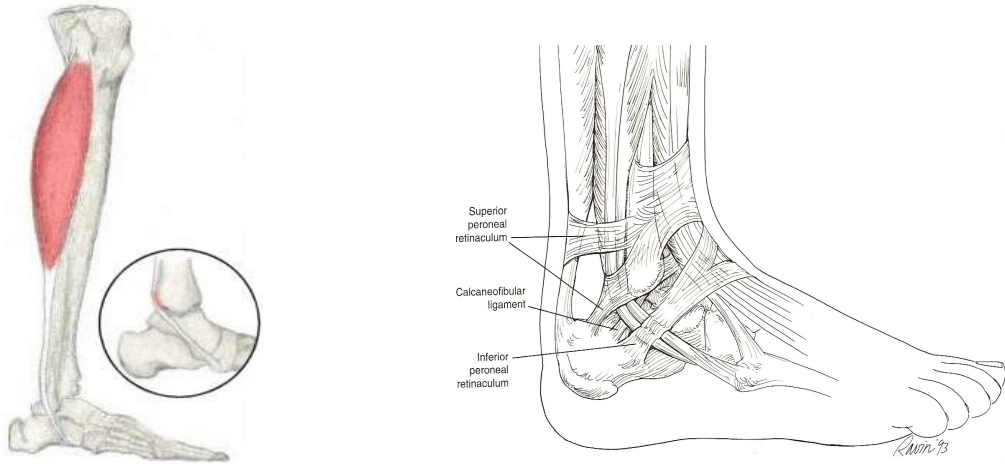


PERONEAL TENDON INJURY

Peroneal tendon injury is a relatively rare cause of ankle pain. The peroneal tendons help keep the foot balanced and prevent ankle-twisting injuries. From trauma to the bone or soft tissues on the outside (lateral aspect) of the ankle, the peroneal tendons can subluxate (slip out of place) and cause pain and swelling along the lateral aspect of the ankle. It can also cause weakness and instability. Treatment initially consists of immobilization, ice, and compression. If the peroneal tendons continue to subluxate, surgery may be considered to repair the tendons back to their original location.



CAUSES

Peroneal tendon subluxation is not common but can mimic the pain of a lateral ankle sprain. The tendons are forcibly pulled or snapped out of the bony groove they sit in behind the lateral anklebone. A forcible inversion injury to the ankle usually can be recalled by the patient when these tears are seen.

SYMPTOMS

- Pain when you turn the soles of the feet outwards and upwards (pronation).
- Pain or tenderness behind the lateral malleolus (bony bit on the outside of the ankle).
- Swelling and bruising.

DIAGNOSIS

Clinical diagnosis of talar dome fractures can be highly challenging and are often missed. The patient may have sustained a fall or a twisting injury to the ankle and may generally ambulate with a limp. In the acute setting, the symptoms of a talar dome fracture are similar to and often occur with an ankle sprain. In lateral talar dome lesions, tenderness is generally found anterior to the lateral malleoli, along the anterior lateral border of the talus. In medial talar dome lesions, tenderness is usually located posterior to the medial malleolus, along the posterior medial border of the talar dome. Chronic talar dome lesions, traumatic and atraumatic osteochondritis dissecans lesions may have a clinical presentation similar to that of arthritis. Typical findings include crepitation, stiffness, and recurrent swelling with activity.

TREATMENT

As with all injuries, treatment begins with diagnosis. Diagnosis of this problem is often delayed as the athlete is assumed to have a common ankle sprain or tendinitis that won't heal. Repeat examinations and sometimes an MRI are necessary to make the diagnosis.

Non-operative

Rest, sometimes to include immobilization for a short period in a cast, will often resolve the problem. Anti-inflammatory medication and cross training are helpful. Bracing or taping when an athlete returns to play is often needed.

Alternative Treatment Options

- Glucosamine or Hyaluronic Acid
- Non-steroidal Anti-inflammatory Medications (NSAIDs)

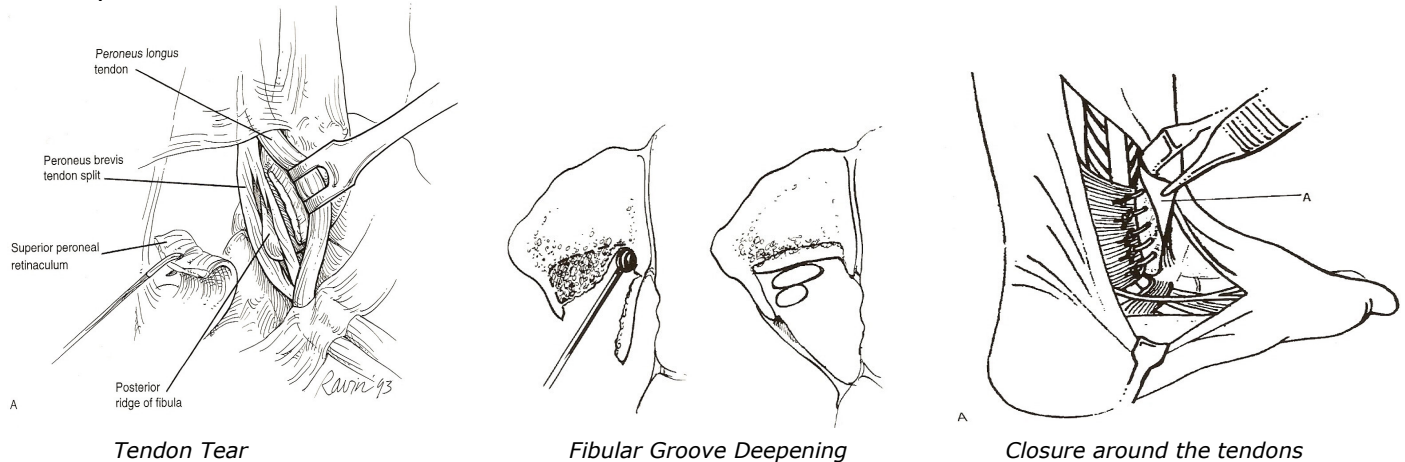
Operative

When conservative care does not eliminate the problems, surgical stabilization and/or repairing the tear of the tendons may be required.

Treatment involves either repairing or substituting for the damaged strip of tissue. Alternatively the fibula bone at the ankle can be cut and repositioned or a groove can be cut into it to lessen the chances of the tendons moving.

The fibular grooving procedure appears to reproducibly alleviate resubluxation of the peroneal tendons and diminish pain. It also allows for retainment of motion and subsequent return to work and sports with a high satisfaction rate.

Surgery has its usual risks and success rates of 80% in experienced hands. Time off manual work is normally around 2 to 3 months.



Post-operative Recovery

- Non weight-bearing splint for 2 weeks
- Walking Cast for 4 to 6 Weeks
- Physiotherapy (range of motion, progressive strengthening & proprioception training)
- Resume Activities in 4 to 6 months

Possible Complications

- Infection
- Sural nerve paresthesia (numbness)
- Recurrent Peroneal Tendon Instability
- Ankle Joint Stiffness
- Tendon Rupture