ABSTRACT

The transverse tarsal joint is also called the midtarsal joint and is referred to as Chopart's joint. The bones which go into the formation of this Chopart joint are the talus and calcaneus proximally, and the navicular and cuboid bone distally. Among the uncommon midfoot injuries, Chopart joint dislocations or fracture-dislocations are the most severe injuries. Chopart fracture-dislocations are caused most commonly by motor vehicle accidents and falls from a height. Concomitant fractures occur in approximately 75% to 90% of Chopart injuries, and only 10% to 25% of the Chopart dislocations are pure ligamentous injuries.

The symptoms and signs of a Chopart fracture-dislocation are: Abnormal position of the forefoot to medial direction, swelling of the dorsum of foot and pain in the midtarsal region when it gets strained.

CASE REPORT

A 24-year-old Male patient reported in ER with complaints of pain in his left ankle and foot after history of injury during sports. On visual examination deformity with medial displacement of the left fore-foot was seen. Results of neuro-vascular examination were within normal limits. Radiography investigation indicated dorso-medial dislocation of the mid-tarsal joint and sub-luxation of the subtalar joint(Figure-1). A closed reduction was performed and the extremity was placed in a short-leg posterior splint. Patient was discharged on the same day on Analgesics and was advised for strict limb elevation. Patient was also advised to revisit in Orthopedics OPD.

DISCUSSION

The Chopart joint was first described by French surgeon Francois Chopart as the talo-navicular and calcaneo-cuboid joints were a practical level for amputation. Injury here is a rare but missed in 40% at presentation. For the initial diagnosis, x-rays in three views (dorsoplantar, lateral and oblique) are currently recommended.[3]

Pure dislocation occurs in 10–25% with most having concomitant fractures. The Chopart joint has critical role in balance and stability in normal gait. Early recognition allows prompt reduction and fixation of these injuries which has been associated with a better outcome. However these are severe injuries and patients should be counselled on potential long term functional impairment even with

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optimal management. [6]

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