



Case Report

Open fracture dislocation of the calcaneocuboid and naviculocuneiform joints: A case report

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ABSTRACT

Combined fracture and dislocation of the calcaneocuboid (CC) and naviculocuneiform (NC) joints is a very rare injury; therefore, it is under-reported. We present a case of rare open fracture and dislocation of the CC and NC joints by discussing the diagnosis, evaluation, management and prognosis.

Introduction

Chopart injuries are traumatic injuries and dislocations of the mid-foot that result from high-energy trauma and can be classified into different types [1,2]. In particular, combined fracture and dislocation of the calcaneocuboid (CC) and naviculocuneiform (NC) joints is a very rare injury; therefore, it is under-reported [3]. The uncommonness of this injury and its relation to high-energy trauma are attributable to the robust bony support and firm ligamentous attachments surrounding the CC and NC joints [3–13]. Combined fracture and dislocation of the CC and NC joints were reported by eight studies previously [4–10]. However, only one study has reported an associated open fracture [6]. The current report aims to present the case of rare open fracture and dislocation of the CC and NC joints by discussing the diagnosis, evaluation, management and prognosis.

Case presentation

A 25 year old healthy male presented to the casualty department of the Level II trauma center in Kuwait with a left foot open fracture on the 27th of January 2021. The patient sustained a crush injury due to a large sized forklift loaded with about 10 to 12 tons of pipes backing into his left foot while he was standing behind it. The back tire of the forklift went over the patient's foot once. The patient's foot was flat on the ground, and he made no attempt to remove it during the incident. No other injuries were sustained. The patient was immediately unable to bear weight on his foot and reported significant blood loss and bluish discoloration of the foot; no resuscitative measures were performed. He was brought to the emergency department (ED) immediately via his own transport.

Upon arrival at the ED, the patient was alert, conscious, vitally stable, and complained of severe pain in his left foot. On

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