

# Lateral Ankle Differential

Geoff Watson, MD  
September 9, 2021 @ 8 am  
PAOS in the Music City



# Welcome to Nashville!



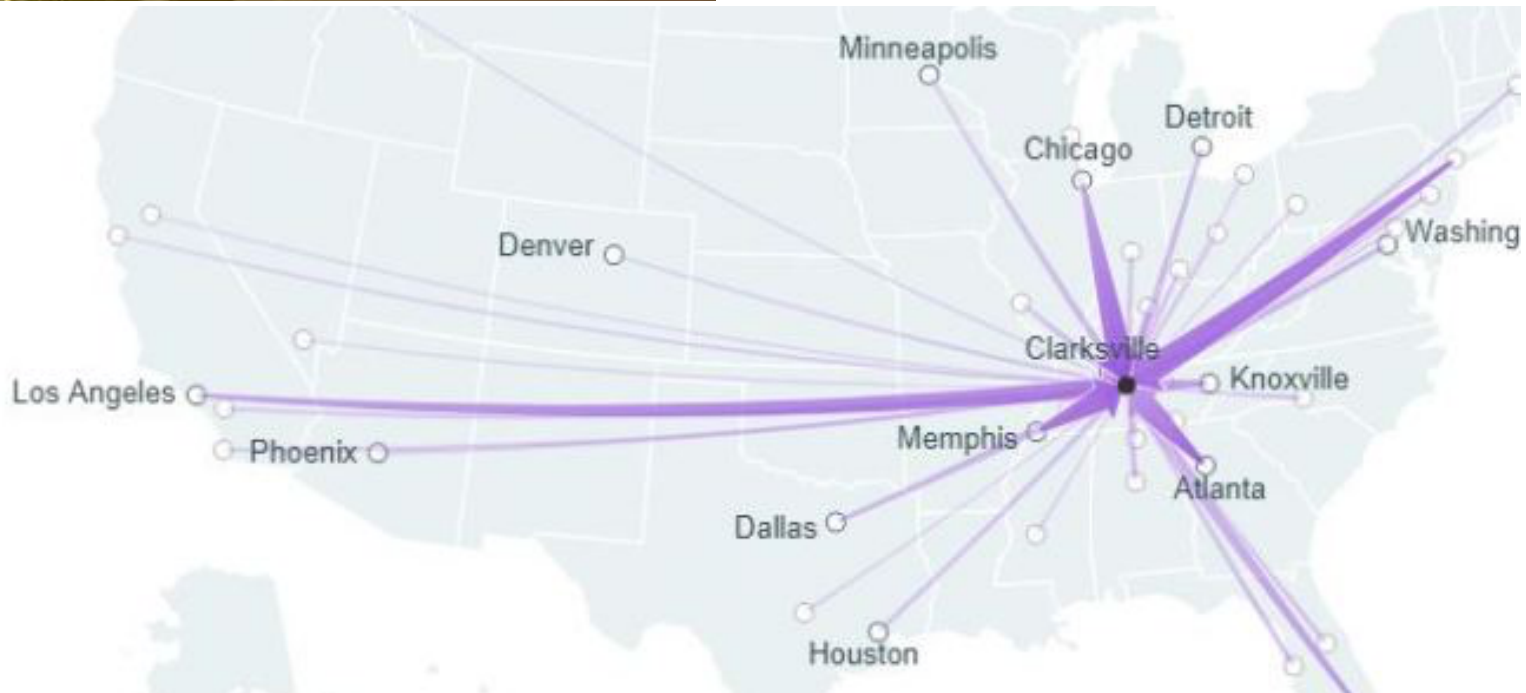
# Quite a bit of influx

## Considering Nashville?

See why Californians are moving to the IT city.



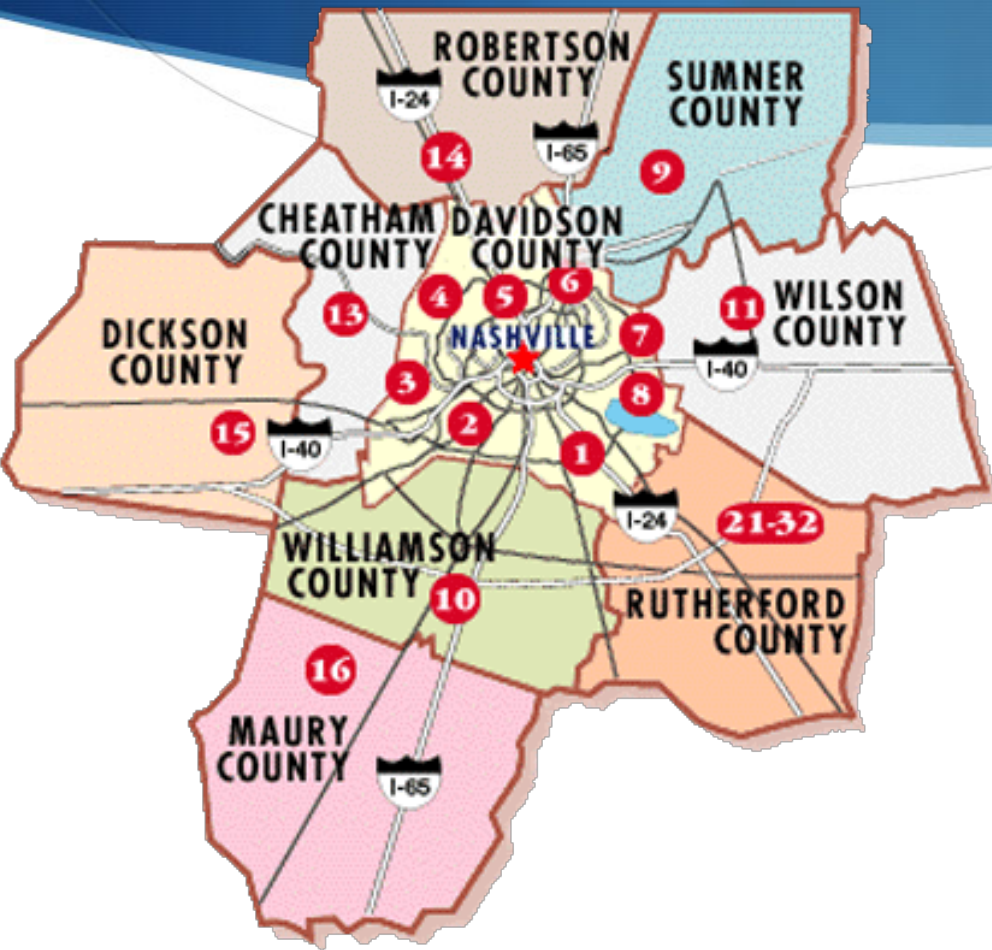
# QUITE A BIT OF INFLUX



# All Kinds of Nashvillians...



# Where am I coming from?



# Everybody Turns Their Ankle

- Estimates have suggested 25,000 / day



# EVERYBODY...





# 6 weeks and “No Better Doc”

## Now what? Differential Diagnosis

### 💧 Ligament

- 💧 ATFL Sprain
- 💧 CFL Sprain
- 💧 Syndesmosis Sprain

### 💧 Tendon

- 💧 Peroneal Tendon Tear
- 💧 Peroneal Tendon Dislocation

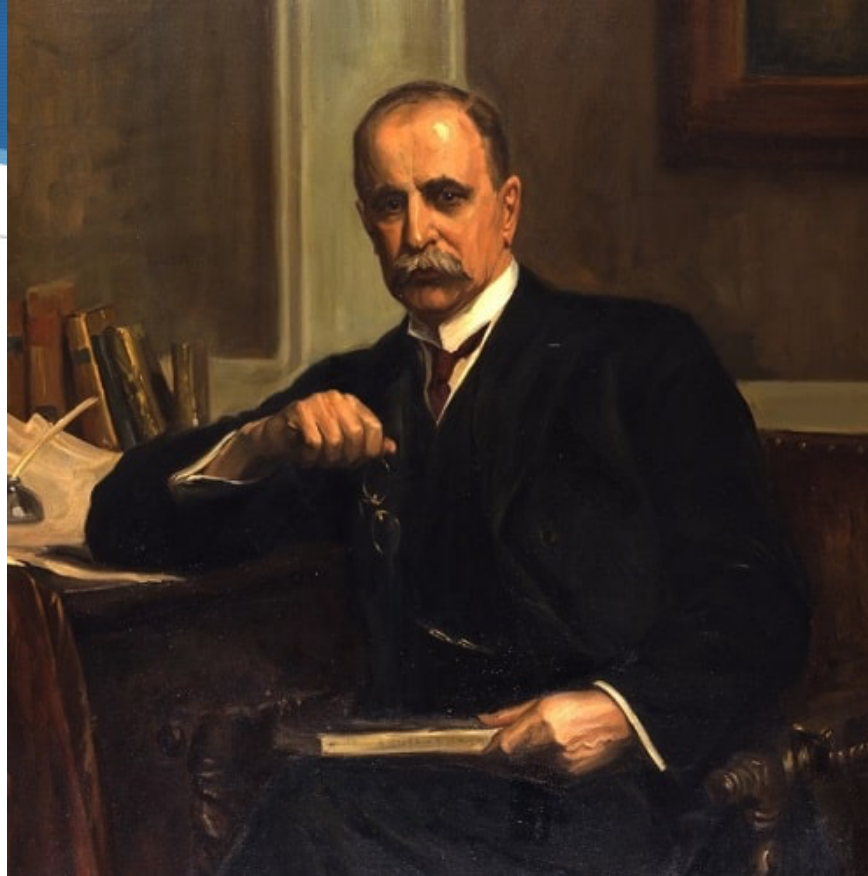
### 💧 Nerve

- 💧 Superficial Peroneal and Sural Neuritis

### 💧 Bone

- 💧 Lateral malleolus
- 💧 Coalition
- 💧 5<sup>th</sup> metatarsal
- 💧 Anterior process calcaneus
- 💧 Talar dome
- 💧 Lateral Process talus

# Quote by Sir William Osler



“Listen to your patient;  
he is telling you the diagnosis.”

# History

- Specific event?
- Did you hear a pop?
- Any weakness?
- Any numbness?
- How is your ankle on uneven ground ?
  - (is your ankle unstable?)

# Physical Exam

- ◆ Palpation

- ◆ Distal fibula
- ◆ 5<sup>th</sup> metatarsal
- ◆ Just in front of the fibula (ATFL)
- ◆ Anterior process calcaneus

- ◆ Stability

- ◆ Anterior Drawer (ATFL)
- ◆ Varus Tilt (CFL)

- ◆ Sensation

- ◆ SPN
- ◆ Sural

- ◆ Strength

- ◆ Eversion
- ◆ Inversion

# Ankle Stability Exam

Anterior Drawer Test:

Anterior translation  
with some internal rotation



# Are they hypermobile?

Give yourself 1 point for each of these 5 movements you can accomplish to determine your degree of hypermobility.

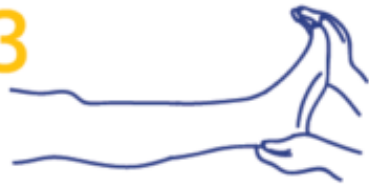
1



2



3



4



5



# Arch Height

- Cavus Foot (High Arch)

- Increase risk of

- Ankle Sprains
- Peroneal Tendon Pathology
- 5<sup>th</sup> metatarsal fractures



# Imaging

- Radiographs

- AP, lateral, oblique views of the ankle
- AP, lateral, oblique views of the foot

- CT

- Characterize known fracture

- MRI

- Eval for unknown fracture
- Eval bone edema/tendon/ligament/cartilage injury



# Differential Diagnosis

- Ligament

- ATFL Sprain

- CFL Sprain

- Syndesmosis Sprain

- Tendon

- Peroneal Tendon Tear

- Peroneal Tendon  
Dislocation

- Nerve

- Superficial Peroneal and  
Sural Neuritis

- Bone

- Lateral malleolus

- Coalition

- 5<sup>th</sup> metatarsal

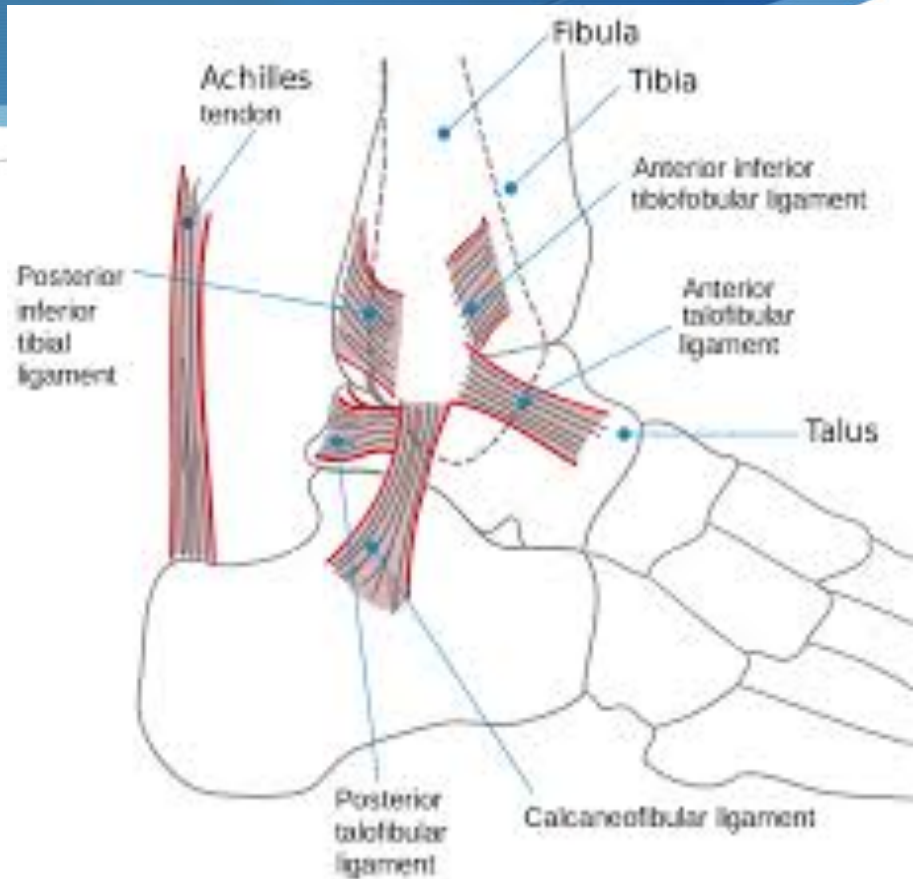
- Anterior process calcaneus

- Talar dome

- Lateral Process talus

# Ankle Sprains

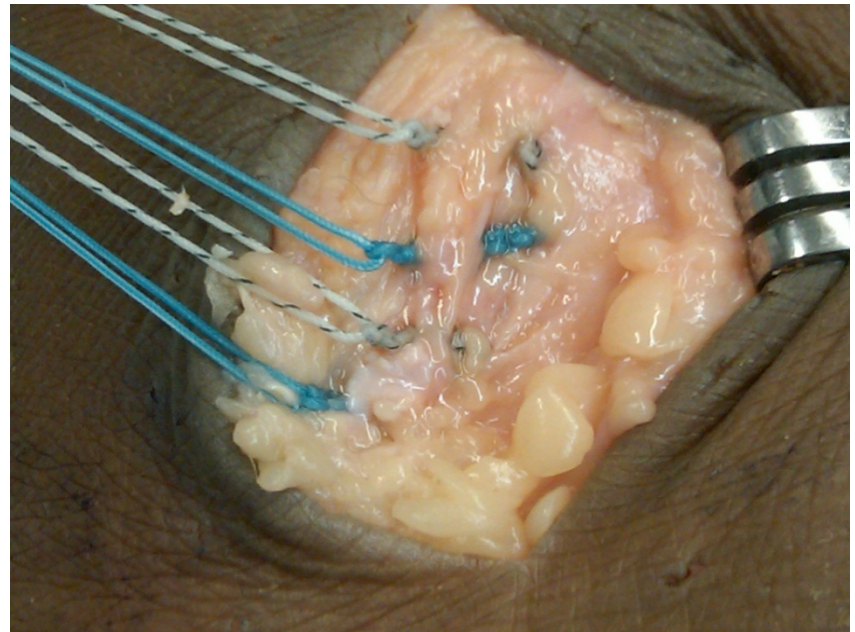
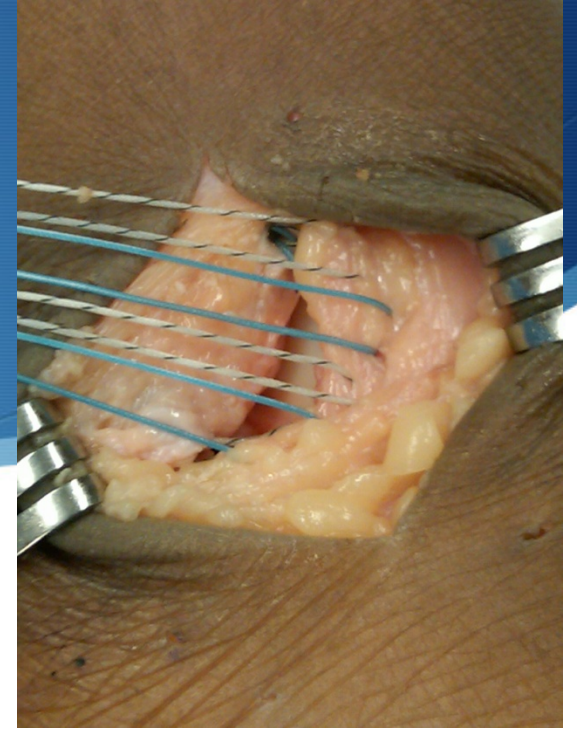
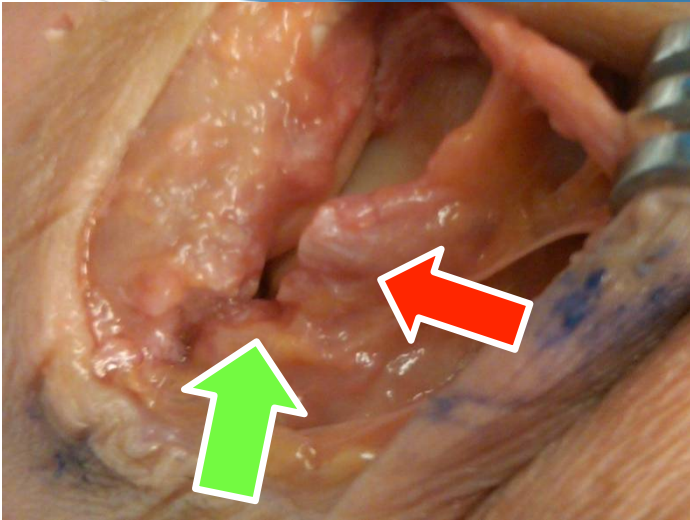
- SYNDESMOSIS (high ankle sprain)
  - Anterior Tibiofibular Ligament
  - Posterior Tibiofibular Ligament
- Lateral Ankle Ligaments (regular ankle sprain)
  - Anterior talofibular ligament
  - Calcaneofibular ligament



# High Ankle Sprain

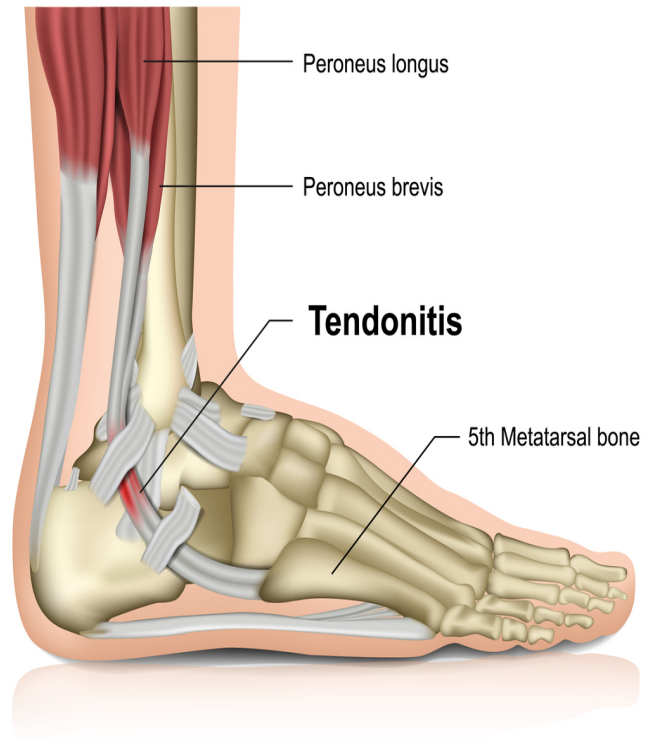


# Brostrom



# Tendons

- Peroneus Longus
- Peroneus Brevis



# Tendon Rupture



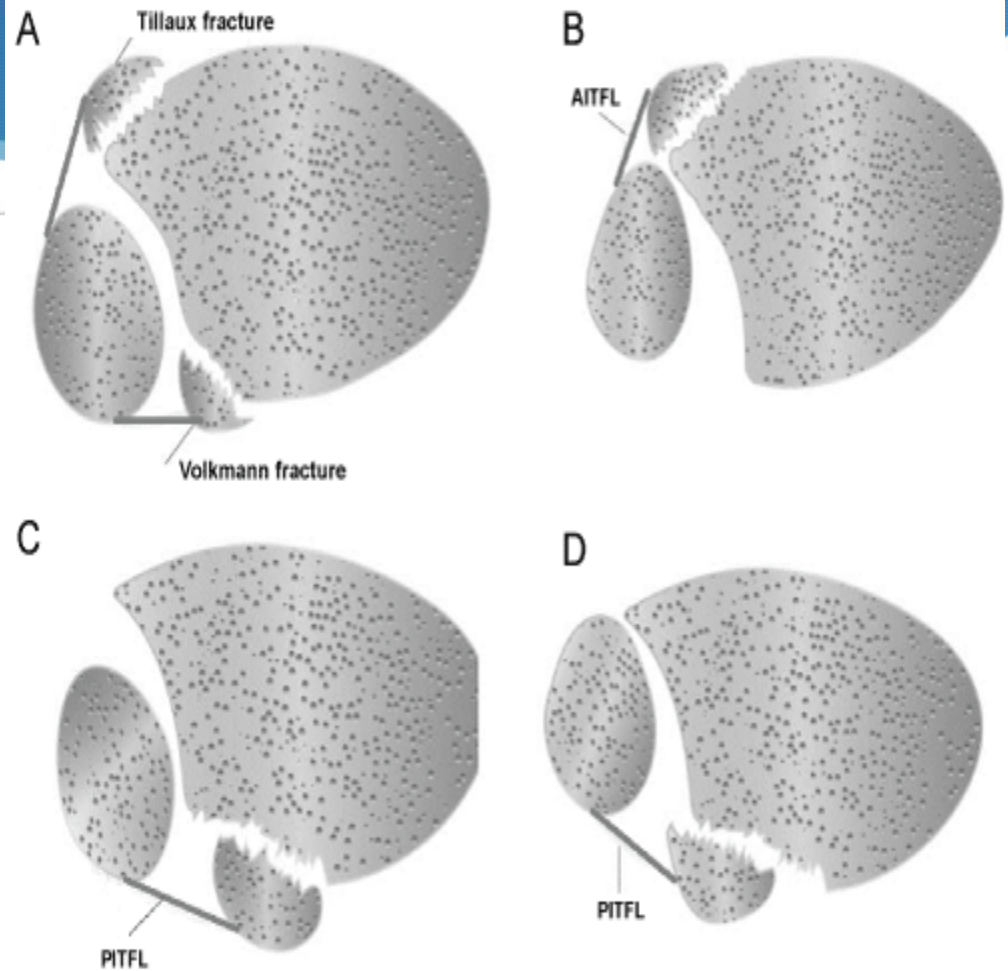
- Usually hear a pop
- Weakness with eversion
- Brevis muscle lies lower
- Longus tendon is posterior

# Peroneal Tendon Dislocation



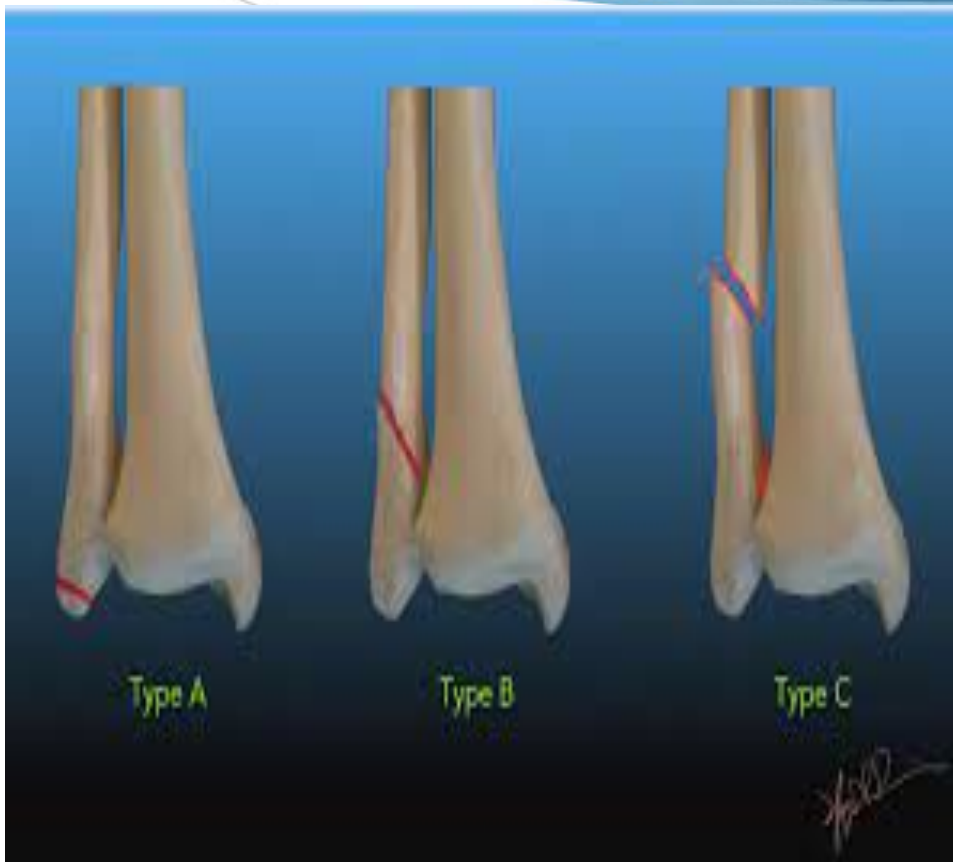
- 1) Video of dislocation
- 2) Tendons LATERAL to fibula
- 3) Fleck sign showing likely SPR disruption

# Bone: Tibia - Chaput/Tilleaux or Volkmann





# Bone – Fibula – Acute vs Stress Fracture



# Bone: Talus – OCL Lateral Dome vs Lateral Process



<https://radiopaedia.org/cases/osteochondral-fracture-of-the-talar-dome>



<https://radiopaedia.org/articles/lateral-talar-pr>

# Bone: Calcaneus – Anterior Process



<https://footeducation.com/anterior-process-fracture-of-the-calcaneus/>

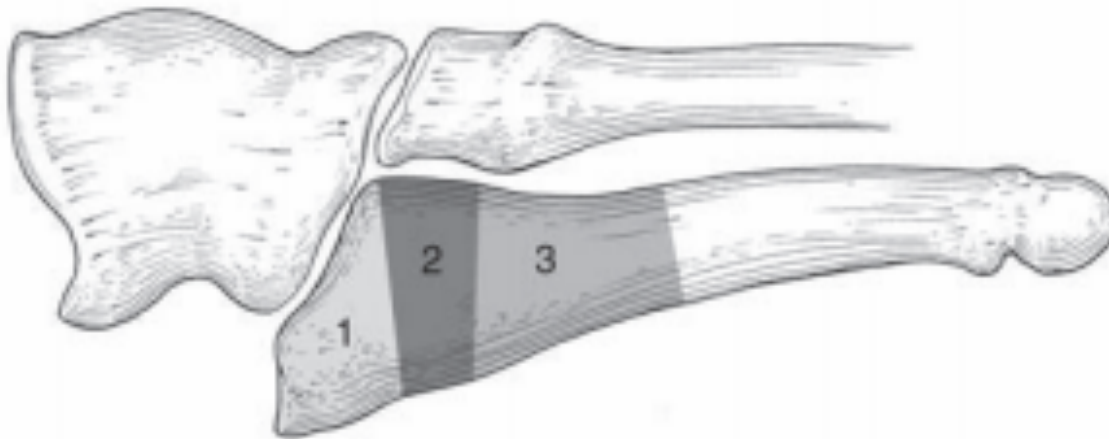
<https://eorif.com/calcaeous-fracture-anterior-proces>

<https://link.springer.com/article/10.1007/s10140->

# 5<sup>th</sup> Metatarsal Fracture



1. **Tuberosity avulsion fractures**
2. **Jones fractures**
3. **Diaphyseal stress fractures**



# Coalition

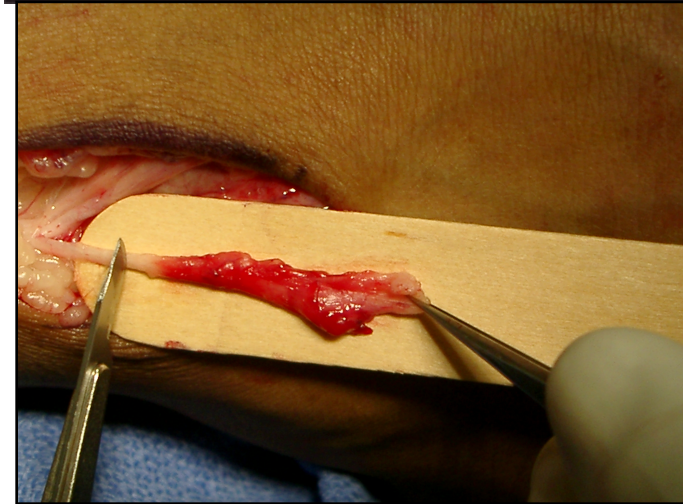
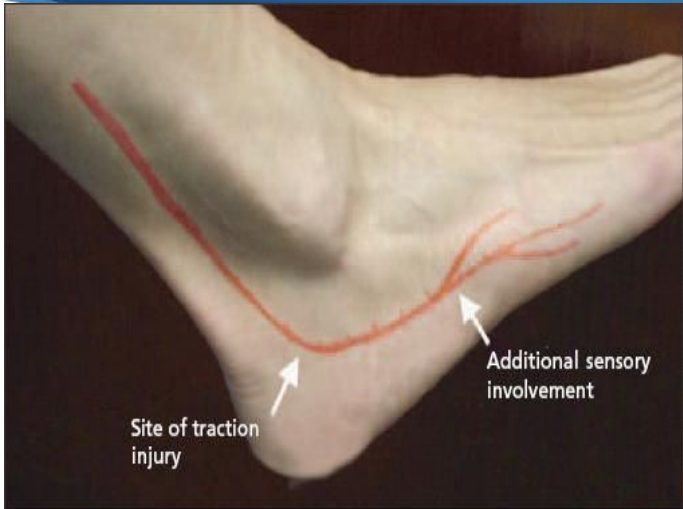
- Lateral ankle coalition likely
  - Calcaneonavicular



- Continuation of the calcaneus
  - Anteater sign
  - Edema indicates pain generator

# Nerves

- Sural



- Superficial Peroneal

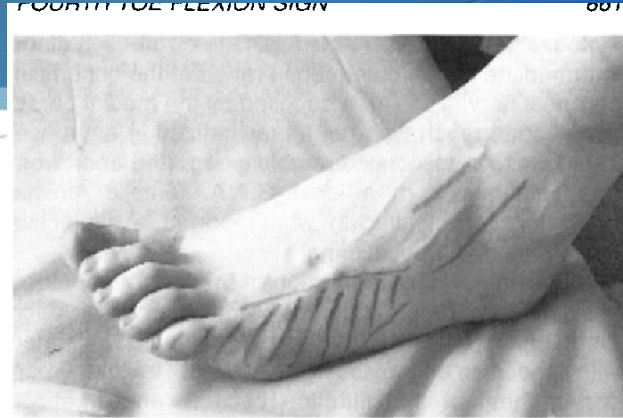
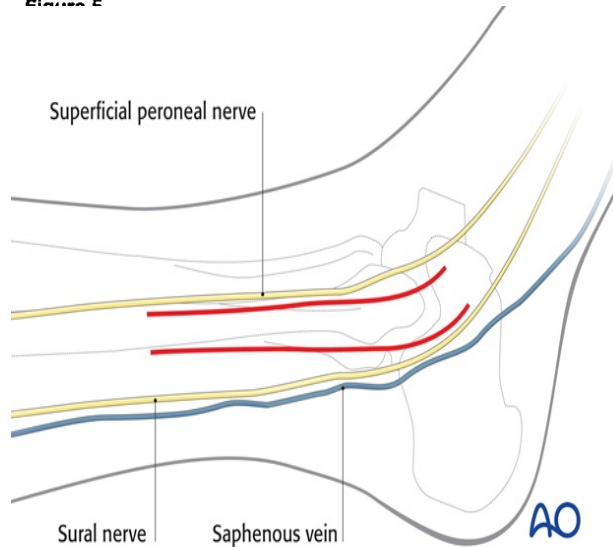


FIGURE 5



# Conclusions

- Listen to the patient and let them show you where they hurt
- Knowing where structures are positioned will guide your diagnosis

Thank you