

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Tibia-fibular Joint Dislocation

Permalink

<https://escholarship.org/uc/item/2wz3c0hn>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 11(2)

ISSN

1936-900X

Authors

Poznanski, Stacey L
Doyle, Gerard S

Publication Date

2010

Copyright Information

Copyright 2010 by the author(s). This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, available at <https://creativecommons.org/licenses/by-nc/4.0/>

Peer reviewed

Tibia-fibular Joint Dislocation

Stacey L. Poznanski, DO
Gerard S Doyle, MD, MPH

University of Wisconsin School of Medicine and Public Health, Division of
Emergency Medicine, Madison, WI

Supervising Section Editor: Sean Henderson, MD

Submission history: Submitted January 8, 2010; Revision Received January 10, 2010; Accepted January 11, 2010 Reprints available through open access at http://escholarship.org/uc/uciem_westjem

[West J Emerg Med 2011; 11(2):216]

A 17-year-old man presented with acute left lateral knee pain after “twisting” his knee during a soccer scrimmage. He denied trauma and prior injury to that knee. He was unable to bear weight but denied neurovascular symptoms. Examination revealed a prominence deformity and significant tenderness over the lateral knee distal to the joint line, in the region of the fibular head. During his emergency department (ED) evaluation, he had intact peroneal nerve function. A picture of his legs is shown in Figure 1.

Proximal tibiofibular joint (PTFJ) dislocation is an unusual injury, occurring in less than 1% of knee injuries. It has been reported in soccer, rugby, and football players, ballet dancers, parachutists and snowboarders.^{1,2} It typically occurs when the knee is slightly flexed and the foot is rotated and plantar flexed.² Radiographic findings can be subtle, and diagnosis is fostered when comparison films are obtained. When in doubt, computed tomography should be obtained.³ Our radiographs demonstrated widening of the PTFJ of the left knee; comparison to the right (uninjured) knee confirms the diagnosis (Figure 2).

We were unable to reduce the dislocation despite moderate sedation with etomidate. The patient was also seen by orthopedic surgery in the ED. At follow-up two days later, he was noted to have mildly decreased sensation in the peroneal nerve distribution. He was scheduled for surgery, but prior to repair he slipped and felt a “pop.” Pre-operative radiographs revealed that the dislocation had spontaneously reduced.

Address for Correspondence: Gerard S Doyle, MD MPH, Division of Emergency Medicine, University of Wisconsin School of Medicine and Public Health, 600 Highland Drive, Madison, WI 53792. Email: gerry.doyle@comcast.net

REFERENCES

1. Ahmad R, Case R. Dislocation of the fibular head in an unusual sports injury: a case report. *J Med Case Reports*. 2008;(2):158-60.
2. Horan J, Quin G. Proximal tibiofibular dislocation. *Emerg Med J*. 2006;23(5):e33-4.
3. Keogh P, Masterson E, Murphy B, et al. The role of radiography and computed tomography in the diagnosis of acute dislocation of the proximal tibiofibular joint. *Br J Radiol*. 1993;66(782):108-11.



Figure 1. Picture of patient presenting with knee pain and deformity of left lateral knee

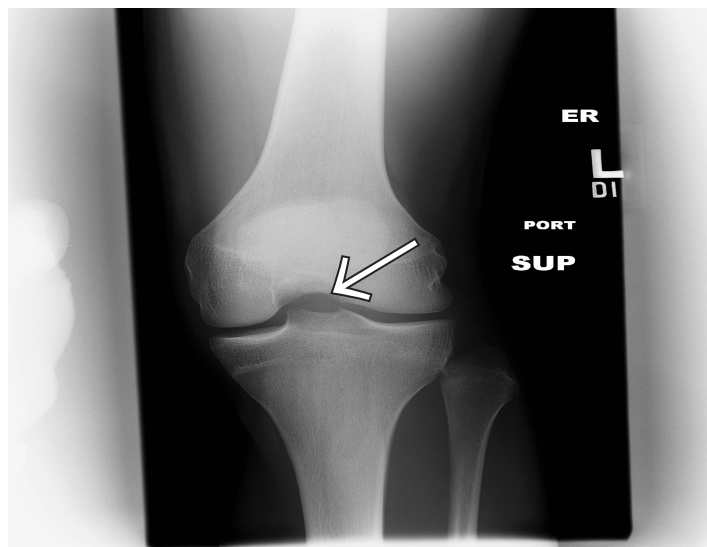


Figure 2. Anterior-posterior radiograph showing widening of the left proximal tibiofibular joint