

Distal Fibular Nonunion Case

Contributed by Brian Burgess, DPM

Background

- 30-year-old male
- Smoker, otherwise healthy
- Weber B fracture (Fig. 1)
- Treated nonsurgically
- Patient presented with pain 5 months later

Examination and Pre-op Observations

Five months postinjury, the fractured distal fibula showed no signs of healing (Fig. 2.1). The CT scan also showed no sign of healing with minimal bone callus at the fracture site (Fig. 2.2).

Diagnosis/Assessment/Treatment

The diagnosis of a nonunion of the left distal fibula fracture was made after X-ray and CT scan examinations. The persistent pain the patient was experiencing along with the diagnosis of a nonunion of the distal fibula fracture warranted surgery.

Surgical Notes/Pearls

A FibuLock® fibular nail was used to provide internal fixation of the nonunion. While preparing the intramedullary canal for the implant, the reduction was stabilized with percutaneous reduction clamps. The implant talons were activated proximally and the fracture was compressed using the compression screw feature. An additional lateral/medial locking screw was placed proximally for fixation on both sides of the fracture site.

Six Month Follow-up

At 6-month follow-up, the patient was asymptomatic and both anterior and lateral X-ray images showed healing (Fig. 3.1 and 3.2). A 1-year follow-up was scheduled.

Figure 1. X-ray of nondisplaced Weber B fracture in the distal fibula



Figure 2.1. Five-month postinjury X-ray



Figure 2.2. Five-month postinjury CT Scan



Figure 3.1. A/P 6-month follow-up X-ray



Figure 3.2. Lateral 6-month follow-up X-ray



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SONOMA[®]
Orthopedic Products, Inc

Sonoma Orthopedic Products, Inc.
1388 Busch Parkway
Buffalo Grove, IL 60089
847-807-4378 Phone
847-947-8082 Fax
www.sonomaorthopedics.com

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MediTech Strategic Consultants B.V.
Maastrichterlaan 127-129
6291 EN Vaals