Ankle Fractures Often Not Diagnosed

/PRNewswire/ -- Mistaking an ankle fracture for an ankle sprain has serious consequences when the foot does not heal correctly. The American College of Foot and Ankle Surgeons reminds patients to seek correct diagnosis to ensure proper recovery, especially in the cold-weather months when most ankle injuries occur.

An ankle fracture involves a crack or break in the bones that form the ankle joint. A sprain involves the ligaments that hold the ankle bones together. Both injuries can happen simultaneously when the ankle moves beyond its normal range of motion, but a fracture requires more complex treatment than a sprain.

"Sprains are very commonplace so people want to believe that is what is going on, but prolonged pain and bruising should trigger awareness that it might not be just a sprain," says Georgeanne Botek, DPM, FACFAS, a Fellow of the American College of Foot and Ankle Surgeons practicing in Cleveland.

Dr. Botek adds that pain and ability to walk are not good tests to determine if it's a sprain or a fracture because walking is still possible with less-severe injuries. Telltale signs of a fracture include bruising, blisters, significant swelling, or bone protruding through the skin. In addition to bone, ankle fractures can also involve cartilage surrounding bones.

Patients with unrecognized ankle fractures have a high risk of developing infection, arthritis and foot deformities that may make it impossible to walk normally again. Among those at highest risk for nkle fractures are post-menopausal women ages 50-70 with osteoporosis, a bone-thinning disease that makes it impossible to heal completely. Their ankle bones tend to break in fragments that don't rejoin.

It is imperative that patients with diabetes, vascular disease, alcoholism and immune deficiency receive prompt care from a foot and ankle surgeon because they are extremely vulnerable to nerve damage, infection and Charcot Foot, a very serious condition that can lead to foot deformity, disability, or even amputation, says American College of Foot and Ankle Surgeons Fellow Michael Cornelison, DPM, FACFAS, a San Francisco-area foot and ankle surgeon.

Patients with these conditions often don't feel pain that accompanies ankle fractures and need to learn other signs that bones are broken, like swelling, bruising, ulcers, and feet that are hot to the touch. "Another problem older patients have is increased risk of developing arthritis after an ankle fracture. That's why it is important to follow up with a foot and ankle surgeon to make sure their bones are realigned accurately and precisely to within 2-3 millimeters," Dr. Cornelison says.

Dr. Botek says proactive prevention is crucial to avoid injuries, including a good foot

assessment and using canes or walkers for stability. Drs. Botek and Cornelison report that incidents of ankle fractures in children, teenagers and young men are increasing mainly due to elite athletics. Fractures need to be monitored so bones fuse together correctly and don't affect the foot's growth plate, a strip of new bone in pediatric patients that grows as feet lengthen. If the growth plate is damaged, it could produce bone spurs and arthritis, and pre-maturely halt bone growth. Improved therapies and surgical approaches continue to offer solutions for complicated cases and produce better results, and are available to a wider range of patients:

Total ankle replacements--similar to hip and knee replacements--were once reserved for geriatric patients but are now used in younger patients Screws and other fasteners to bind bone and cartilage dissolve inside the body so second surgeries to remove them are not necessary Newly developed synthetic and natural grafting materials are used in ankle repair when optimal healing would not otherwise occur Small devices worn externally are now used to stimulate bone growth using pulsed ultrasound and electromagnetic fields.

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