

Lisfranc Injuries Often Missed and Poorly Managed

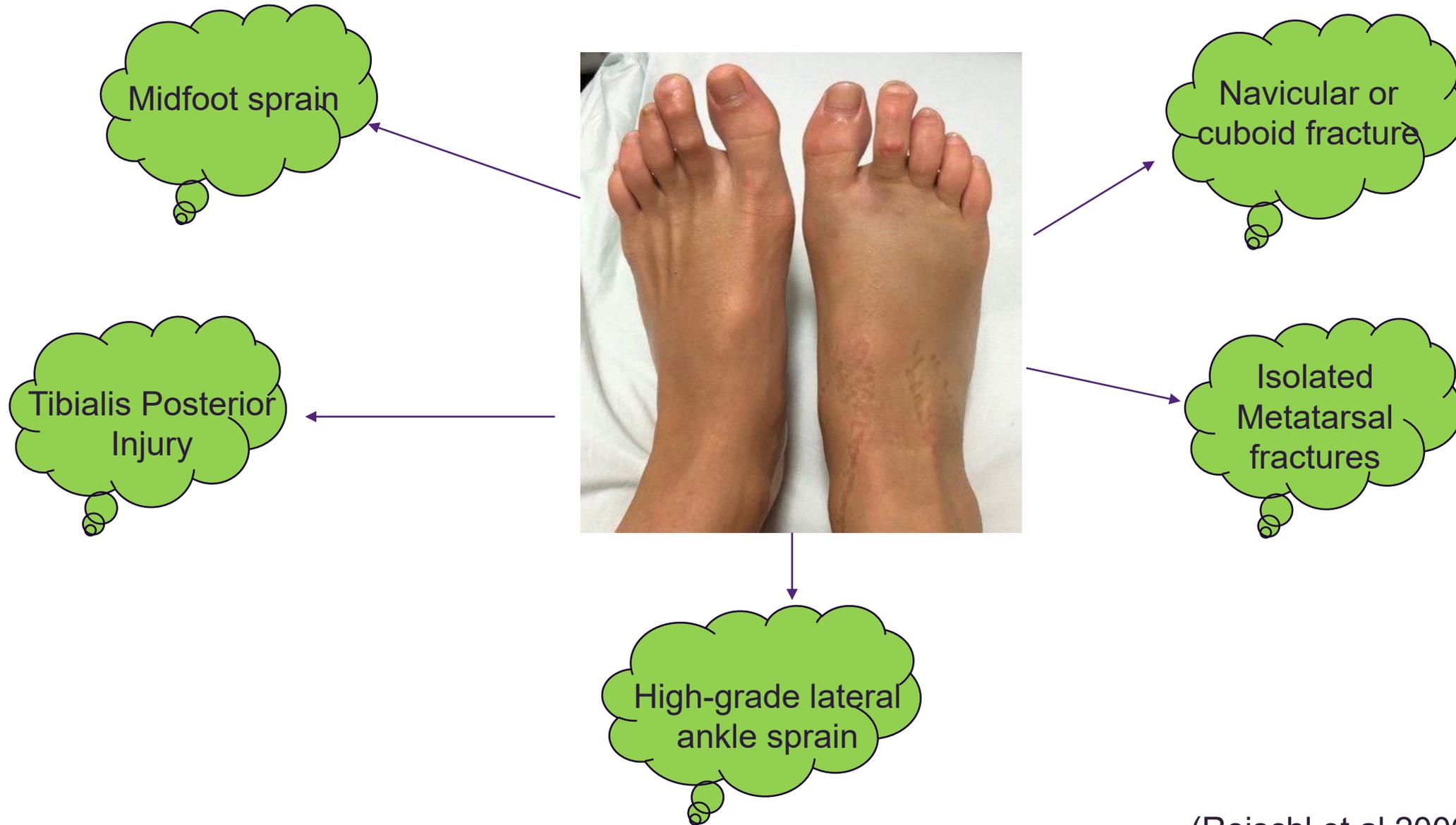


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**Between 20-30% of Lis Franc
Injuries are initially missed.**

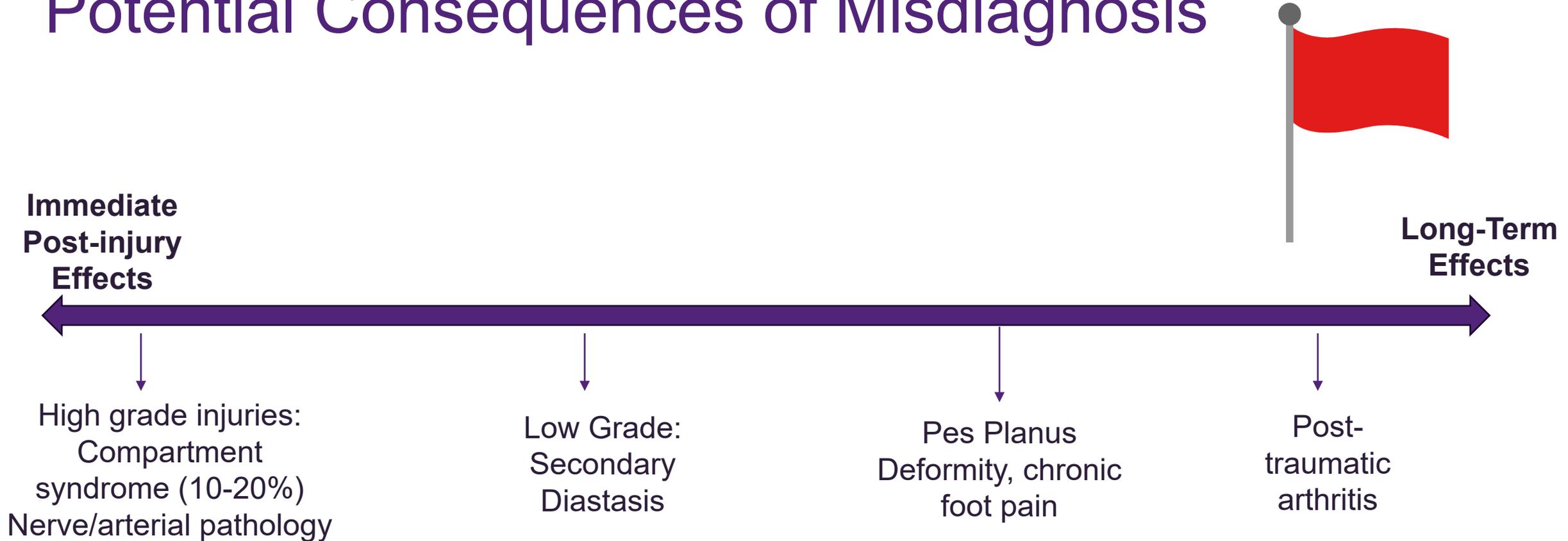
**What can we do not to add to that
%?**

It's not a LisFranc Injury, It's Just A



(Reischl et al 2006)

Potential Consequences of Misdiagnosis

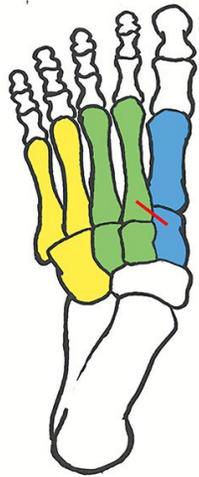


(Graef et al 2021, Mayich et al 2012, Moracia-Ochagavia 2019, RACGP 2017)

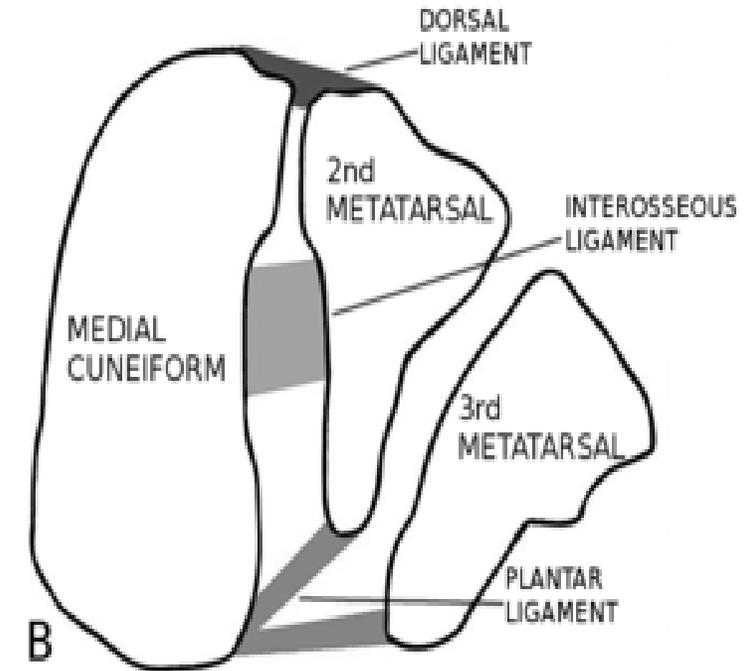
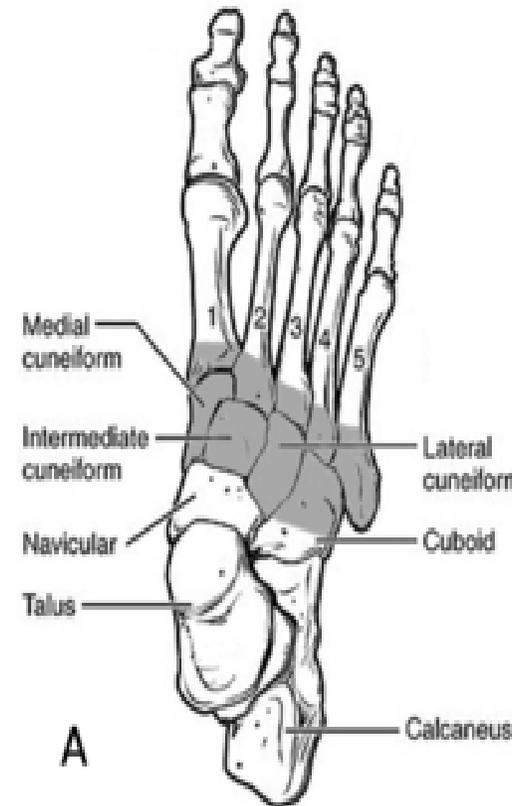
Lis Franc Joint and Ligamentous Complex Anatomy

3 Longitudinal Columns:

- Medial: Medial cuneiform, 1st metatarsal (blue)
- Central: Intermediate/lateral cuneiform, 2-3rd metatarsal (green)
- Lateral: Cuboid, 4-5th metatarsal (yellow)

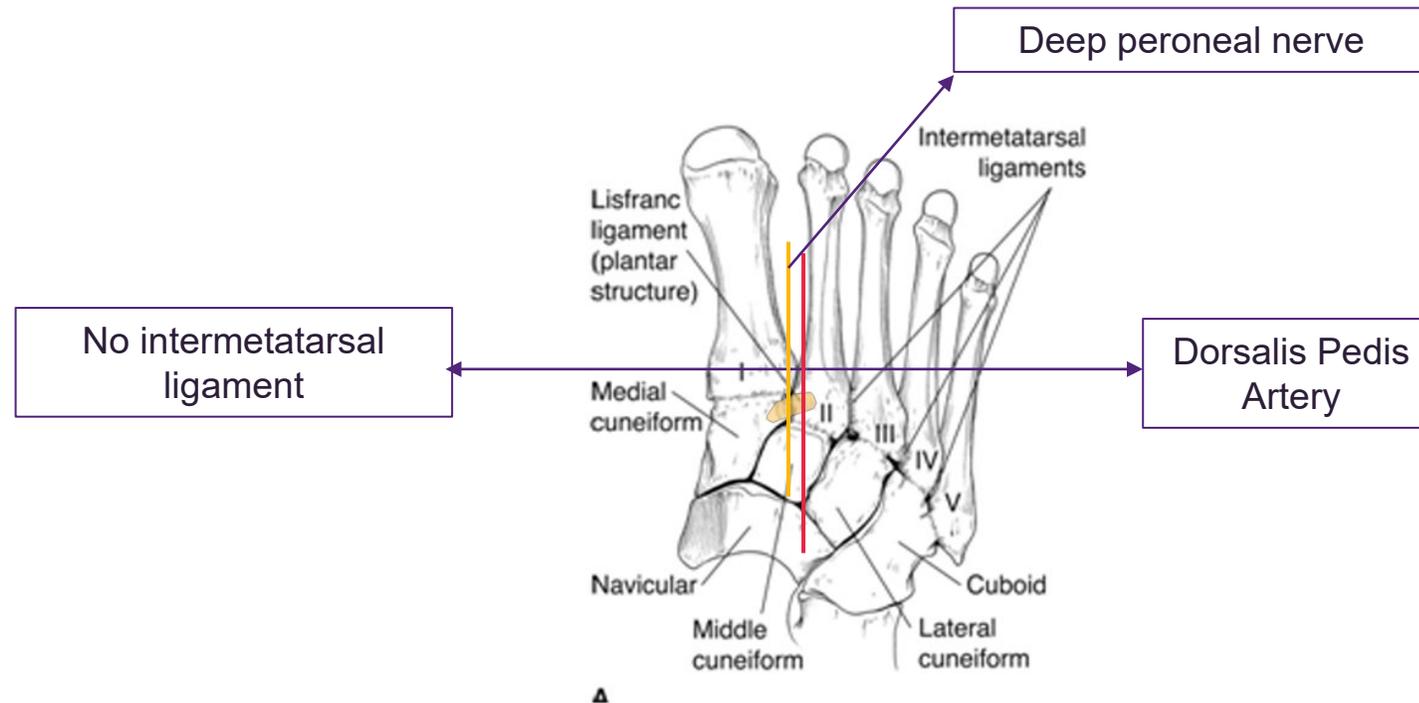


(RACGP, 2017)



(Buchanan et al, 2023)

Key Anatomical Considerations



Purpose:

- ❖ Stabilization of arch for push-off phase during gait
- ❖ Transfers loads from lower leg i.e. calf – foot walk/running

(Buchanan et al, 2023)

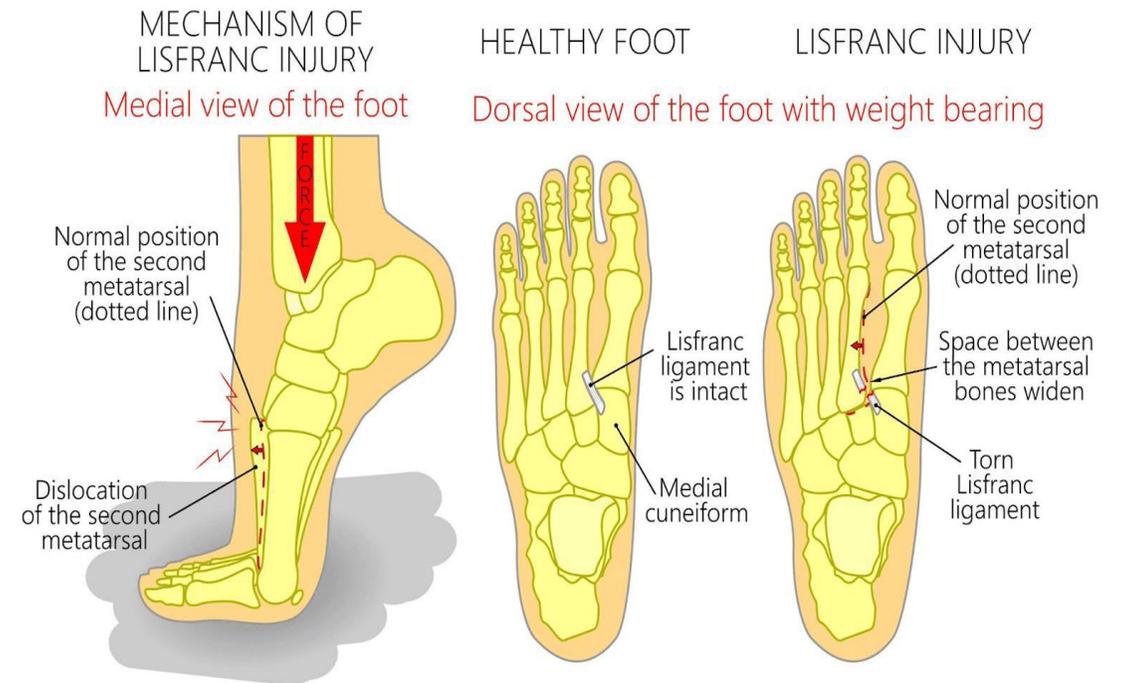
Mechanism of Injury

1. Low-energy Lisfranc Injury

- ❖ Pushing off and impact pressure to midfoot
- ❖ Most common in high-impact sports
- ❖ 30-40% of Lisfranc injuries

2. High-energy Lisfranc Injury

- ❖ Trauma-related i.e. MVA
- ❖ 60-70% of Lis Franc injuries



(Buchanan et al, 2023)

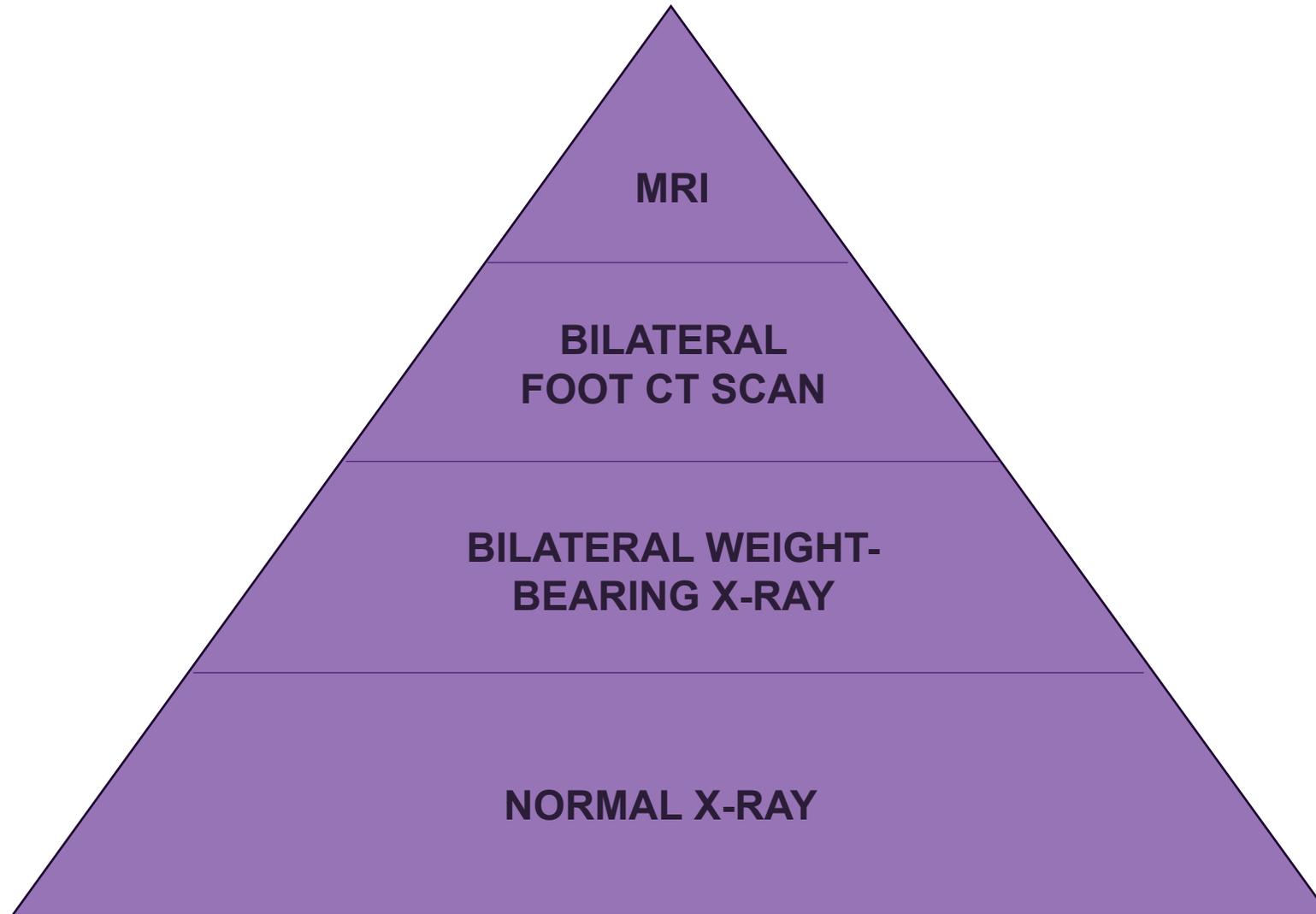
Key Examination Signs

Patient Interview	Physical Exam
Difficulty weight-bearing	Tender on palpation @ proximal 1-2IM space
Oedema/swelling over dorsal foot	Compression across width of foot
Plantar midfoot ecchymosis	*Piano key test
Midfoot pain	



(Buchanan 2023, Carter et al 2023, Chen et al 2020, Moracia-Ochagavia 2019, Rossi et al 2021)

Imaging – What should we refer for?



(Falcon et al
2023,
Ponkilainen et al
2020, Seow et
al 2023)

*Radiologist report:

Normal anatomical alignment and symmetry of the tarso-metatarsals



Relevant finding:
Widening of the 1st/2nd
metatarsal which subtly
extends to medial and
intermediate cuneiform

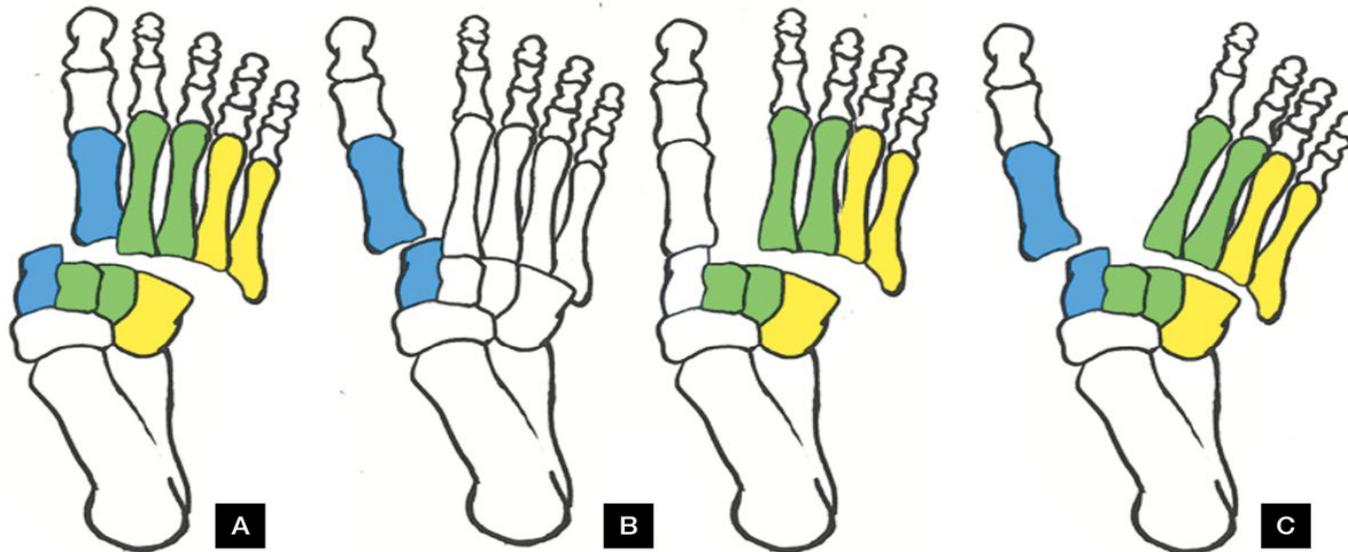
***Need to flag suspicion
of LisFranc in referral
details**



(Sherief et al 2007)

Hardcastle & Myerson Classification System

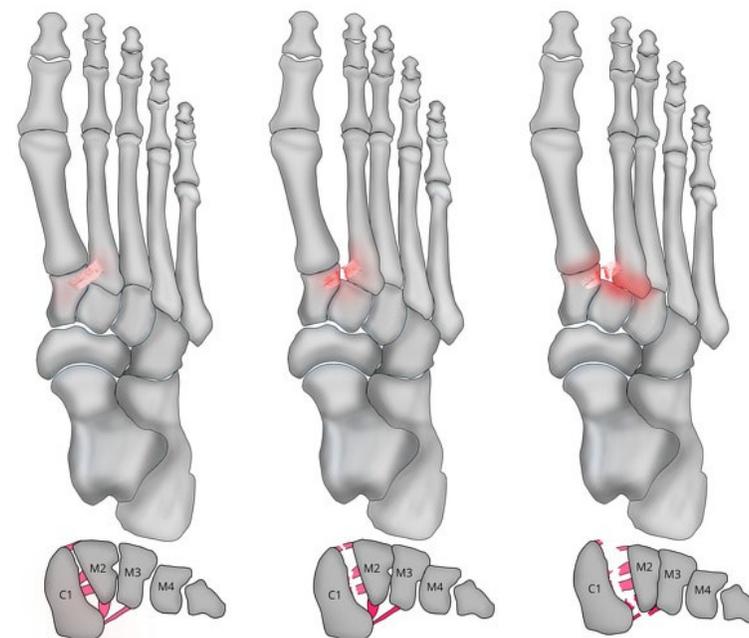
Type	Severity of Injury
A	Complete homolateral dislocation
B1	Partial injury, medial column dislocation
B2	Partial injury, lateral column dislocation
C1	Partial injury, divergent dislocation
C2	Complete injury, divergent dislocation



(Mahmoud et al 2015, RACGP 2017)

Nunley & Vertullo Classification System

Stages	Severity of Injury	Treatment
1	Sprain to Lisfranc ligament No diastasis or <2mm	Conservative
2	Ruptured Lisfranc ligament 2-5mm diastasis (1 st CN-2 nd met)	Surgical
3	Ruptured Lisfranc ligament >5mm diastasis Loss of midfoot arch height	Surgical



(Nunley/Vertullo 2002,
RACGP 2017)

What Does Management Involve?

Conservative:

- 0-6 weeks = Non-weight bearing
- 7-12 weeks = Weight-bearing in boot
- >12 weeks = walk in shoes with custom orthotic
- 12-18 months = return to sport/high impact activities

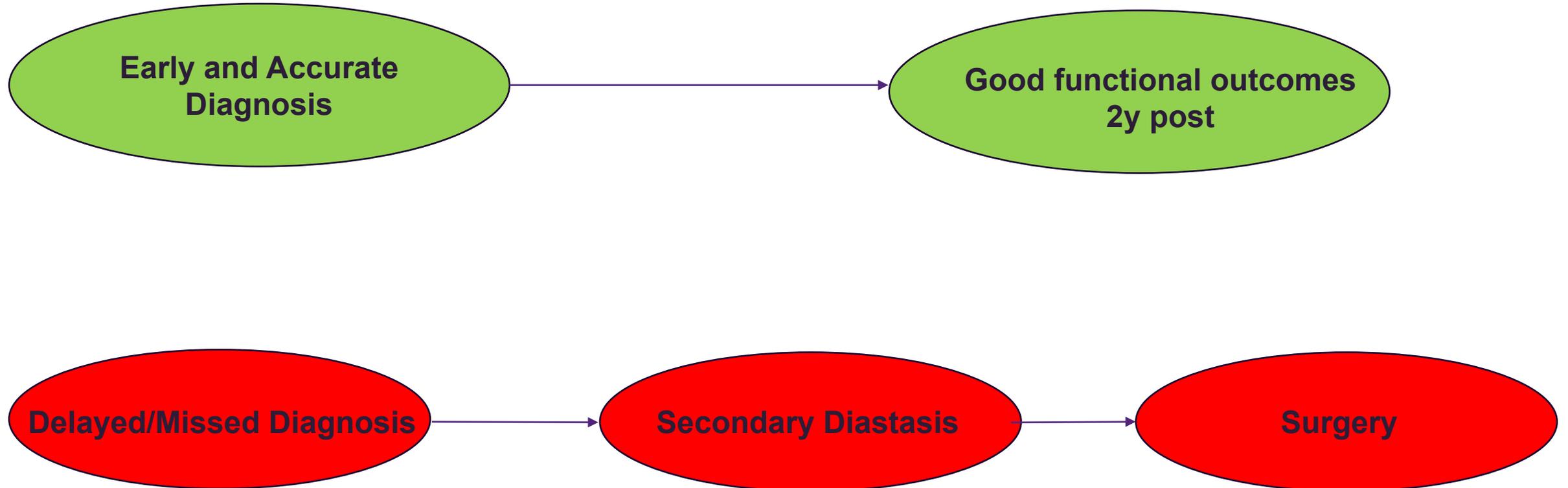
Surgical:

- ORIF (removal of hardware after 3-6m)
- Midfoot Fusion

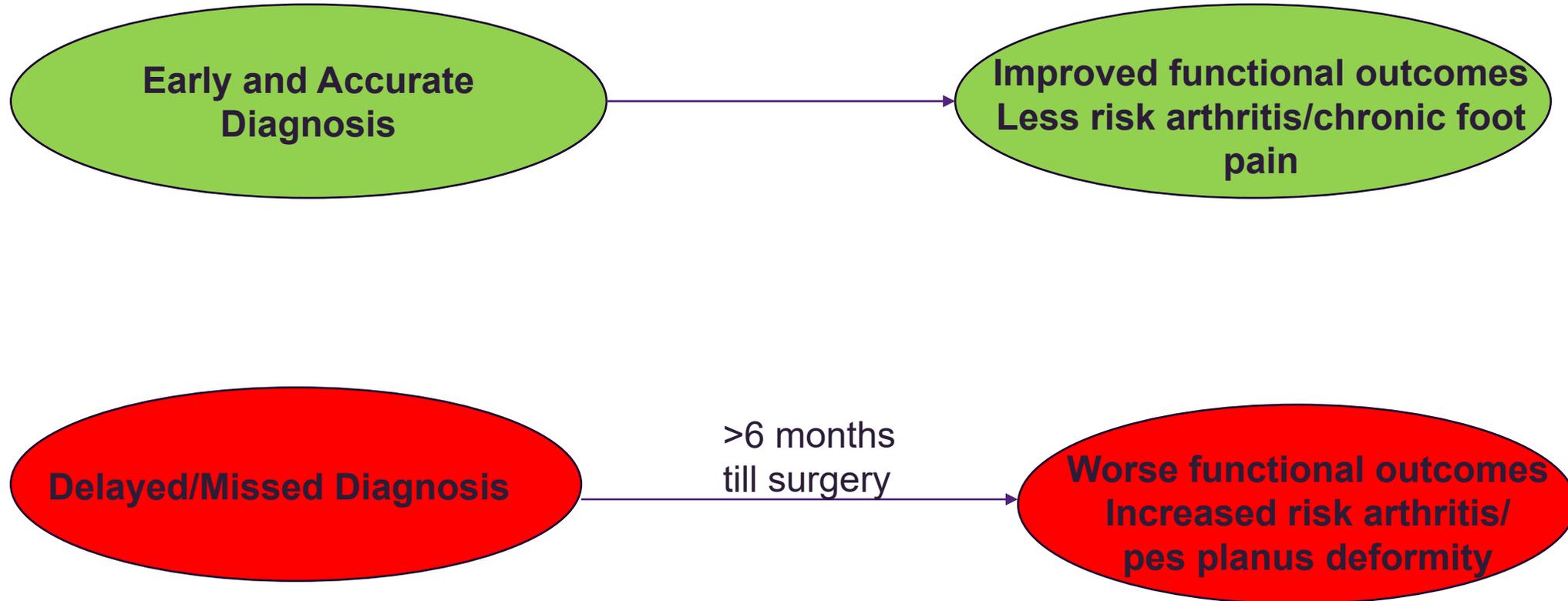


(Chen et al 2020, Guerreiro, 2023, Ren 2019)

Conservative Management Prognosis

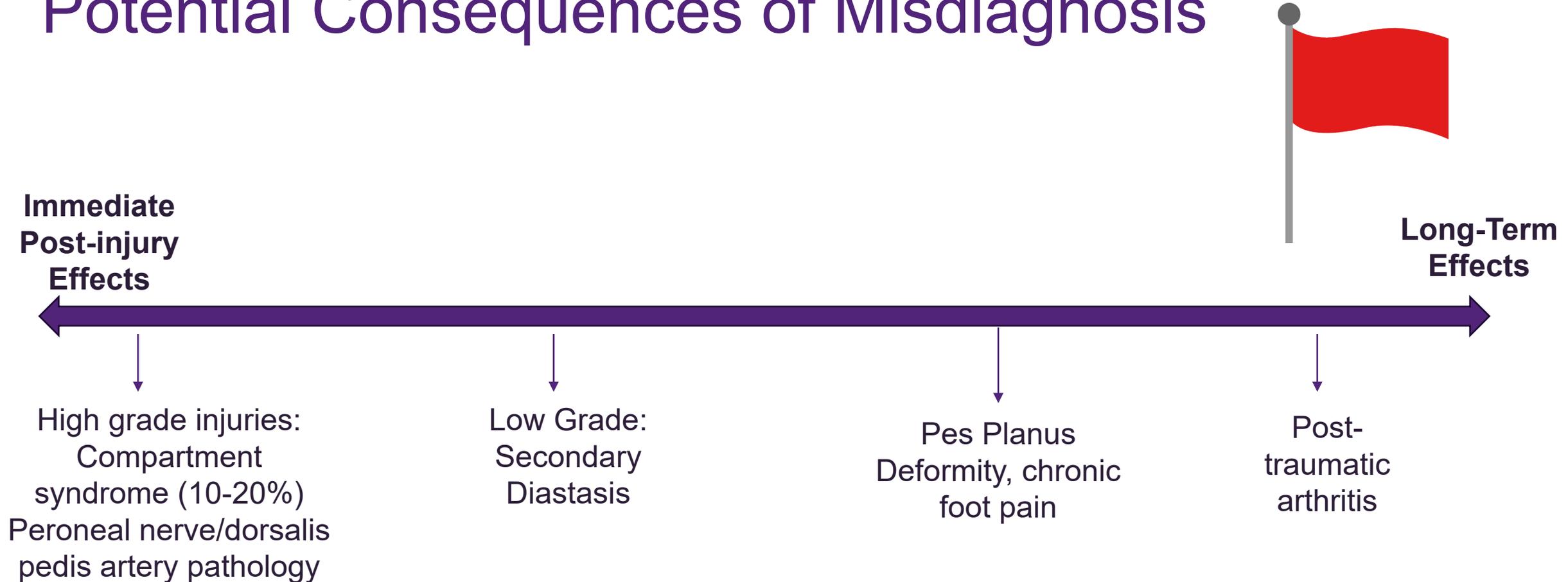


Surgical Management Prognosis



(Buchanan et al 2023,
Chen et al 2020)

Potential Consequences of Misdiagnosis



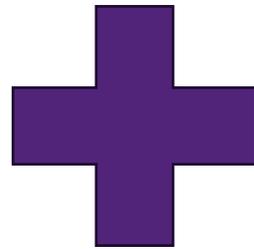
Take Home Message!



***LIS FRANC = LIGAMENTS + JOINTS + BONES**

Signs (some or all):

- Plantar foot ecchymosis
- Midfoot pain/dorsal swelling
- Pain palpation of midfoot
- MOI



IMAGE!
MRI is best
CTs/X-rays
(WB + bilateral)



**EARLY
DIAGNOSIS**
Best outcome for patients



Questions?



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